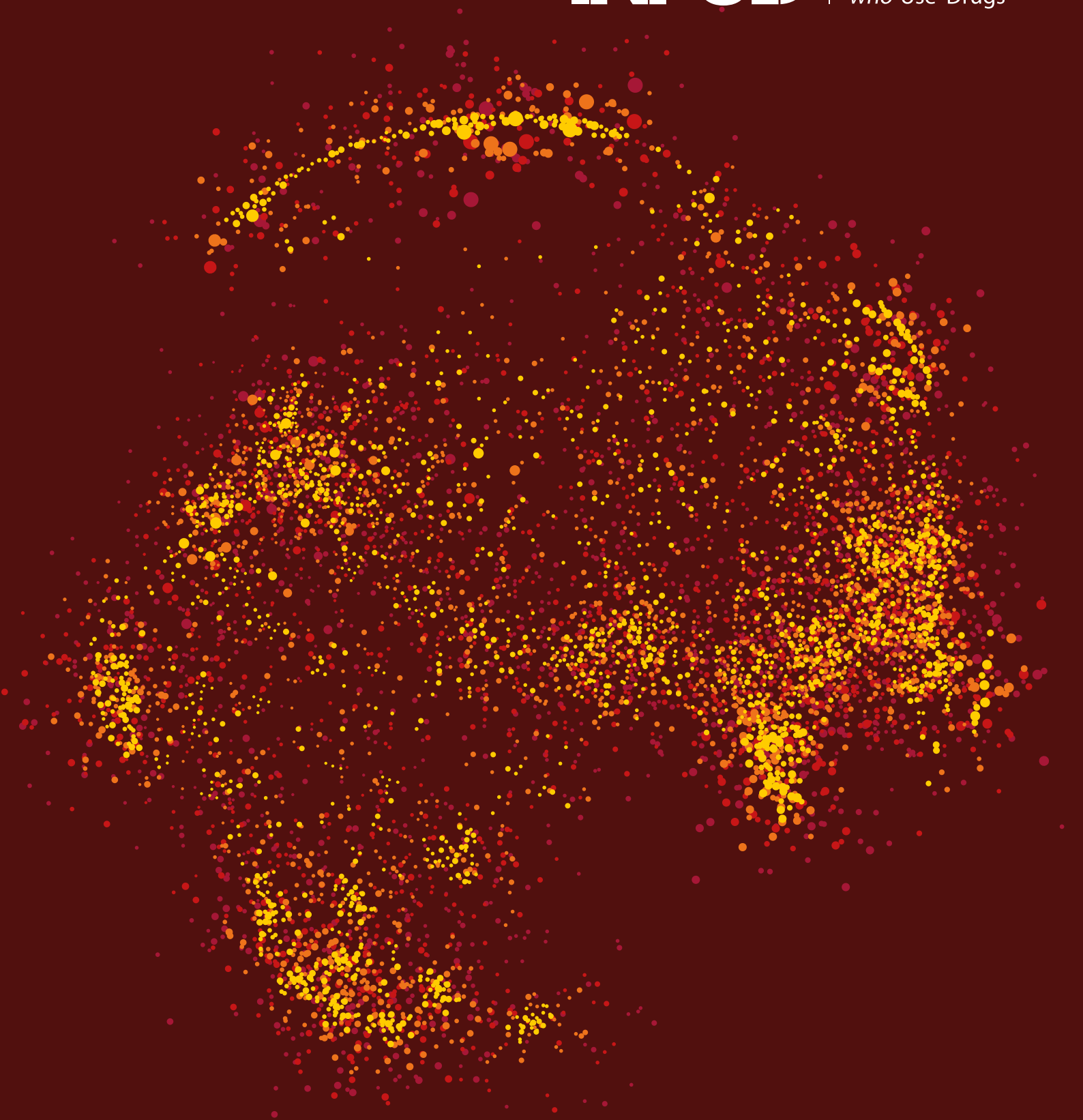
INPUD

International Network *of* People *who* Use Drugs



How People who Use Drugs Can Influence Global Fund Grant Cycle 8 (GC8)

May 2026

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1.0 Introduction

The International Network of People who Use Drugs (INPUD) has produced this guide to support the engagement of people who use drugs within the Global Fund processes for Grant Cycle 8 (2026-2028).

The Global Fund Strategy 2023-2028 places community leadership at its front and centre, promoting investments in community-led responses, including community-led monitoring, and highlights the need to increase funding for community-led organisations, particularly those led by key populations.

We now find ourselves at the mid-point of the Global Fund's Strategy implementation period and the world looks very different from even just one grant cycle ago. The international community saw unprecedented change in 2025 in terms of how HIV, TB and malaria-related programming was to be financed. The deep and severe loss of funding for global health, for ending the three diseases, and for harm reduction in particular, has left critical programmatic gaps and service disruptions that have limited equitable access to prevention, testing, lifesaving treatment, care and support for people who use drugs.

Against the backdrop of these monumental geo-political and financial shifts, the Global Fund's GC7 mid-cycle reprioritisation process held mixed results for the health, rights and wellbeing of the drug user community and the community-led organisations that serve them. In some countries, harm reduction programming was expanded, in others, the reprioritisation process saw significant cuts to these lifesaving services and to human rights interventions.

People who use drugs continue to shoulder a disproportionate burden of HIV and hepatitis C (HCV) infection. This is due to risk factors that are made more complex because of marginalisation, discrimination, punitive drug laws, criminalisation and otherwise hostile political environments. In 2025, HIV prevalence among people who inject drugs who were between 15-49 years of age was just over 7% in comparison to 0.7% globally for adults in the same age bracket.[i] This number increases exponentially for HCV. In early 2025, the estimated global prevalence among people who inject drugs stood at almost 39% totalling about 5.8 million people worldwide. The complex health, social and legal issues faced by people who use drugs are increasingly nuanced because of shifting trends in how people are accessing and using drugs, particularly with the emergence of new, often more potent substances and synthetic drugs. This makes the expansion and scale-up of harm reduction services vital to ending HIV and hepatitis C as public health threats by 2030.

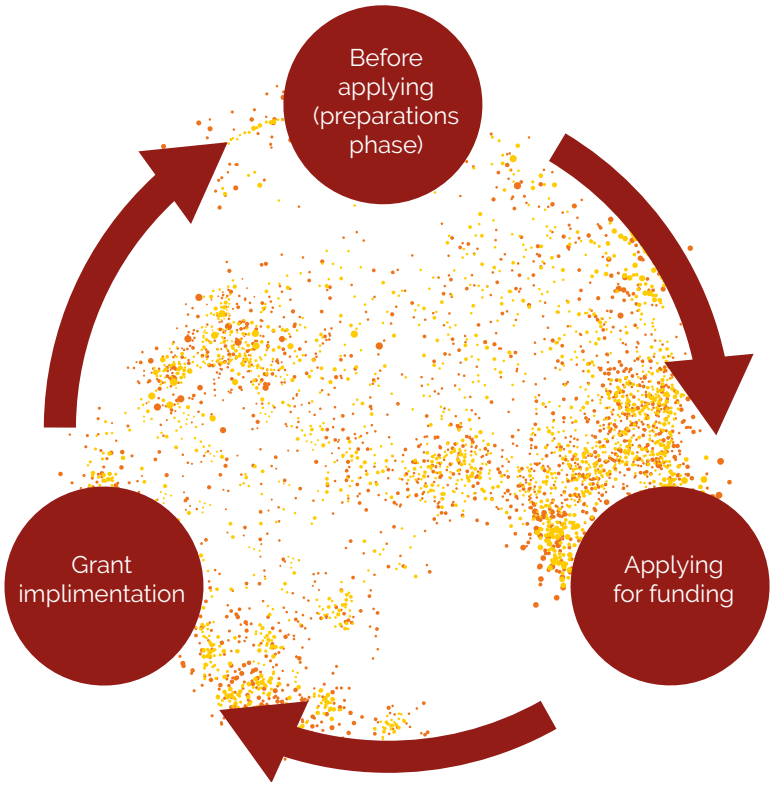
Despite today's resource constrained environment, the launch of the Global Fund's eighth grant cycle (GC8) offers opportunity to bridge some of these important programmatic gaps by prioritising the most impactful interventions and ensuring the continued leadership and meaningful engagement of people who use drugs.

In this new Global Fund funding round, measures undertaken in GC7 remain embedded to help communities influence their country's funding requests. This guideline highlights new features in GC8, provides an overview of key steps in the process of preparing a country funding request and grant-making, and offers tips on how to maximise your influence during those processes. This guide does not focus on the grant implementation phase.

2.0 Global Fund Funding Cycle

The Global Fund funding cycle runs in three-year periods. The current funding period runs from 2026 through to 2028. In each funding cycle, the Global Fund allocates donor funds to eligible countries. Countries then apply for their funding after engaging in inclusive consultations at the country level. After technical review and the approval process, countries begin to implement their grants. Evaluation and oversight continue throughout grant implementation to monitor progress and performance.

The Country Coordinating Mechanism (CCM) is a key in-country body that coordinates funding cycle processes. CCMs usually apply for a country's allocated funding by completing and submitting a funding request. Each complete funding request includes a narrative application, key annexes, and supporting documents.



