THE GLOBAL FUND : WHAT I MUST KNOW ABOUT THE GLOBAL FUND AS A CIVIL SOCIETY ORGANIZATION ACTIVE IN MALARIA

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CS4ME
CIVIL SOCIETY FOR MALARIA ELIMINATION

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List of abbreviations

AIDS: Acquired Immunodeficiency Syndrome
CCM: Country Coordinating Mechanism
CHW: Community Health Worker
CLM: Community-Led Monitoring
CS4ME: Civil Society For Malaria Elimination
CSO: Civil Society Organization
DCSO: District Civil Society Organization
DHIS2: District Health Information Software 2 (national health information system)
GAC: Grant Approvals Committee
GC7: Grant Cycle 7 (Global Fund financing cycle 7 — period 2023-2025)
GC8: Grant Cycle 8 (Global Fund financing cycle 8 — period 2026-2028)
HIV: Human Immune deficiency Virus
ICMCL: Integrated Case Management at the Community Level
LFA: Local Fund Agent
LLIN : Long-Lasting Insecticide treated Net
PBF : Performance-Based Financing
PMU: Program Management Unit
PNC: Prenatal Consultation
PR: Principal Recipient
RMNCAH: Reproductive, Maternal, Newborn, Child, and Adolescent Health
RSSH: Resilient and Sustainable Systems for Health
SR: Sub-Recipient
SSR: Sub-Sub-Recipient
TB: Tuberculosis
TRP: Technical Review Panel
WHO: World Health Organization

Objective

This brief guide aims to better understand the strategy, the working model, and the life cycle of the Global Fund to fight AIDS, Tuberculosis, and Malaria (the Global Fund) and how civil society and communities can engage throughout the grant cycle. It was developed for civil society organizations (CSOs) that represent or work with populations at risk of malaria or underserved by malaria interventions.

Why this update?

The GC8 funding cycle (2026-2028) introduces major changes compared to GC7. The resource replenishment in November 2025 only mobilized 70% of the target, creating a shortfall of 5.36 billion dollars. Faced with this constraint, the Global Fund now requires the mandatory integration of HIV, tuberculosis, and malaria programs. This paradigm shift directly affects how CSOs must formulate their proposals, participate in dialogues, and implement grants. Approaches in which each component works separately in vertical silos (only malaria) are no longer sufficient. This update of the guide allows CSOs to understand and adapt to these new requirements.

This guide is based on the information contained in:

- The CS4ME guide entitled «New Global Fund GC7 Funding Cycle: What Civil Society Needs to Know for Better Participation» (2023), which presents the fundamentals of the funding cycle.
- The updated guide entitled «Understanding and Acting Effectively in the Global Fund Grant Cycle 8 Process Malaria Component: Guide for Civil Society» (2026), which details the transformations of GC8, the 11 new features, the expanded roles of civil society, and the activities that can be proposed.

This guide provides an accessible summary of these two documents, accompanied by a form entitled «Our Connection to the Global Fund — GC8 Version,» which serves as a practical exercise to gather and assess your knowledge of the Global Fund in the context of the new funding cycle.

This document was prepared by Impact Santé Afrique, the CS4ME secretariat, with the support from the Community Engagement Strategic Initiative (CE SI) of the Global Fund to fight AIDS, tuberculosis, and malaria.

1 The Global Fund Strategy 2023-2028

The Global Fund is a non-profit foundation, worldwide partnership and the world's largest funder of AIDS, Tuberculosis, and malaria prevention, treatment, and care programs.

The vision of the Global Fund's 2023-2028 strategy is «A world free of the burden of AIDS, tuberculosis and malaria, with better and more equitable health for all.»

The mission of the Global Fund as described in its 2023-2028 strategy is «to attract, leverage and invest additional resources to end the epidemics of HIV, tuberculosis and malaria, reduce health inequities and support attainment of the Sustainable Development Goals.»

The malaria component of the strategy aims to end the disease by funding the development, implementation, and monitoring of national malaria programs adapted to local contexts.

The Global Fund is therefore committed to giving a stronger role and voice to communities living with and affected by diseases, in order to place the most affected communities at the center of everything we do.

Box — The GC8: Working in an integrated way, a turning point in the strategy

The 2023-2028 strategy covers two funding cycles: GC7 (2023-2025) and GC8 (2026-2028). GC8 opens in an unprecedented financial context:

The Johannesburg replenishment (November 2025) experienced a shortfall of 5.36 billion dollars, the largest ever recorded.

The consequences are already visible: as early as July 2025, the Global Fund had reduced the current cycle's amounts by 1.43 billion (11%). For 2026, it announced a 20% reduction in its operational costs.

The Global Fund's response: faced with these constraints, GC8 imposes a paradigm shift. HIV, tuberculosis, and malaria programs must no longer be designed and funded separately, but as components of a single health system. Integration becomes mandatory.

As Peter Sands, Executive Director of the Global Fund, declared: "Our world has changed. Irreversibly. The old model is over."

2 How does the Global Fund work?

The Global Fund allocates funds to countries based on their burden of disease and income level. In other words, the Global Fund mainly finances countries that have high rates of HIV, tuberculosis, and/or malaria



The Global Fund operates through in-country mechanisms rather than through staff working in each country. These mechanisms include:

Almost all recipient countries have a Country Coordinating Mechanism (CCM). The CCM has an office called the Secretariat and is generally led by national governments and includes people affected by the three diseases (HIV, tuberculosis, and malaria), civil society, the private sector, and donors. In accordance with the guidelines and criteria aligned with the principles of the Global Fund, government members and community representatives are appointed or elected to be part of the CCM. Each member is accountable to the group they represent and, together, they are accountable to the entire country, following specific rules and reporting to national authorities.

Some frequently asked questions about the CCM:

- **Do other donors use this approach?** The CCM model is a unique feature of the Global Fund.
- **Are CCMs decentralized?** The CCM itself is not decentralized. It operates as a central level. Program implementation can be decentralized at the local level (sub-recipients and sub-sub-recipients), but oversight and coordination remain centralized at the CCM level.
- **New in GC8: How do CCM dialogues change in GC8?** In GC8, the dialogues organized by the CCM are now multi-disease: HIV, tuberculosis, and malaria are discussed together, and no longer separately. In addition, an early dialogue can be organized even before receiving the allocation letter, giving communities an opportunity to influence priorities from the start.

