

CS4ME

CIVIL SOCIETY FOR MALARIA ELIMINATION



Understanding and acting effectively in the Global Fund Grant Cycle 8 process Malaria component

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List of Abbreviations

C **CBCSO:** Community-Based Civil Society Organization
CCM: Country Coordinating Mechanism
CHW: Community Health Worker
CLM: Community-led Monitoring
CSO: Civil Society Organization

D **DHIS2:** District Health Information Software 2 (national health information system)

E **EPI:** Expanded Program on Immunization

G **GAC:** Grant Approvals Committee
GC7: Grant Cycle 7 (Global Fund Funding Cycle 7)
GC8: Grant Cycle 8 (Global Fund Funding Cycle 8)
GDP: Gross Domestic Product

H **HIV:** Human Immunodeficiency Virus
HRH: Human Resources for Health
HRP2/3: Histidine-Rich Protein 2 and 3 (related to malaria diagnosis)

I **ICCM:** Integrated Community Case Management
IRS: Indoor Residual Spraying
IPT: Intermittent Preventive Treatment
IPTp: Intermittent Preventive Treatment in pregnant women
IPTsc: Intermittent Preventive Treatment in school-aged children
IPTi: Intermittent Preventive Treatment in infants

L **LFA:** Local Fund Agent (Global Fund Local Agent)
LLIN: Long-Lasting Insecticidal Net

N **NFM:** New Funding Model (Former Global Fund Financing Model)
NMCP: National Malaria Control Program

O **ODA:** Official Development Assistance

P **PC:** Prenatal Consultation
PMU: Program Management Unit
PP: Pandemic Preparedness
PR: Principal Recipient
PU: Progress Update
PUDR: Progress Update and Disbursement Request

R **RSSH:** Resilient and Sustainable Systems for Health

S **SDG:** Sustainable Development Goals
SMC: Seasonal Malaria Chemoprevention
SP: Sulfadoxine-Pyrimethamine
SP+AQ: Sulfadoxine-Pyrimethamine + Amodiaquine
SR: Sub-Recipient
SRSHS: Strengthening Resilient and Sustainable Health Systems

T **TB:** Tuberculosis
TRP: Technical Review Panel

U **USAID:** United States Agency for International Development

W **WHO:** World Health Organization



1 Context

The Global Fund to Fight AIDS, Tuberculosis and Malaria, often called "**The Global Fund**" is a non-profit foundation created in 2002 with the goal to attract, mobilize, and invest additional resources to end HIV, tuberculosis, and malaria, to advance the Sustainable Development Goals established by the United Nations.

Since its creation, the Global Fund has embodied hope for millions of people around the world. For more than 20 years, this partnership has invested more than 69 billion dollars, saved 70 million lives, and reduced the combined mortality rate of the three diseases by 63% in countries where it operates. Its vision remains unchanged: "**A world free from the burdens of AIDS, tuberculosis, and malaria, and better, more equitable health for all**".

At the time of implementation of the Global Fund 2023-2028 strategy, the global health landscape is undergoing profound transformations. Health, economic, and financial challenges are evolving, requiring an adaptation of approaches and intervention mechanisms.

A strained financial context

In September 2022, the seventh replenishment of resources had mobilized 15.7 billion US dollars, representing 87% of the 18 billion targets. This amount made it possible to finance the GC7 cycle (2023-2025) and to continue programs in more than 100 countries. Three years later, for the first time in its history, The Global Fund held its replenishment conference on African soil on November 21, 2025, in Johannesburg, South Africa, under the co-leadership of South Africa and the United Kingdom heads of state, civil society representatives, and affected communities gathered. At the end of the Summit, only **12.64 billion dollars** was mobilized, representing **70% of the target**. A deficit of **5.36 billion dollars** emerged; the largest relative gap ever recorded during a replenishment.

This outcome takes place in a global context characterized by declining Official Development Assistance (**ODA**) in several donor countries, shifts in foreign policy priorities, and growing uncertainty about the predictability of international health financing commitments.

Already visible consequences

As of July 2025, the Global Fund had to cut **\$1.43 billion** (11%) from the amounts originally committed 2024–2026 implementation period. The system was already operating under a funding shortfall. In response, the Executive Director of the Global Fund announced a 20% reduction in the secretariat's operational costs.

"Our world has changed. Irreversibly. The old model is over. The outline of a new model is emerging", **Peter Sands, Executive Director of the Global Fund.**

"For people living with HIV, and for families affected by tuberculosis and malaria, these commitments mean access, dignity, and hope. We, the communities, have always been at the center of this fight and we will remain so, no matter what happens", **Cecilia Lodonu-Seno'o, community representative on the Board of Directors.**

A new paradigm: integration as an imperative

Faced with these converging realities, the Global Fund partnership finds itself at a crossroad. Previous approaches, separate vertical programs and abundant external aid are no longer sustainable. The "new model" is taking shape in **the Grant cycle 8 (GC8)** through a central concept: **integration**, no longer as a recommendation, but as an absolute strategic imperative.

It is this paradigm shift (the move from **verticality to integration**, from **dependence to autonomy**, from **relative abundance to imperative optimization**) that this guide will help you understand and navigate through. While the world has changed, one thing remains constant: **communities, you, remain at the center of this fight.** And it is together that we will continue to save lives.

WHAT TO REMEMBER:

1. The Global Fund to Fight AIDS, Tuberculosis and Malaria is an international non-profit foundation created in 2002 to support countries in the fight against these three diseases.
2. Its main mission is to mobilize and invest additional resources in order to contribute to achieving the United Nations Sustainable Development Goals.
3. Since its creation, the Global Fund has played a central role in global health, investing more than 69 billion US dollars in over 100 countries.
4. These investments have helped save approximately 70 million lives and reduced the combined mortality related to HIV, tuberculosis, and malaria by 63%.
5. The Global Fund's vision remains unchanged: to achieve a world free of HIV, tuberculosis, and malaria, based on more equitable and efficient health systems.
6. The implementation of the 2023–2028 strategy, however, takes place in a profoundly transformed global context, marked by persistent health, economic, and geopolitical crises.
7. International resources available for health are now more limited, less predictable, and increasingly conditional.
8. The seventh replenishment of resources, organized in 2022, made it possible to mobilize 15.7 billion US dollars, or 87% of the target set to finance the GC7 cycle.
9. In 2025, the eighth replenishment of resources held for the first time in Africa, mobilized 12.64 billion USD, only 70% of the target, leaving a historic shortfall of 5.36 billion US dollars.
10. In 2025, this situation prompted the Global Fund to scale back certain ongoing financings and to rationalize its operational costs.
11. This context marks the end of a model based on vertical programs, heavily dependent on external aid.
12. The GC8 funding cycle thus introduces a paradigm shift, based on the integration of HIV, tuberculosis, and malaria services within primary health care.
13. Integration becomes a strategic imperative aimed at preserving achievements, optimizing resource use, and strengthening the sustainability of interventions.
14. In this transition, communities and civil society organizations remain at the center of the partnership and play a key role in defining, implementing, and monitoring health responses.



2 Objective of the guide

Why this guide?

The transition from GC7 to GC8 does not represent a simple change of cycle: it marks a profound transformation in the way health interventions funded by the Global Fund are proposed, designed and implemented. The mandatory integration of HIV, tuberculosis, and malaria programs and health system strengthening requires civil society organizations to expand their areas of expertise, adapt their proposals, and strengthen their intersectoral coordination. This guide has been designed to support them in this transition.

General Objective

This guide aims to support communities and civil society organizations engaged in the fight against malaria to contribute effectively to the preparation of GC8 funding requests, the implementation, and monitoring of grants, in a context where the integration of HIV, tuberculosis, and malaria services becomes mandatory.

Specific objectives

Specifically, this guide will enable communities and CSOs to:

- **Understand the context and transformations of GC8:** grasp the reasons for the paradigm shift, financial constraints, and the new strategic orientations of the Global Fund.
- **Master the integrated funding request process:** know the steps of the cycle, the types of requests, the TRP evaluation criteria, and the specific requirements related to integration.
- **Identify and propose relevant integrated interventions:** formulate activities that demonstrate a concrete articulation between malaria, HIV, tuberculosis, and health systems strengthening.

- **Understand the new mechanisms and strengthen the capacities of CSOs:** make use of mechanisms such as social contracting, results-based financing, community-led integrated monitoring, and joint program management units.
- **Participate effectively in the funding cycle and support sustainability:** contribute to multi-disease country dialogues, formulate community priorities, ensure implementation, monitoring, and support the transition to national funding.

Who is this guide intended for?

Main audience:

- Civil society organizations and community organizations engaged in the fight against malaria;
- Community representatives within the country Coordinating Mechanisms (CCM).

Secondary audiences:

- CSOs fighting HIV and tuberculosis wishing to integrate the malaria component into their interventions;
- Health program teams at the subnational level;
- Technical partners and consultants involved in the development of funding requests.

Recommended prerequisites

This guide assumes that the reader has a basic knowledge of malaria and its interventions, experience in community health work, and a willingness to expand their skills to HIV, tuberculosis, and health systems strengthening.

Scope of the guide

What this guide is:

A strategic and practical tool to understand the GC8, contribute to the country dialogue, formulate integrated proposals, support implementation, monitoring, and sustainability.

What this guide is not:

- A manual of medical guidelines or clinical protocols
- A detailed operational guide for malaria control interventions
- A financial or administrative management manual for grants. For these aspects, refer to the Global Fund reference documents listed in section 3.4.



3 Presentation of the GC8 funding cycle and its main new features

3.1. Presentation of the GC8 funding cycle

The GC8 funding cycle retains the general structure of the previous cycle. It spans over a period of three years and includes two main phases: the application phase and the implementation phase. However, although the overall structure remains stable, GC8 introduces major changes in the way each step is conducted, notably through the requirement to integrate HIV, tuberculosis, and malaria services into primary healthcare.

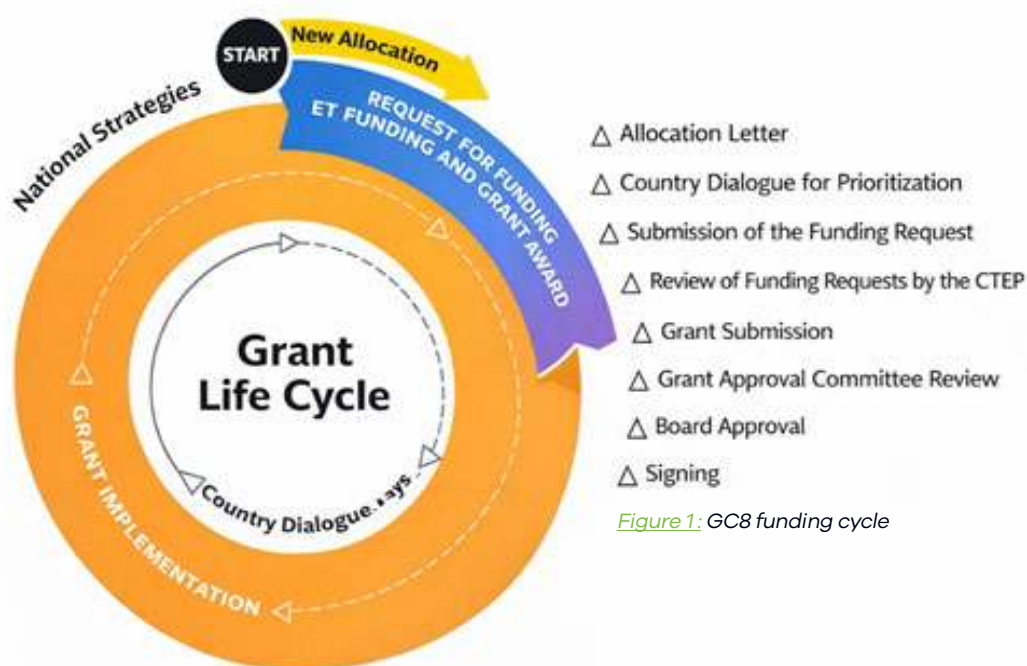


Figure 1: GC8 funding cycle

Step 0: Early dialogue and strategic planning – a new structuring step

The main innovation of GC8 lies in the introduction of an early country dialogue, which begins even before the receipt of the allocation letter. This phase aims to identify national priorities, analyze opportunities for integrating services into primary health care, and strengthen coordination among stakeholders. Unlike GC7, where dialogues were conducted separately by disease, GC8 requires multi-disease consultations bringing together all health programs, community organizations, sectoral ministries, and technical partners. This development marks a shift from simple community consultation to a more strategic participation, including the co-definition of priorities and integrated approaches.

