

A Guide For Communities In Global Fund's Sustainability, Transition and Co-Financing

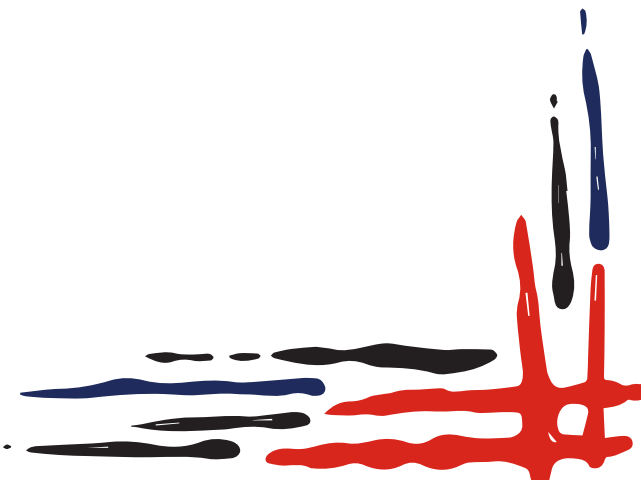


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Abbreviations and Acronyms

Abbreviation	Full Meaning
ARV	Antiretroviral
CCM	Country Coordinating Mechanism
CLM	Community-Led Monitoring
COE	Challenging Operating Environment
CSO	Civil Society Organization
CSS	Community Systems Strengthening
DRM	Domestic Resource Mobilization
GC8	Grant Cycle 8
GF	Global Fund
HFS	Health Financing Systems
HIV	Human Immunodeficiency Virus
KP	Key Population
LMIC	Lower-Middle-Income Country
MDR-TB	Multidrug-Resistant Tuberculosis
MoF	Ministry of Finance
MoH	Ministry of Health
NGO	Non-Governmental Organization
NSP	National Strategic Plan
PLHIV	People Living with HIV
PrEP	Pre-Exposure Prophylaxis
RSSH	Resilient and Sustainable Systems for Health
STC	Sustainability, Transition and Co-Financing
TB	Tuberculosis
TWG	Technical Working Group
UHC	Universal Health Coverage
UMIC	Upper-Middle-Income Country



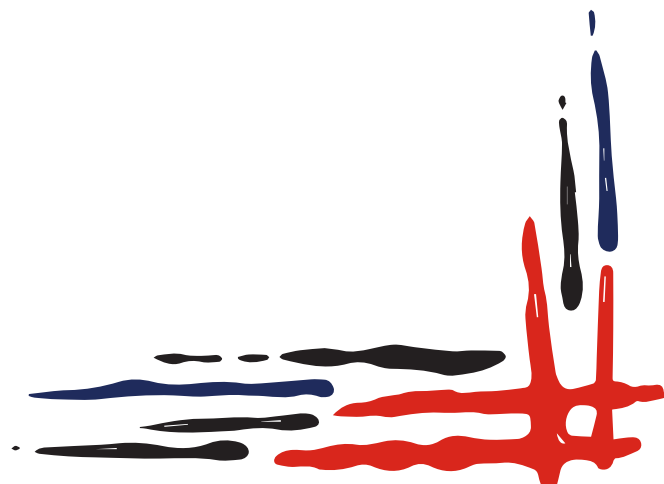
Acknowledgement

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Special appreciation goes to the many civil society organizations, community networks, advocates, and technical partners whose lived experiences, reflections, and engagement continue to shape conversations on sustainability, transition, domestic financing, and community leadership within Global Fund processes





Section 1: Purpose of the Community Guide

This Guide is written for communities, civil society organizations, and key population networks to support their engagement in Sustainability, Transition and Co-Financing (STC) under the Global Fund and grant cycle 8 (GC8). It helps communities to:



1 Understand key definitions related to STC

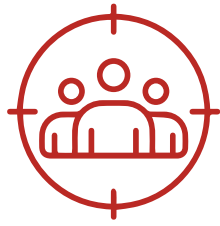


2 Understand the relevance of the topic for communities.



3 Understand entry points and key advocacy actions to advance sustainability of services in GC8.

Overall, the Guide aims to make STC easy to understand, strengthen community participation, protect community-led services, and support accountability for domestic financing before, during, and after funding changes.



The key audiences for this guide



Communities



People most affected by and at risk of HIV, TB and malaria, including women, youth, and marginalized communities



Community Based Organizations



Grassroots organizations delivering services, advocating for communities, and driving local solutions.



Civil Society Networks



National and regional networks amplifying collective voice, advocacy, accountability, and social change.



Key Populations (KPs)



KPs in their diversity among other vulnerable groups such as PWUID, AGYW, AYP, people in prison settings, people in displaced communities etc.



CCM Members



Representatives from government, communities, civil society, and the private sector coordinating Global Fund grants and processes at country level.



Policy Makers



Government officials and decision-makers shaping policies, strategies, and regulatory frameworks for health and financing



Health Financing Stakeholders



Ministries of Finance, donors, development partners, and other actors involved in sustainability, transition, and cofinancing decisions

Section 2:

Sustainability, Transition and Co-Financing under the Global Fund

Sustainability, Transition and Co-Financing (STC) is how the Global Fund plans for countries to continue HIV, TB and malaria services as donor funding reduces. The goal is to protect services, increase domestic financing, and avoid service disruption – especially for communities and key populations.

The Global Fund has a STC Policy to make sure that HIV, TB and malaria services do not stop when funding changes.

