

Interpreting Global Fund Guidance

Frequently Asked Questions

What is in this guide?

1. What has Global Fund communicated so far?	1
2. What is the implementation “slow down”?	2
3. What is “reprioritisation and revision”?	3
4. How will this impact Grant Cycle 8?	8
5. How can communities engage in decision-making?	8
6. What can I do if community programmes are cancelled?	13
7. How can I request support?	13
8. Email templates	15

1. What has Global Fund communicated so far?

1.1 What has the Global Fund communicated to countries?

On 25 April, the Secretariat guided Principal Recipients about the need to ‘slow down’ the expenditure of Global Fund grants for certain activities. [The full message can be found here.](#)

In addition, on 16 May, the Secretariat released guidance about additional grant adaptation measures for Grant Cycle 7 (GC7). This guidance focused on the need to deallocate funds from certain grant portfolios, to reprioritize activities for the remainder of GC7, and to process grant revisions, as needed. [The full message can be found here.](#)

On June 6, the Secretariat released detailed guidance about the reprioritization approach, which includes technical details about which activities should and should not be deprioritized. [The full document can be found here.](#)

1.2 What is the reason for these communications?

The Global Fund is funded by public and private donors on a three-year replenishment cycle. After pledges are made, they must then transfer the funds to the Global Fund Secretariat so they may be spent. This process is called “pledge conversion.”

As of April 26, 2025, the Secretariat has received US\$ 8.55 billion from its donors. About 42%, or US\$ 6.13 billion, is still waiting to be received. Some donors have not made it clear that they intend to transfer the rest of their pledges, while others have delayed transferring the funds.

This situation is creating a serious financial risk for the Global Fund. In order to avoid running out of funds, the Global Fund is proposing to both pause certain parts of grant implementation until funds are transferred (referred to here as a “slow down”) and cut some percentage of the country grants and reprioritize activities (referred to here as “reprioritization and revisions”).

2. What is the implementation “slow down”?

2.1 Which activities are suggested to be paused?

‘Slow down’ of spending is intended to pause some areas of investment that are less critical or time-sensitive while **ensuring that essential and lifesaving programmes continue**. The Global Fund Secretariat instructed that the following list of activities be **immediately stopped, scaled back, or paused**:

1. Infrastructure upgrades that have yet to substantially progress, or yet to convincingly demonstrate likelihood of successful completion before the end of GC7
2. Purchase of new vehicles, IT equipment, lab and other equipment.
3. Conference attendance/study tours.
4. Off-site workshop-style standalone in-service training (e.g., refresher training) on a single disease for HRH/CHW (any cadre, including peers).
5. Meeting costs for policy development, coordination, validation, and dissemination—including venues, per diems, and refreshments. Essential meetings that advance integration and sustainability (e.g., finalizing a CHW sustainability plan) can be supported, but must be demonstrably leaner in terms of travel-related costs (number of participants, meeting duration, etc.). Travel-related costs for KVPs to participate in technical forums and inform decision-making can be maintained to ensure inclusive and equitable processes.

6. New surveys, studies, assessments and reviews including malaria indicator surveys (MIS), demographic and health surveys (DHS), prevalence surveys (e.g., TB), HIV drug resistance surveys, integrated biological behavioral surveillance (IBBS), national data quality reviews (DQRs), Harmonized Health Facility Assessments (HHFAs), rapid impact assessments (RIA), operational research surveys and studies for KPI reporting **that have not yet begun**.
7. Print materials and publication costs except for data collection and reporting tools, if not digitized.
8. Behavior change programs/materials, mass media campaigns (e.g., for HIV prevention) and launch events (e.g., malaria campaigns).
9. PPE (Personal Protective Equipment) that is not essential for staff or patient protection.
10. Commemorative days, generic mass media events and campaigns including related commodities (t-shirts, notebooks, pens).
11. Standalone advocacy efforts. Exceptions: those that are proven effective in influencing policymakers or maintenance of essential services or linked to community-led monitoring (CLM) data use.
12. Single disease/service supervision.
13. Operational costs.

Global Fund Country Team will work with the Principle Recipients and CCM to finalise the specific activities to be paused.

2.2 How long will the implementation of these activities be paused?

No guidance has been provided about when implementation may resume.

