

Essential TB Interventions to be Prioritized and Maintained under GC7

A support package for TB communities

With countries now reprioritizing Global Fund (TGF) Grant Cycle 7 allocations, there is a growing risk that TB interventions, and especially community-led TB responses, crucial to reaching the missing millions, may not be maintained. This concern is heightened by the fact that TB often has a minority voice within many Country Coordinating Mechanisms (CCMs), increasing the risk that TB grants may be disproportionately cut. Additionally, in many countries, TB and HIV grants are combined, making it difficult to determine which components are being reduced. Since TB consistently receives the smallest allocation among the three diseases globally and across Africa, it is critical that TB funding be protected from cuts. To help mitigate these risks and protect national TB responses and the goal of ending TB, the Stop TB Partnership has developed a support package for TB communities. This package is designed to strengthen TB-affected community engagement in the reprioritization process, frame positions, navigate processes, and ensure that essential TB services, including community-led interventions, are sustained. Meaningful community participation and the clear articulation of community priorities are key to ensuring that lifesaving, people-centered TB services remain at the core of national responses.

This document outlines:

1. The Grant Cycle 7 (GC7) Reprioritization Process and Timeline, including Global Fund guidance and key country-level milestones.
2. The Core TB Priorities identified for safeguarding during reprioritization—grouped into four categories:
 - Lifesaving diagnosis and treatment
 - TB prevention
 - Removing barriers and improving access
 - Community systems strengthening
3. For each priority, a summary of interventions, justification, and the sustainability rationale is provided to guide decision-makers and community advocates.
4. A list of Key Next Steps to support TB communities in engaging effectively throughout the reprioritization process.
5. A template letter to adapt and share essential TB community priorities with stakeholders in your country.

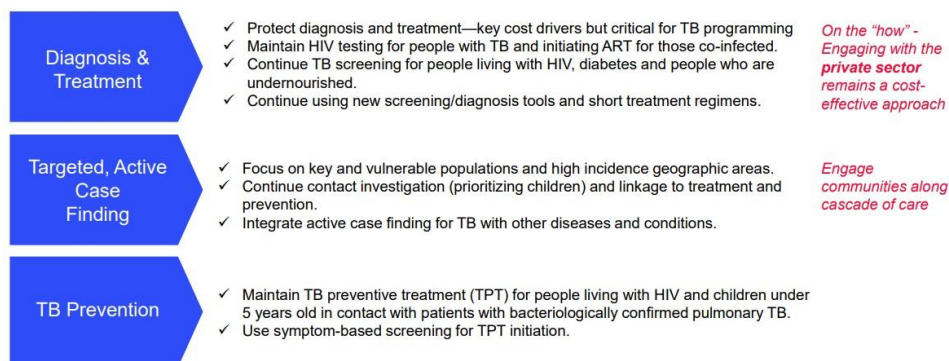
Global Fund GC7 Re-prioritization – Process and Timeline

- **April 2025:** The Global Fund signaled reductions to Grant Cycle 7 allocations and issued letters to Principal Recipients (PRs), Country Coordinating Mechanisms (CCMs) and Ministries of Health, outlining revised indicative budgets.
- **End of June 2025:** All PRs/CCMs/MOH will have received their reduced country envelope and illustrative grant amounts ('allocation amounts').
 - Countries with a single grant can begin adjustments immediately.
 - Countries with multiple grants have a two-week window to review and propose modifications via a formal Grant Amounts modification Form.
 - The letter includes a table setting out existing grant amounts and the proposed / indicative new amounts. Total reduced allocation is final, however Global Fund indicative amounts can be revised by the CCM – with revised amounts based on evidence for Global Fund approval.
- **July-September 2025:** CCMs, PRs and the Global Fund Country Teams will engage in inclusive stakeholder consultations, including civil society, affected communities, technical partners etc, leading to grant revisions being finalized by end-September 2025. CCMs must meet, review and agree on grant revisions by 14 July 2025.

To support the reprioritization process the Global Fund developed [Guidance GC7 Programmatic Reprioritization Approach](#). For TB the core priorities, as identified by the Global Fund are life-saving interventions including **diagnosis and treatment, targeted active case finding and TB prevention with integrated primary health care services addressing stigma discrimination, and rights related barriers** to timely and effective TB care are noted. These core priorities should be safeguarded and will require all TB partners to mobilize and engage in the process to ensure their continuation.