Element	Description
What ?	Dialogue to start as early as possible, for some countries even before the receipt of the allocation letter
Objective	Identify national priorities and opportunities for integration of HTM services with primary healthcare and integration of health systems components
Who participates ?	HIV, TB and malaria programs, CSOs, sectoral ministries, technical partners
GC7 Difference	GC7: separate dialogues by disease. GC8: mandatory multi-disease consultations
CSO Role	Participate in defining priorities, prepare data-driven arguments, coordinate with HIV and TB CSOs

Point of attention for CSOs

This step is your best opportunity to influence upstream priorities. Prepare yourself before the dialogue with updated data, identify convergences with HIV and TB actors, and formulate concrete integrated proposals.

CSOs should contact the CCM Secretariat now to find out the date of the early dialogue in your country, organize a pre-dialogue with malaria CSOs in your area to identify your common priorities, and finally, meet at least one HIV CSO and one TB CSO before the dialogue to identify 2 to 3 convergent proposals.

Step 1: Developing the funding request– towards integrated planning

Drafting of the funding request constitutes the first official step of the cycle. The GC8 maintains this phase, but introduces several major changes. First, planning must be coordinated across the three diseases. Roadmaps, technical teams, and country dialogue must now be developed jointly. Next, activity proposals must be developed in an integrated manner rather than as vertical initiatives and country-specific opportunities identified on how to integrate HTM services into primary healthcare. Furthermore, the allocation intended for health systems strengthening (HSS) must be distributed more evenly among the disease components and must represent a significant share of the budget of each disease component, in order to fund cross-cutting interventions such as integrated data systems, multi-skilled staff training, or the integrated community monitoring. The Global Fund expects applicants to devote a substantial proportion of their allocation to RSSH investments, with priorities and proportions specified in each country's allocation letters.

GC8 maintains the five different application approaches. The forms have been reduced by about 70%. Each proposal must demonstrate how malaria interventions fit into an integrated approach.

Type of request	When is it used ?
Full review	Major changes compared to previous grants
Program continuation	High-performing programs requiring only limited adjustments
Tailored for Transition	Selected transition countries
Tailored for Focused Portfolios	Selected focused portfolios
CCM Investment Priorities	Pre-identification of priorities by the CCM

Two main submission pathways in GC8

Beyond the type of request, GC8 introduces two distinct submission pathways that determine the level of details expected and the processing timeline:

The classic pathway (Classic Funding Request) is the standard path. The applicant submits a funding request which is reviewed by the TRP, followed by a grant making phase that allows the approved request to be converted into an operational grant. This path therefore involves two sequential steps: request review, then grant negotiation.

The "grant-ready" pathway (Grant-Ready Funding Request) is an accelerated option. The PR is involved much earlier and the CCM submits a well detailed funding proposal, including detailed budget, so that review by the TRP and the establishment of the grant can be conducted simultaneously or almost simultaneously. While this pathway demands greater preparation from the applicant, it allows for quicker implementation. The choice between the two pathways is made in consultation between the CCM and the Global Fund country team, based on the country's level of preparedness and the complexity of the portfolio.

For malaria CSOs: regardless of the chosen pathway, your participation in the country dialogue and in the development of the proposal remains essential. If your country chooses the Grant-Ready pathway, the schedule will be tighter and the preparation will need to be more anticipated. Check with the CCM secretariat about the pathway chosen for your country.

For more information on the GC8 application process, see the Global Fund information sessions: <https://resources.theglobalfund.org/en/information-sessions/apply-for-funding/>

GC8 requires that each proposal be based on evidence. Six main sources are available to malaria CSOs.

- DHIS2, the national health information system, provides routine data from health facilities (confirmed cases, coverage, availability of supplies) and can be consulted at the health district or the National Malaria Control Program (NMCP).
- Community Led Monitoring (CLM) brings the community perspective on the quality and accessibility of services, a dimension that routine data does not capture.
- The Malaria Matchbox identifies obstacles related to human rights and gender in access to services, with its results available from the NMCP or the CCM.
- National surveys (DHS, MIS, MICS) provide coverage and prevalence indicators at the subnational level.

- The Global Fund data explorer (data.theglobalfund.org) allows free access to allocations, disbursements, and results by country.
- Finally, The GC7 implementation reports, available from the PR, SR, or CCM, document the performance of previous grants. The most convincing proposals combine several of these sources.

Point of attention for CSOs

CSOs must reformulate all current activities using an integrated approach, drawing on examples from Section 5 of this guide; compile supporting evidence (DHIS2, CLM, Malaria Matchbox) for each proposal; and prepare their contribution to the community priorities annex, with up to 20 priorities.

Step 2: Technical review by the Technical Review Panel (TRP)

The evaluation process remains a key step in the cycle. In addition to the health impact and the technical quality of interventions, proposals will likely be evaluated based on their ability to demonstrate the level of program integration, coherence across disease components, and use of interoperable systems. Proposals deemed too siloed or insufficiently coordinated risk being rejected. The TRP may place greater emphasis on staff versatility, inter-program coordination, and effective management of integration-related risks.

Point of attention for CSOs

CSOs must ensure that their proposals clearly describe how it advances integration of services and systems functions. CSOs should also ensure that their activities are not formulated in a purely vertical manner because TRP now applies criteria for effective integration.



Step 3: Grant-making – strengthening institutional coordination

During this phase, validated proposals are transformed into operational grants. The CG8 strongly encourages the establishment of joint program management units that bring together the three diseases. This approach seeks to enhance coordination, optimize resource utilization, and address cross-cutting challenges more effectively. In addition, GC8 introduces and promotes new funding mechanisms such as social contracting, results-based financing and blended finance mechanisms, which provide new opportunities for CSOs.

Point of attention for CSOs

CSOs should demand CCMs to hold at least two meetings for the PR to brief and receive feedback from the CCM, including from the community and civil society representatives, on (i) grant design; (ii) programmatic impact; and (iii) CBO/CLO involvement in grant implementation. Communities should compare their priority annex or list with grant-making documents and ensure that community priorities and their associated budgets are maintained in the final budget. In addition, CSOs must identify their designated contact person within the common program management unit PBG if your country sets one up.

Step 4: Approval and implementation of the grant – towards integrated execution

The implementation phase maintains its duration of three years, but it is now characterized by enhanced coordination between programs and the CCM. Supervision, community monitoring, and reporting activities must be conducted in an integrated manner. Information systems must be interoperable, allowing for comprehensive monitoring of health outcomes. GC8 also promotes the implementation of integrated approaches at the service level, such as multiskilled community health workers, combined health campaigns, or integrated services for pregnant women.

The GC8 does not fundamentally change the structure of the financing cycle but significantly transforms how it is implemented. The key change is the move from a vertical, disease-specific approach to more integrated services and health system components. For civil society organizations engaged in the fight against malaria, this transition presents both a capacity building challenge and an opportunity to broaden their role and impact within national health systems.

Point of attention for CSOs

Mid-term revision of grants is a strategic moment. Prepare your advocacy based on community monitoring data and propose adjustments that strengthen integration. CSOs should capture information during implementation (e.g., minutes, commitments, CLM data) to inform potential mid-term reprioritization and revision.

Summary: what the GC8 fundamentally changes

Aspect	GC7	GC8
Country Dialogue	Separated by disease	Multi-disease, including early country dialogue
Planning	By component	Coordinated between HIV, TB, and malaria
Submission	Independent by component	Simultaneous mandatory, single request encouraged
TRP Criteria	Impact and technical quality	Addition of integration criteria
RSSH	Variable by component	Cross-cutting interventions
Management	UGP separated by disease	Joint Management Units encouraged
Staff	Specialized by disease	Versatile, integrated across diseases
Community Monitoring	Disease-specific	Disease-specific or integrated
Data Systems	Parallel	Interoperable (DHIS2)
Reprogramming	By disease component	Across disease components, favoring integration

Key points to remember from this section :

1. The funding cycle always lasts 3 years and includes two main phases: the application phase and the grant implementation phase.
2. Communities and civil society now participate in all phases of the cycle, with an enhanced role in co-defining priorities and in designing integrated services.
3. The application procedure lasts 6 to 9 months and has 4 stages:
 - the drafting of the funding request.
 - the review of the funding request by the TRP.
 - the grant-making.
 - the approval of the grant by GAC.
4. During the drafting of the funding request, the CCM organizes a multi-disease country dialogue, aimed at collecting the needs of vulnerable populations and developing proposals for integrated activities.
5. During grant-making, PRs and SRs from civil society participate in the negotiations to ensure that community needs are taken into account and integrated approaches are implemented.
 - Application adapted to targeted portfolios to meet the needs of low-burden countries.
 - Adapted to transition portfolios for countries planning to move away from Global Fund financing, or that have submitted a transition funding application in the past.
6. The GC8 introduces a mandatory coordinated submission of HIV, tuberculosis, and malaria applications, promoting programmatic coherence and resource optimization.
7. The implementation phase remains for 3 years, but now encourages integrated coordination of interventions, community monitoring, and information systems.
8. PRs continue to submit semi-annual reports. Now, they have to include monitoring of health outcomes and progress in integration.
9. The Global Fund sends a management letter after analyzing reports, with recommendations aimed at improving performance and intervention integration.
10. Country dialogue remains an ongoing process throughout the cycle and constitutes an essential mechanism to ensure community participation and the adaptation of programs to population needs.



3.2. Innovations from the Global Fund in GC8

The GC8 funding cycle introduces a set of major transformations that redefine the way funding requests are designed and the methods of implementing grants. These changes mark a shift from sectoral approaches to a more integrated, coordinated logic aimed at the overall performance of health systems. The following paragraphs present these innovations, classified according to their strategic importance and their impact on CSOs.

To facilitate understanding, these innovations are grouped into three categories: structural changes in the funding process, changes in the organization of services and actors, and changes in monitoring and funding mechanisms.

N°	New Development	Category	Impact on CSO
1	Integration of HIV-TB-Malaria services into primary health care	Process	Critical
2	Early multi-disease country dialogue	Process	Critical
3	Mandatory coordinated submission	Process	Important
4	Evolution of the TRP criteria	Process	Important
5	Strengthening RSSH investments	Process	Important
6	Common Program Management Units	Organization	Important
7	Multiskilled staff and integrated supervision	Organization	Critical
8	Interoperability of data systems	Monitoring & funding	Important
9	Diverse financing mechanisms	Monitoring & funding	Critical

A. Structural changes in the financing process

New feature 1: Integration of HIV-TB-Malaria services into primary healthcare and broader health systems

The GC8 financing cycle introduces a major change in the way health interventions are designed and implemented. From now on, HIV, tuberculosis, and malaria programs should no longer be considered and funded separately, but be integrated into primary healthcare wherever possible. This specifically means that services must be organized around the needs of populations rather than around diseases. Malaria interventions should be incorporated into broader service packages, such as primary health care, prenatal consultations, community-based care, and community follow-up activities. This approach aims to optimize resource use, strengthen continuity of care, and expand coverage for vulnerable populations. For malaria CSOs, this involves maintaining their expertise while linking it to other essential services, particularly HIV, tuberculosis, and maternal and child health.

The integration of systems concerns the cross-functional roles that support service delivery. It seeks to harmonize and consolidate systems that previously operated in parallel for each disease. This notably includes:

- **Health data and information systems:** convergence towards unified national platforms such as DHIS2, allowing consolidated monitoring of HIV, TB, and malaria indicators rather than separate reporting
- **Laboratory systems:** networks of laboratories shared between programs, common quality assurance, interoperable laboratory information systems

- **Supply chain:** integrated management of health products (medicines, diagnostic tests, bed nets, ARVs, antituberculosis drugs) rather than separate supply chains by disease
- **Epidemiological surveillance:** surveillance systems capable of detecting and analyzing trends for the three diseases in a coordinated manner.
- **Human resource management:** joint workforce planning, multi-skilled training, integrated and formative supervision

Aspect	What this concretely means
For the funding request	Malaria activities should be part of integrated service packages (primary care, antenatal care, pneumonia care, community follow-up)
For implementation	A CHW no longer only deals with malaria; they offer a package, e.g., including malaria, pneumonia, diarrhea, HIV/TB referral
For monitoring	Indicators and reports must reflect integrated performance, not just disease-specific outcomes



In practice for malaria CSOs

You retain your specific expertise in malaria, that is your added value. But you must now systematically connect it to other essential services. For example, an NGO that conducts community monitoring of bed net usage can expand its activities to ANC attendance (link with IPTp), HIV testing of pregnant women, and adherence to TB treatment during home visits.