3. What is “reprioritisation and revision”?

3.1 What is reprioritization and revision and how is it different from the slow down?

At the Global Fund’s Board Meeting in May, the Secretariat shared its plans to start a **new process called “reprioritisation and revision.”** This is in addition to the implementation slow-down, which is happening at the same time.

This ‘reprioritisation and revision’ process will first involve the communication of reduced funding amounts from the Secretariat. This means that the grant funding

available to be spent will be lower. After this, there will be a county-led reprioritisation process about which programmes to cut, alter, retain, or transition to other sources of funding (for example, domestic funding).

3.2 Does this change the amount of funding in my country's grants?

Yes, the **deallocation process does reduce the amount of funding in grants**. This is in contrast to the slow-down, which is a temporary pause in the implementation of activities.

The amount of funding that will be deallocated from each country will be calculated between now and end-June. The Secretariat will use a formula to calculate the amount per country, which is mostly based on the amount of funds remaining that haven't been expended. This amount will then be adjusted using several 'qualitative adjustments' including:

- Staying aligned with the allocation methodology
- Rolling out 'game changing' innovations such as LEN
- Maintaining critical GC7 interventions
- Domestic uptake of activities and co-financing commitments
- Country reliance on U.S. government funding (PEPFAR, PMI)
- Challenging operating environment status

Note: This process does not affect C19RM funds, but could impact private sector contributions, catalytic investments (such as matching funds), or blended finance transactions.

3.3 What is the timeline for reprioritisation and revision?

The expected timeline for reprioritisation and revision is:

- Mid-May to end-June: Secretariat will calculate the revised country funding envelopes.
- 30 June: Secretariat will communicate the revised country funding envelopes to PRs and CCMs. **A two-week review period for the CCM will begin.**
- Mid-July: At the end of the two-week review period, the CCM will be asked to endorse the revised grant amounts.

- Throughout July: Global Fund proposes that the full CCM meets at least once to discuss reprioritization of interventions.
- July to September: PRs, CCMs and the Global Fund work to revise grant documents. At completion of the grant revisions, PRs will send the Grant Revision Request to the CCM as per existing grant revisions process. The CCM will have a two week period to review and discuss and provide endorsement of the final Grant Revisions Request, after which the PR can submit to the Global Fund.
- 28 September: all grant revisions completed.

The time frame for CCM engagement is very short. To be included in decision-making, it is important to prepare your priorities, have consultations, and reach out to your CCMs as soon as possible – well before end-June.

3.4 Which activities should NOT be deprioritised during the reprioritisation and revision process?

On 6 June, the Global Fund released public guidance that defines which activities should be maintained and which should be deprioritised. This guidance is [available here](#) and displays exactly which interventions should, and should not, be deprioritized.

In general, the following principles and considerations should be observed:

Equity, Human Rights, Gender and Community Systems

- Interventions to **reduce barriers** to health (equity, human rights, and gender-related) and address stigma, discrimination, and gender-based violence should be prioritized
- **Community systems must be maintained** and strengthened (including preserving community peer cadres and community-led service delivery)
- Services may only be **integrated into primary care services** if they are accessible and acceptable to the most affected populations, and integration must include activities to ensure inclusive, respectful, stigma-free, gender-responsive and age-appropriate care
- **Community-led monitoring** (CLM) and accountability mechanisms are to be maintained.
- Community priorities must not be **disproportionately reduced** relative to other activities. All prioritization decisions must consider impacts and unintended consequences on key and vulnerable populations.

HIV:

- **Priority 1.** HIV treatment and care, procurement of ARVs, ART delivery, support for treatment continuation, diagnosis and management of TB and advanced HIV disease (AHD).
- **Priority 2.** Linkage of people living with HIV to treatment, care, and support, HIV prevention, HIV testing for people with higher HIV risk (especially using index testing and partner services), HIV testing (in TB clinics, STI clinics, ANC clinics, as part of KP programs, and provider-initiated), and ARV prophylaxis and early infant diagnosis (EID) for HIV-exposed infants.
- **Priority 3.** Condoms and lubricants, PrEP for current users and initiation for those at highest risk, harm reduction (opioid agonist treatment and safe injecting), PEP, integration of HIV prevention into existing SRH/STI/ family planning (FP) services.

Tuberculosis:

- Integration (within TB and with other diseases and sectors) and optimization of the use of existing resources and tools, approaches and algorithms and accelerating transition to new tools when these are available along the cascade of care.