3.0 Global Fund Funding Cycle

In Grant Cycle 8, there are many important changes to how countries are encouraged to prioritise HIV, TB and malaria (HTM) interventions. These changes reflect the rapidly changing realities of the world around us and an environment of increasingly constrained resources. Funding for harm reduction and the range of intersecting issues associated with HTM response remains grossly out of step and far below the level required to meet the increasing levels, and complexity of need. For example, the most recent analysis reports that, in 2022, funding for harm reduction programs accounted for less than 1% of total HIV funding, and harm reduction funding in low- and middle-income countries (LMICs), from both domestic and international sources, was only 6% of what is needed.[ii]

While the Global Fund's 8th Replenishment saw an outcome far less than the targeted USD 18 billion, it was successful in raising USD 12.6 billion in pledges despite the difficult and wildly shifting donor policies and priorities. The lower 8th replenishment amount means that country allocations will be significantly smaller when compared to those in GC7 and even to those under the GC7 mid-cycle reprioritisation process.[iii] With less funding, the Global Fund Partnership will need to work smarter and collaborate even more effectively. In order to balance the resource constraints of GC8 with increasing levels of need, the Global Fund has called on countries to ensure greater collaboration across the three diseases. Global Fund guidance for GC8 requires country funding requests to clearly demonstrate:

- rigorous prioritisation of investments
- value for money (greatest impact for the investment)
- measurable impact
- how Global Fund investments will catalyse national strategies and sources of domestic funding.[iv]

This means that there will be more pressure to provide evidence that justifies the prioritisation of critical lifesaving interventions for people who use drugs, including community-led service delivery.

At a Glance: The Global Fund 8th Replenishment Outcome:

- $12.6 billion has been pledged for GC8.
- The total amount available for **country allocations is $10.8 billion**, which is 9% lower than GC7 ***after*** reprioritisation.
- Within these pledges, there is a **$260 million allocation for catalytic investments** (CIs), including a $70 million increase for programming addressing human rights and gender barriers. Other funding priorities for CIs include: support to transition, RSSH optimisation, and market shaping.
- There is an increase of **$618 million in donor set-asides**. Set-asides are a way in which Global Fund donors are able to earmark funding for specific initiatives (e.g., technical assistance) despite the Global Fund's pooled funding model.

4.0 What is New in Grant Cycle 8?

4.1 Key Strategic Shifts

Under GC8, the Global Fund will roll out **six key strategic shifts** to ensure accelerated progress against the three diseases amidst increasing funding constraints. These shifts ultimately mean stronger attention to: (i) accelerating integrated service delivery; (ii) demonstrating the greatest impact for investment (value for money); (iii) ensuring human rights-based, gender-responsive programming; and iv) reinforcing sustainability and effective country transitions to domestic funding. The following section provides a high-level overview of what these six key shifts mean in practical terms.

Strategic Shift 1: Prioritising Global Fund allocations for the lowest income and highest burden settings

Country allocations under GC8 will have a heightened focus on countries with the lowest income and highest disease burden, and where domestic resources are the most limited. This will mean supporting country contexts where the level of progress against the three diseases will have the greatest impact on our overall global progress towards ending HTM as public health threats by 2030. This means that some countries and disease portfolios will see more significant funding reductions than others, as well as accelerated transitions out of Global Fund funding (see Strategic Shift 4 below for more on Transition).

Strategic Shift 2: Strategic programmatic prioritisation

Strategic programmatic prioritisation means that country funding requests must demonstrate rigorous prioritisation of programme interventions according to efficiency, effectiveness, impact and up-to-date country epidemiologic data. Not only does this mean reducing and/or eliminating lower impact programming, it also means adding and scaling up new innovations in the management of HTM, as well as simplifying how programmes are to be delivered in order to reduce programme management costs. This means that it will be ever more important to use your project data (including CLM) and international evidence to support and justify your priorities.

Strategic Shift 3: Integrated people-centred service delivery

The push to integrate services and systems into primary health care (PHC) was introduced during the GC7 reprioritisation process and will be further accelerated under GC8. In this context, integrated HTM service delivery also refers to the ability to integrate programmes so that they address all three diseases, rather than one single condition. Integrated people-centred service delivery is also a key tenet of the Global AIDS Strategy (2026-2031) under Priority 1, Result Area 2. Have a look at the 2026-2031 Strategy to see examples of integrated services and priorities for key population-led service delivery.

For the Global Fund, integration also focuses on how countries can integrate across broader health system investments such as: merging HTM health human resources and community

health workers as a 'polyvalent workforce'[1] that is equipped to comprehensively address the HTM-related needs of an individual, as well as for example, viral hepatitis and STI diagnostics, treatment and care. It also means consolidating key RSSH functions such as lab systems, data and surveillance systems, and supply chains.

Take a look at INPUD's resources on Integration. These position papers set out recommendations that aim to minimise the risk of integration being done badly and to maximise the potential benefits for people who use drugs. Options include integrating PHC services into community-led and community-based programmes (e.g., through low threshold drop-in-centres, mobile outreach programming, etc.)

- Integration Without Erasure: Brief to the Global Fund
- Integration Without Erasure: Preventing the disintegration of community-led responses to HIV, TB and other health challenges for People who Use Drugs.

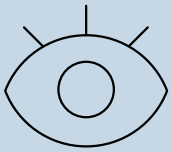
Strategic Shift 4: Setting grant-cycle transition pathways to national self-reliance.
Accelerated transitions out of Global Fund funding eligibility are another key area of focus under GC8. This is in response to steep reductions in official development assistance (ODA) coupled with the push towards national self-reliance. Emphasis on health sovereignty is championed by donor countries as well as many countries implementing Global Fund programmes. Pathways to 'national self-reliance' is outlined under The Accra Reset: Reimagining Global Governance for Health and Development, which was launched in 2025 by President Mahama of Ghana on the margins of the United Nations General Assembly (UNGA). Country ownership and financial sustainability are key elements of the Accra Reset and underline the broader support for effective country transitions.

To this end, under GC8, not all eligible countries will receive an allocation. A country can submit a country funding request ONLY if it has received a country allocation letter issued by the Global Fund Secretariat in Geneva. **Allocation letters were sent to CCMs in mid-March 2026.**

The Global Fund will release its updated Eligibility and Transition List and accompanying GC8 guidance on Sustainability, Transition and Co-Financing. This guidance will provide clarity on how transition pathways and co-financing agreements will be tailored to the

1. A polyvalent workforce in global health refers to community health and peer workers as well as other health professionals who are trained, equipped, and authorised to deliver a broad range of integrated health, wellness and preventative services, rather than focusing on one single disease or condition. [Brooks BA, Davis S, Kulbok P, et al. Aligning Provider Team Members with Polyvalent Community Health Workers. Nurs Adm Q. 2015 July-Sep; 39(3): 211-7 and similarly, Hezagira E, Gashema P, Harelimana JDD, Siddig EE, Iradukunda PG, Mbwirabumva I, et al. Three decades of community health workers in primary healthcare delivery in Rwanda: evolution, impact and policy lessons. BMJ Global Health. 2025;10:e021339. https://doi.org/10.1136/bmjgh-2025-021339.]

country context, as well as clarity on which countries will transition from Global Fund funding at the end of GC8, those by the end of GC9, and those countries with a longer runway for transition planning to sustainability.



Take a look at INPUD's resource- on sustaining the HIV response among people who use drugs: No fix without us: Sustaining the HIV response among people who use drugs

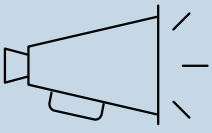
Strategic Shift 5: Expediting access to innovations

Expediting access to innovations refers to making sure there is equitable access to scientific and programmatic innovations for everyone. For the Global Fund, this means that it is maximising private sector contributions for priority interventions. The Global Fund is also expanding access to its pooled procurement mechanism and the Wambo.org platform to introduce and scale-up priority health product innovations for HIV, TB and malaria. For harm reduction and people who use drugs, health product innovations include, among others, equitable access to Lenacaprovir, long-acting depot buprenorphine (LADB), low dead space needles and syringes (LDSS/N), and community-led distribution of naloxone.

Strategic Shift 6: Community Systems and Financing

This strategic shift recognises the critical role of community systems in creating demand, providing high quality, equitable access to services, and enhancing governance and accountability. To help protect the critical role of community organisations[2], **social contracting arrangements will be expanded** under this grant cycle to accelerate access to funding for community organisations from domestic health budgets. As part of the Global Fund's Catalytic Investments (CIs), a **Rapid Community Protection Fund** will be created as a small-grant mechanism that will be able to get funding to where it is needed urgently during situations of unanticipated and acute crisis (e.g., situations of imminent harm, service disruption, crises in safety and security, etc.). While this pot of funding will be limited, the aim is to be able to support the physical, legal, and operational safety of community organisations to allow lifesaving HTM services to continue.

Other important changes and continuations for Grant Cycle 8:



✔ **Countries are encouraged**, where possible, to submit **one** integrated funding request encompassing HIV, TB, malaria and RSSH modules.

✔ **Human rights and gender modules have been included under RSSH**, but human rights and gender interventions can continue to be programmed as cross-cutting or disease-specific interventions.

2. Community organisations refers to community-led and community-based organisations, NGOs and networks serving criminalised and marginalised populations most at-risk of infection and mortality from the three diseases. The Global Fund aligns with the UNAIDS definition of community-led and community-based organisations.

- ✔ **Initiatives under HIV Programme Essential 3** include efficiency considerations through the introduction of health product innovations such as low dead space syringes and needles (LDSS/N) to reduce the risk of HIV and HCV transmission.[3]
- ✔ The Global Fund recognises that **Hepatitis B and C interventions**, including diagnosis and treatment, are an efficient use of resources in high prevalence settings through the integration of HIV and non-HIV services for people living with HIV and people who inject drugs.
- ✔ There is a **new HIV coverage indicator on Hepatitis C:** TCS-11 - Proportion of people starting antiretroviral therapy who were tested for hepatitis C virus (Treatment, Care and Support, page 56, Modular Framework Handbook)
- ✔ **There are many new and continuing Programme Essentials** that are applicable to people who use drugs across the HTM and RSSH modules. See **Annex 3** for more detail.
- ✔ **For the first time**, country allocation letters include language about potential de-allocations if GC8 pledges do not materialize!