[1] https://icai.independent.gov.uk/html-version/the-uks-work-with-the-global-fund/#section-1

- Each grant is implemented by a Principal Recipient (PR), which can be any type of organization, whether it is a ministry, a NGO, a CSO or a private sector entity.
- In most cases, PR then transfers funds to other smaller organizations that serve as Sub-Recipients (SR) or even Sub-Sub Recipients (SSR).

Tips for becoming a PR or SR

- **How to become a PR?** To become a PR, your organization must demonstrate its ability to manage significant grants and submit a solid proposal that meets the Global Fund's criteria to be selected as a PR by the CCM.
- **How to become an SR?** The PR prepares the terms of reference and selects the sub-recipients. The selection of sub-recipients must be transparent and well documented. The selection is based, among other criteria, on the approved ToRs, capacity assessment, and due diligence. The selection is generally based on criteria such as financial and organizational management capacity, documented field experience, and geographic coverage capability.
- **New in GC8: How can my CSO benefit from social contracting?** The GC8 introduces social contracting as a preferred mechanism to formalize the contribution of CSOs to the provision of integrated health services. Specifically, the State or the PR enters into a formal contract with your CSO, with measurable performance objectives and predictable funding. To benefit from this, your CSO must have up-to-date legal status, demonstrable financial management capacity, a results monitoring system, and documented experience in service delivery.
- **New in GC8: What is results-based financing (RBF)? I**t is a mechanism where funding is conditional on achieving predefined results, independently verified. High-performing CSOs have their efforts recognized and rewarded. To benefit from it, invest in a robust monitoring system and accept independent verifications as a credibility lever.

- **How can a community organization be selected?**

  At the implementation stage, PRs are encouraged to select community-based organizations (CBOs) or Community-Led organizations (CLOs) with the appropriate capacities and expertise to be SRs or SSRs. In GC8, CSOs can be selected for integrated service packages (combining malaria, HIV, TB, and Sexual, Reproductive, Maternal, Newborn, Child, and Adolescent Health (SRMNCAH), and not just for standalone malaria activities.

  The diagram below shows how the different levels of organizations work together to implement activities, manage funds, and report to each other.



New in GC8: Program Management Units (PMUs)

In previous cycles, each disease (HIV, TB, malaria) often had its own management structure. GC8 strongly encourages replacing these separate structures with joint Program Management Units (PMUs) that cover all three diseases.

What this means for CSOs:

- Program coordination, financial management, monitoring and evaluation, procurement, and logistics are now managed by a unified team.
- You will have a single point of contact instead of three different structures
- Risk to watch: Ensure that commitments made to malaria are not diluted in a consolidated management structure. Request specific monitoring mechanisms for malaria activities within the Program Management Unit (PMU)
- Recommended action: Identify now who your point of contact will be within your country's joint PMU.

Why is it important to know?

The CCMs, PR, SR, and SSR are important entities with which civil society and communities can engage. This is done through ongoing national dialogue or specific workshops to discuss the design or implementation of programs. This ensures that programs are effective, inclusive, and responsive to the real needs of people affected by the three diseases. Knowing how to contact the CCM of your country or the SR or SSR focal point in your district will help you receive information about the grant.

In GC8, it is also essential to:

- Identify the HIV and TB CSOs in your area to coordinate your proposals (integration starts with coordination);
- Know if your country is implementing a common PR and who your contact person will be;
- Check if your CSO meets the conditions for social contracting or results-based financing.

You can find information about your country's grant on the Global Fund Data Explorer by searching for your country: https://data.theglobalfund.org/

https://data.theglobalfund.org/



3 The Global Fund Grant cycle 8

The previous funding cycle, GC7 (Grant Cycle 7), covered the period 2024-2026. During this cycle, funding requests were developed and submitted by disease component (HIV, tuberculosis, malaria), with relative autonomy for each program. GC7 made it possible to maintain achievements in more than 100 countries, but the model that supported it reached its limits.

GC8 (Grant Cycle 8) is the new funding cycle of the Global Fund. It retains the general structure of GC7 (a three-year cycle with an application phase and an implementation phase), but introduces major transformations in the way each stage is conducted.

Box — The fundamental change of the GC8

In GC7, each disease had its own dialogue, its own funding request, and its own management team. In GC8, integration is mandatory: HIV, tuberculosis, and malaria programs must be conceived, planned, and implemented as components of the same health system. It is no longer a recommendation; it is a requirement.

The key dates of the GC8

Period	Event
November 2025	8th resource replenishment in Johannesburg (12.64 billion mobilized out of 18 billion)
Early 2026	Early country dialogue (before the allocation letter). This is new!
End of March 2026	Receipt of allocation letters by countries
April - June 2026	Preparation of funding requests
2nd semester 2026	Review by the TRP and establishment of grants
2027 — 2029	Implementation of grants
Mid-2028	Mid-term reprogramming (jointly between programs)

Impact Santé Afrique (ISA), the CS4ME secretariat, developed in 2026 a guide entitled 'Understanding and Acting Effectively in the Global Fund Grant Cycle 8 Process - Malaria Component: A Guide for Civil Society.' More information on GC8 is provided in this guide, available by clicking on the link below.

https://cs4me.org/webinars-tools/cs4me-guides-tools/cs4me-guide-on-the-global-fund-gc8-process-malaria-component/

The new features of the GC8 that affect financing

Beyond the essential elements of the program, the GC8 introduces 11 major transformations that are available in the main guide and in the appendix of this document. Here are the most important ones for understanding what the Global Fund can finance:

	Newness	What this means for financing
1	**Mandatory integration**	Malaria activities must be part of integrated service packages. Gone are purely vertical proposals.
2	**Resilient and Sustainable Systems for Health (RSSH)**	Each disease component must dedicate a large part of its budget to strengthening health systems. It is a significant allocation to fund cross-cutting activities (multi-skilled training of CHWs, DHIS2, integrated SDC, capacity building of CSOs).