Malaria:

- The primary aim is to minimize malaria mortality. The essential components are those ensuring availability, acceptability and accessibility of quality services and monitoring their implementation.
- **Priority 1.** Ensuring timely access to quality diagnosis and treatment for those who are ill is a central pillar.
- **Priority 2.** Prevention interventions, such as vector control and seasonal malaria chemoprevention
- Ideally a program should aim to achieve and maintain universal coverage of vector control, layering SMC in areas with very high seasonal transmission.
- Surveillance cuts across all interventions and should be streamlined with activities prioritized to ensure sufficient data for decision-making.
- When prioritizing populations or geographic areas, special attention must be given to maintaining an equity lens, especially in challenging operating environment (COE) contexts where certain populations may have limited access to malaria services

RSSH:

- Countries should finance disease interventions in a more integrated and sustainable way, embedding equity, human rights and gender equality in each intervention, while prioritizing systems strengthening for maximum impact and resilience.
- Prioritization of disease-specific activities should be considered together with RSSH prioritization areas including human resources for health (particularly CHWs), supply chain systems, community-based and led service delivery and monitoring, data systems (HIS, LMIS, laboratory, etc.), integrated laboratory systems and other health functions that support quality of and equitable access to disease-specific activities.

3.5 What is the role of domestic funding?

Decisions about the funding envelope will be informed by available domestic resources for health. This may involve **transitioning some activities** from Global Fund support to the public healthcare system, which is called “integration.”

From the community perspective, there are several important considerations to consider:

1. **Are there certain activities that the government is not able to do, or cannot do effectively?** For example, in a context that criminalizes key populations, providing KP-focused programs in a public health clinic may result in patients being turned away, not receiving services they need, or experiencing stigma, discrimination, and unsafe care.
2. **Which activities in the grants should be transitioned to governments?** This might include activities that are not focused on communities, such as drug procurement, laboratory systems, human resources for health, and delivering commodities?
3. **Is the government investing enough?** In some cases, you may advocate for the government to invest more domestic resources, to avoid large cuts to the Global Fund program. Are governments meeting their co-financing requirements?
4. **How quickly can integration happen?** It is important to consider how quickly the government can take over programs. For example, how much time would it take to train healthcare workers to take over community-focused programs? You may want to advocate against programs being cut from Global Fund if the handover process would take many months or even years.
5. **Are there legal or policy barriers to integration?** For programs that must be implemented by community-led organizations, is the government able to

contract community organizations to continue delivering these programs? What legal steps are needed before this contracting can happen?

4. How will this impact Grant Cycle 8?

4.1 What do we know about Grant Cycle 8?

Normally, the Replenishment Conference takes place in September or October. After this, the Source of Funds are approved by the Global Fund's Board in the November meeting. The Allocation Methodology is then applied to the available funds, which calculates the amount of funding available to each country, and the Allocation letters are sent to each country in December.

Because of the uncertainty around the 8th Replenishment, **the timelines are being shifted back**, to avoid making decisions about available funds before all pledges are realized.

Because of this, the November Board meeting has been shifted to February 2026, and the Allocation letters will be shared with countries at the end of February or in early March 2026.

