



MIDDLE EAST & NORTH AFRICA
LEARNING HUB



GC8 FACT SHEET

PRIORITIZATION GUIDANCE

The Global Fund Partnership is committed to its mission of advancing the end of HIV, TB and malaria as health threats while investing in resilient systems that improve health outcomes. Within a context of constrained financing, this requires optimizing the use of *all* available resources through rigorous programmatic prioritization.

With countries and communities in the lead, success requires a relentless focus on efficiency and effectiveness, on making tough trade-offs in the face of inescapable funding gaps, on tackling barriers to accessing life-saving services for those most at risk, and on acting at pace to innovate and adapt.

The [prioritization guidance](#) serves to equip national stakeholders in determining additive, high impact Global Fund investments in national responses.

What are some of the changes in the guidance?



Increased focus on prioritization. With constrained global health resourcing, this guidance was developed with technical partners to equip stakeholders in determining additive, prioritized investment from the Global Fund. This was further streamlined in line with the Strategic Shifts.



Reduced complexity. Stakeholders have repeatedly requested more concise materials, including slide decks to summarize key points in CCM meetings and cascade to diverse audiences during country dialogue.



Decreased duplication within existing materials. The Modular Framework Handbook includes eligible modules, interventions and activity descriptions. As requested by stakeholders, this guidance includes further information on how to prioritize in GC8.



Recognized maturity of national responses. With decades of close experience across most countries & communities and readily available technical and normative guidance, the reconfiguration of GC8 investment guidance is in step with most countries' self-reliance and leadership.

HIV priorities in GC8:

- **HIV prevention.** Prioritize interventions for people with the greatest HIV prevention needs and locations with the highest HIV incidence, and access gaps in settings with high concentrations of KP* and adolescent girls and young women who are at particular risk in settings with moderate and high HIV incidence.
- **HIV testing.** Use strategies tailored to the needs of priority populations to enable people to know their HIV status and support HIV prevention and treatment uptake. Provide/prioritize HIV, syphilis and hepatitis B testing and treatment for pregnant and breastfeeding women to further reduce infections and mortality in children.
- **HIV treatment.** Ensure access to antiretroviral treatment (ART) and identification and management of advanced HIV disease in adults and children. Invest to sustain viral load suppression and scale up ART access to those not yet reached. Gaps in access to ART are significant in some regions including central and western Africa, and among KVP groups, including children.
- **HIV Integration.** Optimize service delivery and leverage integration opportunities. To increase efficiency, effectiveness and universal access to care, a recommended priority is to integrate HIV services into primary health care, along with integration of HIV prevention and testing services into sexual, reproductive, and adolescent health services.
- **Access barriers.** Prioritize interventions that reduce key human rights- and gender-related barriers to access care, uptake and retention in care for the most affected populations, and by shaping HIV services together with communities to ensure they are trusted, accessible, acceptable and of good quality.
- **Partnerships.** Enhance collaboration between government structures and community organizations to increase demand for and access to HIV prevention, testing, and treatment. Empower people living with HIV to take an active role in sustaining their own health and continuity of care, including through self-care, to improve health-seeking behavior and reduce the risk of advanced HIV disease (AHD) and mortality.
- **Community Systems.** Leverage community systems for reaching KVP and protect the safety of people delivering and using services. This includes investment in peers to provide integrated HIV and related health services for these populations, as well as supportive systems and policies (e.g., for linkage/referral, training and supervision, remuneration).

- **Decision-making.** Use analytic tools and information, and leverage community expertise, to equip multi-stakeholder platforms to make difficult trade-off decisions that may arise under limited resources, accounting for factors such as cost-effectiveness and impact. Consider approaches outlined in priority-setting guidance from the World Health Organization (WHO), as well as the tools available as part of the One Health suite.