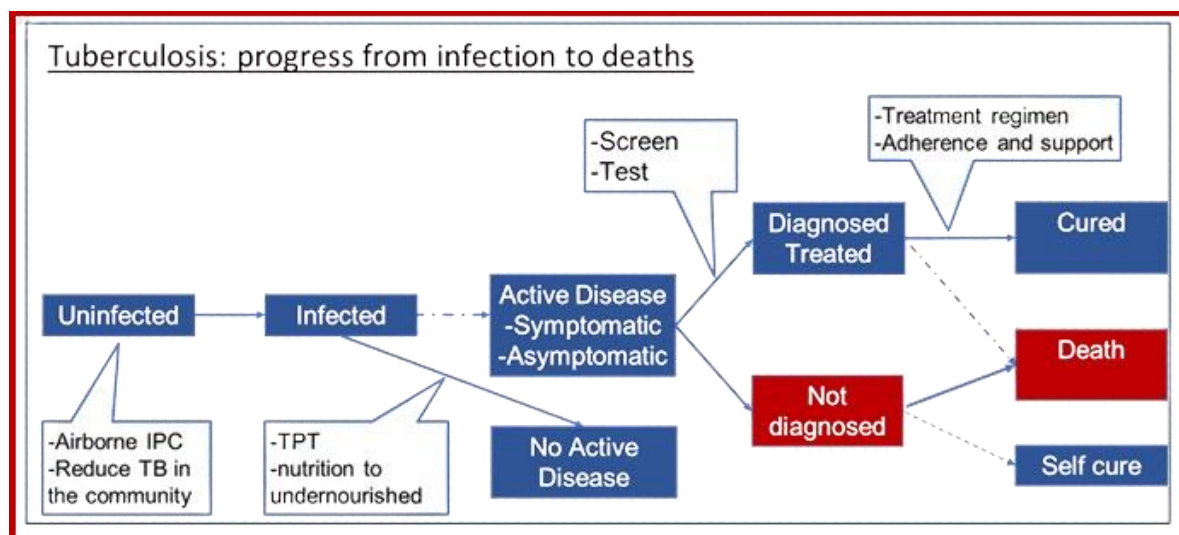
GF Guidance on TB Prioritization

Portfolio level core priorities for tuberculosis



Critical across all priorities – Maintain HRH/CHW for integrated primary health care services including HIV, TB, malaria and RMNCAH (aligned to national package and evaluate optimal deployment), addressing stigma, discrimination, human rights, and gender-related barriers to timely, effective TB care. Surveillance system strengthening, laboratory systems strengthening and market shaping for innovative TB diagnosis and treatment tools.

In your consultations, engagement and advocacy, you can refer to the ‘[life saving services](#)’ definition that has been developed by Stop TB Partnership. This will help you to frame your interventions around the ‘life saving’ and/or ‘essential’ services perspectives that are central to the reprioritization dialogue.



TB Priorities

The list will help you to frame the interventions that you want to ensure are protected in the language of 'life saving' and/or 'essential' as is required by Global Fund. It is important that you note that this exercise is NOT for new activities. It relates only to protecting and/or maintaining existing activities that are including in your country grant.

Many of the activities below may be included in your Global Fund GC7 grant. Once you have confirmed they are in fact included, you can advocate for their ongoing funding and implementation during the reprioritization process.

1. Activities that save the lives of sick people through prompt diagnosis and effective treatment of TB.

Justification:

- Early and accurate diagnosis of TB and drug-resistant TB (DR-TB) reduces transmission and improves cure rates.
- Effective treatment services ensure better patient outcomes, prevent deaths, and break the chain of infection.
- Support for treatment adherence significantly reduces loss to follow-up and relapse

Interventions:

- TB screening and testing equipment and reagents
- Laboratory and X-ray services, including specimen transport
- Medical services for diagnosis of all forms of TB in adults and children – including Xpert cartridges
- Medicines for treatment of TB and DR-TB
- Treatment adherence and support services to ensure treatment completion and cure

Ensuring sustainability:

- Investments in multiplex diagnostic tools (equipment, and human resources) that can be used across several diseases builds long-term national capacity.
- Continued support for management of TB and DR TB as well as treatment adherence models, including community-based approaches, lays the groundwork for decentralized, resilient care systems.

2. Activities that save lives by preventing TB infection from progressing into TB disease

Justification:

- TB preventive treatment (TPT) drastically reduces the risk of developing active TB, especially among contacts and people living with HIV.
- Contact tracing identifies and protects those most likely to develop TB, closing the gap in TB prevention

Interventions:

- Contact tracing and TB Preventive Treatment (TPT) for contacts of people with TB
- TPT for People Living with HIV and other at-risk groups

Ensuring sustainability:

- Institutionalizing TPT and contact tracing in routine health services for long-term prevention coverage.

- Strengthened surveillance and contact management systems that will improve TB and also broader infectious disease prevention, contributing to overall Pandemic Prevention, Preparedness, and Response (PPR) capacity.