5. How can communities engage in decision-making?

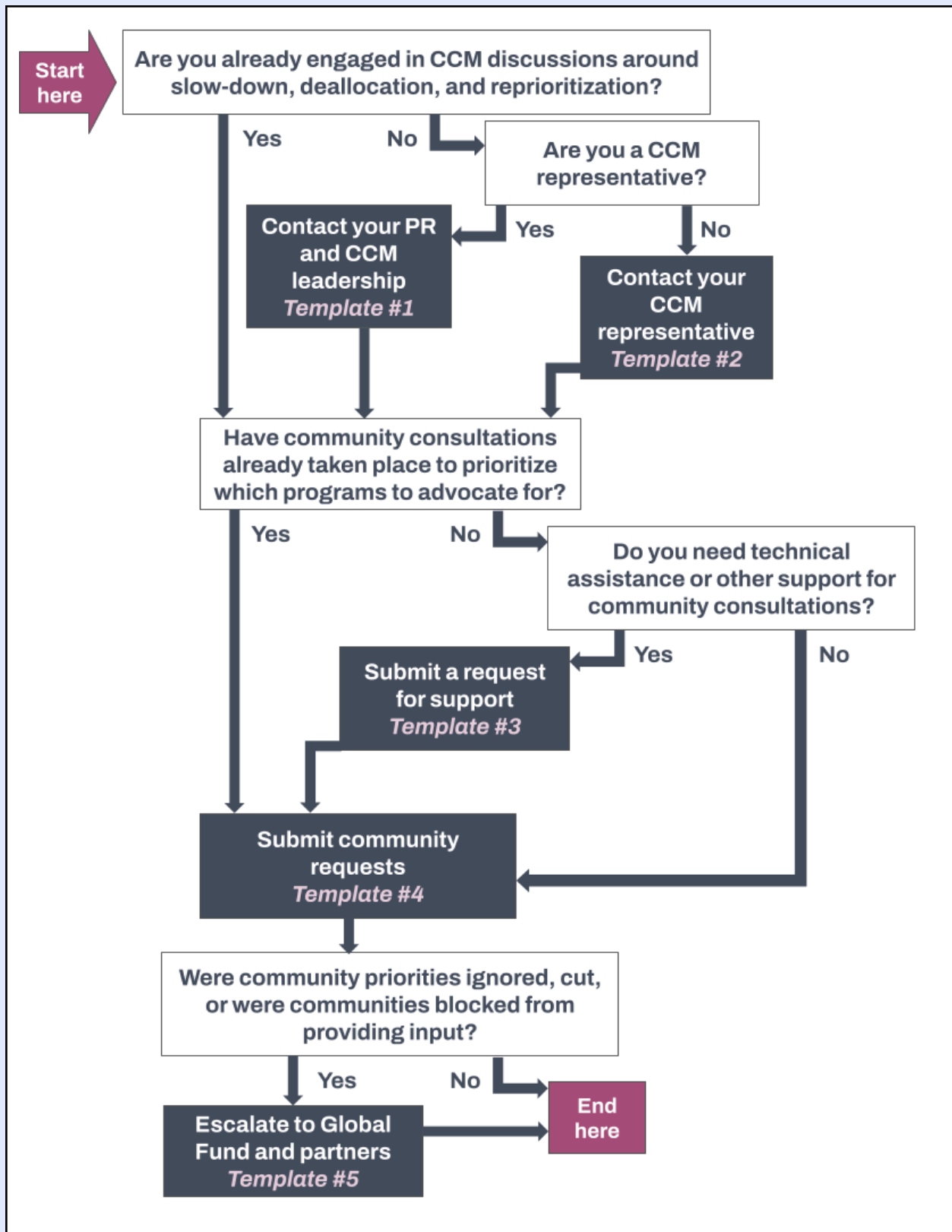
5.1 Who will decide which activities are slowed down, deallocated, or reprioritised?

First, the Global Fund Country Teams (CT) will reach out to Principal Recipients (PR) to share the revised funding envelope for the remainder of GC7. This will be calculated for each country separately and will take into account how much funding has already been spent. The CT will also make suggestions about which activities should be deprioritised.

The PR will work together with the CT to develop a proposal for how to reprioritise the remaining funds in the grant. In mid-June, the PR will communicate the proposal to the CCM. The CCM will have two weeks to review, feedback, and endorse.

Even though the Global Fund will request “endorsement,” there is no requirement for every member of the CCM to formally sign off. Because of this, there is a high risk that decisions will be made quickly and without input from communities. Communities must **proactively and regularly reach out** to their CCM and the Secretariat to provide feedback and input.

5.2 Who should I contact to get involved?



5.3 What evidence should communities bring to the CCM?

The decisions for which programmes to pause or deprioritise will be challenging, and there will be many competing priorities advocating for funding. To effectively advocate for community priorities, **you will need to provide evidence** of the importance and effectiveness of community programming.

1. **Review the current grant.** The first step is to understand which activities are currently funded in the active grants. You may have access to this information through your CCM, or you can find detailed data about grant budgets on the Global Fund's [Data Explorer](#) or on this [CCM Dashboard](#).
2. **Categorise activities using the Global Fund language.** The Global Fund has specifically highlighted the types of activities that should not be cut. If you can advocate for why community-focused programmes fit those criteria, you will be more likely to be successful. Use evidence from your organisation, networks, and community, as well as from community-led monitoring (CLM) programmes.