Tuberculosis Priorities in GC8: Program Essentials provide a A framework for prioritizing context-specific interventions

Screening & Diagnosis	Treatment & Care	Cross Cutting
<ul style="list-style-type: none"> • Provide systematic TB screening for those at highest risk. • Achieve universal use of WHO-recommended rapid molecular tests as the initial test for TB. • Test all people with bacteriologically confirmed TB for at least rifampicin resistance. • Improve efficiency through optimized TB screening and diagnostic network. 	<ul style="list-style-type: none"> • Use child-friendly formulations and a 4-month regimen for children with non-severe forms of TB. • Prioritize shorter, all oral regimens for people with DR-TB, with BPaLM as the treatment of choice for eligible patients. 	<ul style="list-style-type: none"> • Introduce and scale new, cost-saving innovations such as the near point-of-care molecular TB tests, use of tongue swabs and sputum sample pooling. • Integrate TB in primary health care services and within the broader health systems. • Engage private health care providers on a scale commensurate with their role in the health care system. • Provide decentralized, ambulatory, community-based and-led, people-centered services. • Use analyses of disparities in accessing TB services and include stigma and discrimination reduction for those living with TB; legal literacy & access to justice; community mobilization and monitoring for and by people with TB and TB-affected populations to promote people-centered health outcomes.
Prevention	TB/HIV	
<ul style="list-style-type: none"> • Ensure availability of TB preventive treatment for all eligible people living with HIV & children under 5 years who are household contacts of people with bacteriologically confirmed pulmonary TB. 	<ul style="list-style-type: none"> • Start all people living with HIV with TB disease on antiretroviral treatment early • Concurrently use LC-aNAAT and LF-LAM tests for the diagnosis of TB disease among people living with HIV. 	
	Cross Cutting	
	<ul style="list-style-type: none"> • Use data-driven decision-making, enabled by the rapid generation, analysis and use of high-quality data. 	



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Malaria Priorities in GC8:

- **Prioritize** high-impact, evidence-based interventions drawn from sub-nationally tailored national strategic plans based on an analysis of the local context.
- **Aim** to reduce malaria morbidity and mortality through timely, universal access to quality diagnosis, treatment and prevention services.
- **Maintain** an appropriate balance between case management and prevention. Any scaling back of prevention in areas with high or moderate transmission will likely trigger a malaria resurgence, driving up case management needs and costs and often offsetting any short-term financial savings achieved by scaling back.
- **Invest** in essential surveillance, monitoring and evaluation to guide impactful plans and implementation.
- **Optimize** access to lifesaving services by reducing key barriers, including human rights and gender-related barriers, to such services and strengthening community systems for health.
- **Ensure** social and behavior change (SBC) is right-sized, mapped to the needs of populations and sub-nationally targeted.
- **Incorporate** operational efficiencies in delivery for all interventions.
- **Consider** all malaria interventions and related health systems investments, including those not funded by the Global Fund, for appropriate, holistic prioritization and to avoid duplication or fragmentation.
- **Plan** and outline where and when human resources, program management and/or other service delivery costs typically funded by the Global Fund can be transitioned to government support, leveraging analyses of the local context and utilizing community expertise.

Resilient and Sustainable Systems for Health (RSSH) priorities in GC8:

- **Prioritize cost-effective systems investments** that directly improve the sustainability of HIV, TB and malaria interventions and ultimately improve health outcomes. Make decisions based on context-specific data, including systems maturity models to identify key gaps.
- **Integrate HIV, TB and malaria services** into PHC delivery, based on country context, as an imperative for sustainability. Discourage disease-specific investments (e.g., workforce) when an integrated approach is more cost-efficient.
- **Focus on value for money and reducing recurrent costs.** Transition away from HRH remuneration (including CHWs), program management and operation costs for equipment and infrastructure, particularly in upper middle-income and lower middle-income countries.
- **Leverage partnerships** to optimize impact across *all* sources of funds with domestic, Gavi, World Bank/GFF, bilateral and other funding.
- **Emphasize community engagement strategies** to address access barriers and enhance health service delivery integration.
- **Support health security** and the impact of climate events on health systems in all RSSH-PPR thematic areas.

Resources and Tools:

- What is new in GC8 (GATE, [English](#))
- Integration tool (Seven Alliance, [English](#))
- GC8 tool malaria (CS4ME, [English](#), [French](#))
- STC tool (EANNASO, [English](#))