In the past, countries were expected to slowly increase their own funding as donor support reduced. Today, this has become much harder. Many countries face economic challenges, high debt, and growing health needs, especially after COVID-19. Because of this, there is a real risk that important health services could be lost if funding changes are not well planned.

The STC Policy was first developed in 2016 and updated in 2024 to respond to this reality. It helps countries plan ahead so that services continue smoothly.

The policy aims to:



- Keep HIV, TB and malaria services running;
- Use government and Global Fund money more wisely;
- Strengthen health systems for the long term; and
- Ensure communities are involved and protected during transition.

What STC Means



Sustainability₁: The ability of a health program or context, that will provide for continuing control of a public health problem and support efforts for elimination of the three diseases, even after the removal of funding by the Global Fund and other major external donors.



Transition₁: The mechanism by which a country, or a country-component, moves towards fully funding and implementing its HIV, TB and malaria programs independent of Global Fund support.



Co-Financing₁: will provide for continuing control of a public health problem and support efforts for elimination of the three diseases, even after the removal of funding by the Global Fund and other major external donors.

Transition Pathways



A gradual transition

refers to a phased, sequenced, and long-term approach to structural reforms – whether economic, institutional, social sector, or health sector reforms – implemented over time to allow systems, institutions, and stakeholders to adapt incrementally.²



An accelerated transition

refers to a reform approach in which structural, institutional, or sectoral changes are implemented within a compressed timeframe.³



A component-level transition

refers to a phased reform strategy in which specific programme components are transitioned independently rather than shifting the entire system simultaneously.⁴

Country-Level Implications: Countries are expected to:

- Increase domestic health financing;
- Enable financing of community services (e.g. social contracting);
- Strengthen community systems and accountability; and
- Manage risks such as service interruptions and exclusion of key populations.

Every year, the Global Fund publishes an Eligibility list⁵. This list defines whether a country or region is eligible for Global Fund support, based on its income classification and disease burden. It is important to note that:



- All Low- and Lower-Middle-Income countries are eligible (except malaria-free countries).
- Upper-Middle-Income countries are eligible only with high disease burden.
- Eligibility does not guarantee an allocation.
- For some disease components⁶, GC8 (2026–2028) is the final allocation, with Transition Funding to support a responsible exit.

Please find a list of core terms and concepts in [Annex 1](#).

Section 3:

Why Does Sustainability, Transition and Co-Financing Matter to Communities?

Communities play an important role in planning, budgeting and implementing Global Fund processes and national responses to HIV, TB and malaria.

1. Protecting the Services Communities Depend On

For communities, STC means ensuring that essential services do not stop when funding changes.

This includes:

- Continued access to medicines and treatment;
- Ongoing prevention, outreach and adherence support;
- Peer support, psychosocial care and community-led services; and
- Protection of key and vulnerable populations.



Key questions:

- Will services continue when funding changes?
- Which services are most at risk?
- Who will pay for these services in the future?
- Are community and key population services included in national plans and budgets?

2. Planning Early, Not Finding Out Too Late

Transition works best when planning happens before funding changes. Without early planning,

communities are often informed only after services are already affected.

For communities, this means:

- Knowing early what changes are coming;
- Being involved in transition planning discussions; and
- Having time to raise concerns and suggest solutions.



Key questions:

- What funding changes are expected, and when?
- Which services may be affected?
- Are communities involved early?
- What plans exist to prevent service interruptions?

3. Governments Taking Responsibility

As funding changes, governments are expected to take more responsibility for running and paying for services. This should be shown through:

- Increases in national and local budgets;
- Actual spending, not just promises; and
- Continued services after donor funding reduces.



Key questions:

- Is government funding increasing?
- Are commitments included in budgets?
- Is money released and spent?
- Are services continuing on the ground?

- Community services should be funded long term;
- Key population services must be clearly protected; and
- Transition should not increase stigma or exclusion.

4. Community Voices Must Be Included

STC calls for communities, civil society and key populations to be involved in decisions. When communities are excluded, decisions may ignore real needs.

For communities, this means:

- Being invited to planning meetings;
- Being listened to before decisions are made; and
- Being able to question and influence plans.



Key questions:

- Are communities invited to consultations?
- Are their views reflected in final plans?
- Are key populations represented?
- Are plans shared openly?

5. Protecting Community-Led and Key Population Services

Community-led services are often the first to be cut, even though they are essential. STC means:



Key questions:

- Are community services included in transition plans?
- Is there long-term funding for CSOs?
- Are key population services protected?
- Will access become harder for some groups?

6. Accountability: Turning Promises into Action

STC gives communities a role in holding governments and partners accountable. Accountability is about what happens in practice, not what is promised.

This means checking whether:

- Services are protected before, during and after transition;
- Budgets are approved and funds released on time;
- Governments are ready to take over services; and
- Community organizations are funded and able to work



Section 4:

What Should Communities do in STC?

This guide is written for communities, community-based organizations, and civil society groups, especially those working at grassroots level. Its purpose is to help you understand what STC means, why it matters, and what practical actions you can take to protect community services as Global Fund support changes over time.

STC under the Global Fund is not only a government process. What communities do—or do not do—can determine whether essential services continue or disappear.

→ Step 1: Understand STC and Your Starting Point

Before taking action, communities need a clear and shared understanding.

What you should understand:

- What STC means in simple terms;
- How Global Fund support may reduce or change over time;
- How health services are currently paid for; and
- Timelines for: Transition assessments and planning, GC8 funding request development and grant-making, annual and medium-term government budget development.

Why this matters

If you understand the situation early, you can influence decisions. If you wait, you may only react after services are already cut.