4.2 A Continued Emphasis On Community Engagement

The commitment to community engagement remains present under GC8. Community Engagement and the minimum expectations set under GC7 carry across the Global Fund's 2023-2028 Strategic period. Commitments to human rights programming are built into the Global Fund's Code of Conduct and grant agreements.

Meaningful Community Engagement – Global Fund Definition:

Meaningful community engagement is where the role of communities is consistently and continuously acknowledged in decision making and processes, and where communities' unique expertise, perspectives and lived experiences are sought and valued.

Minimum Expectations (Standards) for Community Engagement

Too often, people who use drugs remain excluded from meaningful engagement in funding and grant cycle processes. To change this, the Global Fund introduced three 'minimum expectations for community engagement' with a view to increase accountability, transparency, and opportunities for community engagement across the grant cycle(s).

These minimum expectations are:

Minimum Expectation 1: The funding request development must include transparent and

3. See the Global Fund's GC8 HIV Information Note

inclusive consultations with populations most impacted by HIV, TB, and malaria, across gender and age. This process will identify community priorities to be listed in a document called "Annex of funding priorities of civil society and communities most affected by HIV, TB, and malaria". **A key shift under GC8 has made the Annex mandatory for High Impact and Core portfolio countries, but not obligatory for Focused countries.**

Minimum Expectation 2: To further their involvement in oversight, community and civil society representatives in the CCMs must have timely access to information on the status of grant negotiations and any changes to the grant. **During the Grant-making process, CCMs for High Impact and Core portfolios convenes at least two meetings for the PRs to brief and receive feedback from the CCM, including the community and civil society representatives.**[4]

Minimum Expectation 3: Community and civil society representatives on the CCM have timely access to information on program implementation.

Each minimum expectation includes a series of actions to be met by CCMs, the Global Fund Secretariat, and Country Teams. Read the actions in **Annex 2**.

Have a look at INPUD's reports on community experiences and recommendations to the Global Fund Partnership coming out of the GC7 funding request development process, and the GC7 mid-cycle reprioritisation of country grants.

- The Canary in the Coal Mine?: Community Lessons From the Global Fund GC7 Mid-Cycle Reprioritisation Process
- Communities at the Centre: A report back on the Global Fund Grant Cycle 7 (Windows 1 and 2)

What is the "Community Annex"?

REMEMBER: Priorities that are not included early in the funding request development process will be much more difficult to be added at a later stage. Prepare you community priorities and engage in the of development of the Community Annex as early as possible!

Minimum Expectation 1 states that countries are required to submit a separate document attached to the funding request called the Funding Priorities of Communities and Civil Society Most Affected by HIV, Tuberculosis and Malaria (2025). This mandatory Annex aims to capture a maximum of 20 priority recommended interventions from the perspective of

4. Operational Policy Manual (17 April 2026)

civil society and communities most affected by the three diseases. **These 20 priorities cut across all three diseases – not 20 priorities per disease!**

Developing the Annex is part of the Country Dialogue process. A broad community consultation to discuss priorities should be organised and coordinated by the civil society representatives on the CCM and the CCM Secretariat in your country. Though countries are instructed to consider these priorities when drafting their funding request, community and civil society priorities will not be automatically included in the country's funding request. However, this information will be used by the Global Fund and the Technical Review Panel (TRP) to assess the effectiveness of country dialogues and country-led prioritisation processes while also providing a fuller picture of community needs.

IMPORTANT: inclusion of your priority interventions in the Funding Priorities of Civil Societies and Communities Annex does not mean that they will be included in the final funding request. Countries are only instructed to consider these priorities when drafting their funding request. Your main attention should be on your priority interventions to be included and budgeted for in the main funding request.

Focus on community-led responses

The Global Fund explicitly recommends that countries' funding proposals support achievement of the 2026-2031 Global AIDS Strategy. The Strategy includes the 2030 targets to end AIDS[v], including the '30–60–80 targets' which outline the percentage of services that should be delivered by community-led organisations. These are:

- 30% of testing and treatment services should be delivered by community-led organisations.
- 60% of the programmes to support the achievement of societal enablers should be delivered by community-led organisations.
- 80% of service delivery for HIV prevention should be delivered by community-led organisations.

The role of communities is also emphasised in recent resources produced by the World Health Organisation (WHO), including:

- Updated guidance on opioid dependence treatment and overdose prevention (2026) includes conditional recommendation for long-acting depot buprenorphine (LADB)
- Needle and syringe programmes for people who inject drugs: operational guide (2026)
- Opioid agonist maintenance treatment as an essential health service: Implementation guidance on mitigating disruption of services for treatment of opioid dependence (2025)
- Sustaining priority services for HIV, viral hepatitis and sexually transmitted infections in a changing funding landscape (2025)

- Recommended package of interventions for HIV, viral hepatitis and STI prevention, diagnosis, treatment and care for people who inject drugs (2023).
- Consolidated guidelines on HIV, viral hepatitis and STI prevention, diagnosis, treatment and care for key populations (2022)
- The Global Fund (2022). Technical Brief. Harm Reduction for People Who Use Drugs: Priorities for Investment and Increased Impact in HIV Programming.

4.3 Harm Reduction, Gender And Human Rights – Programme Essentials

A wealth of evidence shows that, in many countries, harm reduction and human rights programmes remain small, not scaled up, and in a state of 'perpetual pilot phase'. As a reminder, the 2026-2031 Global AIDS Strategy endorses the 2030 HIV Targets with the following measures:

- 90% of people who inject drugs have access to comprehensive harm reduction services integrated with or linked to hepatitis C, HIV, and mental health services
- 50% of people who inject drugs and are opioid dependent have access to OAT
- Less than 10% of people who inject drugs or living with HIV experience stigma or discrimination
- Less than 10% of women who use drugs or living with HIV experience gender inequality/ violence
- Less than 10% of countries have punitive legal or policy environments that lead to denial or limitation of services

To accelerate change towards meeting the above targets, the Global Fund recognises harm reduction and human rights as 'programme essentials' (Programme Essential 3). Sexual and reproductive health services, including STI, hepatitis, post-violence care for key populations and AGYW, is a new Programme Essential under the HIV module (Programme Essential 5). This means that all country proposals will need to provide an update on how they are responding to identified gaps in these areas. **Additionally, countries will have to decide how to address unmet programme essentials and include specific actions in their funding request.**

RED LINES: Harm Reduction Priorities and Actions to Push for Under GC8

- Maintain and expand access to the **essential harm reduction package of services**
- Maintain and expand equitable access to **medically assisted treatment (MAT)/ opioid agonist treatment** (OAT) as a lifesaving medicine.
- Ensure access to and the availability of **comprehensive gender responsive services for women who use drugs.**
- Increase the **accessibility of naloxone**, a lifesaving medication to prevent

overdose, through increased availability (e.g., in clinics, pharmacies, through community outreach) **and through the institutionalisation of peer-led community distribution.**

- **Reduce human rights related barriers** to accessing healthcare services for people who use drugs (e.g., stigma, discrimination, police harassment, legal literacy and access to justice).
- **Increase access to funding for drug user-led organisations and networks** providing services by and for people who use drugs.
- **Include your programme management costs** as eligible expenses for drug user-led organisations and networks to support organisational growth, capacity development, leadership and sustainability.
- **Institute social contracting arrangements for community-led organisations and networks**, including direct funding mechanisms for the community in criminalised or otherwise hostile environments.
- Safeguard strong, well-funded community-led data, including community-led monitoring and population size estimates to:
    - Ensure responsive programming
    - Track emerging trends in drug use and drug-related harms
    - Monitor the quality and quantity of services, including gaps in access and service/programme delivery.

Other important changes that strengthen the support for harm reduction:

- Programmes can address needs of people who use drugs, not only of people who inject drugs. The needs of sexual partners of people who use drugs can be addressed as well. These changes give increased scope for stimulant harm reduction.
- Treatment for hepatitis B and C can be supported for people who use drugs regardless of HIV status if there is a strong epidemiological case and is part of comprehensive HIV programming, such as harm reduction.
- Community-led monitoring is emphasised, which means there is a key role for people who use drugs in planning, delivery, and evaluation of services and policy change.

Important!! The WHO resource on the Recommended Package of Interventions for HIV, Viral Hepatitis and STI Prevention, Diagnosis, Treatment and Care (2023) acknowledges that interventions which promote abstinence from drug use, such as rehabilitation are not effective for preventing HIV and should not be included in funding requests to the Global Fund.

4.4 Things To Think About When Planning For Integration

Accelerated 'integration' is a central focus under GC8 and will be a key element in the funding request development process. For instance, application materials will require clear and costed plans for how the country intends to integrate HTM into formal health services (e.g., primary, secondary and tertiary care) and systems (e.g., health human resources, domestic financing, laboratory, data, and surveillance systems, etc.). The Global Fund recognises that there is not one single model of integration – in other words, there is no 'integration silver bullet'. Each country will need to plan according to its own unique situation.[vi] To do this, **planning must begin at the funding request development phase and include all partners, especially key and vulnerable populations to ensure that plans support effective, equitable, rights-based and sustainable access to quality services.**

Integration can take place across many areas of the health system. For GC8, the focus of 'integration' will take place at the level of service delivery and at the health systems level. While the integration of HTM services into PHC can pose significant risk and challenge for key populations in many country contexts, 'integration' can also provide some positive opportunities for communities when done thoughtfully. This section aims to uncover some of these opportunities.