3	**Versatile staff**	The Global Fund now finances multipurpose CHWs offering an integrated package, rather than disease-specific agents.
4	**Integrated CLM**	Community-Led monitoring must cover several diseases. The Global Fund finances the development of guides, training, tools, and feedback meetings.
5	**Social contracting**	The Global Fund recognizes CSOs as full-service providers, with formal contracts and performance targets.
6	**Results-based financing**	High-performing CSOs can benefit from funding conditioned on achieving verified results.

4 What can be funded by the Global Fund?

A key aspect of the Global Fund funding model are funding requests, which are based on disease-specific national strategic plans. In other words, the Global Fund will fund Malaria activities that are in the Malaria Strategic plan of the country.

Another important element is the list of priority activities, called **«Essential Programs.»** The essential program elements were introduced in GC7 and are maintained in GC8 to define the activities to be included in the national programs supported by the Global Fund.

Box — What changes in GC8: the golden rule

In GC7, it was sufficient to propose malaria activities consistent with the national strategic plan. In GC8, a fundamental requirement is added: each proposal must demonstrate how malaria interventions fit into an integrated approach with HIV, tuberculosis, and health system strengthening.

Proposals that remain purely vertical (only malaria, with no link to other services) risk being rejected by the TRP.

The question to ask for each activity: «How does this activity also contribute to HIV, TB, or health system strengthening?»

The essential elements of the malaria program

The table below presents the essential elements of the malaria control program, as defined in the Global Fund information notes. These elements remain valid for GC8, but must now be viewed through the lens of integration.

Objective	Essential elements of the program	GC8 integrated dimension
a) Implement interventions adapted to the subnational level	Strengthen subnational stratification capacity. Strengthen the generation and use of quality data. Ensure that planning takes into account equity, human rights, and gender. Check the quality of products.	In the GC8, stratification must be coordinated among the three diseases. Data systems must be interoperable (DHIS2). Subnational planning must integrate the needs of HIV and TB.

b) Ensure optimal coverage of vector control	Data-driven prioritization for product selection and implementation modalities. Increase entomological surveillance. Remove obstacles to the deployment of new products.	In the GC8, LLINs distribution campaigns can be integrated with other interventions (vitamin A, deworming, vaccination). Coverage monitoring must feed into the integrated information system.
c) Expand equitable access to diagnosis and treatment	Remove barriers to accessibility. Expand community platforms. Strengthen coordination between the public, private, and community sectors.	In the GC8, community care must be integrated: CHWs offer a package combining malaria, pneumonia, diarrhea, HIV/TB referral. The training is multi-purpose.
d) Optimize chemoprevention	Promote selection and implementation methods based on data. Encourage flexibility and integration into primary health care.	In the GC8, the SMC can be coordinated with other pediatric interventions (vitamin A, malnutrition screening, deworming). The IPTp is integrated into the complete ANC package (HIV screening, TB, supplementation).
e) Aim for elimination and prevent recurrence	Improve vector control and case management. Improve surveillance. Accelerate the reduction of transmission.	In GC8, elimination activities must rely on integrated monitoring systems and enhanced coordination with HIV and TB programs.

Box — Why is it important to know this?

Civil society and the community can use the essential elements of the program to understand how their own priorities align with these elements. In GC8, this alignment must go further: your activities must not only be included in the essential programs, but also demonstrate how they link with HIV, TB services, and health system strengthening.

The essential elements of the program are also useful for your advocacy plan and district-level funding request.

The Global Fund malaria information notes provide detailed descriptions of the essential elements of programs. In addition, you will find more information on strengthening community systems, gender and human rights, and malaria in these Global Fund information notes:

- https://www.theglobalfund.org/media/4790/core_communitysystems_technicalbrief_en.pdf
- https://www.theglobalfund.org/media/5536/core_malariagenderhumanrights_technicalbrief_en.pdf
- https://www.theglobalfund.org/media/15055/crg_strengthen-gender-approaches-malaria-response_report_en.pdf

Note: These links correspond to the currently available versions. Updated versions for the GC8 will be published by the Global Fund and should be consulted as soon as they are available.



5 Community engagement

In GC8, the Global Fund goes further than GC7 in terms of community engagement. The 2023-2028 strategy recognizes «that it is the communities themselves who are best placed to guide and often lead the implementation of programs tailored to their needs.» But GC8 turns this recognition into an operational requirement.

Box — The change in posture from GC7 to GC8

Aspect	GC7	GC8
Community posture	Consulted to validate choices	Co-define Strategic priorities
Moment of Engagement	After the allocation letter	Before and after the allocation letter
Scope	By disease component	Multi-disease (HIV + TB + Malaria together)
Community monitoring	By program	Integrated multi-disease SDC
Financing mechanisms	Classic SR/SSR	Addition of social contracting and PBF

Too often, communities remain excluded from funding processes and grant cycles. To address this situation, the Global Fund introduced three 'minimum expectations for community engagement' in GC7. GC8 maintains these three expectations and strengthens them considerably

The three minimum expectations for community engagement in GC8

A Funding request

Civil society and communities are encouraged to actively participate in the consultation process that informs the funding request.

What existed in GC7?

- Participation in country dialogues;
- Development of the community funding priorities annex.

What changes in GC8?

- An early dialogue is organized even before the allocation letter (Step 0). This is your best opportunity to influence priorities from the start.
- Dialogues are now multi-disease: HIV, tuberculosis, and malaria are discussed together. You must be prepared to engage with actors from other disease areas.
- Activity proposals must be formulated in integrated terms. The annex of priorities must reflect a multi-disease approach, not just isolated malaria requests.
- The submission of the application is coordinated among the three components. Your proposals must be consistent with those of the HIV and TB CSOs.

[3] GNP+ : A guide to meaningful community engagement in Global Fund GC7 processes
[4] INPUD The Global Fund Grant Cycle 7 How people who use drugs can influence funding requests

Box — Some frequently asked questions:

- **Mon OSC paludisme peut-elle participer seule au dialogue ?** Vous pouvez participer, mais Can my malaria CSO participate alone in the dialogue? You can participate, but in GC8, the strength of your proposals will depend on your ability to show how they connect with HIV, TB services, and the health system. It is strongly recommended that you coordinate with the HIV and TB CSOs in your area before the dialogue.
- **How to concretely prepare for the early dialogue?** Organize pre-dialogues among malaria CSOs to identify your priorities. Meet with HIV and TB CSOs to identify common ground. Gather your field data (community monitoring, DHIS2, Malaria Matchbox surveys). Prepare concrete integrated proposals, not just lists of complaints.
- **What should I do if the HIV and TB CSOs in my area are not interested in coordination?** Take the initiative. Propose a simple meeting to share each other's priorities. Identify at least 2-3 points of convergence (for example: multipurpose CHW training, combined campaigns, integrated community monitoring). Even minimal coordination is better than no coordination.