Understand your starting point: Ask these basic questions:

- ☑ What does “sustainability” and “Transition” mean for us and the services in our community?
- ☑ If donor funding reduces, what services in our area could be affected?
- ☑ Who is currently paying for the health services we use?
- ☑ Which services are paid for by the Global Fund?
- ☑ Which services are paid for by the government or other sources?
- ☑ Are any services supported by other donors?
- ☑ Which community or key population services depend mostly on Global Fund money?
- ☑ When and where can we raise our concerns before decisions are finalized?

→ Step 2: Identify and Prioritize Services at Risk

Some services are more likely to disappear during transition. Communities should identify and prioritize these.

Services commonly at risk:

- Community-led and peer-delivered services;
- Key population and human rights programmes; and
- Outreach, adherence support, demand creation, and psychosocial support.

Key Questions on Services That May Be at Risk

(i) For community-led and peer services:

- Who is currently paying for peer educators and outreach workers?
- If donor funding reduces, who will continue paying for these services?
- Are these services included in government plans or budgets?

(ii) For key population and human rights programmes:

- Are these services mainly funded by donors?
- Is there a government commitment to continue them?
- Which groups will be most affected if funding stops?

(iii) For outreach, adherence, and psychosocial support:

- Are these services written into the new GC8 funding request?
- Are they clearly costed and protected?
- What evidence do we have to show they are essential?

Overall:

- Which services are most at risk?
- Is there a clear future plan to sustain them?
- What action can we take now to protect them?

Action tip

Focus first on high-impact services that many people rely on and that have no clear domestic funding plan.

→ Step 3: Check Transition Readiness

Transition should only happen when systems are ready. Communities should help assess readiness by asking: Is the system ready?

1. **Financially:** Does government actually release health budgets on time? Are funds reliable, not just promised?
2. **Technically:** Can services be delivered well without donor support? Are medicines, supplies, and staff available?
3. **Institutionally:** Are there systems to contract CSOs and community groups? Are accountability mechanisms working?

Key message

If the system is not ready, communities must say so and demand safeguards.

→ Step 4: Identify Where Decisions Are Made

To influence outcomes, communities must know where power sits by:

1. Map decision spaces: Country Coordinating Mechanisms (CCMs); Technical Working Groups (TWGs); Planning forums; Budget hearings (national and sub-national levels).
2. Identify key actors: Ministry of Health; Ministry of Finance; Principal Recipients; Parliamentarians; sub-national governments.

Why this matters

You cannot influence decisions if you don't know who makes them, when they are made, and how to engage.

→ Step 5: Engage Early in Planning and Budgeting

Communities should not wait until funding is approved. Engagement must start early.

What communities should do:

1. Participate in: National Strategic Plan reviews; STC and transition discussions; GC8 funding

request development and grant-making through CCMs.

2. Learn how budgets are made: Budget timelines; Approval stages; Who controls allocations.
3. Engage in: Domestic health budgeting; Co-financing discussions; Medium-term and annual budgets
4. Advocate for domestic funding by: Talking to political, traditional, and local leaders; and running domestic resource mobilization campaigns and building investment cases.

Early engagement shapes priorities. Late engagement reacts to decisions already made.

→ Step 6: Advocate for Domestic Financing of Community Services

To ensure long-term sustainability of services, the goal is to move them into national systems.

Communities should push for:

1. Community and key population services included in national benefit packages;
2. Clear domestic budget lines for community-led services; and
3. Sustainable financing options such as: Social contracting; Insurance reimbursement; Government grants to CSOs.

The goal

Community-led services should become national programmes, not temporary donor projects.

→ Step 7: Identify Transition Risks and Gaps

Communities are often the first to see problems. Common risks include:

1. Funding gaps or delayed payments;
2. Medicine stock-outs;
3. Loss of peer workers and community outreach; and
4. Exclusion of key populations.

Action: Raise these risks early and demand solutions before services collapse.

→ Step 8: Use Evidence to Support Your Advocacy

Evidence makes your voice stronger. Useful evidence includes:

1. Community-led monitoring (CLM) data;
2. Stories and experiences from service users;
3. Documentation of service disruptions or exclusion; and
4. Evidence showing community services are cost-effective.

Tip

Evidence turns community concerns into credible policy and budget arguments.

→ Step 9: Monitor Commitments and Hold Duty Bearers Accountable

Plans on paper are not enough. Communities should:

1. Track whether budgets are actually released;
2. Monitor service continuity and quality;
3. Follow up on co-financing promises; and
4. Use agreed accountability mechanisms to escalate problems.

Remember

Sustainability is proven by action, not promises.

→ Step 10: Continue Monitoring After Transition

Even after donor funding reduces, communities must stay engaged. Post-transition, communities should:

1. Monitor whether services continue;
2. Check access for key and vulnerable populations;
3. Watch for early signs of backsliding; and
4. Push for corrective action when needed.

Remember

Sustainability is tested after transition, not before it.

What Matters Most for Communities

Effective STC engagement requires communities to be:

Organized – united, representative, and coordinated.

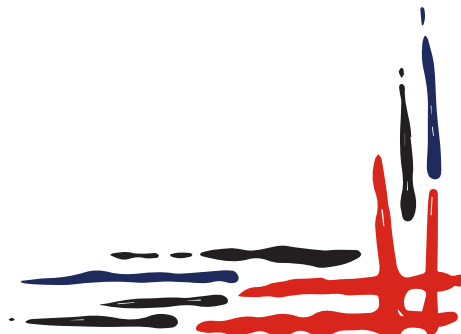


Informed – confident on STC, budgets, and policies.

Strategic – focused on the most important risks and decision points.