NGOs mainly operate at the level of service integration (community healthcare delivery, community-led monitoring, and awareness-raising). However, they are also directly involved with system integration: their community monitoring data needs to be incorporated into DHIS2, their staff must use harmonized data collection tools, and their reporting must align with an integrated results framework. The strongest activity proposals in GC8 are those that address both dimensions simultaneously.

New Feature 2: Early Multi-Disease Country Dialogue

The GC8 introduces a new structuring stage in the funding cycle: the early multi-disease country dialogue. This stage aims to bring together all stakeholders (HIV, tuberculosis, and malaria programs, CSOs, communities, sectoral ministries, and partners) in order to collectively define national priorities and integration opportunities. Unlike previous cycles, where dialogues were often conducted separately by disease, GC8 requires a multi-disease approach from the very beginning. Communities are no longer only consulted to validate choices that have already been made, but are called to actively participate in defining strategic directions. For CSOs, this stage represents a key opportunity to influence priorities early on, as long as they are prepared, have data-based arguments, and work in coordination with HIV and tuberculosis CSOs.

GC7	GC8
Separate dialogues by disease	Mandatory multi-disease dialogues
Consultation of communities	Co-definition of priorities with the communities

In practice for malaria CSOs

Before the country early dialogue: organize pre-dialogues between malaria CSOs to identify your priorities, meet with HIV and TB CSOs to identify points of convergence, gather field data (results of community monitoring, Malaria Matchbox surveys, DHIS2 data). During the dialogue: present integrated and well-supported proposals, rather than separate lists of sector specific grievances.

New Feature 3: Mandatory coordinated submission of proposals

As part of GC8, countries with allocations for HIV, tuberculosis, and malaria are required to submit their funding request during the same review period. The Global Fund strongly encourages the submission of a single multi-component proposal, although separate proposals remain possible if they are submitted simultaneously and are fully consistent. This requirement aims to strengthen programmatic coherence, avoid overlaps, and ensure joint investment planning, including those related to health systems strengthening. For CSOs, this involves increased coordination across sectors, real-time information sharing, and the ability to formulate proposals that align with an overall vision, not just malaria priorities.

In practice for malaria CSOs

Identify key stakeholders of the HIV and TB components from the beginning of the process. Participate in inter-component coordination meetings. Ensure that your proposed activities are consistent with the overall vision of the proposal. Risk: if malaria CSOs work in silos, their proposals may be inconsistent with those of the HIV and TB components.

New feature 4: Evolution of the TRP evaluation criteria

While the TRP continues to assess the technical quality and potential impact of interventions, GC8 introduces new criteria related to integration. Proposals may now be evaluated based on their ability to demonstrate genuine coordination among HIV, tuberculosis, and malaria programs, as well as a coherent organization of services. Applications that are too siloed or insufficiently coordinated may risk being rejected or returned for revision. CSOs must therefore ensure that their proposals clearly describe the integration mechanisms, the roles of the various stakeholders, the coordination arrangements, and the indicators for monitoring the results of this integration.

In practice for malaria CSOs

For each activity you propose, ask yourself three questions: (1) Is this activity consistent with the proposals of the HIV and TB components? (2) Does it contribute to strengthening the health system beyond malaria? (3) Do the proposed indicators also measure integration? If you answer no to all three questions, revise your proposal.

New feature 5: Strengthening of RSSH investments

In the GC8 funding cycle, strengthening resilient and sustainable health systems (SRHS) becomes a structural priority. RSSH investments cover essential cross-cutting functions of the health system, including human resources, data and information systems, laboratories, supply chain, as well as community systems. In this context, RSSH funding must primarily support integrated interventions that simultaneously benefit all three diseases, rather than strictly vertical investments. Civil society organizations are thus called upon to submit proposals clearly demonstrating how their actions align with this cross-cutting approach, while tangibly contributing to the improvement of access, quality, and continuity of malaria control services within the overall health system.

A major change in budgeting: gender and human rights interventions under the RSSH. The GC8 introduces a significant change in the budgetary classification of gender and human rights related interventions. While in GC7, these activities were included in disease-specific modules, GC8 now integrates them into the RSSH modules. Concretely, this means that disease-specific or cross-cutting human rights and gender interventions now need to be included under RSSH (notably 'RSSH: Reducing Human Rights Related Barriers to HIV, TB and malaria services' and 'RSSH: Reducing Gender-related Vulnerabilities or Barriers to HIV, TB and malaria services').

This change has direct implications for malaria CSOs that conduct advocacy activities, community monitoring of rights, or promotion of gender equity in access to services. They must now formulate and budget these activities within the RSSH framework, which requires close coordination with other disease components since the RSSH envelope is shared. CSOs must anticipate this evolution from the country dialogue phase to ensure that gender and human rights investments are preserved and properly budgeted within the new modular framework.

The **RSSH module "Strengthening Community Systems"** is of particular importance for malaria CSOs. It includes three interventions:

1. Community-led monitoring and advocacy (CLM): These are mechanisms through which community organizations collect, analyze, and use data to monitor the quality and accessibility of health services, report malfunctions, and support advocacy with decision-makers. In GC8, the Global Fund prioritizes "mature" CLM programs, that is, those that have formal national frameworks, reliable data collection tools, and mechanisms to use data for service improvement.

2. Community coordination and engagement in decision-making (NEW in GC8): This intervention covers the participation of communities and populations most affected by HIV, TB, and malaria in planning and decision-making processes at national, subnational, and local levels. It is a major opportunity for malaria CSOs to fund their participation in strategy and policy development, technical working groups, and integrated health planning processes. It can also support strengthening of community platforms and coordination mechanisms.

3. Organizational and leadership development: This intervention covers activities related to establishing, strengthening and sustaining collaborative relationships between health systems and relevant civil society organizations (CSOs), including organizational and technical capacity strengthening or support for formal registration.



In practice for malaria CSOs

Propose activities such as: integrated training of CHWs (malaria + HIV + TB + SRMNCAM), strengthening community data collection in DHIS2, building institutional capacity of CSOs, **establishing community-led monitoring (CLM) programs integrated across malaria, HIV, and TB, participation in coordination and decision-making bodies at the national and subnational levels, advocacy for the mobilization of domestic resources for health.** Do not neglect the opportunities offered by the RSSH: Health Financing Systems' module, which allows financing activities for health budget tracking, expenditure analysis, and advocacy for national co-financing — essential activities for program sustainability beyond Global Fund financing. Formulate your proposals by clearly demonstrating cross-cutting benefit for the three diseases.

B. Changes in the organization of services and actors

News 6 : The creation / promotion of common Program Management Units (PMUs)

GC8 strongly encourages the establishment of joint Program Management Units for the management of HIV, tuberculosis, and malaria grants. This development aims to replace disease-specific management structures, which are often costly and poorly coordinated, with unified or highly integrated teams. The joint PMUs are responsible for programmatic coordination, financial management, monitoring and evaluation, procurement, and logistics for all components. This approach allows for better visibility on resource use, faster decision-making, and more coherent management of integrated activities. For CSOs, it becomes essential to clearly identify mechanisms of dialogue with the PMU and ensure that commitments made in favor of communities and malaria are effectively followed up and implemented.

In practice for malaria CSOs

Identify who will be your contact person within the common PMU. Ensure that commitments made in favor of malaria and communities are not diluted in a globalized management. Request specific monitoring mechanisms for malaria activities within the PMU.

New Feature 7: The promotion of versatile staff and integrated supervision

GC8 favors the development of versatile skills among health actors, particularly at the community and primary care levels. Models based on agents or teams strictly specialized by disease are now discouraged, unless there is a specific justification. The goal is for the same actor to address multiple health needs, for example by providing integrated management of fevers, HIV and tuberculosis referral, or the promotion of maternal health services. This evolution is accompanied by integrated and formative supervision. CSOs must ensure that they offer appropriate training, harmonized tools, and realistic workloads in order to guarantee the quality of services.

Specialized Agent (GC7)	Versatile agent (GC8)
Malaria CHW only	CHW offering an integrated package (malaria, pneumonia, diarrhea, HIV/TB referral, RHNCA)
Malaria Supervisor	Integrated supervisor covering several programs
Vertical training	Versatile training with additional modules

Risks to monitor

- Overload of work for CHWs: a package that is too large without additional resources reduces quality
- Dilution of malaria expertise: a CHW who does everything may end up doing nothing properly
- Insufficient supervision: integrated supervision requires versatile trained supervisors. Propose appropriate training, harmonized tools, and realistic workloads. Advocate for malaria to retain a sufficient training time within the integrated package.

C. Changes in monitoring and funding mechanisms

New Feature 8: Data System Interoperability

GC8 emphasizes the use of interoperable information systems, capable of tracking the results of HIV, tuberculosis, and malaria services in an integrated manner. Parallel systems and fragmented reports are gradually expected to be harmonized, notably around national platforms such as DHIS2. This evolution aims to improve data quality, facilitate analysis, and support faster and more informed decision-making. CSOs, particularly those involved in community monitoring, have a key role to play in integrating indicators of equity, quality, and service access into these systems.

In practice for malaria CSOs

If your CSO collects community data, ensure that it is compatible with DHIS2 and that it includes indicators of equity and access to services. Advocate for community malaria data not to be lost in an overly aggregated system. Propose dashboards integrated at the district level.



New Feature 9: Diverse financing mechanisms

GC8 highlights an enhanced focus on diverse financing mechanisms, such as social contracting, results-based financing, and blended financing. These mechanisms seek to acknowledge CSOs as full-fledged service providers and to strengthen the sustainability of community interventions. At the same time, they bring greater demands in management, monitoring, and accountability. CSOs must therefore strengthen their institutional capacities and ensure that essential operating costs are taken into account in budgets.

Mechanism	Description	Opportunity for CSOs
Social contracting	Formal contract with a CSO for the provision of health services, with measurable performance objectives	Recognition as a full-fledged provider, predictable funding
Results-based financing	Funding contingent on achieving predefined results, independently verified	Boosting performance, incentivizing quality
Blended financing	Combination of sources (Global Fund, State, private sector, other donors)	Diversification of sources, reduction of dependence

In practice for malaria CSOs.

Social contracting is the most promising mechanism for CSOs. To take advantage of it, your CSO must have legal personality, proven financial management capacity, a system for monitoring results, and documented experience in service delivery. Start strengthening these areas now. Attention: these mechanisms come with higher management and accountability requirements, so make sure essential operating costs are fully included in your budgets.

New Feature 10: Sustainability and accelerated transition pathways in GC8

As part of GC8, the Global Fund places particular emphasis on sustainability and accelerated transition as strategic pillars. In the face of a constrained funding environment, the goal is to ensure the sustainability of gains in the fight against HIV, tuberculosis, and malaria by gradually transferring financial and programmatic responsibility to countries. In this regard, when the NCPs received the GC8 allocation letters, guidance was provided placing greater emphasis on rigorous programmatic prioritization of Global Fund investments; support for effective and predictable transitions away from Global Fund financing; optimization of the use of national resources and the effectiveness of co-financing; prioritization of service delivery programs and systems integration; and investments in community health systems, including sustainable financing.

Given these reorientations, steps must be taken to begin a transition away from Global Fund support by the end of GC8 or GC9, assuming greater responsibility for the financing and management of their health programs. Thus, in terms of strengthening sustainability and national co-financing, at least 15% of the allocation is contingent on increased co-financing commitments from countries, with a particular focus on human resources for health (community health workers) and program management.

In practice for malaria CSOs

GC8 marks a turning point where the transition is no longer merely a projection but an operational reality, guided by strict timelines and an increased demand for national ownership, in order to achieve the goal of “zero new infections” by 2030. CSOs will therefore need to establish early warning systems to help “do more with less” by supporting state institutions through rigorous targeting of resources toward the most critical needs, while ensuring they contribute to the effective integration of services.

Demonstrate the added value of your interventions within an integrated health system. Ask yourself the following question for each activity: if the Global Fund withdraws its funding in five years, will this activity be sustainable within the national health system? If not, consider reformulating it so that it contributes to the sustainable strengthening of the system.