It is strongly recommended that this section be read alongside INPUD's two resources on Integration, which have been developed through close community consultation.

- ✔ Integration Without Erasure: Brief to the Global Fund
- ✔ Integration Without Erasure: Preventing the disintegration of community-led responses to HIV, TB and other health challenges for People who Use Drugs.

It is also encouraged to refer closely to the GC8 Modular Framework Handbook, including GC8 guidance on Prioritisation, and Enabling Impact, which provide a number of helpful examples of how to streamline integration efforts.

The Global Fund's Enabling Impact Guidance on Advancing Integration acknowledges that integration into primary health care (PHC) services may not be possible everywhere at the same time, or for every population group, but that efforts towards integrated care should include six principles. These six core principles are outlined in Figure I.

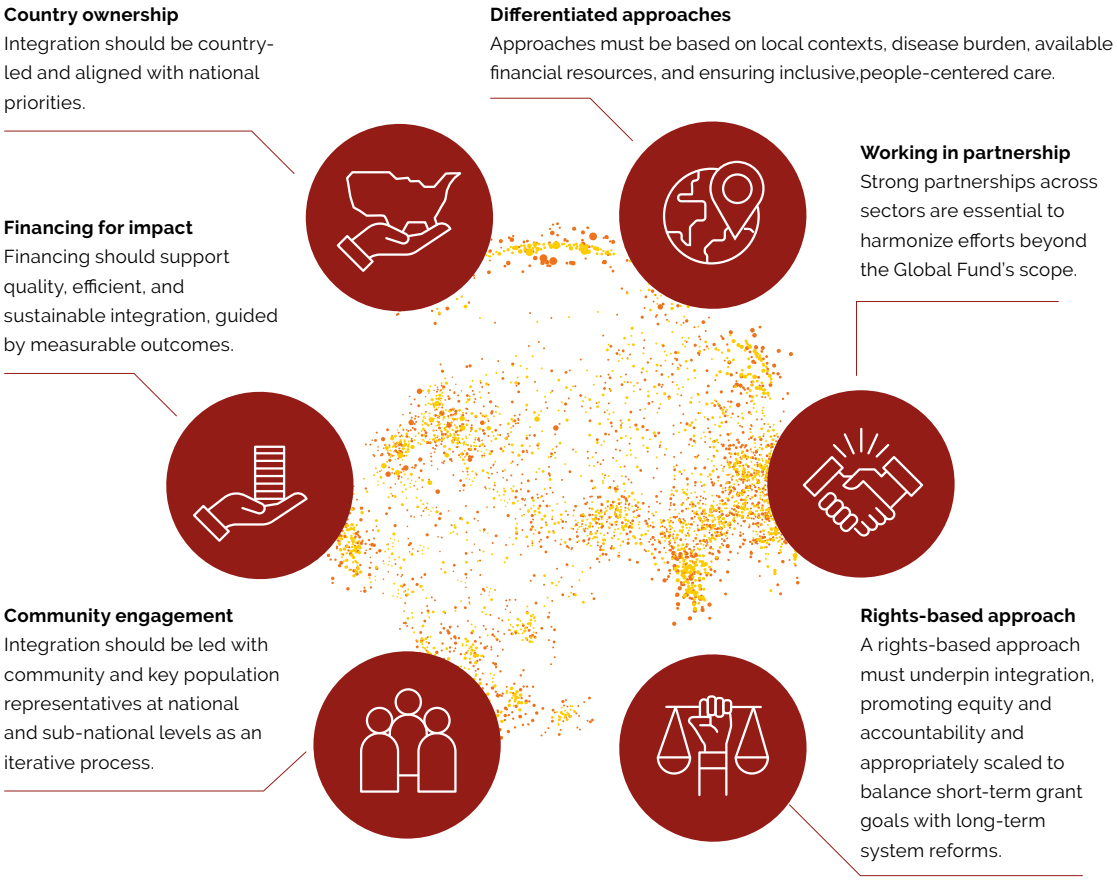


Figure I: The Global Fund's support to integration in GC8 will be guided by six principles

The Global Fund's updated GC8 guidance (April 2026) acknowledges that integrated models may unintentionally exclude or underserve most-at-risk populations if they are not designed with inclusion in mind and offers valuable examples of mitigation strategies.[5] It is important to remember that integration" can and should work both ways. Integration does not necessarily or automatically mean transferring services from community-led spaces and models into mainstream, primary health care.[vii] Instead, it should aim to bring formal health services and community-led services closer together to create efficiencies, more comprehensive people-centred care, and better health outcomes for the individual and the community. For criminalised or otherwise stigmatised populations such as people who use drugs, "integration" should prioritise strengthening existing community-led systems to deliver enhanced services, bringing health and other social services to people through these 'low-threshold' sites of engagement, where there is less risk and more trust. [viii] [ix]

Integration allows us to think strategically and holistically about how we can best meet the needs and priorities of the community. Within GC8, think about how integration can help you to:

5. See slide 16. Enabling Impact: Advancing Integration

- ✔ Expand your community programmes and services beyond HIV so to include other conditions such as, TB, HCV, STIs, malaria prevention, testing, treatment and care services
- ✔ Under the RRSH module of the Modular Framework, the Global Fund has expanded its definition of community health workers (CHWs) to include peer-workers / lay workers. This offers important opportunities to gain additional training, accreditation, and support for supervision activities.[6]
- ✔ It also means that there are opportunities to harmonise national salary scales so that they include remuneration and protections for peers and lay workers, supervision and training (see Annex 3 for specific reference to health human resources in the GC8 Modular Framework Handbook and Enabling Impact: Accelerating Integration)

In a Nutshell: Integration is necessary and, in some cases, good. Under the right circumstances, and when done thoughtfully and carefully, integration can lead to improved access to care, better health outcomes, better use of resources, and longer-term sustainability of services.

But integration that is rushed and careless is a recipe for less access to care, especially for key populations such as people who use drugs. This means poorer health outcomes, wasted resources, and ultimately a response to HIV, TB and malaria that is less person-centred, less effective, and less sustainable.

A sensible approach is to advance integration where it is necessary and reasonable, with careful attention to the details, which matter for the health, lives and dignity of those whose access to services is at stake. But it is equally important to clearly recognise that integration is sometimes neither necessary nor reasonable—and in circumstances where it poses risks of significant harm, it should be rejected.

Integration Without Erasure, INPUD Position-Paper (2026)

6. See page 24-25. GC8 Modular Framework Handbook as well as Enabling Impact: Advancing Integration on page 7, 9-10.

5. The GC8 Modular Framework

The updated Global Fund's Modular Framework Handbook provides examples of interventions that can be funded and where they should be included in the funding request. It lists components, modules, interventions, illustrative scope, and description of activities as well as indicators.

Level	Definition	Purpose	Example
Module	A broad programmatic area that contributes to a strategic objective	Ensures standardisation for budgeting and monitoring	RSSH Module: Reducing Human Rights-related Barriers to HIV, TB and Malaria Services
Intervention	An area of specific programmatic focus within a module	Describes the type of support and action	Eliminating HIV and TB-related stigma and discrimination in all settings
Activity	Specific tasks to operationalise interventions	Used for implementation planning and support costing	Community actions to improve health and social service quality, including through monitoring and addressing stigma, discrimination, gender inequalities, and other rights violations.
Indicators	Standardised measures to capture results linked to each module	Used to measure progress and performance	Percentage of health facility staff who report discriminatory attitudes towards key populations.

We have created a useful cheat sheet for you by listing relevant key interventions for people who use drugs. These include community-led monitoring, human rights, HIV prevention, testing treatment care and support, and community system strengthening that you can use for planning your priorities. It also includes interventions for TB and malaria that specifically target people who use drugs. See Annex 3 for more details.

6. How To Plan Your Engagement – GC8 Key Advocacy Opportunities

People who use drugs should be involved and influence decisions made at each stage of the grant life cycle.

Each country will have its own approach to the processes involved in the grant life cycle. The diagram below provides a general overview of the processes involved and opportunities for engagement and is followed by a section that provides tips for each stage so that you can plan effective engagement.