B — Granting of subsidies

Representatives of the community and civil society within the CCM have access to information on the progress of negotiations regarding the grant and on modifications made to the grant, in order to facilitate their participation in oversight.

What existed in GC7?

- Access to information on negotiations via the CCM
- Participation in the validation of grants

What changes in GC8?

- The GC8 provides for a formal meeting between the CCM, community representatives, and the PR before the end of the negotiation. The PR must present the main elements of the grant, the selected community priorities, and the implementation plans by the community organizations. This is a right provided for in the process — demand it.
- Community representatives must ensure that community activities and budgets are maintained in the final grant, particularly the integrated activities proposed during the dialogue.
- If your country establishes a common PSM, identify at this stage who will be your contact for monitoring malaria activities.

C — Implementation of the grant

The communities and civil society are encouraged to monitor the implementation of grants at the local level.

What existed in GC7?

- Monitoring of implementation at the local level
- Participation in dialogues during implementation

What changes in the GC8?

- Community monitoring shifts from vertical disease-specific monitoring to Community-Led Monitoring (CLM) with an integrated multi-disease approach. This means that the monitoring tools simultaneously cover malaria, HIV, TB, and RMNCAH.

- The mid-term reprogramming (mid-2028) is carried out jointly among the three programs. It is a strategic moment for CSOs to prepare your advocacy with data from integrated community monitoring.
- CSOs can now implement integrated service packages as SR or SSR, and not only standalone malaria activities.
- High-performing CSOs can benefit from social contracting and results-based financing (see Section 2).

Box — Why is it important to know this?

Integrated CLM is one of the areas where malaria CSOs have the most added value in GC8. You can propose the development of a national integrated CLM guide, the design of harmonized data collection tools, and the training of community actors on multi-disease HMIS.

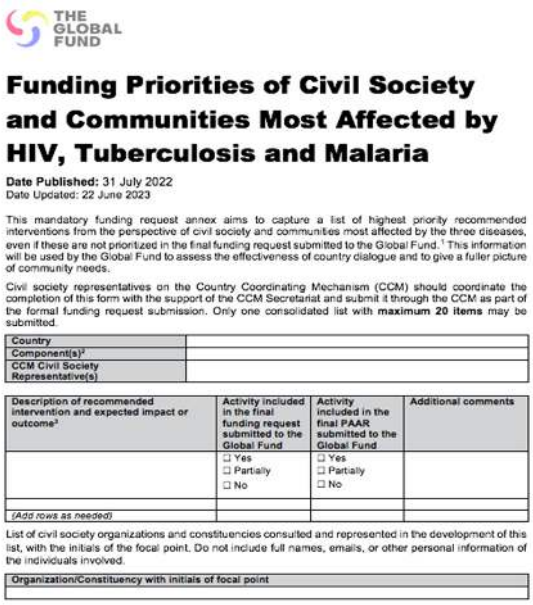
Ensure that the integrated tools retain malaria-specific indicators (use of mosquito nets, seeking diagnosis within 24 hours, rapid treatment) while covering other services.

6 Community engagement in the development of the civil society and community funding priorities annex

As mentioned above, an important document for community engagement is the 'Annex of Funding Priorities for Civil Society and Communities Most Affected by HIV, Tuberculosis, and Malaria.'

Here are some key points to understand about this document and its significance:

- This annex provides an opportunity for civil society and community groups to propose investments that, from their point of view, would have the greatest impact.
- The annex is created through a collaborative effort involving CSOs and communities most affected by HIV, tuberculosis, and malaria.
- The annex captures priority interventions to address the specific needs, priorities, and gaps identified by these communities.
- The annex should only contain the most prioritized interventions identified by civil society and communities (maximum 20 priorities per funding request).
- The annex activities must be based on the national strategic plan and relevant data (e.g., Malaria Matchbox results).



THE GLOBAL FUND

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

Date Published: 31 July 2022
Date Updated: 22 June 2023

This mandatory funding request annex aims to capture a list of highest priority recommended interventions from the perspective of civil society and communities most affected by the three diseases, even if these are not prioritized in the final funding request submitted to the Global Fund.[1] This information will be used by the Global Fund to assess the effectiveness of country dialogue and to give a fuller picture of community needs.

Civil society representatives on the Country Coordinating Mechanism (CCM) should coordinate the completion of this form with the support of the CCM Secretariat and submit it through the CCM as part of the formal funding request submission. Only one consolidated list with **maximum 20 items** may be submitted.

Country	
Component(s)[2]	
CCM Civil Society Representative(s)	

Description of recommended intervention and expected impact or outcome[3]	Activity included in the final funding request submitted to the Global Fund	Activity included in the final PAAR submitted to the Global Fund	Additional comments
	☐ Yes ☐ Partially ☐ No	☐ Yes ☐ Partially ☐ No	
(Add rows as needed)			

List of civil society organizations and constituencies consulted and represented in the development of this list, with the initials of the focal point. Do not include full names, emails, or other personal information of the individuals involved.

Organization/Constituency with initials of focal point

The annex should contain only the most priority interventions identified by civil society and communities.

The activities of the annex must be based on the national strategic plan and relevant data (for example, the results of the Malaria Matchbox).

Box — What changes for the appendix in the GC8

In GC7, malaria CSOs could propose priorities focused solely on malaria. In GC8, the annex must reflect the new integration paradigm. Specifically, this means three things:

1. Priorities must demonstrate an integrated dimension. Instead of proposing 'Training CHWs on malaria,' propose 'Training CHWs on the integrated management of febrile illnesses including HIV/TB referral.' Instead of 'Community monitoring of bed nets,' propose 'Integrated CLM covering malaria, HIV, TB, and access to services.'

2. The annex must be developed in coordination with HIV and TB CSOs. Civil society representatives within the CCM must organize the discussion on priorities in a multi-disease manner, not in a component-specific isolated way. Ideally, some priorities should be common to all three components.