3.3. Resources of the Global Fund in GC8

Modular Framework Handbook (GC8)

download in [English](#) | [Español](#) | [Français](#)

Prioritization Guidance

- HIV Prioritization Guidance
download in [English](#) | [Español](#) | [Français](#)
- Tuberculosis Prioritization Guidance
download in [English](#) | [Español](#) | [Français](#)
- Malaria Prioritization Guidance
download in [English](#) | [Español](#) | [Français](#)
- RSSH Prioritization Guidance
download in [English](#) | [Español](#) | [Français](#)

Enabling Impact Guidance

- Advancing Integration
download in [English](#) | [Español](#) | [Français](#)
- Strengthening Sustainability
download in [English](#) | [Español](#) | [Français](#)
- Tackling Human Rights & Gender Barriers to Accessing Services
download in [English](#) | [Español](#) | [Français](#)
- Maximizing Value for Money
download in [English](#) | [Español](#) | [Français](#)
- Adapting Investments to Mitigate Impact of Climate on HIV, TB and Malaria Service Delivery
download in [English](#) | [Español](#) | [Français](#)

Some Global Fund guidance from GC7 remains relevant, for example.

How to Strengthen Gender Approaches within the Malaria Response

https://www.theglobalfund.org/media/15055/crg_strengthen-gender-approaches-malaria-response_report_en.pdf

Key takeaways from this section:

- GC8 requires that malaria interventions be designed within an integrated HIV–tuberculosis–malaria approach, focused on populations needs and the overall performance of the health system.
- Early multi-disease country dialogue, organized before the allocation of letters, becomes a key step during which malaria CSOs must mobilize to influence national strategic priorities.
- Community participation is shifting towards a co-definition of priorities and approaches, reinforcing the role of CSOs in organizing and structuring this participation.
- Mandatory coordinated submission of HIV, tuberculosis, and malaria proposals requires CSOs to reinforce collaboration and increase coherence between community proposals.
- The evaluation criteria of the TRP may include the quality of integration and inter-program coordination, making proposals that are too vertical more likely to be rejected.
- GC8 reinforces investments in resilient and sustainable health systems (SRHS), with each component required to allocate a budget to cross-cutting health system functions.
- The establishment of unified Program Management Units (PMUs) changes grant governance and requires CSOs to adapt their engagement and monitoring mechanisms.
- GC8 favors the use of multi-skilled personnel and integrated supervision, particularly at the community and primary health care levels.
- Community-led monitoring (CLM) is always encouraged with the possibility of an integrated multi-disease approach, while continuing to still maintain malaria-specific indicators.
- Interoperability of data systems has become a key requirement, entailing the harmonization of community tools with national systems such as DHIS2.
- GC8 highlights new financing mechanisms, including social contracting and results-based financing, which offer increased opportunities while also requiring CSOs to strengthened their capacities.



3.4. The modular framework

The modular framework is the central tool that structures all funding applications to the Global Fund. In practical terms, it is the classification system that organizes your activities into standardized modules, interventions, and indicators, and it is within this framework that you must outline every activity you propose, every budget you submit, and every outcome you commit to achieving.

It is therefore not merely a reference document to be consulted once. It is the framework through which the TRP will review your application, the Global Fund will negotiate your grant, and you will report on your implementation through the semi-annual reports (PUDR) and the performance framework.

The GC8 version of the modular framework, published on April 10, 2026, introduces significant changes compared to GC7. It puts the strategic directions of GC8 into practice: rigorous prioritization of investments, integration of health systems and services, and a gradual transition toward national self-financing.

Each activity you propose is linked to a component (malaria, HIV, tuberculosis, or HRHS), then to a module, then to an intervention, and finally to coverage indicators. This linkage is not optional: an incorrectly classified activity may result in comments from the TRP, a mandatory revision, or a partial rejection of the application.

3.4.1. Malaria-Specific Modules

The malaria component comprises three specific modules: vector control, case management, and specific prevention interventions.

Vector Control Module

This module covers all interventions that target the vector or protect populations from bites. In GC8, planning must take into account seasonality, the most vulnerable and hardest-to-reach populations, climate risks, and opportunities for integration with other interventions.

This module includes the following interventions:

- **Distribution of insecticide-treated bed nets (ITNs)** through all channels: mass campaigns, continuous distribution (ANC, EPI, schools, community settings), and emergency distribution. GC8 requires that targeting decisions be justified by data, not merely stated in terms of volume. Monitoring of access to and use of mosquito nets via surveys must be budgeted for in the RSSH Monitoring and Evaluation module, not here.
- **Indoor residual spraying (IRS)** for continuous control or epidemic response. IRS plans must incorporate the same factors as for mosquito nets. Digitization of campaign data systems and post-IRS surveys are referred to the RSSH modules.
- **Other vector control measures** include complementary interventions recommended by the WHO: larvicides, environmental management, space sprayers, and netting.
- **Entomological surveillance:** This includes studies on insecticide resistance, selection of interventions, geographic targeting, and evaluation of effectiveness. The TRP GC8 places greater emphasis on this intervention than before, particularly in areas where resistance is increasing.
- **Social and behavioral change (SBC)** encompasses all awareness-raising, communication, and social mobilization activities related to vector control. SBC activities specific to LLINs or IRS campaigns should be included in the corresponding interventions, not here.

Case Management Module

This module brings together interventions that ensure access to malaria diagnosis and treatment in health facilities, in the community, and in the private sector.

This module includes the following interventions:

- **Treatment in health facilities:** improving the quality of malaria care (including severe forms) in public health facilities. Includes the supply of RDTs, reagents, and antimalarial drugs; integrated training and supervision within the primary health care framework; the development of resistance mitigation plans; the implementation of radical cure including G6PD testing where required; and the strengthening of referrals and counter-referrals. Quality control of laboratory services and microscope management fall under the RSSH/Laboratory Systems module.
- **Integrated community-based case management (iCCM):** covers all age groups, with a service package that includes malaria, as well as potentially pneumonia, diarrhea, and HIV/TB referrals. Includes the provision of supplies, training combined with integrated formative supervision, and referral/counter-referral mechanisms. Critical point: remuneration for CHWs must be included in the HRH/RHS module, not here.
- **Case management in the private sector:** Engagement of the private sector in malaria care, with mechanisms for mandatory reporting, training and supervision, and supply of commodities. Policy and regulatory activities for the private sector are referred to the PHC Governance module.
- **Preparedness for outbreaks:** development and updating of response plans, establishment of acute fever surveillance systems, predictive modeling. Actual response interventions (vector control, treatment) remain in their respective modules.
- **Intensified elimination activities:** for countries in the elimination phase or with low endemicity: case and outbreak investigation, active case finding, targeted drug administration, analysis of vulnerabilities and barriers to access.
- **Monitoring of biological threats to the effectiveness of antimalarial interventions:** monitoring of therapeutic efficacy and investigation of pfrp2/3 gene deletions: sentinel sites, supplies, supervision, and laboratory analyses.
- **Social and behavioral change (SBC):** targeted awareness-raising and mobilization to promote adherence to diagnostic and treatment services.

Specific Prevention Interventions (SPI) Module

This module encompasses chemoprevention interventions. GC8 introduces a significant structural simplification: chemoprevention interventions for children are grouped into a single intervention (PMC, TPIsc, CPSP), unlike in GC7 where they were separate.

This module includes the following interventions:

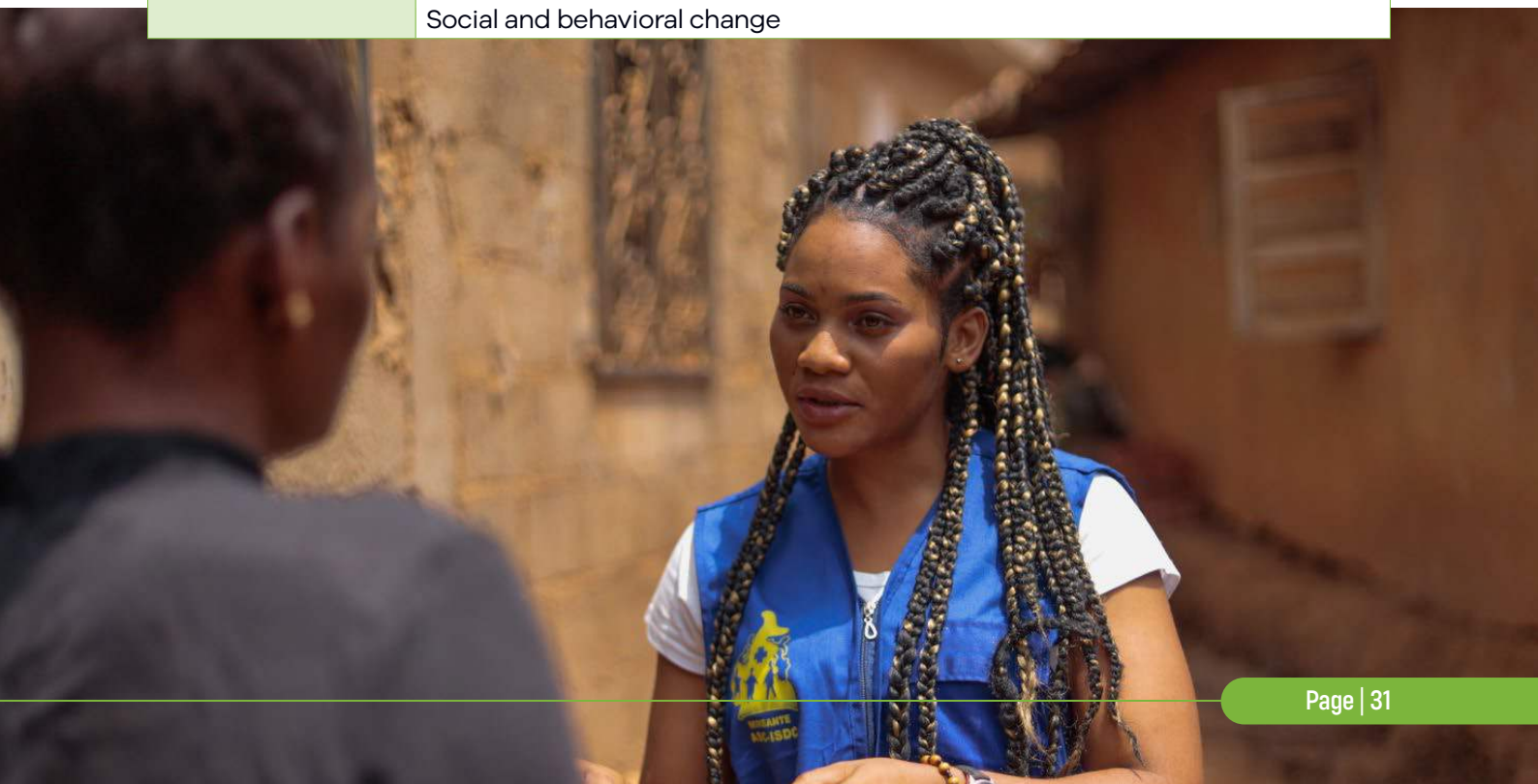
- **Intermittent preventive treatment for pregnant women (IPTp):** supply of sulfadoxine-pyrimethamine, coordination with maternal health programs for integrated delivery at antenatal clinics (ANC), training and supervision including comprehensive management of prenatal care, and removal of barriers to access to ANC.
- **Seasonal Malaria Chemoprevention (SMC):** supply of SP+AQ, updating of targeting based on epidemiology and seasonal forecasts, integration of complementary interventions (vitamin A, antimalarial vaccine, malnutrition screening, LLINs), pharmacovigilance, and monitoring of resistance to SP+AQ.
- **Other chemoprevention interventions in children (CMP, ITPsc, SMCp):** consolidated GC8 intervention covering: malaria chemoprevention for infants (formerly TPIIn), intermittent

preventive treatment for school-aged children, and post-discharge chemoprevention for children admitted for severe anemia. For each: supply, coordination with health and education programs, integrated training, and resistance surveillance.

- **Social and behavioral change (SBC):** awareness-raising and mobilization specifically targeting adherence to chemoprevention interventions.

These interventions are the same as those for the vector control and case management modules. Their objective is to improve population adherence and identify barriers related to access to specific prevention interventions among vulnerable populations.