3. Activities that improve access / remove barriers to TB care and prevention services

Justification

- Reaches underserved and high-risk populations who would otherwise be missed.
- Improves uptake of TB services, enhances early detection, and reduces TB-related deaths.
- Empowers communities to lead, monitor, and demand quality TB care.

Included Interventions:

- TB screening at health facilities and communities, especially for high-burden, underserved groups
- Interventions to reduce socio-economic barriers to care (e.g., transport, nutrition, psychosocial support)
- Community-supported and community-led TB prevention, diagnosis, and treatment services
- **Community-led monitoring** (i.e. OnelImpact) to safeguard access to quality services and hold systems accountable
- Targeted outreach to **key and vulnerable populations** facing the greatest barriers to care
- **Stigma reduction** efforts that empower affected communities and enable timely access to lifesaving TB services

Ensuring sustainability:

- Support community-led responses to foster local ownership, resilience, and accountability.
- Ensuring social contracting and transition planning as they are key to sustaining community-led TB responses, ensuring continuity and integration of services as external funding decreases or shifts.
- Community engagement strengthens health access for all, builds trust, and ensures responsiveness of TB programs.

4. Community Systems Strengthening (Cross-cutting)

Justification

- Empowered communities are essential to achieving access for all and ending TB and so at the core of all community-led interventions is the imperative for sustained investment in community systems strengthening. This includes building capacity to effectively deliver, monitor, and advocate for lifesaving TB services.
- Without strong community systems, efforts to reach those most in need, reduce stigma, and remove barriers to care cannot be sustained or scaled limiting the effectiveness of national TB responses.

Interventions:

- Support for community-based structures that deliver, monitor, and advocate for TB services
- Investment in capacity building linked to essential TB interventions led by community networks and organizations
- Community-led monitoring mechanisms to identify service gaps, ensure quality, and influence decision-making processes

Ensuring Sustainability:

- Investment in community systems and transition planning for sustainable funding sources, ensures the long-term presence of trusted local structures that can adapt and respond quickly to TB and other health threats.
- Investment in community systems, leadership, capacity, infrastructure, is essential to reach and serve the hardest-hit populations; plans for transitioning from donor-dependent funding to sustainable sources, including increased domestic funding and innovative financing, are critical for long-term impact.
- Capacity building of community-based organizations and leaders embeds local ownership and resilience within national TB and health responses.
- Strong community systems provide a platform for ongoing advocacy, monitoring, and engagement, ensuring TB responses remain accessible for all.

For each of the above, it is also important to understand who is implementing these activities and then to advocate for and protect interventions that are led by or delivered by TB affected community and civil society organizations, especially those who may be SR or SSR and operating at the local level.

Consult the [TB Community Priority Interventions for GC7](#) Support Package for further information on interventions and costings relating to areas including: identifying, mitigating and overcoming to TB services, adapting and implementing TB OneImpact community-led monitoring, stigma reduction.

Next Steps for TB Communities to Ensure Essential TB and TB Community-Led Interventions Are Maintained During Global Fund GC7 Reprioritization

Of note: *this process is about safeguarding existing TB interventions in GC7, i.e. it is not an opportunity to introduce new TB interventions.*

Information Dissemination

1. Distribute this Community Prioritization Support Package and Distribute to all TB partners.

Preparation

1. Request access your existing TB (or TB/HIV) Global Fund GC7 grant as well as other Global Fund grants that might be supporting community interventions so that you understand what needs to be protected and document the following:
 - a. The proposed allocation AND TB grant reduction amounts or % (i.e. between 5-20%).
 - b. Confirm the current absorption rate of grants and interventions including for each PR and SR for your relevant GC7 grant.
 - i. Note: absorption rarely exceeds 90%, meaning a reduction of 10% should have limited impact on TB and TB community-led activities. It is critical TB communities understand and share this information. Reductions should begin in areas with the lowest absorption.
 - c. If 'integration' is proposed, ask 'integration of which parts?', 'how will this be done?' and 'what safeguards are in place to protect TB outcomes?' Integration is often presented as a panacea for 'everything', when in reality, national health systems do not enable real and meaningful integration.
2. Arrange a TB affected community and civil society consultation to establish a shared position on essential intervention priorities.
 - a. The more organizations the better! Include CCM members. Explain re Global fund GC7 prioritization, share the STP support package as well as the Global Fund guidance. Collectively develop a shared position on essential intervention priorities.
 - b. Double check that your list of essential TB interventions includes Xpert cartridges and TPT, as well as essential TB community interventions including those that reach TB key and vulnerable populations, stigma reduction interventions, and Community Led Monitoring (OnelImpact) that may already be included in your existing GC7 grant.
 - c. Have all participants sign off on the statement of priorities.