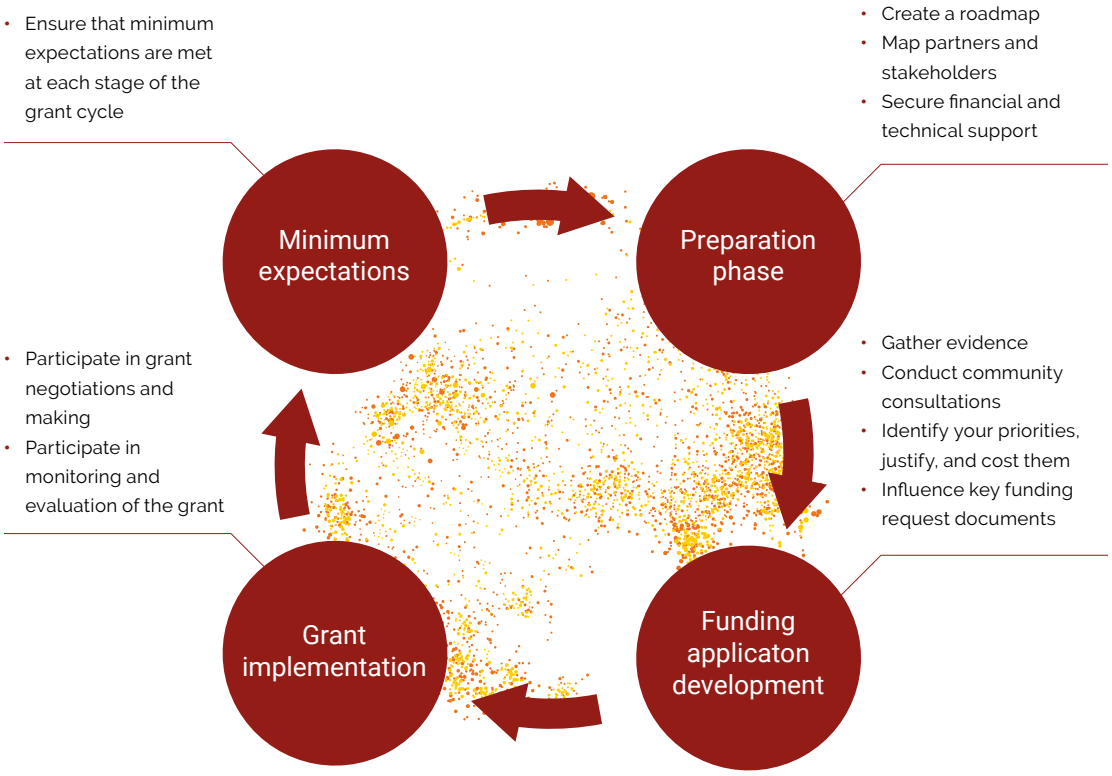


Figure 2: Overview of Processes and Opportunities for Engagement

We provide tips here on three phases: preparation, funding request development and grant negotiation. **Remember that the chronological order of these steps will differ country-to- country and many steps will take place at the same time.** We advise starting to plan early and if your capacity does not allow, we suggest hiring a consultant who can support you and the community though the process.

6.1 Preparation Phase

Your main goal for this phase is to develop an advocacy roadmap to chart how you are going to influence the funding request development process. For this, you will need to gather information on key dates, identify advocacy entry points, as well as map out key partners, and opportunities for technical and financial support.

Preparation Phase Step 1: Know your key dates and identify advocacy entry points

- **Find out which window your country is in.** Keep in mind that some countries will plan to submit their funding requests earlier than their assigned window. Check with INPUD or your CCM if you need clarification. You can find INPUD contacts in Annex 1.
- **If you are not connected yet with your CCM, search Global Fund's CCM database** here for contacts in your country or search for a CCM website in your country, which should include key contacts. You can also contact your Global Fund Learning Hub, which will have the information.
- **Based on the window your country is in, check your funding request submission deadline.** Deadlines are already known for the first three windows. For other windows in 2027, the dates will be announced later in 2026 (after the publication of this guideline).

Window	Applicant Submission Deadline	TRP Review Meeting
1	June 8, 2026	22 June – 3 July 2026
2	July 27, 2026	24 August – 5 September 2026
3	October 5, 2026	2-13 November 2026

Work backwards from the submission deadline to create your own planning and engagement calendar. Countries will have their own chronology of events, so it is important that you check regularly with your CCM to learn about key meetings (advocacy entry points), dates and their locations. Find out how you can participate and if your participation costs can be covered by the CCM, the PR, SR or other partners. These dates and times can often shift throughout the funding request development process. Make sure you are always checking and asking about updated meeting schedules and locations.

Remember, Minimum Expectation 1 requires that the CCM Secretariat develops and shares an engagement roadmap in a timely manner. If you are struggling to get this information from your CCM, contact INPUD or your partners that might have this information.

Key dates and advocacy entry points for your calendar and key sources of information:

- **Find out dates of Country Dialogue events.** Key sources of information are CCM Secretariat, other key population-led organisations, Global Fund Country Team, and UN agencies.
- **Identify which Country Dialogue events will be important for you to join** and influence.
- **Identify the date of and learn about the consultation process for the Funding Priorities of Civil Societies and Communities Annex.** Key sources of information

are CCM Secretariat and CCM civil society representatives, as well as other key population-led and civil society organisations/networks.

- **Identify dates of relevant CCM meetings.** Key sources of information are CCM, friendly CCM members, and allies.
- **Identify relevant technical working groups** or other groups supporting the funding request development process and their meeting dates, times and venues (in-person and hybrid options). Key sources of information are CCM, other key population organisations, and Global Fund Country Team.
- **Find out when the writing team will be drafting the funding request**. Becoming a member of the writing team is a strategic way to ensure that community priorities are well represented and costed in the funding request. Key sources of information about the writing team are the CCM, other key population organisations, Global Fund Country Team, and UN agencies.
- **Identify the date when the Technical Review Panel (TRP) feedback will be received**. Key sources of information are the CCM, other key population organisations, and Global Fund Country Team.
- **Find out the dates of CCM meetings to discuss TRP feedback**. Key sources of information are the CCM, other key population organisations, and Global Fund Country Team as well as the PRs.

Remember, the minimum expectations have been adopted to strengthen communities' engagement in Grant Cycle 8 processes and require actions from CCMs. Use your knowledge of the minimum standards in your advocacy, especially if there are barriers to your participation. You can find detailed description of the minimum standards in Annex 2.

Preparation Phase Step 2: Map your partners and stakeholders and collaborate

- **Know who represents you on the CCM** (it may be a representative of another key population or a civil society organisation).
- **Identify other CCM allies that can support your advocacy** (these can be UN agencies like UNAIDS or UNDP, donors, academics, friendly government officials, or civil society organisations).
- Find out who else will be working on the funding request: including other key population-led networks, Principal Recipient, Sub and sub-sub-recipients, civil society groups, government institutions, UN agencies like UNAIDS or UNDP, or donor agencies like PEPFAR. **Map out your allies and establish contact with them so that you can share information and rely on them for advice and support.**
- **Identify and ensure you are represented in working groups** on relevant themes during the funding request development (for example, if your country has a technical working group on key populations, HTM prevention, harm reduction, or human rights you should plan to participate in it actively). The working groups work on a deeper level of detail on the funding requests than the CCM will.

- **Apply to become member to the writing group responsible for writing and/or editing each draft of the funding request.** Those who are part of the writing group will have additional influence and oversight over what interventions are included or excluded and how the country context is framed as it relates to people who use drugs.
- **Keep close track of each new draft of the funding request.** Review each draft closely to understand what revisions have been made (and why) and to make sure your priority interventions stay within the funding request and budget.
- Remember, **communities are stronger with a united voice.** There might be tensions within your community and with other communities – especially when discussing how to use scarce funding. Try to put your differences aside, especially if they might be seen by other stakeholders in the process. You don't have to like each other to support each other in the process. Communities are stronger with a united voice.

Preparation Phase Step 3: Plan and secure technical and financial support

- **Know your consultants/writers.** Your CCM will likely hire a national consultant/writer for the funding. It is very important to develop a relationship with them. They can potentially help you get your priorities addressed. Ask your allies, such as your CCM representative, a friendly UN agency (especially UNAIDS), someone from the Global Fund Country Team, or INPUD to introduce them to you.
- **Access technical and financial support**. You may be able to access support from the Global Fund Regional Learning Hubs, INPUD, the Global Fund's Community Engagement Special Initiative (CE SI) or your CCM (at least 15% of the annual CCM funding amount must be allocated to support constituency engagement, including of key populations, not represented on the CCM).
- See Annex 4 below for more information on technical assistance available to people who use drugs through, INPUD, CE SI, and your CCM. This assistance might be used for:
- Salary for a person or team to work part time or full time on the funding request
    - Holding community consultations to identify priorities e.g., facilitation, meeting costs, writing, etc.
    - Hiring a consultant to work on costing your priorities
    - Hiring consultants/writers to advocate including your activities in the funding request

Preparation Phase Steps and Milestones

Step	Milestone
Step 1: Know your key dates and entry points	• You have received a copy of your country's allocation letter. • You have a calendar outlining key processes, events and deadlines including key dates issued by the CCM. • You have a written plan to consult about your community priorities. • Map your allies and who has influence over the final draft funding request. • You have a clear advocacy plan outlining your entry points and planned activities to influence the development of the funding request.
Step 2: Engage Partners and Stakeholders	You are in contact with: • CCM members • Technical Working Groups (TWGs) • Other stakeholders (key population groups, UN agencies, NGOs, the PR(s), and government ministries) involved in country dialogue • Consultants writing the funding request • Ensure your organisation is on the list of participants for related civil society meetings and national consultations.
Step 3: Plan and secure technical support	You will: • Access your own technical assistance and funding (see: Annex 4) • Be in contact with your country's writing team and members of TWGs

6.2 Funding Request Development Phase

Your key advocacy goal in this phase is to include your community priorities in the funding request. You can achieve this by organising a community consultation, identifying priorities, costing them, and advocating for them during the country dialogue processes and beyond.

Funding Request Development Phase, Step 1: Gather and analyse data on your community

Get a copy of your country's final GC7 reprioritised budget and work plan. These are the documents that are the basis of the revised grant agreements under Grant Cycle 7 and will be important starting points for national consultations. If you are having difficulty getting this information, check out the two websites:

- Global Advocacy Data Hub
- Mind the Gap: Emerging Gaps in Global Fund Programmes

This civil society data and advocacy platform has great resources, including easy to understand data from the GC7 reprioritisation process that will help you identify where the greatest budget cuts were made, and which programmatic elements need the greatest focus of your advocacy.

Gather most up-to-date data on people who use drugs in your country, including epidemiological data (HIV and TB), coverage of services for people who use drugs, human rights violations, legal and policy barriers, and stigma and discrimination.