3. SRHR priorities are now essential. With the requirement of each component for health systems strengthening, CSOs have an interest in proposing cross-cutting priorities in the annex (multiskilled training, integrated data systems, strengthening CSO institutional capacities)

Examples of integrated priorities to propose in annex GC8

To help malaria CSOs formulate priorities adapted to GC8, here are examples classified by priority level:

Level	Example of integrated priority	Justification
Very high	Implementation of Community-Directed Tracking (CDT) integrated multi-disease with harmonized tools, training of actors, and feedback meetings at community, district, and national levels	Respond directly to the GC8 integration requirement. Malaria CSOs have a strong added value in this area. It benefits all three diseases.

Very High	Training of CHWs on the integrated management of febrile illnesses (malaria, pneumonia, diarrhea) including HIV/TB referral and RMNCAH care	Corresponds to the essential malaria programs and to the requirement for versatile personnel of the GC8. Fundable through the SRPS.
Very High	Organization of early multi-disease dialogue with effective participation of malaria, HIV, and TB CSOs, including community pre-dialogues	Determines the quality of the entire funding request. Without participation in the early dialogue, community priorities will not be taken into account.
High	Integrated LLINs distribution campaigns combining vitamin A, deworming, and malnutrition screening for children under 5 years old	Improves resource efficiency and coverage. Corresponds to the integrated approach of vector control in the GC8.
High	Raising awareness among pregnant women about the integrated package of ANC services: IPTp, ITN distribution, HIV screening, TB screening, iron and folic acid supplementation	Combination of specific malaria prevention interventions with other essential services. Strong impact on maternal health.
High	Integrated community diagnostics on the overall health needs of populations (malaria, HIV, TB, SRMNIA, nutrition, WASH)	Provides the necessary data to formulate integrated evidence-based proposals.
High	Strengthening the institutional capacity of malaria CSOs on the basis of HIV, TB, health systems, and integration	Prepare CSOs to meet the requirements of GC8. Can be funded through the SRPS.
Medium	Malaria Matchbox Studies for the identification of human rights and gender-related barriers, with extension to common HIV and TB barriers	Combine the tool specific to malaria with a multi-disease perspective. Supports equity proposals.
Medium	social contracting of malaria CSOs for the delivery of integrated community services	Positions CSOs as full-fledged providers in the health system. Requires prior institutional preparation.

Box — Some frequently asked questions about Annex GC8:

— Should all priorities be integrated?

No. Some priorities are by nature specific to malaria (for example, entomological surveillance or therapeutic efficacy studies) and can remain as such. But the majority of priorities should demonstrate an integrated dimension to be credible in the context of GC8.

— How many priorities can be submitted?

A maximum of 20 priorities per funding request. This limited number requires a rigorous prioritization exercise. Focus on high-impact activities that benefit multiple diseases.

— Who organizes the discussion on priorities?

Civil society representatives within the CCM coordinate this discussion, with the support of the CCM Secretariat and the Global Fund. In GC8, this coordination must include representatives from the three disease components.

— What happens if my priorities are not included in the final request? The annex is submitted as is, whether or not the priorities have been integrated into the request. This allows the Global Fund to later check if these priorities are taken into account. You can use the annex as an advocacy tool throughout the duration of the grant.

Why is it important to know this?

The annex of priorities is much more than a simple administrative form. It is a strategic advocacy tool that supports you throughout the cycle:

- Before the application: it structures your prioritization exercise and forces you to make clear and well-argued proposals.
- During the grant establishment: it serves as a reference to ensure that community priorities are maintained in the final grant.
- During implementation: your organization can continue to use the annex information to advocate with the CCM, the government, health districts, and the PR for funding interventions that were not originally prioritized.
- During mid-term reprogramming if applicable: the annex provides a documented basis to propose adjustments and reintroduce priorities that were not initially retained.

Keep your copy of the annex carefully and share it with all the CSOs in your network.

(7 Roles of civil society and communities in grant allocation

The role of civil society and the community in Global Fund grants is essential. They should be involved at every stage of the process, from the funding request to implementation. Civil society and communities are often best placed to work with marginalized populations who are often excluded from traditional health services.

Their participation in grant allocation should not be overlooked and has become imperative in recent processes, to ensure that priorities set for vulnerable communities are included in the application reviewed by the technical review panel (TRP), and are definitively accepted and funded for the upcoming grant.

Box — What changes in the GC8 for the granting allocation

In GC7, the granting allocation was negotiated component by component. In GC8, three major developments change the situation:

- Allocations are negotiated in an integrated logic: malaria activities must be consistent with the HIV and TB components.
- The Global Fund encourages joint PRs grouping the three diseases, which changes the management structure.
- New financing mechanisms appear: social contracting, results-based financing, mixed financing
- A formal CCM-communities-PR meeting is planned before the end of the negotiation and this is a new right for CSOs

In summary, the granting of funding is the third step in the application process for a funding request submitted to the Global Fund.

Before the grant is awarded,

Key actions :

- Actively participate in the national multi-disease dialogue, including the early dialogue (Step 0) held before the allocation letter
- Participate in application writing retreats (development workshops) and technical working groups related to integration
- Propose a list of integrated community priorities based on the model provided by the Global Fund (see Section 6)
- Coordinate with HIV and TB CSOs to ensure that proposals are consistent across components.

For more effective participation :

- Ensure that the activities proposed by CSOs and the community are in line with the National Strategic Plan for Malaria Control and consistent with the HIV and TB strategic plans;
- Ensure being aware of the results obtained during the implementation of the previous GC7 grant, identifying strengths to build on and gaps to fill;
- Ensure the availability of reports or conduct studies on gender and human rights issues (for example, the Malaria Matchbox assessment), extending them to common barriers to the three diseases;
- Participate in drafting the funding request by proposing activities formulated in integrated terms (see examples in Section 4)

- Identify SRHR funding opportunities to propose cross-cutting activities

During the grant award process (Step 3)

Essential actions:

- Focus on validating the selection of main recipients and sub-recipients, ensuring that community CSOs are included;
- Participate in validating the final grant activities, verifying that the integrated activities proposed during the dialogue are maintained;
- Validate the supporting documents and the implementation plan of the application;
- Check that the budgets associated with community activities are maintained and realistic;
- If your country is setting up a common PMU, understand how community malaria activities will be monitored within this structure;

For a more effective participation:

- Know the activities included in the final funding request reviewed by the TRP, particularly the elements related to integration;
- Have a reasoned justification for all proposed activities, demonstrating their contribution to integration and health system strengthening;
- Know the budgeting parameters for all activities, particularly new integrated activities;
- Know the budgeting models of activities proposed by the Global Fund.