Global Fund's language	Examples of how you can describe community programmes
Programmes should be "life-saving"	Explain why "community-led" is life-saving. The programmes delivered for and by communities are life-saving. Community-led organisations are responsible for delivering life-saving services to the people most affected by HTM. Without them, drugs and commodities will sit unused in warehouses and clinics. If we stop funding community programmes, we will lose these trusted implementers, and our most vulnerable populations will lose the care they need to stay alive.
Programmes should be "more integrated with the government"	Describe why some programmes cannot be immediately integrated. Public healthcare facilities are a key part of service delivery. However, the evidence from our community is that key population clients have been turned away from care and face abuse from clinic staff. We must continue to fund community-based services for those who will otherwise stop receiving life-saving care.
Programmes should "prioritise those disproportionately impacted by HTM"	Emphasise how community programmes serve the most affected populations. The people disproportionately impacted by HTM are key and vulnerable populations. Reaching these

	<p>populations with life-saving services is essential. Yet these same populations often face significant barriers to receiving services in traditional, facility-based, clinician-delivered settings. The delivery of services in safe, community-based settings and from trusted and local partners has been shown time and time again to be the most effective strategy for reaching these populations.</p>
<p>Countries should maintain the “minimum package of services needed to deliver a quality service in this setting.”</p>	<p>Describe how healthcare delivery can only happen with community partners. Purchasing drugs and commodities is only useful if they are delivered to the people who need them most. In our country, the people who need them are often marginalised and stigmatised and face major challenges in accessing care through public facilities. Global Fund supports community programmes because they are impactful, and because without them, there is no way to reach these populations with quality, life-saving services.</p>
<p>Programs must demonstrate “value for money”</p>	<p>Explain how community priorities fulfill the five categories of Value for Money. According to the Global Fund, there are five facets of Value for Money: effectiveness, efficiency, economy, equity, and sustainability. When defending these priorities, explain the impact of these programs, to demonstrate effectiveness. Explain how without community distribution and engagement, the efficiency of programs will drop, since the people who need services won’t be reached. You may explain how community programs are economical since they make up very small parts of grants, yet have big impacts on program impact. Without community programs, service delivery cannot be equitable and reach all populations. Finally, community leadership is a core pillar of country ownership and long-term sustainability: by building community ownership, health programs can be durable and impactful over the long-term.</p>
<p>3. Hold consultations, where possible. If you can, hold community consultations to develop a shared ‘ask’ together. The more people and organisations advocating for the same thing, the stronger your voice will be.</p>	

4. **Create a document with your asks and evidence.** You can use [Template #4](#). Share this with all the stakeholders in your country, including the CCM, the PR, and the CT in Geneva.

6. What can I do if community programmes are cancelled?

6.1 What should I do if the PR in my country stops essential treatment, prevention, or community programmes?

If you face any challenges, **the most important thing is to act quickly**, since decisions will take place rapidly.

1. **Document everything:** It is first important to document what is happening, with as much detail as possible. This will be vital if you choose to escalate or report an issue.
2. **Escalate, quickly:** The decision-making timeline is very short, so escalating as soon as possible is key. Since there is so little time, you should share your concerns and challenges with all relevant decision-makers at once, rather than sending one email at a time. This will make sure that someone pays attention to your request. You may use [Template #5](#) to escalate.
3. **Report the issue to the [community escalation platform](#).** This platform is run by civil society and will let you connect with partners to help contact the right people at the Global Fund, connect you with other people having the same issue, and/or advocate on your behalf.

7. How can I request support?

7.1 I would like some support engaging with PR and the Secretariat. Who can I contact?

There are several challenges that you may face when engaging with the CCM:

1. The CCM is excluded from decision-making.
2. The CCM excludes you from participating in decision-making.
3. Community requests are ignored.
4. Community-focused programmes are cut.

5. Community-focused programmes are integrated into government programmes, where there is a high risk that they will not be implemented effectively.

In all of these scenarios, you must **escalate quickly and broadly**. If you wait for your concerns to be escalated through the normal pathways, there is a risk that decisions will be made and finalised.

You may either choose to escalate the issues yourself, or you can request support. If you would like to send emails yourself, you may use **Template #3**. If you prefer to work with civil society partners to escalate, you may share your challenges **using this form**.

7.2 Is there any financial support for community consultations?

The Global Fund guidance states that CCMs are “encouraged to consider whether they can allocate CCM funding to support wider engagement and consultation, especially for civil society and communities.” Additionally, there may be additional support in a small number of countries from the Community Engagement Strategic Initiative (CE SI).