Action

1. Write to the CCM, the PR(s), the SR(s), MOH and the Country team sharing your shared position on essential intervention priorities (see the support package for a letter template).
2. Arrange discussions with individual CCM members / the full CCM to brief them on your position. Publish your prioritized intervention expectations on social media.
3. Before 14 July, follow up with CCM to ensure they have responded to Global Fund with TB priorities and TB amounts secured.
4. Continue to monitor and engage in how the prioritization exercise is finalized and ensure TB priorities and TB communities are maintained.

This tool was developed by the Stop TB Partnership Country and Community Support for Impact (CCS4i) team. It draws significantly on information developed by Global Fund as well as past publications from Stop TB. The target audience for this tool is TB affected community and civil society, particularly Challenge Facility for Civil Society grantees, to provide support during Global Fund GC7 reprioritization processes at country level.

Annex 1 – Template Letter

To: Chairperson, Country Coordinating Mechanism (CCM), Country [Insert country]

CC: (INSERT - Principal Recipient(s), Ministry of Health, Global Fund Portfolio Manager [Insert country], Country Team [Insert country], Stop TB Partnership

From: TB-Affected Communities and Civil Society Organizations [Insert country]

Date: [Insert Date]

Subject: *Essential TB Interventions to be Prioritized and Maintained under GC7*

Dear [Name of CCM Chairperson],

We, the undersigned representatives of TB-affected communities and civil society organizations (CSOs), write collectively to urge the Country Coordinating Mechanism (CCM) [Insert country] to ensure the prioritization and safeguarding of essential, TB interventions, including community-led interventions during the reprioritization process of **Global Fund Grant Cycle 7 (GC7)** allocations.

This letter is co-signed by [insert number] TB-affected community groups and CSOs across the country, united in our commitment to sustaining access for all to effective TB services. On [insert date], a national consultation was convened, where [insert number] community-based organizations gathered to identify and validate the safeguarding of community priorities for TB programming under GC7. During this consultation we utilized guidance provided by the Global Fund and complemented this with Stop TB Partnership's guidance on 'Life saving TB services' and the 'Essential TB Interventions to be Prioritized and Maintained under GC7: A support package for TB communities.

We recognize that the Global Fund has issued revised indicative budgets that may necessitate difficult choices. However, these decisions must not compromise core, lifesaving interventions, especially those that reach the most vulnerable and underserved. We also urge the CCM to protect against cuts to TB allocations during this reprioritization and to closely monitor the disease split to ensure TB continues to receive funding to fulfill TB essential and life saving interventions.

We respectfully submit the following list of community-prioritized TB interventions which already feature in our approved GC7 grant, be included in the reprioritized list of essential interventions:

(INSERT RELEVANT ACTIVITIES FROM YOUR GRANT)

1. Lifesaving Diagnosis and Treatment

Interventions:

- TB screening/testing equipment and reagents
- Laboratory and X-ray services
- Diagnosis and treatment for all forms of TB (including DR-TB)
- Treatment adherence and patient support

Justification:

These interventions save lives through early diagnosis and timely treatment, reduce transmission, and strengthen health system readiness for other infectious diseases. Community support for adherence is critical for treatment completion and cure.

2. TB Prevention

Interventions:

- Contact tracing
- TB Preventive Treatment (TPT) for contacts, PLHIV, and other high-risk groups

Justification:

TPT dramatically reduces the risk of active TB. Contact tracing identifies people at risk before disease progression, contributing to long-term TB control and health system efficiency.

3. Removing Barriers and Improving Access

Interventions:

- Facility- and community-based TB screening
- Socio-economic support (transport, nutrition, psychosocial care)
- Community-led monitoring (OnelImpact)
- Stigma reduction
- Outreach to key populations [Insert KVPs]

Justification:

These interventions target the underserved, improve service uptake, and address the social determinants of health.

4. Community Systems Strengthening

Interventions:

- Capacity building of TB-affected communities and CSOs
- Support for community-based structures
- Leadership development and sustainability of networks
- Long-term investment in community-led monitoring (OnelImpact) and advocacy

Justification:

Strong community systems are essential to effective, sustainable TB responses. These structures ensure that programs are equitable, responsive, and resilient—even beyond donor funding cycles.

We respectfully request:

1. That these interventions be fully maintained and prioritized during GC7 grant revisions.
2. That the CCM engage in transparent communication with community stakeholders throughout the reprioritization process.
3. That a formal response to this letter be issued by **[insert date, e.g., within two weeks]**, including how the above-mentioned priorities will be reflected in the revised grant.

The voices of TB affected communities must not be sidelined. Our leadership, lived experience, and frontline engagement are indispensable in achieving the national goal of ending TB.

We thank you for your attention and look forward to your meaningful engagement and timely response.

In solidarity,

[Your Name]

On behalf of:

[List of Community Organizations and Signatories or attach annex]