The CCM-Communities-PR Meeting: a New Right in GC8

GC8 introduces an important provision: before the grant negotiation is concluded, a formal meeting must be held between the CCM, community representatives, and the PR. During this meeting, the PR must present:

- The main elements of the negotiated grant;
- The community priorities from the annex that have been retained and those that have not, with justifications;
- The plans for implementing community activities, including provisions for CSOs such as SR or SSR;
- The mechanisms planned for social contracting and results-based financing, if applicable.

After the grant award process:

- Follow the grant awarding process through the CCM and its oversight committees;
- Respond to concerns raised by the TRP, particularly on integration aspects;
- Maintain good communication with malaria CSO representatives within the CCM and with HIV and TB representatives;
- If your CSO is selected as SR or SSR, prepare implementation capacities: financial management systems, recruitment of multi-skilled staff, establishment of integrated monitoring tools;
- If your CSO benefits from social contracting, ensure that the contract is signed, that performance

objectives are clear, and that the funding schedule is defined;

- Archive all documentation (priority annexes, meeting minutes, commitments made) for subsequent follow-up and for mid-term reprogramming preparation (mid-2028).

The guide developed by CS4ME, entitled Understanding and Acting Effectively in the Global Fund Grant Cycle 8 Process - Malaria Component: Guide for Civil Society», provides additional information on the grant awarding process. The updated guide for GC8 details the specifics of the new cycle.

8 Community engagement in the Grant implementation

The GC8 grant will be implemented over three years (2027-2029) by the PR and its SR and SSR, under the permanent supervision of the CCM. In GC8, implementation is characterized by enhanced coordination between the three programs (HIV, tuberculosis, malaria) and by the use of integrated services oriented towards the needs of populations rather than individual diseases.

PRs generally conduct regular reviews of the grant implementation with the SR and SSR. These reviews allow checking the progress of the programs. PRs are required to submit a report to the Global Fund every six months. The Global Fund evaluates programmatic activities through reports on actual results and country visits.

During the implementation, a dialogue is organized at the national level. It allows assessing to what extent the needs of vulnerable populations are taken into account and to propose solutions for a successful implementation of the grant. **In GC8, this dialogue is multi-disease and must include actors from all three components.**

Box — What changes in GC8 implementation

Aspect	GC7	GC8
Community services	Vertical malaria activities	Integrated service packages (malaria + HIV + TB + RMNCH)
Health workers	Malaria-specialized CHW	Multifunctional CHWs offering an integrated package
Supervision	By program	Integrated and formative supervision
Community follow-up	Monitoring by disease	Integrated multi-disease CBR
Data systems	Parallel	Interoperable (DHIS2)
Reporting	By component	Consolidated with cross-cutting analysis
Rescheduling	By program	Joint between the three programs
NGO coordination	Each CSO in its field	Mandatory coordination between HIV, TB, and malaria CSOs

Here is how communities and civil society can participate in the implementation of GC8 grants, organized into five areas of engagement:

1. Implement the grant activities as an SR or SSR

- **Delivery of integrated services:** Implement community prevention, treatment, and awareness activities using an integrated approach. Specifically, this means:
  - Distributing mosquito nets as part of combined campaigns including vitamin A, deworming, and malnutrition screening
  - Conducting home visits for integrated case management: not only malaria but also pneumonia, diarrhea, with referral to HIV and TB screening services
  - Conducting health education campaigns covering a package of messages on malaria prevention, TB signs, the importance of HIV testing, attendance at antenatal care, and nutrition
  - Raising awareness among pregnant women about the integrated ANC package: IPTp, LLINs distribution, HIV testing, TB screening, iron and folic acid supplementation.
- **Community-Led Monitoring (CLM) integrated:** Participate in community monitoring activities using harmonized tools covering multiple diseases. Community organizations collect data and provide information that is not always captured by official health systems. In GC8, this monitoring must simultaneously focus on:

- The use of mosquito nets and access to malaria diagnosis within 24 hours;
- Attendance at ANC services and access to HIV testing;
- Adherence to TB treatment and contact tracing;
- Access to maternal and child health services (SRMNCAH);
- Barriers to accessing services (distance, cost, stigma, gender barriers).

- **Capacity building:** Engage in capacity-building initiatives to strengthen the skills and capabilities of local health workers and community volunteers. In GC8, capacity building concerns:
  - Multiskilled training for CHWs on an integrated service package (malaria, pneumonia, diarrhea, HIV/TB referral, RMNCAH care)
  - Integrated and formative supervision, where the same supervisor covers multiple programs
  - Training of the CSOs themselves on the basics of HIV, TB, and health systems, to be credible in multi-disease dialogues
  - Training on integrated data collection tools compatible with DHIS2 ...

2. Create partnerships and collaborations

- **Collaboration with the government:** Work closely with national and local health authorities to align activities with national strategies. This can be done by signing a partnership agreement at the health district level or with the Ministry of Health. By signing an official agreement, your activities will be accounted for in the national health program and/or the Global Fund program.
- **Coordination with HIV and TB CSOs:** This is a new requirement of GC8. Establish working relationships with CSOs operating in the fields of HIV and tuberculosis in your area. Coordination can take several forms:
  - **Regular meetings** to share information on respective activities
  - **Joint activities:** combined campaigns, cross-training, integrated community diagnostics.
  - **Joint advocacy** with health districts and the CCM for funding of cross-cutting activities.
  - **Sharing tools:** harmonized community monitoring tools, integrated communication materials
- **Working in network with other organizations:** Create networks and coalitions with other NGOs, civil society organizations, and regional partners in order to share your experience and coordinate your efforts. In GC8, inter-disease networks carry more weight than single-issue networks in dialogues with the CCM and the Global Fund.
- **CCM representatives:** Actively engage with your CCM representative to request updated information and share community data and implementation bottlenecks that can be discussed within the CCM oversight committee.