Modules	Interventions
Vector control	Insecticide-treated mosquito nets (ITNs)
	Indoor residual spraying of insecticide with a residual effect (IRS)
	Other vector control measures
	Entomological surveillance
	Social and behavioral change
	Elimination of human rights and gender-related barriers that impede access to vector control programs
Case management	Treatment in health centers
	Integrated community-based case management (iCCM)
	Case management in the private sector
	Preparation in case of an epidemic
	Intensified activities for elimination
	Monitoring of therapeutic efficacy
Specific preventive interventions	Social and behavioral change
	Intermittent preventive treatment (IPT) – Pregnant women
	Seasonal malaria chemoprevention
	Other chemoprevention interventions in children (CMP, ITPsc, SMCp) (new GC8 — consolidated intervention)
	Social and behavioral change



3.4.2. Resilient and Sustainable Systems for Health (RSSH) Modules

RSSH modules are no longer optional or peripheral in GC8. They are at the core of funding. Each disease-specific component must allocate a substantial portion of its budget to them. Furthermore, all cross-cutting activities—such as integrated training, data management, barriers to access, and contracting—must now be classified under these modules.

GC8 comprises eleven RSSH modules, in addition to the Program Management module.

Health Sector Governance and Person-Centered Integrated Services Module

This module covers the planning and implementation of integrated services at the primary and community health care levels.

This module includes the following interventions:

- **National health and intersectoral policy, strategy, and coordination**, which includes the development of national health policies and strategies, national strategic disease control plans, midterm reviews, and strengthening leadership for systemic planning.
- **Planning, management, and delivery of person-centered integrated services**, which includes activities such as joint planning at the department/division level, reviews of service delivery systems, and capacity building for disease control programs and primary health care units.
- **Support for private sector engagement**, including the development of national regulations and guidelines, capacity building for government stakeholders to engage with the private sector, and accountability mechanisms to ensure alignment with national plans.

Community Systems Strengthening (CSS) Module

This is the module most directly relevant to CSOs, and likely the one offering the most funding opportunities within GC8.

This module includes the following interventions:

- **Community-led monitoring (CLM) and advocacy** through the development and implementation of integrated community-led monitoring mechanisms, including national CLM frameworks, tools and technologies for secure data collection, and monitoring of human rights violations and gender inequalities in access to services. The Global Fund prioritizes “mature” CLM programs in GC8—that is, those with formalized frameworks and proven mechanisms for using data to drive action. CLM must address all three diseases in an integrated manner.
- **Community coordination and engagement in decision-making**, involving communities in planning and decision-making processes at the national, subnational, and local levels. This includes community coordination platforms, support for community representatives to participate in health governance processes, and capacity-building to engage in health financing and accountability processes. This is where CSOs can fund their participation in country dialogues, CCM meetings, and technical working groups. Note: Funding for support to the CCMs themselves should not be included in country grants.
- **Organizational and leadership development**, which includes strengthening the institutional capacities of community organizations: governance, financial management, strategic planning, covering essential operational costs (salaries, office space, security), support for legal registration, and leadership development for underrepresented communities.

Health Financing Systems Module

This module is often underutilized by malaria CSOs, even though it offers real opportunities within GC8.

This module includes the following interventions:

- **Health financing frameworks**, including activities such as strategies and analyses for integrating HIV and TB services into national financing frameworks, strategic procurement mechanisms, and the development of benefit packages.
- **Health financing analysis, advocacy, strategies, and planning**, including health sector budgets, transition readiness assessments, health labor market analyses, advocacy for increased national health financing, and health expenditure monitoring.
- **Public Financial Management (PFM) systems**, which involve strengthening public financial systems for managing Global Fund grants and monitoring co-financing.
- **Routine financial management systems**, which encompass activities such as establishing and strengthening the financial systems used by PRs to manage grants.
- **Social contracting** is the intervention that encompasses activities related to the processes and funding mechanisms that enable effective contracting with CSOs for service delivery, community engagement, and accountability. This includes the assessment and development of public funding models for CSOs, the pricing of service packages, and bridge funding during transition periods.
- **Blended financing arrangements**, which involve mobilizing additional resources from other partners through innovative financing mechanisms.

Health Products Management Systems Module

This module covers the health products supply chain from national policy to distribution.

This module includes the following components:

- **Policy, Strategy, and Governance**, which describes the national health products management strategy, essential medicines lists, national guidelines for prevention, diagnosis, and treatment, and supply coordination.
- **Supply chain design, operations (storage and distribution), management, and outsourcing**, including activities such as the assessment and optimization of logistics networks, strengthening of storage capacity, and infrastructure upgrades.
- **Planning and procurement capacity**, which includes strengthening capabilities for planning, quantification, forecasting, and procurement of health products.
- **Regulatory and quality assurance support** for quality control, pharmacovigilance, and inspection of manufacturing sites.
- **Healthcare waste prevention, reduction, and management**, including activities such as developing waste management plans, infrastructure and equipment, and capacity building.
- **Supply chain information systems**, with an emphasis on electronic LMIS systems, warehouse management systems, and the deployment of AI/machine learning for supply chain applications.
- **Climate-resilient and sustainable health and storage infrastructure**, which includes activities such as the renovation of health facilities and warehouses, the installation of energy-efficient equipment, and early warning systems related to climate risks.

RSSH/PP Module: Human Resources for Health (HRH) and Quality of Care

This is where all activities related to health workers providing integrated services are budgeted. This is one of the most important rules to remember to avoid classification errors in GC8.

This module includes the following interventions for Community Health Workers (CHWs):

- **CHWs — selection, initial training, certification, and equipment** for the development and implementation of training curricula, training of trainers, digital tools for training, and provision of equipment.
- **CHWs — contracting, remuneration, and retention** for the development of CHW contracts, mechanisms for timely and full payment, salaries, bonuses, and allowances.
- **CHWs — continuing education** for competency-based continuing education programs, mentoring, digital tools.
- **CHWs — integrated formative supervision** for standard operating procedures, training of supervisors, supervision visits, protection and safeguarding of CHWs.

And the following interventions for other health workers:

- **HRH planning, management, and governance**, including HRH analyses, the definition of staffing models for integrated services, and regulatory frameworks for the professionalization of CHWs.
- **Pre-service training for new health workers**, including curriculum development and institutional strengthening.
- **Staff compensation and deployment** for the payment of salaries and allowances, and contributions to national retention mechanisms.
- **Continuing professional development** for continuing education and clinical mentoring programs for health workers providing integrated care.
- **Integrated formative supervision for health workers**, including the development of supervision plans and tools, training for supervisors, and protection and safeguarding measures.
- **Quality improvement and capacity building in quality of care** through activities such as protection against sexual exploitation and abuse in health facilities, management training for health managers, and national quality of care policies.

RSSH/PP Module: Laboratory Systems

This module covers all functions of the laboratory network, which are common to all three diseases. This module includes the following interventions:

- **National laboratory governance and management structures**, including activities such as national governance, standards and policies, human resources coordination, and implementation of the Global Laboratory Leadership Program (GLLP).
- **Quality management and accreditation systems**, which involve establishing or strengthening quality assurance units, accrediting laboratories, and participating in external quality assessment schemes.
- **Laboratory information systems**, which involves establishing and strengthening integrated laboratory information systems and ensuring interoperability with national health information systems.
- **Geospatial analysis and network optimization** for the collection and analysis of GIS data on laboratory network capacity, as well as the modeling and optimization of diagnostic networks.
- **Laboratory-based surveillance** for reference laboratory networks and sentinel sites, genomic surveillance, and the integration of laboratory data into collaborative surveillance initiatives.

- **Laboratory supply systems**, including activities such as establishing national lists of essential diagnostics, forecasting and quantification systems, and alternative contracting arrangements.
- **Sample transport and referral systems** for the establishment or expansion of integrated transport systems, equipment, and agreements with transport companies.
- **Biosecurity and biosafety, infrastructure and equipment** for biosecurity policies and regulations, management of dangerous pathogen repositories, renovation of laboratory infrastructure.

RSSH/PP Module: Medical Oxygen and Respiratory Care Systems

This module was introduced into GC8 for pandemic preparedness activities. It comprises a single intervention:

- **Oxygen and Respiratory Care Systems**, which includes oxygen supply (PSA generators, liquid oxygen, concentrators), storage and distribution (piped oxygen networks), oxygen administration and respiratory care (patient monitoring devices), and support for the oxygen ecosystem (needs assessments, preventive maintenance, training of biomedical engineers).

RSSH Module: Monitoring and Evaluation (M&E)

This module is essential for any CSO that collects, analyzes, or uses data as part of its activities. This module includes the following interventions:

- **Governance** through the assessment of health information systems, national M&E and digitalization strategies, and governance and coordination of information and communication technologies.
- **Routine reporting and administrative data sources**, including the development and implementation of national M&E frameworks, aggregate and individual reporting systems, interoperability between digital systems, and health facility and patient registries.
- **Data quality**, which encompasses all routine data quality review activities, data quality audits, and tools for monitoring the quality of CLM data.
- **Surveillance of HIV, tuberculosis, and malaria**, which consists of activities related to systems for collecting and utilizing epidemiological surveillance data specific to these three diseases.
- **PHC/PP**: Surveillance of priority diseases and events likely to cause epidemics—development of surveillance plans, training of public health workforce, triangulation and data-sharing mechanisms.
- **Surveys, evaluations, reviews, data analysis, and operational research** for population surveys, behavioral surveys, programmatic reviews, and operational research.

HRHS Module: Reducing Human Rights Barriers to Access to HIV, TB, and Malaria Services

This module, revised in GC8, covers all activities aimed at ensuring quality care free from discrimination and removing legal and institutional barriers.

This module includes the following interventions:

- **Expanding access to quality, non-discriminatory care** through training health workers on patients' rights, accountability mechanisms at health facilities, and collaboration between health facilities and community-based organizations.
- **Improving knowledge of rights and legal support**, which includes community awareness-raising on rights, legal and paralegal services, and rapid response mechanisms to rights violations.
- **Improving health laws, regulations, and policies** to facilitate access to HIV, TB, and malaria services through analysis and monitoring of health policies and laws, community engagement in reform

processes, and improved law enforcement.

SRHR Module: Reducing gender-related vulnerabilities and barriers to accessing HIV, TB, and malaria services

- **Addressing gender-based discrimination and norms that act as barriers to HIV, TB, and malaria services** through training for healthcare providers, support for women-led organizations, dialogue activities to strengthen women’s decision-making autonomy regarding health, education for men and boys on healthcare-seeking behaviors, and interventions to promote women’s economic empowerment.
- **Prevention of and response to violence against women and girls**, which includes activities to integrate the identification of domestic violence into health services, protocols and training for health workers, and referral mechanisms to legal and psychosocial support services.

Program Management Module

This module covers the coordination and administrative management of grants. This module includes the following activities:

- **Coordination and management of national disease control programs**, including activities such as supervision and technical assistance from the national to the subnational level, human resources planning and management for program administration, and coordination with local and district authorities.
- **Grant management**, which includes the development and submission of grant documents, technical supervision of implementation, planning of human resources and operational costs, coordination with the national program and local authorities, mobilizing leadership to support implementation, risk management, and protection against sexual exploitation and abuse during implementation.