If the data is not easily available to you might use:

- The newest IBBS Survey from your country
- UNAIDS AIDSinfo website where you can search for your country official data (data on epidemic, inequalities and laws and policies)
- UNAIDS Key Population Atlas interactive website where you can search population size estimates, coverage data, stigma and discrimination, hepatitis C coinfection rates, laws)
- Harm Reduction International's (HRI) Global State of Harm Reduction includes information from civil society which may be lacking in UN or national sources
- Community-led monitoring reports from your country
- Community-led data and reports from your organisation / partner organisations.

Funding Request Development Step 2: Organise a community consultation and identify your priorities

- Organise a community consultation to identify community priorities for funding. INPUD's C19RM Community Consultation guide provides suggestions about how to organise and document results of such a consultation.
- We recommend hiring a consultant to organise the consultation and write a report from it.
- Use the Modular Framework to discuss and priorities interventions and activities for identified community needs. See Annex 3 for a list of interventions and where to find them.
- **Remember that interventions that make significant contributions to prevention and treatment of HTM are most likely to get funded**, such as needle and syringe programmes. This does not mean that you cannot prioritise other interventions but, for these, you can justify their inclusion by mentioning their prioritisation by the Global Fund and their link to preventing and treating HTM-related conditions.
- **Prioritise your priorities**. Decide what your red line priorities are. There are many competing interests, and the funding is limited. Check which harm reduction, gender and human rights interventions the Global Fund has prioritised. It is likely that you will be asked to reduce the funding amount. During your consultation with people who use drugs, plan an activity that will enable you to rank the activities you discuss.

Funding Request Development Step 3: Justify your priorities

- Persuade other stakeholders to include your priorities in the funding request. Be ready to justify them and to show evidence that the interventions and activities you propose deliver highest impact for their investment, contribute to programme outcomes (e.g., reduced HIV or TB transmission and improved access to integrated HIV or TB treatment) and are cost-effective in ensuring equitable access to lifesaving services.
- Be ready to share your report from community consultations.

Read INPUD's IDUIT guide that include evidence of harm reduction effectiveness and examples of programmes to implement (including human rights of people who use drugs and community-led monitoring and advocacy).

Learn about cost-effectiveness of harm reduction interventions from HRI's briefing and use the arguments in your advocacy.

Funding Request Development Step 4: Cost your priorities

- To include an activity in the funding request, it must be costed. This means you need to **estimate how much an intervention costs** to have a particular impact on a particular number of people.
- Costing is complicated and it is advised **to start early and secure support from partners or a technical support provider** (e.g., Global Fund SE CI or UNAIDS) to do it well. When it is done right, it will be much easier for you to get your priorities addressed in the funding request.
- We recommend that you hire a consultant to help you do the costing based on your identified priorities. If you do not have funding, contact INPUD to discuss possible solutions.
- The Global Fund, through CE SI, also offers short term technical assistance for costing. Check Annex 4 for more details.

Funding Request Development Step 5: Get involved, be proactive and advocate!

- Based on your roadmap, you should have **identified key entry points for your advocacy**. These will differ from country-to-country and can include participation in funding request working groups, Country Dialogue events, community consultations on the Funding Priorities of Civil Societies and Communities Annex, meetings with other key populations and allies, as well as with the funding request writing team.
- **Share your written, costed and evidence-based priorities with key allies** ahead of and during the meetings so they can help to support your advocacy. It is also important advocacy to share your community priorities (or "red lines") with CCM members and the CCM Secretariat, the PR, the UNAIDS regional or country office, the Country Team and Fund Portfolio Manager (FPM) at the Global Fund Secretariat.
- **Work closely with your allies** to ensure that your priority interventions have wider support.
- **Follow up with key stakeholders after the meetings** to check if your priorities are included in the funding request as well as in Funding Priorities of Civil Societies and Communities Annex. Provide additional information and evidence if necessary.
- Remember, your priority interventions need to be budgeted for in the funding request, otherwise they will not be funded. **Work closely with the budget writing team/ consultant** to ensure this.

- **Keep clear and detailed notes of discussions and meeting decisions** that you can refer to and track progress, holding people accountable for the agreements/decisions made.

IMPORTANT!

- An additional issue to watch out for is to ensure that your priority interventions do not end up in the Prioritised Above Allocation Request (PAAR) annex. PAAR includes priority interventions that are part of a country's strategic plan but cannot be funded. Historically, some or all programmes for people who use drugs were included in PAAR in many countries. This means that despite being recognised as strategic, they were not implemented. You can read more on PAAR in Grant Negotiation Phase Step 2: Negotiations and grant-making.
- The decision-making timeline is very short, so it is very important that you share your concerns immediately and not wait. Share your concerns in writing (e.g., by email) and copy all the relevant people. This will help to make sure that everyone is aware of your concern. If you do not hear back from anyone, re-send the email and demand a response.

Funding Request Development Step 6: Get your priorities included in Funding Request Documents

- **Only activities listed in the Performance Framework and Budget can be funded**. It is essential that you negotiate inclusion of your priorities in these and other documents to be submitted with the funding request. These include:

Documents to influence

Document	Consideration for input
The Performance Framework (required annex)	Your priority interventions and activities should be listed here with appropriate indicators. You can find the indicators in the Modular Framework.
Budget (required annex)	The cost of your priority interventions and activities must be included here.
The Application Form	This should include justification for the interventions you put forward.
Programmatic Gap Tables	A description of what gaps your priority interventions and activities fill should be included here.
RSSH Gaps and Priorities Annex	Make sure gaps related to human rights and gender programming, community systems strengthening, community mobilisation, networking and advocacy are addressed
Funding Priorities of Civil Society and Communities most affected by HIV, Tuberculosis and Malaria ("Community Annex")	See above. One list of 20 is to be submitted per country. Make sure the priorities of people who use drugs are included here

Assessment of Equity, Human Rights and Gender Related Barriers to Health Service	Make sure criminalisation, discrimination, and stigma as well as their consequences are well addressed. Settings where civil society and community-led organisations face repressive and hostile environments (e.g., Foreign Agent Laws) also cause significant access barriers and carry substantial risk to the safety and security of key populations, and to the people and organisations that serve them. These factors should also be addressed here.
Gender Assessment	To be attached to the application if available. Make sure the needs of people who use drugs are addressed.
Prioritised above allocation request (required annex)	Ensure that programmes from people who use drugs do not end up in here as this means they will most likely not be funded.

- Other documents that are important but likely to demand less of your input include: Funding landscape tables; Country Dialogue Narrative; Protecting against Sexual Exploitation, Abuse, and Harassment Assessment; Essential Data Tables.
- **Demand access to all documentation** being used in the preparation of the funding request **in advance of each meeting/consultation**. It is very important that you have time to properly review the documents (including previous meeting minutes) beforehand so that you can actively participate in the discussions and defend your priorities and hold people to account for decisions taken.
- **Make sure you keep all the different drafts of the Funding Request (including the budget!)** so that you can track where there have been changes made.

Funding Request Development Step 7: CCM sign off

- Once all the core documents for the Funding Request are prepared, CCM members (including key population representatives – and even a representative of the community of people who use drugs if you have one on your CCM) will be asked to sign off on the Funding Request before it is submitted to the Global Fund for review.
- If you have strong objections to the funding request documents – for example, if the priorities listed in the Funding Priorities from Civil Societies and Communities Annex are not included in the performance framework and budget, you can ask your representative NOT to sign the funding request until the problem is resolved.
- **Be sure to receive and save a copy of the submitted application**. This will be a crucial reference document as the country application moves through the Global Fund's review process and enters the Grant Negotiation Phase where budgets, performance frameworks and workplans are cemented in grant agreements with the Principal Recipient(s).

Funding Request Development Phase Summary Of Steps And Milestones

Step	Milestone
Step 1: Gather and analyse data on your community	You will know: • Population size estimates • HIV and TB incidence and prevalence • Coverage of harm reduction services • Rates of access to HIV and TB services (prevention and treatment care and support • Community assessments of service quality and access • Assessments of stigma, human rights, and legal barriers
Step 2: Organise a community consultation and choose your priorities	• You have identified and ranked a list of priority interventions for people who use drugs
Step 3: Justify your priorities	• Link your interventions to the Global Fund Strategy • Show that the Global Fund recommends the intervention you are advocating for • Show that the interventions and activities are recommended by the World Health Organization, UNAIDS, UNDP etc. • Show that the interventions and activities are cost-effective
Step 4: Cost your priorities	You know how much your priority interventions cost
Step 5: Get involved, be proactive, and advocate!	• Your priority interventions and activities are included in the funding request and the Funding Priorities from Civil Societies and Communities Annex
Step 6: Get your priorities addressed in key documents	Each of the following contain your input: • The Performance Framework • The Budget • Programmatic Gap Tables • RSSH Gaps and Priorities Annex • Funding Priorities from Civil Societies and Communities Annex • Human Rights Barriers Assessment and Gender Assessment
Step 7: CCM sign off	• Once the Funding Request is prepared, all CCM members, including your community representative will sign the Funding Request.

6.3 Grant Negotiation Phase

Your key goal in this phase is to ensure that programmes for people who use drugs are not deprioritised during the grant negotiating phase.

Grant Negotiation Phase Step 1: Technical Review Panel review:

- Global Fund's Technical Review Panel (TRP) is a group of independent experts that review funding requests to ensure that the proposed programmes are aligned with the latest technical guidance and will help eliminate the three diseases. The TRP will provide recommendations to countries about how to improve their funding requests.
- There is no country community involvement in this step.