3. Strengthen advocacy and communication

- **Advocacy campaigns:** Conduct advocacy campaigns to raise awareness about malaria and mobilize additional national and external resources as well as political support for malaria control efforts. In GC8, the most effective advocacy campaigns are those that show how malaria control contributes to overall health, not just to reducing malaria cases.
- **Communication channels:** Use various communication channels, including social media, community radios, and local events, to disseminate information on malaria prevention and the importance of activities supported by the Global Fund. In GC8, messages must be integrated: combining malaria prevention, early fever screening, HIV prevention, recognition of TB symptoms, and the importance of antenatal care (ANC).
- **Documentation and sharing of experiences:** Document best practices and challenges of integration in the field. This qualitative data is valuable for supporting dialogues with the CCM, preparing for mid-term reprogramming, and contributing to national evaluations.

4. Contribute to Policy Development

- **Policies:** Share your community's experiences and ideas to shape national malaria control policies, making them more inclusive and effective. This can be done by participating in technical working groups or task forces with the National Malaria Control Program. In GC8, aim to participate in the integration working groups established in several countries to coordinate the three programs.
- **Representation in forums:** Represent the community's interests in national, regional, and international forums related to malaria and global health. In GC8, your voice carries more weight if you can testify to the concrete experience of integration on the ground: what works, what doesn't work, risks of dilution, best practices.

5. Participate in the mid-term rescheduling (new in GC8)

At the mid-point of implementation (mid-2028), the Global Fund organizes a joint reprogramming between the three programs. It is a strategic moment for CSOs because it allows for:

- Analyzing the results of the first half of the cycle based on integrated community monitoring data
- Identifying necessary adjustments: activities that need to be strengthened, redirected, or discontinued
- Proposing new activities or reintroducing priorities from the community appendix that were not included in the initial grant
- Evaluating the quality of integration: is integration working in the field? Are CHWs overloaded? Does multi-disease community monitoring produce usable data?

(9 Final advice on how to engage meaningfully in the Global Fund grant cycles at the national level.

The GC8 offers malaria CSOs unprecedented engagement opportunities, but it also requires more rigorous preparation and broader coordination than previous cycles. Here are the essential tips for engaging effectively.

Fundamental tips (maintained and strengthened)

- **Maintain a strong presence:** We must ensure that the voices of civil society organizations and communities contributing to malaria elimination are listened to and heard, and that our needs are met. In GC8, this presence must be multi-disease: participate not only in malaria spaces but also in inter-program discussions on integration. A malaria CSO that speaks only to malaria actors will be marginalized in the new process.

- **Stay informed:** Reporting to your community and keeping them informed about what is happening is not done simply to tick a box. In GC8, sources of information are multiplying:
  - Use the Global Fund data explorer website to obtain information on the Global Fund mechanism in your country: https://data.theglobalfund.org/
  - Follow the Global Fund iLearn online trainings on the GC8 cycle: https://www.theglobalfund.org/fr/ilearn/
  - Consult the Global Fund briefing notes on malaria, SRHR, and integration as soon as they are published
  - Stay connected with the CS4ME networks to receive updates: www.cs4me.org
  - Contact your country's CCM secretariat to know the GC8 schedule
- **Monitor unexpected changes:** The funding request will undergo work that you will not see, and there may be last-minute changes. Keep an eye on them. Do not assume that decisions made during working group meetings or dialogues with countries are final. In GC8, two additional types of changes should be monitored:
  - Trade-offs between components: when HIV, TB, and malaria requests are consolidated, some malaria activities may be reduced in favor of activities considered more cross-cutting
  - Changes related to the common PR: if a common PR is implemented, check that malaria budgets and activities are preserved
- **Ask for help:** Ask your partners or CS4ME for help if agreed-upon interventions are not included. In GC8, situations requiring help are more numerous:
  - If your community priorities are set aside from the funding request without justification
  - If the CCM-communities-PR meeting is not held before the end of the negotiation
  - If the integration leads to a visible dilution of malaria interventions
  - If your CSO needs support to prepare for social contracting
  - Contact: CS4ME (secretariat@cs4me.org), the regional civil society platforms, or the Global Fund country team

Specific tips for the GC8

- Prepare yourselves now, do not wait: Early GC8 dialogue takes place before the allocation letter. If you wait for the official opening of the cycle to mobilize, you will arrive too late. Preparation must begin immediately:
  - Gather your field data from the past 3 years
  - Read the National Strategic Plan for Malaria Control
  - Identify the HIV and TB CSOs in your area
  - Carry out the self-assessment of readiness for social contracting (see Section 6 of the detailed GC8 guide)
- **Coordinate with HIV and TB CSOs:** Integration begins with coordination. You do not need to wait for a formal invitation. Take the initiative:

Examples of integrated priorities to propose in the GC8 annex

To help malaria CSOs formulate priorities adapted to GC8, here are examples classified by priority level:

- ▪ Identify at least one HIV CSO and one TB CSO in your area of intervention
- ▪ Propose an initial meeting to share your respective priorities
- ▪ Identify 2 to 3 points of convergence (multi-purpose training, combined campaigns, integrated monitoring)
- ▪ Even minimal coordination is better than no coordination.

- **Always formulate in an integrated way**: Every proposal you make, whether during dialogue, in the annex of priorities, or in technical working groups, must answer the question: «How does this activity also contribute to HIV, TB, or health system strengthening?» If you cannot answer, rephrase your proposal (see tangible examples in Section 4).
- **Strengthen your CSO institutionally**: GC8 opens up new opportunities (social contracting, results-based financing) but they require enhanced capacities. Check now:
  - Is your legal status up to date?
  - Is your accounting system compliant with standards?
  - Do you have an audit from the last 2 years?
  - Do you have an operational results monitoring system?
  - If you answer no to more than 2 questions, start strengthening immediately
- **Keep your malaria expertise as a foundation**: Integration does not mean abandoning your specialty. On the contrary, your malaria expertise is your unique added value in multi-disease discussions. Be the organization that knows everything about malaria and how malaria interacts with other health services. It is this combination that makes the difference in GC8.
- **Document everything from the beginning:** Keep the minutes of meetings, commitments made during dialogues, proposals submitted, responses received, and community monitoring data. This documentation will be essential for mid-term reprogramming (mid-2028) and for ongoing advocacy.