Consistent – engaged before, during, and after funding decisions.



Section 5:

Strategic Community Actions in GC8 to Shape Sustainability, Transition and Co-Financing (STC)

GC8 offers clear opportunities and structured entry points for communities and civil society to actively shape STC outcomes in our countries. These opportunities are embedded within the GC8 process and Modular Framework, but they only translate into real influence when communities engage strategically. This requires deliberate preparation, clear positioning, and coordinated action, not mere participation. The following actions outline how communities can effectively engage in STC under GC8.

1. Understand and Internalize GC8 Opportunities for Community Engagement in STC

Communities must first build a clear and shared understanding of how STC is embedded within the GC8 architecture.



Key Actions:

- Review the [Global Fund GC8 Modular Framework and Enabling Impact Guidance on Sustainability](#).
- Pay particular attention to modules such as RSSH: Community Systems Strengthening (RSSH:CSS), as well as relevant interventions under HIV, TB, Malaria, and cross-cutting health systems components.
- Map which interventions within these modules enable:
 - Community-led monitoring (CLM)
 - Social contracting
 - Domestic resource mobilization (DRM)
 - Capacity building for sustainability
 - Transition planning and safeguards
- Analyze national transition timelines, co-financing commitments, and sustainability discussions.

Strategic Consideration:

Communities must move beyond viewing STC as a donor-driven requirement and instead understand where and how GC8 provides structured funding space for community-led sustainability interventions.

To support this process, the GC8 Modular Framework has been reviewed, and the modules and interventions that cover STC-related activities have been summarized and captured in [Annex 2](#) of this guide. Annex 2 provides practical direction to communities on where to locate STC interventions and activities within the modular framework and which options can be prioritized under GC8.



If communities do not understand where STC sits in the modular framework, they cannot influence how it is funded.

2. Select and Prioritize Community STC Interventions for Inclusion in the GC8 Funding Request

Communities should not present broad or fragmented demands. Instead, they must identify a clear and strategic set of STC-focused interventions for inclusion in the country funding request.



Key Actions:

- Identify priority STC interventions that strengthen community sustainability.
- Select interventions across relevant modules that support:
 - Community institutional strengthening
 - Social contracting readiness
 - Advocacy for domestic financing
 - Transition risk assessments
 - Monitoring of co-financing commitments
 - Protection of essential community-led services
- Develop a coordinated list of 5–10 priority STC interventions.
- Ensure these interventions are costed and clearly linked to sustainability outcomes.
- Frame interventions as essential to maintaining service continuity for key and vulnerable populations.

Strategic Consideration:

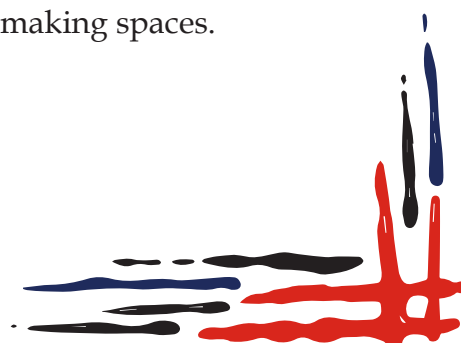
STC interventions must not be treated as add-ons. They should be positioned as core investments necessary for long-term service sustainability and national ownership.

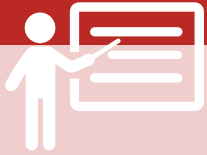


If STC community interventions are not written into the funding request and budget, they are unlikely to be implemented.

3. Participate Actively in Country Dialogue Platforms and Engage CCMs to Advocate for Community STC Interventions

GC8 country dialogue processes and CCM engagement are critical decision-making spaces.





Key Actions:

- Engage early in country dialogue platforms and Technical Working Groups (TWGs).
- Coordinate community messaging before attending CCM meetings.
- Present evidence (including CLM data, service disruption trends, and transition risks).
- Advocate for inclusion and protection of STC-related community interventions.
- Track whether proposed interventions are reflected in draft funding request documents.
- Follow up on revisions during grant-making.

Strategic Consideration:

Engagement must be proactive, coordinated, and evidence-based. Communities should not only attend meetings but shape outcomes.



Influence happens before decisions are finalized – not after submission.

4. Position Communities for Implementation and Engagement During the GC8 Implementation and Post-Implementation Phase

Securing STC interventions in the funding request is only the first step. Communities must position themselves for meaningful implementation and oversight during the grant cycle.



Key Actions:

- Strengthen institutional capacity to qualify for implementation roles, including under social contracting mechanisms.
- Prepare governance, financial management, and reporting systems.
- Engage in implementation planning discussions during grant-making.
- Advocate for fair eligibility criteria and timely payments in domestic financing mechanisms.
- Participate in transition readiness assessments.
- Monitor delivery of STC commitments during implementation.
- Use CLM to track risks to service continuity and financing gaps.

Strategic Consideration:

STC is not only about planning – it is about implementation readiness. Communities must demonstrate capacity to deliver and monitor sustainability interventions.



Communities that are ready to implement are more likely to be funded and sustained.

Key Message for Communities

GC8 provides concrete opportunities for communities to shape sustainability and transition – but only if communities:

Understand the modular framework and STC funding spaces



Prioritize and cost strategic STC interventions



Engage actively in CCM and country dialogue processes



Position themselves for implementation and long-term domestic financing





Section 6:

What Does Success Look Like?

On the policy side, success means communities engage to ensure community-led services are formally reflected in core policy and planning documents, including: National Strategic Plans and disease-specific strategies, priority interventions and formal indicators, costed action plans and investment cases.