Modules	Interventions
RSSH: Health sector planning and governance for integrated services focused on the person	National health sector strategy, policies and regulations
	Integration or coordination within disease control programs and at the service delivery level
	Support for private sector involvement
RSSH: strengthening of community systems	Community-led monitoring (CLM) and advocacy
	Community coordination and engagement in decision-making (new in GC8)
	Capacity building and leadership development
RSSH: health sector financing systems	Health sector financing strategies and related planning
	Public financial management systems
	Routine financial management systems
	Social contracting
	Data and analysis related to health financing
Mixed financing arrangements	

RSSH: health product management systems	Politics, strategy, governance
	Storage and distribution capacity, design and operations
	Planning and purchasing capacity
	Support in regulatory or quality assurance matters
	Prevention, reduction, and management of healthcare-related waste
	Supply chain information systems
	Expansion of the national supply chain system through outsourcing
RSSH / PP: HRH and quality of care	RSSH / PP: planning, management and governance of HRH, including CHWs
	RSSH / PP: education and development of new health workers (except CHWs)
	RSSH / PP: remuneration and deployment of current or new staff (except CHWs)
	RSSH / PP: continuing education (except community health workers)
	RSSH / PP: integrated formative supervision for health workers (except CHWs)
	RSSH / PP: quality improvement and capacity building in care quality
	RSSH / PP: CHWs – selection, initial training, and certification
	RSSH / PP: CHWs – contracting, remuneration, and retention in post
	RSSH / PP: CHWs – continuing education
	RSSH / PP: CHWs – integrated formative supervision
RSSH / PP: laboratory systems (including national and peripheral)	RSSH / PP: national structures for laboratory management and governance
	RSSH / PP: quality management systems and accreditation
	RSSH / PP: laboratory information systems
	RSSH / PP: network optimization and geospatial analysis
	RSSH / PP: laboratory surveillance
	RSSH / PP: laboratory supply systems
	RSSH / PP: sample shipping and transport system
	RSSH / PP: biosafety and biosecurity, infrastructure and equipment
RSSH / PP: medical oxygen and respiratory care systems	RSSH / PP: Bulk oxygen supply
	RSSH / PP: Oxygen distribution and storage
	RSSH / PP: Oxygen administration and respiratory care
	RSSH / PP: Oxygen support systems
RSSH: monitoring and evaluation systems	Routine data reporting
	HIV, tuberculosis, and malaria surveillance
	RSSH / PP: surveillance of diseases and priority events likely to cause epidemics
	Surveys
	Data quality
	Analyses, evaluations, reviews, and use of data

	Sources of administrative data
	Civil registration and statistics
	Operational research
RSSH: Reducing Human Rights Barriers to Access 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
RSSH: Reducing gender-related vulnerabilities and barriers to accessing 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
Program management	Coordination and management of national disease control programs
	Grant management

Key takeaways from this section :

- GC8 is mainly structured around three tools: the modular framework, the HIV, TB, malaria and RSSH prioritization guidance and the enabling impact guidance.
- The modular framework is mandatory for all applications and determines how activities are formulated, classified, budgeted, and monitored.
- Any proposed activity must be linked to a component, a module, an intervention, and standard indicators of the Global Fund.
- For malaria, activities fall either under disease-specific modules (vector control, case management, prevention) or under RSSH modules when they are cross-cutting.
- Community activities, including community-led monitoring and advocacy, community coordination and engagement in decision-making, organizational and leadership development and social contracting, continue to be primarily positioned within the RSSH modules.
- Activities related to human rights and gender are now included as part of RSSH modules.
- The Global Fund's iLearn online trainings support applicants and CSOs in understanding the GC8 cycle and its tools.
- Incorrect classification of activities within the modular framework can lead to TRP comments, revisions, or partial rejection of the request.
- For malaria CSOs, mastery of these tools is essential to demonstrate coherence between malaria, multi-disease integration, and health system strengthening.
- Rigorous application of the modular framework improves proposal clarity, facilitates evaluation, and increases the chances of funding approval.





4 Role of civil society and communities in the GC8 funding cycle

The GC8 funding cycle marks a substantial evolution in the role of civil society organizations and communities. Unlike previous cycles which relied primarily on consultation mechanisms, GC8 introduces a shift towards strategic participation and the joint shaping of policies and interventions. Civil society organizations involved in the fight against malaria are now expected to operate within broader frameworks, integrating HIV, tuberculosis, and health systems strengthening.

Steps of the cycle	CSOs Role	Intensity
Step 0 — Early dialogue	Co-definition of priorities, cross-disease coordination	Strong
Step 1 — Proposal development	Proposal of integrated activities, participation in technical groups, CCM validation	Strong
Step 2 — TRP review	No direct intervention	Null
Step 3 — Grant-making	Participation and monitoring of negotiations via the CCM	Average
Step 4 — Implementation	Implementation of activities, integrated community monitoring, reporting	Strong
Reprogramming	Joint analysis, proposals for adjustments, advocacy	Strong

4.1. Role of malaria CSO representatives at the CCM.

Representatives of civil society organizations and communities engaged in the fight against malaria are permanent members of the Country Coordinating Mechanism (CCM). In this capacity, they participate in all CCM meetings, represent the interests, priorities, and concerns of the organizations they represent. Their role includes bringing proposals from the CCM, from the communities, contributing to strategic discussions on funding requests and grant implementation, and ensuring that the needs of vulnerable populations are considered.

In turn, these representatives are responsible for regular reporting of CCM decisions to civil society organizations and communities, ensuring transparency and accountability. They must also have timely access to information related to grant negotiations, progress on discussions with the Global Fund, and any modifications to the grants. Under GC8, their role is expanding significantly. Representatives of malaria control organizations are now expected to actively participate in multi-disease dialogues. They must collaborate closely with representatives from HIV and tuberculosis organizations to identify shared priorities, contribute to the development of integrated proposals, and ensure coherence across the various components of the funding request. This also entails greater involvement in technical working groups on integration, where these are established at national or subnational level.

Standing mandate (maintained from GC7)

Responsibility	Description
Representation	Submit to the CCM proposals, priorities, and concerns of CSOs and malaria-affected communities
Restitution	Ensure regular reporting of CCM decisions to CSOs and communities
Access to information	Having timely access to information relating to negotiations and the status of grants
Participation	Sit on all CCM meetings and contribute to strategic discussions

Expanded mandate in the GC8

New responsibility	Description
Inter-disease coordination	Collaborate with HIV and TB representatives to identify shared priorities
Consistency	Enhance coherence between components of the funding request
Technical groups	Sit on working groups related to integration
Monitoring of integration	Ensure that integration does not lead to a dilution of malaria interventions

Checklist for malaria CSO representatives at the CCM

Before each CCM meeting, check

- Have I consulted the CSOs I represent to gather their priorities?
- Have I reviewed the documents that will be discussed?
- Have I exchanged with HIV and TB representatives on common topics?
- Do I have up-to-date field data to back my stand?

After each CCM meeting, check:

- Have I organized a feedback session for the CSOs and communities I represent?
- Have I shared the key documents and decisions?
- Have I identified the points requiring action from the CSOs?
- Have I documented commitments made in favor of malaria and communities?

4.2. Participation in country dialogues

Country-level dialogue is a fundamental pillar of the Global Fund's financing model. It takes place throughout the funding cycle, particularly during the preparation of the funding request, grant-making, and its implementation. Under the GC8, the Global Fund reinforces this requirement by emphasizing the need for early, inclusive, and multi-disease dialogues.

Civil society organizations and communities are now invited to participate in consultations bringing together actors from HIV, tuberculosis, malaria, and health system strengthening. This approach aims to go beyond traditional sectoral frameworks and foster a shared understanding of health priorities, inequalities in access to services, and opportunities for integration.

The Global Fund also requires that funding requests for high-impact and core portfolios be accompanied by an annex presenting the 20 main priorities identified by civil society and communities during the country dialogue, whether or not these priorities have been integrated into the funding request. This annex outlines the community prioritization process, guides CCM decisions, and ensures that community priorities are effectively followed up during grant-making and implementation.

To ensure effective participation, civil society organizations are encouraged to establish appropriate preparatory mechanisms. This includes selecting representatives with knowledge of national strategies, capacity building in strategic planning and funding cycles, organizing pre-dialogues, and employing innovative consultation methods including digital approaches.

Aspect	GC7	GC8
Scope	Dialogues by disease component	Mandatory multi-disease dialogues
Community Priority Annex	List of the top 20 civil society priorities mandatory for all portfolios	List of the 20 main civil society priorities mandatory only for high-impact and core countries
Evidence	Proof of an inclusive dialogue required	Inclusive dialogue required

How to fill out the funding priorities annex — Practical guide

The annex of civil society and community funding priorities is an official Global Fund form submitted alongside funding request by high-impact and core portfolios. It allows CSOs and communities to propose the investments they consider most important, with a limit of 20 priorities per request. For each proposed priority, the annex provides fields to describe the recommended intervention and its expected impact as well as any additional comments.

To effectively complete this annex in the context of GC8, several principles should guide CSOs. First, each priority must be evidence-based: use data from DHIS2, results from community-led monitoring (CLM), Malaria Matchbox reports, or results from national surveys (DHS, MIS) to justify your choices. Second, wherever possible, priorities should be formulated in integrated terms in accordance with GC8 requirements: instead of "Training CHWs on malaria," write "Training CHWs on the integrated management of febrile illnesses including HIV/TB referral and SRH/FP care." Third, the annex should be developed in collaboration with HIV and TB CSOs in your area so that some priorities are shared across all three components. This strengthens your credibility with the TRP. Fourth, do not exceed 20 priorities — Focus on high-impact interventions rather than diluting your proposals.

Keep a copy of your annex carefully once submitted. It serves as an advocacy tool throughout the cycle: it acts as a reference when preparing the grant to ensure that your priorities are maintained, it informs your monitoring during implementation, and it allows for the reintroduction of priorities that were not retained during a possible mid-term reprogramming.



4.3. New opportunities for civil society organizations in the GC8

GC8 opens up new prospects for civil society organizations, particularly through the promotion of implementation and funding mechanisms favorable to community actors. However, it is important to note that GC8 takes place in a context of implementation streamlining. Facing reduced financial envelopes, the Global Fund seeks to simplify processes, optimize resource utilization, and, in some cases, reduce the number of implementing entities to improve efficiency. This may involve consolidating grants, decreasing the number of sub-recipients, or prioritizing organizations capable of delivering integrated service packages rather than isolated interventions. CSOs must therefore prepare for a more competitive environment, where demonstrating added value, strong management capacity, and ability to provide integrated services will be critical for selection as implementation partners. CSOs that invest now in strengthening their institutional capacities and cross-disease coordination will be best positioned to take advantage of GC8 funding opportunities.

Organizations can be selected as sub-recipients for the delivery of integrated services, the implementation of community-led monitoring, or the provision of services tailored to specific populations needs.

The GC8 cycle also highlights social contracting as a preferred mechanism to formalize the role of civil society organizations in delivering integrated health services through contracts with clear performance objectives and measurable results. This approach aims to enhance the sustainability of interventions and integrate community services within national health systems.

Opportunity 1 — Become a sub-recipient for integrated services

Domain	Examples of integrated services
Community care	Integrated Community-based case management (malaria, pneumonia, diarrhea) + HIV/TB referral + SRMNIA care
Community follow-up	Integrated multi-disease CLM
Mass campaigns	LLINs distribution combined with vitamin A, deworming, malnutrition screening
Specific populations	Services adapted for refugees, displaced people, mobile populations, people in prisons or closed settings
SBC	Multimedia campaigns integrating messages on malaria, HIV, TB, nutrition, hygiene

Opportunity 2 — Benefit from social contracting

Social contracting is the most structuring mechanism for CSOs under GC8. It formalizes their role in delivering integrated health services through contracts with defined performance objectives.

Self-assessment: is my CSO ready for social contracting?

Criteria to evaluate:

- Up-to-date legal status (bylaws, official recognition)
- Accounting system compliant with standards
- Audit reports of the last 2 years available
- Documented implementation experience (reports from the last 3 years)
- Operational results tracking system

- Qualified staff available
- Formalized relationships with health structures

If you ticked 'No' for more than 2 criteria, start strengthening these elements right now. Do not wait for the application cycle to start.

Opportunity 3 — Participate in Results-Based Financing (RBF)

RBF offers high-performing CSOs the opportunity to have their efforts recognized. To benefit from it, your CSO must be able to measure and document its results reliably and verifiably. Invest in a robust monitoring system and accept independent audits to enhance credibility.

4.4. Strengthening the capacities of civil society organizations

To meet the requirements of GC8, civil society organizations engaged the malaria response are called upon to strengthen and diversify their skills. While maintaining solid technical expertise in malaria, they must develop basic knowledge of HIV, tuberculosis, primary health care, and reproductive, maternal, neonatal, child, and adolescent health.

Moreover, an increased understanding of health systems, financing mechanisms, health information systems, and data interoperability is becoming essential. Finally, GC8 requires strengthened capacities in intersectoral collaboration, multi-stakeholder coordination, and data-driven advocacy.

In this new context, civil society organizations combating malaria are expected to shift from a sector-specific approach to a broader role as in global health actors, strategically contributing to the performance and resilience of national health systems.

Domain	Required skills	Priority	How to acquire them
Malaria expertise	Epidemiology, interventions, surveillance	Maintain	Continued education, program reviews
Basic HIV (new)	Transmission, testing, ARV, PMTCT	High	Cross-training with HIV CSOs, e-Learning
Basic TB (new)	Testing, treatment, HIV/TB co-infection	High	Cross-training with TB CSOs, WHO webinars
Maternal health (new)	ANC, vaccination, nutrition, SRMNIA	Average	SRMNIA collaboration programs
Health systems (new)	Architecture, financing, governance	Average	National policy documents
Data systems (strengthened)	DHIS2, interoperability, quality	High	DHIS2 training, district M&E teams
Management and finance (strengthened)	Accounting, grant management, audit	Average	Training, PR support
Coordination and advocacy (new)	Intersectoral work, negotiation	High	Advocacy workshops, mentoring

Recommended skills development pathway

GC8 requires new skills from malaria CSOs, particularly in service integration, cross-disease coordination, and results-oriented management. However, capacity-building needs vary considerably depending on the profile, experience, and resources of each organization.