Annexes

OUR CONNECTION TO THE GLOBAL FUND: INFORMATION SHEET — GC8 VERSION

This exercise allows you to gather and assess your knowledge about the Global Fund in your country, in the context of the new GC8 funding cycle. Complete each question and keep this sheet as a reference document for your organization.

PART A — KNOWING THE ACTORS AND RESOURCES IN MY COUNTRY

1. What is the Global Fund allocation in my country for GC8, that is, how much money can my country obtain from the Global Fund for the 2026-2028 period?

Tips on where to find information:

- Global Fund Data Explorer: https://data.theglobalfund.org/
- Contact the Ministry of Health
- Contact the CCM secretariat (the allocation letter will be available in the first half of 2026)

2. What is the email address of the CCM secretariat in my country?

Advice on where to find information:

- The contact details of the CCM can be found in the GLOBAL FUND DATA, through the NMCP or the health district

3. Who is the PR for malaria in my country?

Tips on where to find information:

- The secretariat of the CCM in your country has all the information on PR, SR, and SSR

4. Who is the SR in my district?

5. Who is the malaria SSR in my district? How can I obtain information ?

Tips on where to find the information:

- Contact the CCM secretariat, the PR, or the SR of your area

6. Does my country plan a common Program Management Unit (PMU) for GC8, combining HIV, TB, and malaria? If so, who will be my malaria contact within this PMU?

Examples of integrated priorities to propose in the GC8 annex to help malaria CSOs formulate priorities suitable for GC8, here are examples classified by priority level:

☐ yes — Interlocutor : _____

☐ No — The UGPs remain separate

☐ I don't know yet

Advice on where to find information:

- Contact the CCM or PR secretariat
- Ask during CCM meetings or country dialogue

PART B — UNDERSTANDING MY PLACE IN THE GC8 PROCESS

7. Using the information on the Global Fund's essential programs AND the GC8 integration requirements, list your activities that correspond to the essential program elements. For each activity, indicate how it can be reformulated in integrated terms:

Our current activities	Integrated GC8 reformulation possible

Tips on where to find information:

- Use the key elements of the program (see Section 4 of this guide)
- Use the examples of integrated rewording in Section 4
- Consult the detailed GC8 guide (Section 5: Proposed activities)

10.Do I have access to the 'Annex of funding priorities for civil society and communities most affected by HIV, tuberculosis, and malaria'?

□ yes

□ No

Advice on where to find the information:

- Contact the secretariat of your CCM, your PR, or your SR to access the annex
- Request the GC7 annex as a reference and prepare your contributions for the GC8 annex

11.Have I identified the HIV and TB CSOs in my area of intervention with which I can coordinate my proposals for GC8?

□ yes — Identified HIV CSO: _____

□ yes — Identified OSC TB: _____

□ No, not yet

Did we have at least one coordination meeting?

□ yes — Date : _____ Identified points of convergence: _____

□ No, not yet

advices:

- Contact the CS4ME networks, the national civil society platforms
- Ask the CCM secretariat for the contact details of the HIV and TB representatives
- Propose a first simple meeting to share each other's priorities

PART C — ASSESSING MY PREPARATION FOR GC8

12. Is my organization ready for the social contracting planned in GC8?

Evaluate each criterion:

Criteria	Yes	No	Ongoing
Legal personality up to date (articles of association, official recognition)	☐	☐	☐
Accounting system compliant with standards	☐	☐	☐
Audit of the last 2 years available	☐	☐	☐
Documented implementation experience (reports of the last 3 years)	☐	☐	☐
Operational results monitoring system	☐	☐	☐
Qualified personnel available	☐	☐	☐
Formalized relations with healthcare structures ...	☐	☐	☐

If you checked «No» for more than 2 criteria, start strengthening these elements right away. Do not wait for the opening of the application cycle.

13. Does my organization participate in grant feedback forums at the district level?

☐ yes

☐ No

advices:

- Contact the CCM secretariat, the PR, or the SR to learn more about existing forums
- Contact the PRs or SRs to learn more about community data collection mechanisms

12. What is my organization doing to influence, improve, or support the implementation of Global Fund grants? List your current contributions and identify how to expand them in GC8:

What we do today How to expand it in GC8

13. What are the organizations with which I can work in partnership for the GC8? Identify your potential partners by field:

Domain	organization Partner	Contact
HIV CSO		
TB CSO		
SRMNIA / nutrition CSO		
National malaria program		
Health district		
Other malaria CSOs		

Advice:

- Contact the CCM secretariat for the contact details of HIV and TB representatives
- Contact the CS4ME networks to identify partners
- Contact the health district for local focal points

PART D — PLANNING MY INVOLVEMENT IN GC8

14. What are the key dates of GC8 in my country? Fill in the dates as they become known:

Event	Date (to be filled)	My planned participation	
Responsible Deadline Early Dialogue (Step 0)		☐ Yes	☐ No
Pre-dialogues between malaria CSOs		☐ Yes	☐ No
Coordination meeting with HIV and TB CSOs		☐ Yes	☐ No
Consultation for the priorities annex		☐ Yes	☐ No
Request drafting workshops		☐ Yes	☐ No
Relevant CCM meetings		☐ Yes	☐ No
CCM-communities-PR meeting		☐ Yes	☐ No
Global Fund country team mission		☐ Yes	☐ No
Mid-term reprogramming (mid-2028)		☐ Yes	☐ No

Advice on where to find the dates:

- CCM Secretariat
- Civil society representatives at the CCM
- Country team of the Global Fund
- CS4ME networks and regional civil society platforms

Manager

15. In summary, what are the first 3 actions my organization will take to prepare for GC8?

N°	Action	Manager	Deadline
1			
2			
3			

For more information :

- Detailed GC8 Guide: «New financing cycle of the Global Fund GC8: What civil society should know for better participation»
- CS4ME: www.cs4me.org | secretariat@cs4me.org
- Global Fund Resources: https://www.theglobalfund.org/en/applying-for-funding/
- Data Explorer: https://data.theglobalfund.org/

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