‘If community services are not visible in these documents, they will not be financed’

At the financing and budget interface, success does not mean communities negotiating budgets directly, but rather: (a) asking where financing decisions for their services will be made; (b) clarifying which ministry, budget line, or level of government is responsible; and (c) flagging risks where funding is discretionary, timelimited, or dependent on external support.

This shifts the conversation from ***“Will government fund us?”*** to ***“Where should this service logically sit within the system?”***

At the implementation interface, success means communities help identify: (a) what domestic contracting or purchasing mechanisms already exist; (b) whether community providers can realistically access these mechanisms; and (c) what financial, policy, or technical barriers need to be addressed.

Together, these actions help move community services from informal delivery to sustained, system supported implementation.



Country Examples: The following country experiences illustrate how success at the policy, financing, and implementation interfaces can work in real contexts.





Sustainability lessons from transition in Costa Rica

Costa Rica's transition from Global Fund support for HIV programs is considered a proactive, "first and last time" investment model, focusing on sustainability through domestic funding mechanisms. Unlike countries that face a abrupt end to funding, Costa Rica used its final Global Fund grant (around 2016) as a "catalytic" tool to strengthen national systems, specifically targeting the integration of civil society organizations (CSOs) into government funding, notably through the Social Protection Board (JPS).

Key Elements of Costa Rica's Transition:

- **Targeted Sustainability:** The grant focused on creating structural changes rather than just funding outreach, specifically strengthening the Social Protection Board (JPS) to ensure that local NGOs could access public money for HIV prevention services.
- **Focus on Key Populations:** A significant component was ensuring that funding mechanisms supported NGOs working with high-risk groups, specifically transgender women and men who have sex with men.
- **Government Ownership:** The approach focused on shifting responsibility to national, sustainable funding mechanisms to avoid service disruption.

Lessons Learned & Context:

- **Catalytic Investment:** Costa Rica's experience highlights the importance of using final, smaller allocations to secure long-term domestic funding rather than trying to sustain, for an indefinite period, externally funded services.
- **Contrast with Other Transitions:** While Costa Rica (HIV) and Fiji (TB) focused on integrating into national systems, other countries, such as Romania (TB), experienced poor results, which highlights the importance of a clear, preplanned transition strategy.
- **Ongoing Monitoring:** Although the 2016 transition, the Global Fund continues to list Costa Rica in its data explorer for funding, indicating a transition in eligibility rather than a total, overnight cutoff of all support.

By 2016, Costa Rica was already recognized as one of the countries successfully navigating the transition towards full domestic ownership by leveraging the Global Fund to build local capacity and financial mechanisms.



China's Successful Transition from Global Fund Support

China concluded its 10-year partnership with the Global Fund in June 2014 and successfully transitioned to full national ownership of its HIV, tuberculosis (TB), and malaria programmes. Rather than experiencing disruption after donor exit, the country sustained and expanded its disease control efforts through domestic financing and strengthened public health systems.

Achievements Before Transition

During the partnership, China rapidly scaled up services and strengthened systems. MDR-TB treatment expanded from 2 pilot sites to 92 sites across 30 provinces, with rapid TB diagnostics introduced in over 900 counties. Malaria cases declined sharply, with affected provinces reducing from 24 to 5. HIV treatment coverage increased from about 19,000 patients in 2005 to over 176,000 by 2012, and prevention services reached more than 80% of some key populations.

Together, these gains created a strong technical and institutional foundation before Global Fund support ended.

How China Managed the Transition

China's success was built on:

- **Early co-financing:** The government gradually increased domestic funding and committed to fully finance HIV treatment after Global Fund exit.
- **Integration into national systems:** Disease programmes were embedded within broader health reforms rather than remaining donor-driven projects.
- **Stronger governance:** Reporting and audit systems improved transparency and accountability.
- **Institutionalized civil society engagement:** The Country Coordinating Mechanism strengthened stakeholder participation beyond the donor period.



North Macedonia's Successful Transition from Global Fund Support

North Macedonia officially concluded Global Fund support for its HIV programmes in June 2017 after being reclassified as an uppermiddle- income country. The end of external financing created serious concerns about the sustainability of treatment and prevention services, particularly 17 harm reduction programmes serving more than 10,000 people from key affected populations. However, the country's transition became a notable example of proactive domestic ownership and political commitment.

Managing the Risk of Service Disruption

The conclusion of Global Fund HIV grants meant that both antiretroviral (ARV) treatment and prevention services, particularly those delivered by civil society organizations (CSOs) to key populations, were at risk. Without swift action, essential services for people who inject drugs, men who have sex with men, and sex workers could have been interrupted.

Recognizing this risk, the newly elected government moved quickly to prevent service collapse. In September 2017, it directed the Ministry of Health to secure funding for HIV treatment and prevention in the 2018 national budget.

Domestic Budget Commitment

For the first time, the national government allocated approximately 103 million Macedonian denars (about €1.67 million) to cover ARV procurement and prevention services for key affected populations. This allocation closely matched the level of annual support previously provided by the Global Fund, ensuring continuity of care.

Importantly, the budget commitment explicitly included funding for community-based prevention services delivered by CSOs. This formal recognition of civil society's role was a critical step in sustaining harm reduction and outreach services beyond donor support.

Sustaining Services Through National Ownership

By embedding HIV financing within the national health budget, North Macedonia shifted from donor dependency to domestic responsibility. The transition required coordination between government institutions, health authorities, and civil society actors to ensure continuity of both treatment and prevention.

As of recent allocation cycles, North Macedonia is considered largely transitioned, with domestic systems financing core HIV services while remaining eligible for limited specialized support where necessary.