Grant Negotiation Phase Step 2: Negotiations and grant-making:

- If the TRP makes recommendations, the CCM will have to respond to them.
- Minimum Expectation 1 requires CCM to publish the TRP recommendations. Find out from your partners where these will be posted and when there will be meetings to discuss them.
- Read the TRP recommendations and check if changes are proposed to your priority interventions. If yes, prepare advocacy arguments to support your priorities.
- In accordance with Minimum Expectation 2, the CCM will convene a minimum of two meetings during grant making for the Principal Recipient (PR) briefing on revisions to the funding request and plans for community-based and community-led implementation. If possible, attend the meetings. If not, brief your allies who will be attending the meetings to speak in support of your priorities.
- Once the final funding request is approved by the TRP, the CCM and the Global Fund work to prepare the grant agreement with the Principal Recipient (the partner who was nominated to implement the grant).
- Lastly, if your priority interventions end up in the PAAR and TRP approves them, they will be added to the Registry of Unfunded Quality Demand (UQD). If additional funding becomes available, or savings or underspend are found during grant-making, there is a possibility that your pre-approved interventions will be integrated into your country grant. This will require advocacy with your CCM, Global Fund Country Team, and the Principal Recipient.

7. Final Tips On The Grant Cycle 8 Engagement

- **Keep your presence strong.** Too often people who use drugs are silenced. We must ensure that our voices are listened to and heard, and our needs met.
- **Watchdog role.** Reporting back to your community and keeping them informed about what is going on is not done just to check off a box. If you keep your community informed, other stakeholders will know they are being watched. You have a 'watchdog' role to play.
- **Watch for unexpected changes.** There will be work done on the funding request that you do not see and there may be last minute changes. Watch for them. Do not assume that decisions made in working group meetings or during Country Dialogues are final. Be ready to take recourse. Reach out to your in-country partners or INPUD for help if agreed interventions are not included. Make noise.
- **There is still important work to do after the funding request has been submitted.** Community interventions and activities are often taken out of programmes at the last minute when the Principal Recipient and CCM make revisions in response to TRP recommendations. You must participate in these 'grant-making' negotiations to make sure this does not happen.
- **Reach out for help.** If you feel like something is going wrong, reach out for help. Contact INPUD, your Regional Learning Hub or the country team to ensure the process is being conducted in accordance with Global Fund requirements.

Annex 1. Key Contacts At Inpud

- Anton Basenko, Executive Director: antonbasenko@inpud.net
- Olga Szubert, Deputy Director: olgaszubert@inpud.net
- Aditia Taslim, Advocacy Officer: Aditiataslim@inpud.net
- Isaac Olushola Ogunkola, Global Fund Programme Manager: isaacogunkola@inpud.net

Annex 2. Minimum Expectations - Global Fund's Community Engagement Guide

Minimum Expectations	Actions
1: The funding request development must include transparent and inclusive consultations with populations most impacted by HIV, TB, and malaria, across gender and age. This process will result in a document called "Annex of funding priorities of civil society and communities most affected by HIV, TB, and malaria." **An important shift under GC8 has made the Annex mandatory for High Impact and Core portfolio countries, but not obligatory for Focused countries**.	• CCM Secretariat develops and shares in a timely manner an engagement roadmap, including process (that sets out an access to 15% CCM funding for constituency engagement and a submission window for all CCM members). • Funding requests include a mandatory "Annex", which should result from CCM-led country dialogue processes with communities. • Funding request documents are published externally following TRP recommendation. • Country Teams (CT) use the Annexes of Community Priorities to assess the effectiveness of country dialogue and gain a fuller picture of community needs.
2: To further their involvement in oversight, community and civil society representatives in the CCMs must have timely access to information on the status of grant negotiations and any changes to the grant. **During the Grant-making process, CCMs for High Impact and Core portfolios convenes at least two meetings for the PRs to brief and receive feedback from the CCM, including the community and civil society representatives.**[7]	• Copy all CCM members, including civil society/ community representatives on key automated grant-making milestone notifications. • CCMs will convene a minimum of two meetings during grant making for PR briefing on revisions to the funding request and plans for CBO/CLO implementation.
3: Community and civil society representatives on the CCM have timely access to information on program implementation.	• CCMs will provide pre- and post-CCM meeting support and access to 15% CCM funding for constituency engagement. • Best Practice: Country Teams will conduct at least one grant-making briefing with the community/ civil society representatives.

7. Operational Policy Manual (17 April 2026)

Annex 3. Links To Key Interventions In The Modular Framework Handbook

HIV Prevention and testing

Intervention	Module & Modular Framework Handbook
Needle and syringe programs for PWID	HIV Module: HIV Prevention. Page 43
Opioid substitution therapy and other medically assisted drug dependence treatment for PWID	HIV Module: HIV Prevention. Page 43
Overdose prevention and management for PWID	HIV Module: HIV Prevention. Page 43
Condom and lubricant programming for PUD	HIV Module: HIV Prevention. Page 41
Pre-exposure prophylaxis (PrEP) programming for PUD	HIV Module: HIV Prevention Page 41
HIV prevention communication, information, and demand creation for PUD	HIV Module: HIV Prevention. Page 41
Sexual and reproductive health services, including STIs, hepatitis, post-violence care for PUD	HIV Module: HIV Prevention Page 42
Community-based testing for KP programmes	HIV Module: Differentiated HIV Testing Services. Page 46
Self-testing for KP programmes	HIV Module: Differentiated HIV Testing Services. Page 46
TB/HIV – Collaborative interventions	HIV Module: TB/HIV. Page 48
TB/HIV - Community care delivery	HIV Module: TB/HIV. Page 49
Community mobilisation for HIV prevention	(e.g., provision of safe spaces, community events, participation in national/local decision-making for a) HIV Module. HIV Prevention. Page 42
Community surveys and studies to examine barriers to HIV prevention, testing and treatment	RSSH: Monitoring and Evaluation Systems. Page 45-48
Prevention programme stewardship (e.g., development of national HIV prevention strategies, roadmaps, plans and programs, social contracting, safety and security provisions)	HIV Module: HIV Prevention. Page 44

HIV Treatment, Care and Support

Intervention	Module & Modular Framework Handbook
HIV treatment and differentiated service delivery (e.g., differentiated adherence support, SMS reminders, telephone & online/virtual platforms, treatment literacy, community support groups)	HIV Module: Treatment, Care and Support. Page 47
Treatment monitoring (viral load, ARV toxicity, drug resistance (e.g., community-based sample collection in community-based treatment models & point-of-care)	HIV Module: Treatment, Care and Support. Page 47
Integrated management of common co-infections and co-morbidities. Examples: • Diagnosis and treatment for hepatitis B and C among populations at risk and are accessing HIV services • Cervical cancer screening and secondary prevention • Diagnosis and treatment of STIs • Detection and basic management of other NCDs (e.g., mental health, anal cancer)	HIV Module: Treatment, Care and Support. Page 47

TB Module: TB Diagnosis, Treatment and Care

Intervention	Module & Modular Framework Handbook
TB screening and diagnosis (e.g., active case finding via community outreach, awareness campaigns, patient supports)	TB Module: Page 59
Preventative treatment (e.g., improving patients' access and adherence to treatment)	TB Module: TB/DR-TB Prevention Page 60
Community-based TB/DR-TB care (e.g., training/capacity building of community TB service providers, advocates, survivors; gender responsive and community-led interventions)	TB Module: Collaboration with Other Providers and Sectors. Page 61
Linkage to social protection for KVP affected by TB	TB Module: Key and Vulnerable Populations – TB/DR-TB. Page 62
Collaboration with other programs/sectors (e.g., linkages and referral systems across sectors and services i.e., harm reduction programmes for patients with TB/DR-TB who inject drugs)	TB Module: Collaboration with Other Providers and Sectors. Page 61
KVP – People in prisons/jails/detention centres (e.g., linkages with harm reduction programmes and networks of people who use drugs and support for mental health)	TB Module: Key and Vulnerable Populations (KVP) – TB/DR-TB. Page 62

Malaria Module: Vector Control

Intervention	Module & Modular Framework Handbook
Insecticide treated nets (ITNs) – community-based distribution (e.g., training, community campaigns, education & information, engagement activities)	Malaria Module: Vector Control. Page 70

RSSH Module: Reducing Human Rights-related Barriers to HIV, TB and Malaria Services

Intervention	Module & Modular Framework Handbook
Expanding access to quality and discrimination-free health care *See both sections for prioritised interventions	RSSH Module: Reducing Human Rights-related Barriers to HTM Services. Page 32 Enabling Impact: Tackling Human Rights & Gender Barriers. Page 7-8
Improving legal literacy and legal support related to health services *See both sections for prioritised interventions	RSSH Module: Reducing Human Rights-related Barriers to HTM Services. Page 32 Enabling Impact: Tackling Human Rights & Gender Barriers. Page 9
Improving health-related laws, regulations and polices to enable access to HTM services (e.g., rights-based law enforcement practices) *See both sections for prioritised interventions	RSSH Modules: Reducing Human Rights-related Barriers to HTM Services. Page 33 Enabling Impact: Tackling Human Rights & Gender Barriers. Page 10

RSSH Module: Reducing Gender-related Vulnerabilities and Barriers to HIV, TB and Malaria Services

