

# Operational Update

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Dear colleagues,

We would like to share with you an update on adaptation measures for Grant Cycle 7 (GC7) grants. In the context of reduced international funding for health programs, the Global Fund's objective is to support you in optimizing the use of Global Fund grant investments to preserve and enable lifesaving services.

**Grant reprioritization and revisions.** Following the contingency measures announced in letters to PRs last month, the Board of the Global Fund has recently agreed on the way forward for grant reprioritization and revisions to start in mid-June.

Below you will find information to support CCMs, PRs and partners in their planning for the reprioritization of investments:

- In the event that the Global Fund needs to reduce allocation funding for GC7, indicative reduced grant amounts will be communicated **by mid-June**. CCMs will then have a two week period to respond to the Global Fund (more information will follow).
- A programmatic reprioritization approach document will also be shared **by mid-June**; all reprioritization decisions will need to take into account country context.
- Guidance on revising grants will be shared **by mid-June** as well. All grant revisions will need to be fully completed and signed by PRs and the Global Fund, with CCMs in agreement, **by end-September** at the latest.

These slides ([English](#) | [Español](#) | [Français](#) | [Português](#)) provide more information.

This programmatic reprioritization can be used by CCMs, PRs and partners to analyze programs holistically and reprioritize investments from the Global Fund, considering the availability of all sources of funds, domestic and international.

**Stakeholder engagement.** To ensure meaningful engagement of all stakeholders, we suggest CCMs start planning, for meetings to take place during the second half of June.

As a partnership, we must ensure all members of the CCM, including civil society, the communities most impacted by the diseases, governments, technical and bilateral partners, are part of an inclusive, robust and evidence-based conversation on how to reprioritize grants. CCMs are therefore encouraged to consider whether they can allocate CCM funding to support wider engagement and consultation, especially for civil society and communities.

These discussions and the program choices may prove difficult, but we must stay focused on the mission to save as many lives as we can in this challenging funding landscape.

More information on lifesaving services and meaningful engagement is included below.

**Co-financing commitments and deferral of activities.** In the meantime, we continue to ask CCMs and PRs to:

- 1) Continue engaging with relevant ministries and country stakeholders, to ensure the host country is meeting its co-financing commitments for GC7 grants to maintain programmatic progress, strengthen sustainability and support a gradual transition from external financing.
- 2) Actively work with your Global Fund Country Teams to align on the final list of grant activities to defer or pause – this will help create more space for reprioritization of investments to protect funding for lifesaving services.

Global Fund Country Teams are available to support you through the next steps as needed.

The Global Fund is committed to continuing to work in partnership with CCMs, PRs and in-country partners during these uncertain times, to address challenges and seek solutions together. We thank you for your efforts in the fight against the three diseases and saving lives.

Best regards,  
The Global Fund

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### **Lifesaving services in the context of programmatic reprioritization**

To preserve lifesaving services, HIV, TB and malaria programs need to cover core priorities, considering all sources of funds. This includes domestic resources and Global Fund investments as well as other sources, such as partners and development banks. Priority services will differ by disease program, though arguably the most essential

element is treatment: treatment continuity and care for HIV; diagnosis and treatment for TB; and case management for malaria. Countries should continue to follow WHO disease specific normative guidance.

Access to these services by the populations and communities most impacted by the three diseases is a key principle that underpins the approach to reprioritization. As reprioritization discussions and decisions progress, we must consider interventions that remove barriers to accessing services (e.g., human rights/gender-related barriers), the essential health and community systems (RSSH, including CSS) and service delivery platforms necessary to deliver them.

All these elements (commodities, service delivery, health system functions and access) are disease and country specific, so reprioritization decisions must be tailored to the specific context and be country owned.

Detailed Global Fund guidance will be provided in mid-June.

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## **Decision-making requires an inclusive approach**

An inclusive CCM dialogue during grant reprioritization and revisions will be critical. The Global Fund will encourage transparent communication and inclusiveness, including civil society and community representatives, by:

- **Ensuring that all major communications** are sent to all CCM members using their Grant Entity Data.
- **Engaging CCMs and PRs early on** so they can schedule consultations for revisions and encourage and provide flexibilities to reallocate existing CCM funding, when available, to support full CCM engagement.
- **Adding a two-week mandatory period** between PR submission of the revision to the CCM and its submission to the Global Fund, to ensure the CCM has a chance to discuss the revision with all its members.

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## **Keeping Grant Entity Data accurate and up to date**

PRs, CCMs and LFAs, are requested to verify the accuracy of their contact information, called Grant Entity Data (GED), as the Global Fund uses this information to send key communications.

It is crucial that GED remains accurate, particularly for the PR Authorized Signatory, PR Organization Representative for Notices, CCM Chair, CCM Vice-chair, Civil Society Representative, CCM Secretariat staff and LFA contacts. The PR's official name also

needs to be up to date as reflected in the Grant Confirmation, or subsequent Implementation Letters.

CCMs are asked to help identify CCM members who have not received this message and ensure the CCM secretariat updates their information in the Partner Portal.

To update contacts for future communications, PR and CCM staff with GED access can submit GED Change Requests in the Partner Portal. Please refer to the Change Request Instructions ([English](#) | [Español](#) | [Français](#)) for guidance.

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*This Operational Update is sent to all CCM members and PR staff whose contact details are recorded as Grant Entity Data in the Global Fund Partner Portal. LFAs receive a copy as well.*