Key Success Factors

North Macedonia's transition succeeded because of early government action, clear political commitment, direct budget allocations for both treatment and prevention, and continued support for community-based service delivery. The case demonstrates that sustainable transition depends not only on replacing funding, but on institutionalizing financing mechanisms and protecting services for key populations.



Malaysia's Successful Transition from Global Fund Support

Malaysia partnered with the Global Fund beginning in 2009 to strengthen HIV prevention and services, particularly for key populations. Over successive grant cycles, Malaysia used Global Fund investments strategically to expand harm reduction programmes, scale HIV testing and treatment, and pilot innovative service delivery models. Rather than remaining donor-dependent, Malaysia leveraged Global Fund resources to build national systems, strengthen civil society engagement, and transition towards full domestic financing, with plans to exit Global Fund support by 2028 and assume full national ownership of HIV programmes.

Achievements Before Transition

Malaysia's transition readiness was supported by strong national leadership, long-term planning, and institutional reforms that strengthened sustainability. During the partnership period, Malaysia:

- Expanded harm reduction programmes, including methadone therapy and needle syringe exchange, reaching over 95% of people who inject drugs.
- Integrated HIV services into primary healthcare, decentralizing services from tertiary hospitals to community-level clinics.
- Introduced social contracting, enabling non-governmental organizations to deliver HIV services funded through government systems.
- Scaled up prevention services, including PrEP rollout through primary healthcare facilities and community platforms.
- Achieved significant epidemiological impact, including a 66% reduction in new HIV infections since the 2002 peak and improved treatment outcomes aligned with global HIV targets.

Together, these achievements created a strong governance and service delivery foundation that enabled Malaysia to move toward sustainable national ownership of its HIV response.

How Malaysia Managed the Transition

Malaysia's successful transition reflects a combination of strategic leadership, system integration, and sustained investment. Key enabling factors included:

- Early national commitment: Malaysia established national HIV governance structures before the first HIV case was reported, including surveillance systems and strategic planning mechanisms that laid the foundation for sustainability.
- Strategic use of donor funding: Global Fund investments were used as a catalyst, supporting innovation, strengthening data systems, and piloting scalable interventions rather than creating dependency.
- Integration into national health system: HIV services were embedded into primary healthcare networks, improving accessibility, reducing stigma, and ensuring continuity of care within national service delivery systems.
- Institutionalized social contracting: Malaysia developed structured partnerships between government and civil society, enabling NGOs to deliver community-based HIV services while maintaining national oversight and sustainability.
- Multisector and private-sector engagement: Partnerships with private sector organizations helped mobilize additional resources, strengthen community programmes, and improve long-term financial sustainability.
- Data-driven policy and planning: Routine surveillance, national registries, and population surveys guided targeted investments and strengthened accountability across programmes.

Overall Transition Outcome

Malaysia's HIV response demonstrates how strong national leadership, community engagement, and strategic investment can enable a smooth transition from donor-supported programmes to fully domestically financed systems. With clear plans to fully exit Global Fund support by 2028, Malaysia is widely recognized as a model for sustainable HIV programming and national ownership.

Annex 1: Definition of Key Terms and Concepts



Co-Financing

Co-financing means the money governments themselves put into health, alongside Global Fund support. This shows whether a government is truly committed to sustaining health services. For communities, cofinancing is proof of ownership – not just promises, real budget allocations and releases for HIV, TB and malaria services.



Co-Financing Incentive

The co-financing incentive is part of GF money that governments only receive if they meet their funding commitments. This gives communities a strong accountability tool: if governments do not invest in health, they may lose part of the funding. They can ask whether governments are meeting conditions tied to funding and whether public money for health is actually increasing.



Co-Financing Requirements

Co-financing requirements are the minimum funding commitments governments must meet to receive their full GF allocation. These requirements change depending on a country's income level. Communities can use these requirements to track whether governments are doing their part to fund health services and challenge under-investment in health.



Community-Led Services

Community-led services are services designed, delivered, or monitored by communities themselves, often through civil society organizations (CSOs) and networks. These services often reach people who are excluded or stigmatized and who may not trust or access formal health facilities. For communities, sustainability means these services are recognized as essential, funded and integrated, not treated as optional.



Domestic Resource Mobilization (DRM)

Domestic Resource Mobilization means how governments raise and use their own money to pay for health services – through taxes, budgets, health insurance, or other public funding. For communities, DRM matters because long-term access to services depends on national and local budgets, not donors.

Key and Vulnerable Populations



Key and vulnerable populations are groups of people who face higher risk of disease, greater barriers to accessing services, or discrimination, often due to stigma, or criminalization, such as sex workers, people who use drugs, men who have sex with men, migrants, prisoners, and others. These populations are usually most affected by funding reduction or end, which is why the STC approach requires their services to be explicitly protected.

National and Sub-National Transition Readiness



Transition readiness means being ready before GF funds reduce or end. It is about how well prepared a country is to take over funding and management of services without causing harm. It looks at whether budgets are approved, systems are working, laws allow CSOs to operate, and local governments are ready. Sub-national readiness refers to whether local governments (counties, districts, municipalities) can plan, budget, and manage services.

Communities experience services locally, so readiness at this level often determines whether transition succeeds or fails - the real test of transition success. If readiness is low, transition is risky.

Communities can assess readiness by asking: Are budgets approved? Are laws in place? Are CSOs funded? Are local governments ready?