To request support, communities may use **Template #3** to request support from the CCM and the Secretariat. Since resources will be very limited, requests should also be made directly to other partners, such as the Global Fund Regional Learning Hubs, KP Networks, UNAIDS, l’Initiative, and other funders.

You may also request support **using this form**, which will allow civil society partners to connect you to potential resources.

8. Email templates

Template #1: For CCM members to contact CCM and PR

To: [CCM Chair], [CCM Vice-Chair], [PR focal point(s)], [Fund Portfolio Manager]
CC: [Community Rights and Gender], [Other CCM representatives, as needed], [Other civil society and community partners, as needed]

Subject: Request for engagement in slow-down, reprioritisation, and revision

Dear [CCM Chair], [Vice-Chair], and [PR focal point],

I am writing with regard to the "deallocation and reprioritisation" process for Global Fund grants. As the CCM member representing [sector], I am concerned that the short timeline provided by the Secretariat leaves little room for CCM discussion and meaningful community engagement and input.

The decisions about which programmes to cut, alter, or integrate will have a profound impact on communities. It is essential that community voices, perspectives, and expertise are centred in this process.

I am requesting the following:

1. An **urgent CCM meeting** to discuss the deallocation process and timeline, and to develop a plan for robust community consultation. This meeting should happen as soon as possible, well before the formal communication of the revised funding envelope in mid-June.
2. Commitment from the PR to actively engage community representatives, including those from key and vulnerable populations, in the reprioritisation discussions. This **engagement must begin now** and cannot wait until the two-week CCM review period begins.
3. **Financial support** for communities to begin consultations around this decision-making process, taken from the CCM budget and/or additional resources from the CCM Hub or CRG.

We look forward to working together to ensure a deallocation and reprioritisation process that preserves life-saving services and minimises harm.

Thank you for your attention to this matter.

Sincerely,

[Your name]

[Other co-signatories from CCM and/or civil society, as needed]

Template #2: For non-CCM members to contact their CCM representative

To: [CCM Chair], [CCM Vice-Chair], [CCM Administrative Focal Point]

CC: [Fund Portfolio Manager], [Community Rights and Gender], [Other civil society and community partners, as needed]

Subject: Request for engagement in slow-down, reprioritisation, and revision

Dear [CCM Contact(s) Name(s)],

I am writing with concern regarding the "deallocation and reprioritization" process for Global Fund grants. As a [title and organization] and a member of [sector], I am hoping for an opportunity to engage with the CCM to ensure that community perspectives are meaningfully included in this critical decision-making.

As a member of the [organization/community], I am requesting that you:

1. Advocate for **an urgent CCM meeting** to discuss the deallocation process and timeline, and to develop a plan for strong community consultation. This meeting should happen as soon as possible, well before the mid-June deadline.
2. Launch a **rapid consultation process** to ensure that community representatives are actively engaged in the reprioritization discussions.
3. **Financial support** for communities to begin consultations around this decision-making process, taken from the CCM budget and/or additional resources from the CCM Hub or CRG.

We look forward to working together to ensure a deallocation and reprioritisation process that preserves life-saving services and minimises harm.

Thank you for your attention to this matter and for representing community voices on the CCM.

Sincerely,

[Your name]

[Other co-signatories from civil society, as needed]

Template #3: Submit a request for support

To: [CCM Chair], [CCM Vice-Chair], [CCM Administrative Focal Point], [Community Rights and Gender], [CCM Hub]

CC: [Other CCM representatives, as needed], [Other civil society and community partners, as needed]

Subject: Urgent request for support with community engagement in reprioritisation process

Dear [CCM Chair], [CCM Vice-Chair], and CRG and CCM Hub colleagues,

I am writing to you as a [CCM and/or community] member in [Country]. I am deeply concerned about the impending "deallocation and reprioritization" process, and the lack of meaningful community engagement in this critical decision-making.

The two-week review period for the CCM to provide feedback on reprioritization is extremely short. This leaves little room for the kind of robust community consultation that is essential to ensure the needs and priorities of affected populations are reflected.

I am reaching out to request support from the Secretariat to facilitate community consultations on the grant reprioritization process. Specifically, I would like [financial support and/or technical assistance] with:

1. **Organizing a virtual and/or in-person consultation** with key and vulnerable populations, community-based organizations, and other relevant stakeholders. These consultations should happen as soon as possible, well before the mid-June CCM review deadline.
2. Developing a structured **process to gather community input**, feedback, and recommendations on the proposed funding changes and reprioritization of programs.
3. Synthesizing the outcomes of the community consultations into a **comprehensive report** that can be presented to the CCM and the Global Fund

Document last updated 6 June 2025 || For more information [contact us](#) or [share questions here](#).