To identify your capacity-building priorities, assess your situation in the following areas:

Field of expertise	Questions to ask yourself
Malaria expertise	Does my team master the current interventions and the epidemiological data of our area?
Basic HIV and TB	Does my team understand the fundamental principles of HIV and TB screening, treatment, and prevention?
Data systems	Is my team familiar with DHIS2 and the integrated data collection tools?
Financial and institutional management	Does my CSO meet the conditions for social contracting? (see self-assessment in the appendix)
Coordination and advocacy	Does my CSO have established working relationships with HIV, TB CSOs and health authorities?

Based on your gaps, prioritize the most relevant actions for capacity strengthening. Available resources include the Global Fund e-Learning trainings, disease and SRPS information notes, cross-training between CSOs, and technical support from CS4ME and its partners.



4.5. Mistakes to avoid by CSOs in GC8

Error	Consequence	Recommendation
Working in a silo	Incoherent proposals, rejection by the TRP	Initiate inter-disease collaboration from the beginning
Confusing integration and dilution	Loss of added value, superficial proposals	Maintain malaria expertise as a foundation
Arriving at the dialogue without data	Low persuasive power	Gather monitoring data, DHIS2, surveys
Ignoring RSSH	Missing out on RSSH investments	Identify 2-3 cross-cutting RSSH priorities (e.g. related to community systems strengthening, gender or human rights)
Neglecting institutional preparation	CSO not eligible for new mechanisms	Carry out a self-assessment and fill in the gaps
Waiting to be invited	Marginalization in the process	Take the initiative for pre-dialogues
Overestimating versatility	Overload of agents, decrease in quality	Gradual scale-up, realistic evaluation

4.6. The minimum community engagement expectations in GC8

The Global Fund has defined minimum expectations for community engagement that apply throughout the funding cycle.

A. During the development of the funding request: A transparent and inclusive consultation process with populations most impacted by HTM resulting in, for High-Impact and Core portfolios, an Annex of Funding Priorities of Civil Society and Communities Most Affected by HIV, Tuberculosis and Malaria (an "Annex") as an output.

B. During 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. For High-Impact and Core portfolios, this includes at least two meetings convened by the CCM for the PR to brief on grant-making progress and outcomes.

C. During implementation: the community and civil society on the CCM access timely information on grant implementation.

These expectations are a right, not a favor. If they are not respected in your country, inform the CCM Secretariat, the Global Fund country team, or CS4ME. Additional tools and resources on community engagement are available on in the Community Engagement Toolbox (https://www.theglobalfund.org/media/10734/ccm_communityengagement_toolbox_en.pdf) on the Global Fund website and from CS4ME.

4.7. Lessons learned from GC7 – CS4ME recommendations for malaria CSOs in GC8

The experience of the GC7 funding cycle highlighted several lessons that malaria CSOs must inevitably integrate into their preparation for GC8. These recommendations, formulated by CS4ME based on feedback from the field, constitute a foundation of best practices to strengthen the quality and impact of proposals.

On the differentiated approach and contexts adaptation: Standardized interventions do not produce the same results everywhere. CSOs must ensure a differentiated approach based on the specific needs of each community, recognizing that urban, rural, nomadic, displaced, and refugee populations do not face the same barriers in accessing services. For each vulnerable group, the country must develop a communication, prevention, and care strategies tailored to its realities. Funding requests must include indicators that measure the proportion of the most vulnerable populations actually reached by the interventions, including in the most remote areas. Without such indicators, it is impossible to verify that the investments are benefiting those who need them most.

On the effectiveness of community interventions. GC7 demonstrated that distributing insecticide-treated nets (ITNs) alone is not sufficient. It must be accompanied by community-based interventions that ensure their proper and effective use after distribution. CSOs must propose in GC8 post-distribution follow-up activities, awareness-raising on correct use, and replacement of damaged nets. Furthermore, community-led monitoring (CLM) has proven to be an essential tool for accountability and continuous service improvement. CSOs that have robust CLM data were best positioned to influence decisions in GC7 and will be even more so in GC8.

On community health worker coverage. Too many areas and districts remain without community health workers (CHWs) coverage or community relays. This can result in groups of people lacking access to basic services. CSOs should clearly report CHW coverage in their intervention areas and present a concrete plan for addressing gaps in GC8.

On communication and community engagement. Experience of GC7 shows that top-down communication strategies designed at the central level without community involvement produce limited results. Joint participation with communities in the creation of communication strategies and plans significantly improves commitment and the effectiveness of messages. CSOs must advocate for this participatory approach to be systematized in GC8.

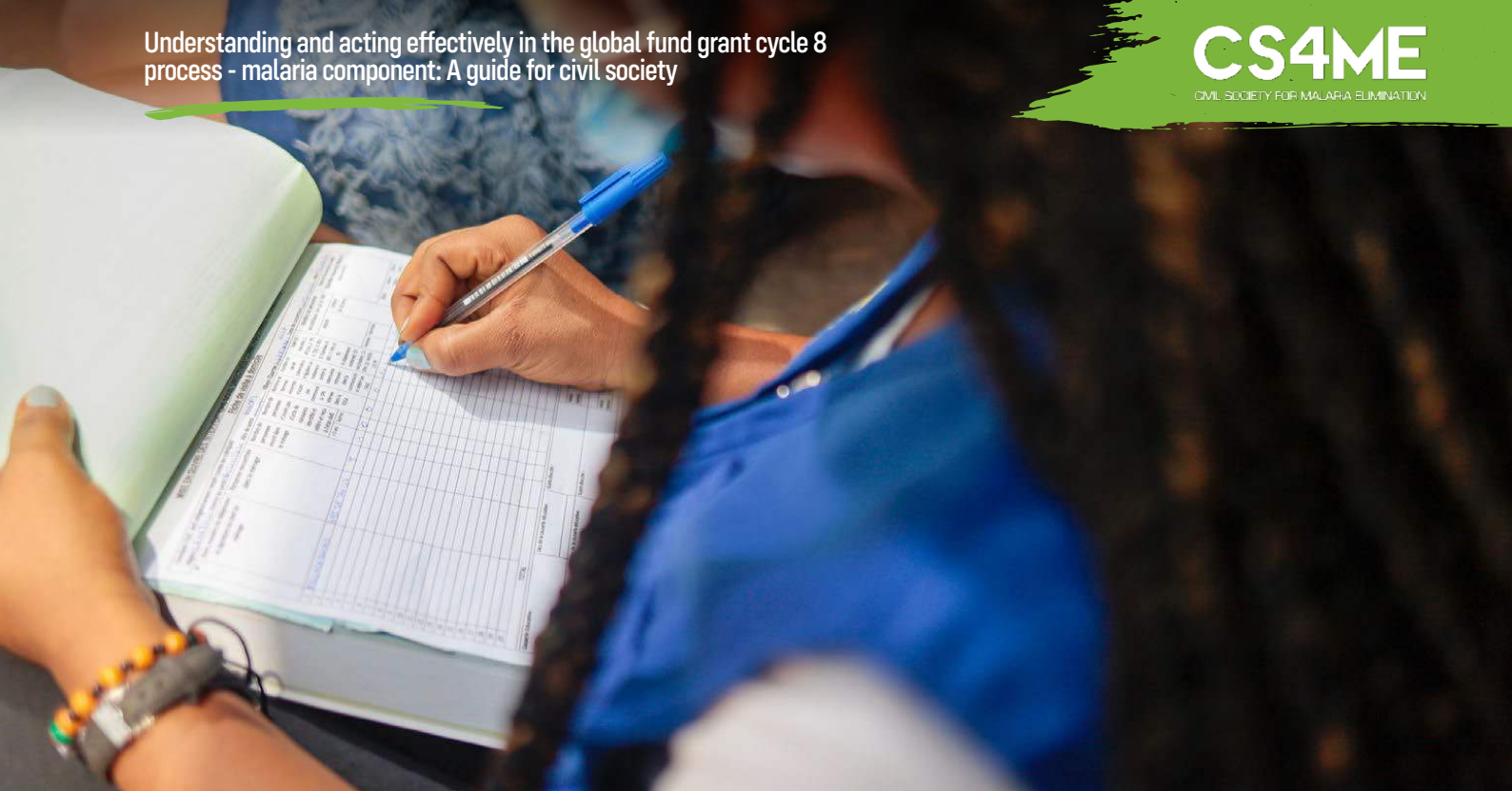
On the resilience of interventions in the face of resistance. The emergence of resistance to antimalarial drugs and to insecticides used in net treatment and indoor spraying constitutes a growing threat to the effectiveness of malaria interventions. GC8 funding requests must include clear actions to mitigate this resistance, notably monitoring of therapeutic efficacy, tracking of insecticide resistance, and the adoption of new generations nets with dual-active ingredient in affected areas. CSOs can support these efforts by documenting cases of therapeutic failure at the community level and advocating for the rapid adoption of WHO new tools.

Key points to remember from this section:

The GC8 marks a shift from an approach of consulting CSOs to strategic participation in guiding health policies and interventions.

- Malaria civil society organizations are now expected to work within multi-disease frameworks, integrating HIV, tuberculosis, and health system strengthening.
- CSO and community representatives are permanent members of the Country Coordinating Mechanisms (CCMs) and participate in all of its work.
- Their role is to present priorities, proposals, and concerns of communities to the CCM during the development and implementation of grants.
- They also have the responsibility to provide regular feedback on CCM decisions to CSOs and communities, to ensure transparency and accountability.
- In GC8, malaria CSO representatives must actively participate in early and multi-disease country dialogues, organized before the allocation letter. This participation involves close collaboration with HIV and tuberculosis CSOs in order to identify common priorities and formulate integrated proposals.
- Country dialogue becomes a continuous process, covering the preparation of the proposal, the establishment of the grant, and implementation.
- Each funding request must include an annex listing the priorities of civil society and communities, whether integrated into the request or not.
- CSOs are encouraged to prepare for the dialogues through the selection of competent representatives, the organization of pre-dialogues, and capacity building and accountability.
- GC8 opens up new implementation opportunities for CSOs, particularly as subrecipients of integrated services and community-led monitoring.
- Social contracting is promoted as a preferred mechanism to recognize CSOs as service providers within the health system.
- Malaria CSOs must strengthen their skills beyond malaria, particularly on HIV, tuberculosis, primary healthcare, and health systems strengthening.
- GC8 also requires increased capacities in multi-stakeholder coordination, data-driven advocacy, and understanding of financing mechanisms.
- In this new context, malaria CSOs are expected to transition into broader global health actors, playing a strategic role in strengthening the performance and resilience of national health systems.





5 Activities that civil society can propose in the GC8 cycle

This section presents a structured directory of activities that CSOs can propose, either during the preparation of the funding request or during implementation. In the context of GC8, integrated activities benefiting multiple diseases are particularly valued by the TRP.

How to read this section?

- Classic: Activity already present in GC7, maintained in GC8
- Integrated GC8: New or reformulated activity to meet the integration requirement
- Strategic: Activity with high potential for the positioning of CSOs

5.1. Cross-cutting strategic activities

N°	Activity	Type	Moment
T1	Mapping of community health CSOs (malaria, HIV, TB, RMNCAH)	Integrated	Step 0-1
T2	Participation in the early multi-disease dialogue to identify integration priorities	Integrated	Step 0
T3	Coordination and collaboration with HIV and TB CSOs for the joint development of proposals	Integrated	Step 0-1
T4	Strengthening the capacity of malaria CSOs on the basics of HIV, TB, and health systems	Integrated	The whole cycle
T5	Integrated community diagnostics (malaria, HIV, TB, RMNCAH, nutrition, WASH)	Integrated	Step 0-1

T6	Malaria Matchbox Studies for identification of human rights and gender barriers	Classic	Step 0-1
T7	Implementation of subsidies (PR/SR), including social contracting	Strategic	Step 3-4
T8	Participation in task forces and technical groups (integration, laboratories, etc.)	Integrated	The whole cycle

Prioritization tip

If your CSO has limited resources, focus primarily on T2 (early dialogue), T3 (inter-disease coordination), and T5 (integrated community diagnostics). These are the three activities that determine your visibility and influence in the GC8 process.