Service Continuity



Service continuity means people keep receiving HIV, TB and malaria services without interruption, even when GF funding changes. Services do not stop - people should not miss medicines, treatment, outreach, or support services. From a community perspective, this is the most important outcome: no interruptions - no treatment gaps, no clinic closures, no loss of outreach or support.

Social Contracting



Social contracting is when governments use public money to formally contract and pay community or CSOs to deliver HIV, TB and malaria services. It is one of the strongest ways to sustain community-led services after GF funding reduction or end. Communities can advocate for social contracting as a replacement, not removal, of GF support.

Sustainability



Sustainability means that HIV, TB, and malaria services do not stop when Global Fund funding reduces or ends. It is about whether governments and health systems can keep services running, improve them, and reach more people over time using mostly their own domestic resources. For communities, sustainability answers a simple question: Will people still get

prevention, treatment, and support services in the future?

Sustainability is no longer about money (financial resources). It also depends on whether (i) services are well designed and working and services continuity (programmatic), whether they respond to real disease needs (epidemiological) and whether leaders and governments are willing to support and protect these services (political commitment).

Sustainability Planning



Sustainability planning is about thinking ahead, not reacting when funding reduces or ends. It involves governments, communities and partners planning together to decide how HIV, TB, and malaria services will be paid for, delivered and managed, and continue in the long term (future), even when funding reduces or ends. For communities, this is where they must push to ensure community-led services are recognized, budgeted for (included in long-term plans), and protected.

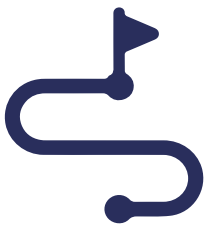
Transition



Transition is the process where a country moves from Global Fund funding to government funding, takes full responsibility and leadership for paying for and running HIV, TB and malaria services and programs. When Global Fund reduces or ends support, and governments take over responsibility.

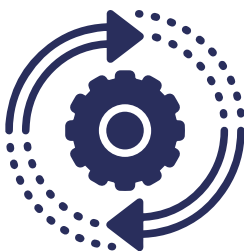
Transition should not mean services disappear. A good transition means governments are ready to take over without harming people's access to care, especially for key and vulnerable populations.

Transition Pathways



Transition pathways describe how fast and in what way GF funding reduces or ends. Some transitions happen slowly (gradual), some happen faster (accelerated), and some only affect certain diseases or services (component-level). Communities need to understand the pathway so they can anticipate risks early, prepare and advocate for realistic timelines.

Transition Planning



Transition planning means preparing early for GF funding reduction or end. It looks at what might go wrong, what services are at risk, what funding will replace GF money and what actions are needed to prevent service disruptions. Communities use transition planning to ask:

What will change? When will changes happen?? Which services are at risk? Who will pay or fund them next? How will services be protected?

Where STC Sits in the GC8 Modular Framework



Annex 2: Where STC Sits in the GC8 Modular Framework

STC Requirement /Function	STC Policy (Non-Negotiable)	GC8 Module	GC8 Intervention	How Communities & CSOs Engage (GC8-Aligned)
Costed National Health & Disease Strategic Plans	Countries must have robust, inclusive, evidence-based, costed national and diseasespecific plans that inform funding requests and sustainability (¶6(a), ¶9, ¶12)	RSSH Module – Health Sector Governance & Integrated People-Centred Services.	(a) National health and cross-sector policy, strategy and coordination - Pg 16.	<ul style="list-style-type: none"> Participate formally in national & sub-national planning platforms in development and review of national health strategies Contribute community evidence to planning processes Participate in national consultations and technical working groups Support mid-term and end-term strategy reviews Advocate explicit inclusion and costing of community-delivered services within national policies, strategies and plans. Submit community- and KP-generated evidence to inform prioritization and costing.
Defined & Costed Minimum Package of Community Services	Progressive domestic financing of key/ essential programmatic interventions, including community services, is required (¶6(h), ¶23–24)		(b)Planning, management and delivery of integrated people-centered services – Pg 16.	<ul style="list-style-type: none"> Participate in joint planning and coordination of integrated services at PHC and community level. Support coordination between community and facility-based services Provide feedback on integration of services at community level Participate in district-level service delivery reviews
STC-Aligned Funding Request Development	Funding requests must explicitly reflect sustainability and transition planning priorities (¶9(b), ¶10, ¶12–14)		<ul style="list-style-type: none"> Review funding requests to ensure STC commitments are reflected across modules Advocate inclusion of CLM, social contracting and transition safeguards Flag gaps undermining sustainability or equity points to influence national and sub-national decision-making processes related to sustainability, transition readiness, and service continuity. Participate meaningfully in CCM governance, oversight and committees. Advocate sustained, resourced community representation Use CCM platforms to challenge assumptions and flag risks. 	
Community-Led Advocacy & Investment Cases	Advocacy and evidence recognized to strengthen domestic financing and remove barriers (¶6(d), ¶7, ¶18(b))	RSSH – Community Systems Strengthening (CSS)	(a) Community-led monitoring and advocacy – Pg 17.	<ul style="list-style-type: none"> Support national CLM systems to monitor sustainability, transition readiness, and service continuity. Use community data to identify risks to essential services and inform domestic financing decisions. Present evidence in governance and financing platforms to strengthen accountability. Monitor climate and system risks affecting continuity of community services. Strengthen CLM systems to support longterm sustainability and transition monitoring. Ensure secure data systems to support evidence-based transition planning. Build capacity of community-led organizations to sustain monitoring roles. Monitor human rights barriers affecting equitable and sustainable service delivery