Secretariat.

4. Providing **technical assistance and guidance** to ensure the community consultation process is inclusive, meaningful, and elevates the voices of those most impacted by the proposed changes.

I would welcome the opportunity to discuss this request further. Please let me know if you have any questions or require additional information.

Thank you in advance for your consideration and support.

Sincerely,

[Your name]

[Other co-signatories from CCM and/or civil society, as needed]

Template #4: Submit community requests

To: [Fund Portfolio Manager], [CCM Chair], [CCM Vice-Chair], [PR focal point(s)]
CC: [Community Rights and Gender], [Head, Grant Management Division], [Other CCM representatives, as needed], [Other civil society and community partners, as needed]

Subject: Submission of community priorities for reprioritisation in [country]

Dear [Fund Portfolio Manager], [CCM Chair], [CCM Vice-Chair], [PR focal point(s)]

On behalf of the community stakeholders we represent, we are writing to provide our recommendations and justifications for which programs should be prioritized and maintained during the upcoming Global Fund grant reprioritization process.

We understand the serious financial constraints facing the Global Fund and the need to make difficult decisions about grant allocations. However, we strongly believe that community-led and community-focused programs must be protected and prioritized, as they are essential to achieving the Global Fund's mission, delivering life-saving services, and ensuring the meaningful engagement of affected populations.

Based on our consultations, as well as our review of the current grant portfolio, we **recommend that the following program areas be maintained** and not subject to cuts or reductions:

1. [Program name]. Justification: [Explanation]
2. [Program name]. Justification: [Explanation]
3. [Program name]. Justification: [Explanation]
4. [Program name]. Justification: [Explanation]

We request the Global Fund to preserve these urgent community priorities. We are happy to provide additional information, data, and justification to support the importance of these program areas.

Sincerely,

[Your name]

[Other co-signatories from CCM and/or civil society, as needed]

Template #5: Escalate to Global Fund and partners

To: [Head, Grant Management Division], [Fund Portfolio Manager], [CCM Chair], [CCM Vice-Chair], [PR focal point(s)]

CC: [Community Rights and Gender], [Other CCM representatives, as needed], [Other civil society and community partners, as needed]

Subject: Urgent and time-sensitive challenges with reprioritization process in [country]

Dear [Head, Grant Management Division] and [Fund Portfolio Manager],

I am writing to you with **serious concerns about the decision-making process** around the "deallocation and reprioritization". Despite our best efforts to engage the [CCM or PR or CT] in meaningful consultations with affected communities, we are now facing the very real risk of critical, life-saving community programs being cut.

Specifically, we are deeply alarmed that the following **life-saving programs are being considered for reduction or elimination**:

1. [Program name]. Justification: [Explanation for why program is essential and consequences of cutting it]
2. [Program name]. Justification: [Explanation for why program is essential and consequences of cutting it]
3. [Program name]. Justification: [Explanation for why program is essential and consequences of cutting it]
4. [Program name]. Justification: [Explanation for why program is essential and consequences of cutting it]

These programs are not only essential to achieving the Global Fund's mission, but they are also a critical lifeline for the most marginalized and vulnerable communities in our country. Cutting or reducing funding for these initiatives would have devastating consequences and undermine years of progress in the fight against HIV, TB, and malaria.

We have repeatedly raised these concerns with the [PR, CCM, or CT], but [explain - were they ignored? What happened?]. The short timeline and opaque decision-making process are raising serious concerns.

We urgently request your immediate intervention to:

1. **Suspend the current grant reprioritization process** until there has been sufficient time for genuine, inclusive community consultations.
2. Ensure that life-saving community-led programs, as outlined above, are **explicitly protected and maintained** as part of the revised grant portfolios.
3. Provide **direct engagement** and support to the CCM and PR to facilitate meaningful community engagement in the decision-making.
4. **Monitor the situation closely** and hold the [CCM and/or PR] accountable for upholding the Global Fund's commitments to community engagement and human rights.

We thank you in advance for your urgent attention to this matter and your support for the communities we serve.

Sincerely,

[Your name]

[Other co-signatories from CCM and/or civil society, as needed]