5.2. Activities by area of intervention

A. Strengthening community systems

Reference module: SRPS — Strengthening community systems

N°	Activity	Intervention	Type
S1	Tools and guidance to monitor vulnerability of community health systems to weather-related events and associated impacts on HIV, TB and malaria-affected communities, and effectiveness of community-led mitigation efforts.	CLM and advocacy	Integrated
S2	Strategies to use CLM data for quality improvement at public and private facilities and in community settings	CLM and advocacy	Integrated
S3	National CLM frameworks, including innovative pilots	CLM and advocacy	Integrated
S4	Technical support, capacity and leadership building of community-led organizations, including those led by key and vulnerable populations (KVPs)	CLM and advocacy	Integrated
S5	Monitoring barriers to HIV, TB and malaria services, such as those related to human rights, through CLM	CLM and advocacy	Integrated
S6	Supporting community representatives to participate effectively in national health planning and governance processes	Community coordination and engagement in decision making	Integrated
S7	Advocacy activities and multi-stakeholder engagement to increase domestic financing for health	Health Financing	Integrated
S8	Advocacy campaigns for the elimination of human rights and gender-related barriers in access to malaria, HIV, and TB services	Addressing gender discrimination, and norms that pose a barrier to HIV, TB and malaria services	Integrated
S9	Strengthening the organizational and institutional capacities of CSOs and community-based organizations (governance, financial management, strategic planning)	Organizational and leadership development	Classic
S10	Mentoring and support of emerging community organizations for their participation in Global Fund processes	Organizational and leadership development	Classic

B. Vector control

Reference module : Vector control

N°	Activity	Type
V1	Identification and training of community agents for the distribution of mosquito nets	Classic
V2	Advocacy and awareness raising to promote participation in vector control activities	Classic
V3	Community monitoring of vector control, integrated into the multi-disease DHIS	Integrated
V4	LLIN campaigns integrated with other interventions (vitamin A, deworming, vaccination)	Integrated
V5	Identification and elimination of human rights and gender barriers to vector control	Classic
V6	Training combined with integrated and formative supervision	Integrated
V7	Multimedia campaigns integrating messages on malaria, HIV, TB, nutrition, hygiene	Integrated
V8	Indoor Residual Spray (IRS) communication support materials and IRS access equity activities	Classic

C. Case Management

Reference Module: Case Management

N°	Activity	Type
G1	Selection of integrated CHW capable of offering a complete package of services	Integrated
G2	Community-based care, including epidemic response	Classic
G3	Pre-referral treatment of severe malaria cases	Classic
G4	Strengthening of reference/cross-reference, including assisted	Classic
G5	Responses to human rights and gender barriers limiting access to diagnosis and treatment	Classic
G6	Integrated CHW training package (malaria, pneumonia, diarrhea, HIV/TB referral, SRMNIA) + supervision	Integrated
G7	SBC Strategies for iCCM and Integrated Community Services	Integrated
G8	Integrated management training for febrile illnesses (malaria, pneumonia, TB)	Integrated

GC8 point of attention

When CHWs deliver a package of integrated interventions, activities such as recruitment, training, supervision, and remuneration are included under the RSSH module: HRH and quality of care, jointly funded by HIV, TB, and malaria allocations. CSOs must ensure that the budget is adequate and that CHWs workloads remain realistic.



D. Specific preventive interventions

Reference module: Specific prevention interventions

N°	Activity	Type
F1	Purchase and supply of SP-based IPT during pregnancy	Classic
F2	Integrated training with other ANC services (HIV screening, TB, SRH/FP)	Integrated
F3	Awareness for pregnant women on the integrated ANC package (IPTp, ITNs, HIV/TB screening)	Integrated
F4	DTaP for infants, integrated into the Expanded Program on Immunization	Integrated
F5	SMC: SPAQ purchase, microplanning, training, supervision, pharmacovigilance	Classic
F6	Integrated SMC with pediatric interventions (vitamin A, malnutrition screening, deworming)	Integrated
F7	IPTsc: purchase, training, implementation, coordination with school interventions	Integrated
F8	Mass drug administration: planning, training, supervision	Classic

5.3. Activity prioritization matrix

To help CSOs select the most relevant activities, here is a matrix based on three criteria: health impact, TRP enhancement, and CSO feasibility.

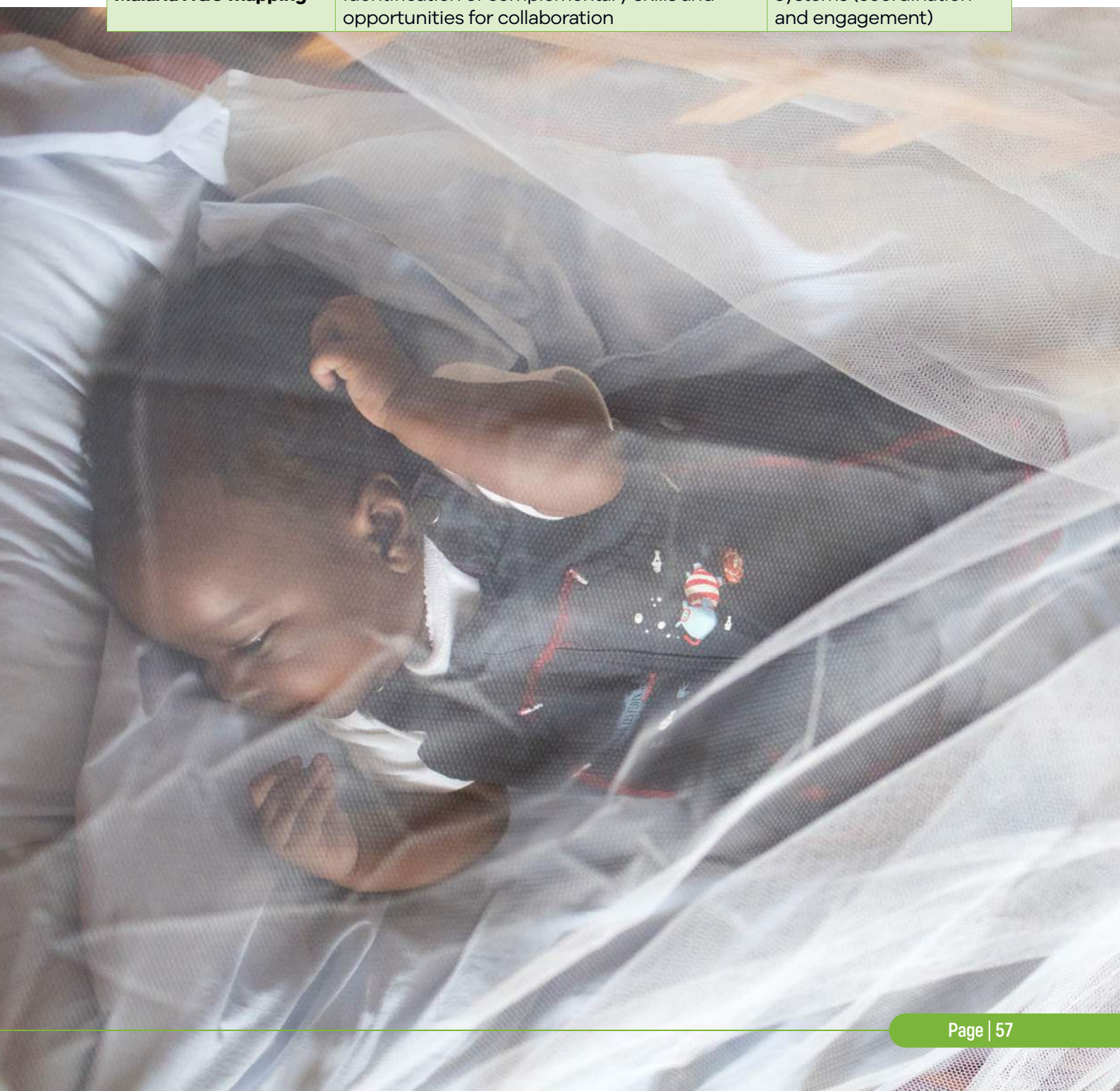
Activity	Impact	TRP	Feasibility	Priority
Integrated multi-disease CLM (S1-S5)	Elevated	Elevated	Elevated	Very high
Community case management integrated with versatile ASC (G1, G6)	Elevated	Elevated	Quite Average	Very high
Integrated LLINs campaigns (V4)	Elevated	Elevated	Quite average	High
Integrated community diagnostics (T5)	Quite Average	Elevated	Elevated	High
Integrated ANC awareness (F2, F3)	Elevated	Elevated	Elevated	High
Integrated SMC infant interventions (F6)	Elevated	Average	Average	High
Social contracting for the provision of community-based services (T7)	Elevated	Elevated	Weak	Average (demanding)
Integrated training on febrile illnesses (G8)	Elevated	Elevated	Weak	Average (technical)
Integrated training on febrile illnesses (G8)	Elevated	Elevated	Weak	Average (technical)

5.4. Examples of integrated activity formulation

To illustrate how to reframe a vertical activity as an integrated activity in the spirit of GC8:

Vertical formulation (GC7)	Integrated formulation (GC8)	Module
Training of CHWs in the management of malaria	Training of CHWs in an integrated management of febrile illnesses, including HIV/ TB referral and RMNCH care	RSSH : HRH
Capacity building of malaria CSOs in project management	Institutional strengthening of CSOs for the management of integrated multi-disease grants, including governance, financial management, results monitoring, and preparation for social contracting	RSSH: Community systems (Capacity building)
Participation of malaria representatives in decision-making	Participation of community representatives in coordination and multi-disease decision-making bodies (technical working groups, integrated health planning committees) with structured feedback to grassroots CSOs	RSSH : Community systems (coordination and engagement)
Advocacy for an increased government funding in malaria	Advocacy for the mobilization of domestic resources for health, including monitoring co-financing commitments, analyzing health budgets, and participating in planning and financing processes of the health sector	RSSH: Health Financing (Health financing analytics, advocacy, strategies and planning)

Community monitoring of mosquito net usage	Integrated monitoring covering mosquito nets, ANC attendance, TB adherence, and HIV testing access	RSSH: Community systems (CLM)
Awareness-raising in pregnant women about IPTp	Awareness integrated ANC package: IPTp, MIs, HIV screening, TB screening, iron supplementation	Specific prevention
LLIN distribution in mass campaign	Integrated campaign: LLIN, vitamin A, deworming, screening for malnutrition in children under 5 years	Vector control
Radio campaign for malaria prevention	Integrated multimedia campaign: malaria, fever screening, HIV prevention, TB symptoms	SBC
Malaria NGO mapping	Mapping of community health CSOs with identification of complementary skills and opportunities for collaboration	RSSH : Community systems (coordination and engagement)



Conclusion

The GC8 funding cycle of the Global Fund is unfolding in an unprecedented context. The Johannesburg replenishment mobilized only 70% of the target, leaving a shortfall of 5.36 billion dollars, and budget cuts are already underway. In response, the Global Fund has made a clear strategic choice: mandatory integration of HIV, tuberculosis, and malaria programs to ensure the sustainability and effectiveness of its model. For CSOs involved in malaria control, this shift is far more than an administrative adjustment or a language exercise. It is a profound transformation that affects the way interventions are conceived, proposals are formulated, activities are implemented, and results are reported.

The three main messages to remember

Firstly, integration is not an option, it is a requirement. The TRP will reject proposals that are too vertical. CSOs that do not integrate their activities within a multi-disease approach will find themselves marginalized in the process.

Secondly, malaria expertise remains your foundation, but it must broaden. No one is asking you to become a specialist in HIV or TB. What is expected of you is that you understand how your work connects with other health services and that you formulate your proposals accordingly. Vertical expertise enriched with a transversal vision: this is the winning combination of GC8.

Thirdly, preparation starts now. Early dialogue takes place before the allocation of letters. CSOs that wait for the official opening will arrive too late. Coordinating and collaborating with HIV and TB CSOs, capacity building, data collection, formulating integrated proposals: all of this must be engaged right now.

A call to action

As Peter Sands reminded in Johannesburg, *the world has changed. **The model that saved 70 million lives must evolve. Yet one constant remains, emphasized by Cecilia Lodonu-Senoo: communities have always been at the heart of this fight and they will continue to be. GC8 places communities before a double challenge: adapting to a new paradigm and demonstrating their added value in an integrated health system.*** At the same time, this double challenge is a double opportunity to overcome silos, strengthen partnerships, expand impact, and contribute to building more resilient, equitable, and sustainable health systems. Civil society organizations engaged in the fight against malaria have the experience, legitimacy, and community anchorage necessary to meet this challenge. This guide is a first tool to support them in doing so.

CS4ME

CIVIL SOCIETY FOR MALARIA ELIMINATION