Intervention	Module & Modular Framework Handbook
Addressing gender discrimination and norms that pose a threat to HTM services *See both sections for prioritised interventions	RSSH Module: Reducing Gender-related Vulnerabilities and Barriers to HTM services. Page 34 Enabling Impact: Tackling Human Rights & Gender Barriers. Page 12-13
Preventing and responding to violence against women and girls in all their diversity *See both sections for prioritised interventions	RSSH Module: Reducing Gender-related Vulnerabilities and Barriers to HTM services. Page 34 Enabling Impact: Tackling Human Rights & Gender Barriers. Page 14

RSSH Module: Community Systems Strengthening

Intervention	Module & Modular Framework Handbook
Community-led monitoring and advocacy	RSSH: Community Systems Strengthening. Page 17
Community-led research and advocacy	RSSH: Community Systems Strengthening. Page 14
Community coordination and engagement in decision making	RSSH: Community Systems Strengthening. Page 18
Organisational and leadership development	RSSH: Community Systems Strengthening. Page 18-19
Advocacy and monitoring of co-financing commitments	RSSH: Health Financing Systems. Page 19
Social contracting	RSSH: Health Financing Systems. Page 20
Community systems	Enabling Impact: Advancing Integration. Page 7, 9-10

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

Intervention	Module & Modular Framework Handbook
HRH planning, management and governance (*NB: includes peers and other staff employed by CLOs/CSOs)	RSSH/PP: Page 23 Enabling Impact: Advancing Integration. Page 7, 9-10
CHW: selection, pre-service-training, certification and equipping (*NB: single-disease CHWs should be included under the relevant disease module)	RSSH/PP: Page 24 Enabling Impact: Advancing Integration. Page 7, 9-10
CHWs: contracting, remuneration and retention (*NB: for all CHWs providing integrated people-centred and gender-responsive health services	RSSH/PP: Page 24
Community health workers: in-service training (*NB: for all CHWs providing integrated people-centred and gender-responsive health services RSSH/PP: Page 24	RSSH/PP: Page 24 Enabling Impact: Advancing Integration. Page 7, 9-10

RSSH Module: Monitoring and Evaluation Systems

Intervention	Module & Modular Framework Handbook
Surveillance for HIV, TB and malaria (e.g., programmatic mapping and size estimation among KPs, including young KPs)	RSSH: Monitoring and Evaluation Systems. Page 30
Surveys (e.g., Stigma Index, KAP surveys, qualitative surveys on facilitators and access barriers, operational research)	RSSH: Monitoring and Evaluation Systems. Page 31

Annex 4: Available Technical Support

The Global Fund Community Engagement Strategic Initiative (CE SI)

You can apply for a for short-term technical assistance (TA) specifically focused on Grant Cycle 8 up until the end of December 2026. The first step is to contact your Regional Learning Hub and review the guidance materials on the Global Fund website.

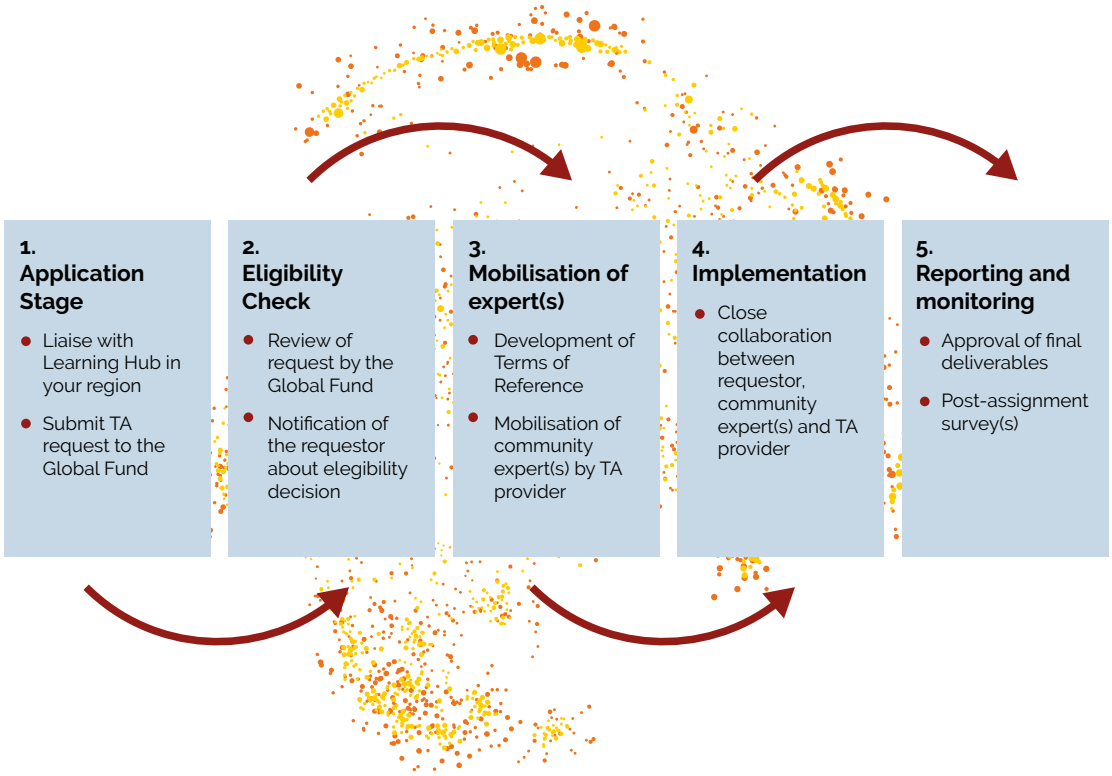


Figure 3: Overview of the Global Fund Technical Assistance Process

The CE SI provides the following types of assistance:

- Situational Analysis and Needs assessment
    - CE SI -related assessment – to generate strategic information for decision making to inform Grant Cycle 8 funding request development
    - Grant Cycle 7 program review to ensure community perspectives inform service delivery improvements under Grant Cycle 8
- Engagement in Grant Cycle 8 country dialogue processes
    - Virtual or face-to-face community consultations to inform priorities for Grant Cycle 8 funding requests
    - Coordinating input into Grant Cycle 8 funding requests and grant-making (e.g., review of draft funding requests or grant making documents
- Costing support (e.g., virtual mentoring or in-country costing support)

Contact your Regional Learning Hub for more information on how to apply and deadlines. You can also contact INPUD for support.

INPUD

INPUD offers technical assistance in cooperation with the Global Fund CE SI (2023-2026):

- As part of the CE SI, INPUD is providing technical support to reinforce capacities of drug user-led networks to increase their representation in the decision-making fora and advocate for their priorities within Global Fund processes.
- INPUD is providing ongoing technical advice and support on the Global Fund policies and procedures, especially about increasing opportunities for community representation and influence.
- Additionally, INPUD provides technical assistance to community-led networks to apply and submit request for Grant Cycle 8 short term TA. In this regard, INPUD works together with the Regional Learning Hubs and ensures the TA request highlights key community priorities and amplifies harm reduction implementation in the countries.

CCM 15% Funding Opportunity

In accordance with the Global Fund Operational Policy Manual, at least 15% of the annual CCMs Funding Agreement amount must be allocated to support constituency engagement for non-governmental sector activities, including civil society and key population to promote and improve the quality of stakeholder participation. Two of many proposed activities include:

- To request input from civil society constituency into grant application documents, ensuring priorities indicated in the funding request are fully translated into programmes and reflected in key grant documents (e.g., Performance Framework, Budget, etc.).
- To support civil society, key populations and community engagement during grant-making, grant implementation and post-funding request submission.

i. UNAIDS (2025). Fact Sheet 2025: Global HIV Statistics. Accessed at: https://www.unaids.org/sites/default/files/2025-07/2025_Global_HIV_Factsheet_en.pdf

ii. Harm Reduction International, The Global State of Harm Reduction 2024 (2024); Harm Reduction International, *The Cost of Complacency: A Harm Reduction Funding Crisis* (2024).

iii. The Global Fund to Fight AIDS, TB and Malaria (25 November 2025). Update on the Global Fund's Eighth Repplenishment and Implications for GC8. Accessed at: https://resources.theglobalfund.org/en/updates/2025-11-25-gc8-key-messages/

iv. The Global Fund to Fight AIDS, TB and Malaria (15 December 2025). Launching Grant Cycle 8: Significant Changes and Strategic Shifts. Accessed at: https://resources.theglobalfund.org/en/updates/2025-12-15-launching-grant-cycle-8/

v. UNAIDS. Recommended 2030 Targets for HIV. Accessed: https://www.unaids.org/en/recommended-2030-targets-for-hiv

vi. INPUD (2026) Integration Without Erasure: Preventing the disintegration of community-led responses to HIV, TB and other health challenges

vii. INPUD (2026) Integration Without Erasure: Preventing the disintegration of community-led responses to HIV, TB and other health challenges

viii. For more in-depth discussion, see NGO Report: Community-led integrated HIV services: The future of a sustainable HIV response, UNAIDS Programme Coordinating Board, UNAIDS/PCB(57)/25.28.rev1 (December 2025), and for some examples of integration of harm reduction services with other services, see Harm Reduction International, Integrated and Person-Centred Harm Reduction Services (2021).

xi. INPUD (2026) Integration Without Erasure: Preventing the disintegration of community-led responses to HIV, TB and other health challenges

The International Network of People who Use Drugs (INPUD) is a global peer-based organisation that seeks to promote the health and defend the rights of people who use drugs. As an organisation, INPUD is focused on exposing and challenging stigma, discrimination, and the criminalisation of people who use drugs, and their impact on the drug-using community's health and rights. INPUD works to achieve its key aims and objectives through processes of empowerment and advocacy at the international level; and by supporting empowerment and advocacy at community, national, and regional levels.

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