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Multi-Stakeholder Coordination (CCMLed)	Sustainability and transition must be inclusive and coordinated (CCM-led) (¶6(f), ¶10(a))	RSSH – Community Systems Strengthening (CSS)	(b) Community coordination and engagement in decision making – Pg 17.	<ul style="list-style-type: none"> Establish and participate in community platforms and coordination mechanisms that ensure inclusive consultation of key and vulnerable populations (KVPs), women, adolescent girls, and young people in sustainability and transition planning processes. Support community representatives to actively participate in national, subnational, and local health planning and governance processes, ensuring community priorities are reflected in sustainability, transition, and co-financing decisions. Build community capacity to engage in health financing, budgeting, and accountability processes, including tracking domestic financing commitments and influencing resource allocation for community-led services. Generate and use community-led evidence to inform prioritization, planning, and accountability mechanisms, particularly to support sustainability planning and continuity of services during transition. Map community stakeholders and identify strategic engagement entry
Early & Inclusive Sustainability Planning	Sustainability planning is mandatory for all countries and must start early and be inclusive (¶9(a-b))	RSSH - Health Financing Systems (HFS).	Health financing analytics, advocacy, strategies and planning pg. 18-19	<ul style="list-style-type: none"> Participate in the development and review of national health financing strategies, including contributing community priorities to health sector budgets and Medium-Term Expenditure Frameworks (MTEFs) linked to national health plans. Contribute evidence and advocacy to support domestic financing for community-led and civil society services, including engagement in multi-stakeholder financing dialogues and budget advocacy processes. Participate in sustainability and transition readiness assessments, helping identify risks to continuity of HIV, TB and malaria services and supporting implementation of transition plans. Support the development of pooling, strategic purchasing, and provider payment mechanisms, including providing community perspectives on equitable access to funded services. Engage in health labor market assessments and investment planning, particularly to strengthen community-based service delivery and workforce sustainability. Monitor and advocate for sustainable commodity financing, including access to pooled procurement systems and efficient supply chain mechanisms that support continuity of essential medicines and supplies.
Transition Readiness Assessment	Transition must be informed by financial, programmatic, system and governance readiness (¶10)			
Transition Planning & Responsible Transition	Transition planning must be phased, country-led, inclusive and protect community and KP services (¶10(a-c))			

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STC Requirement /Function	STC Policy (Non-Negotiable)	GC8 Module	GC8 Intervention	How Communities & CSOs Engage (GC8-Aligned)
Transition Funding Justification	Final allocation may only fund activities identified in transition planning (¶10(c))			<ul style="list-style-type: none"> Participate in health expenditure tracking, budget monitoring, and efficiency reviews, including identifying gaps affecting community and key population services. Contribute to costing and financial modelling of national strategic plans and investment cases, including cost-effectiveness and cost-benefit analysis for community-led interventions. Flag risks to continuity, equity and access for community- and KP-led services Assess CSO fiduciary, governance and service-delivery readiness for public financing Validate whether assessments capture community system vulnerabilities. Ensure timelines reflect realistic system and fiscal absorption capacity. Review readiness investments, <ul style="list-style-type: none"> - validate alignment to transition priorities. Scrutinize whether proposed investments support readiness rather than replacing domestic financing, - Advocate funding for CSO readiness, systems integration and contracting mechanisms. - Validate alignment with documented community risks.
Health Financing Strategy & Domestic Resource Mobilization	GF supports DRM, domestic financing of programmatic and community services and sustainability (¶6(c), ¶15-18)	RSSH – Health Financing Systems.	Health financing schemes - pg. 18-19	<ul style="list-style-type: none"> Participate in the design and review of national health financing schemes, including providing community input on integration of HIV, TB and malaria services into national insurance and pooled financing systems. Contribute community perspectives to budget impact analysis, economic evaluations, and financing analytics, ensuring services for vulnerable and marginalized populations are adequately funded. Advocate for equitable strategic purchasing mechanisms that incentivize access to HIV, TB and malaria services tailored to community needs, particularly for key and vulnerable populations. Support development and review of standardized health benefit packages, ensuring inclusion of essential HIV, TB and malaria services across regions, especially in decentralized or federated systems. Participate in community enrollment and awareness initiatives, helping vulnerable and marginalized populations understand and access national health financing schemes and financial protection mechanisms. Monitor and report financial barriers to access, including affordability, coverage gaps, and exclusion of vulnerable populations, to inform sustainability and transition planning decisions. Review commitments through a community and equity lens Advocate for inclusion of community and KP services in commitments Raise concerns through CCMs where commitments are vague or exclusionary Track budget allocations, releases and expenditures using CLM and budget-tracking tools Compare promises (commitments) with service-level impacts (expenditures) Feed findings into CCM oversight and grant reviews
Co-Financing Commitments (Mandatory)	Access to full allocation is conditional on formal government cofinancing commitments (¶15, ¶19-24, ¶29)			
Evidence of Co-Financing Realization	Countries must demonstrate realized cofinancing through budgets and expenditure (¶29-35)			

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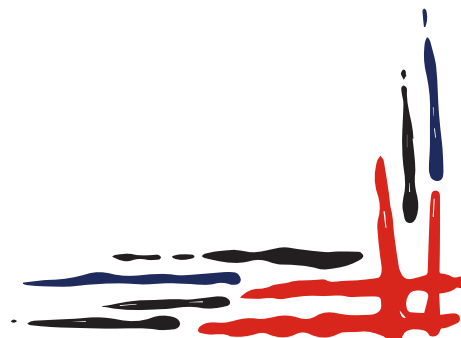
STC Requirement /Function	STC Policy (Non-Negotiable)	GC8 Module	GC8 Intervention	How Communities & CSOs Engage (GC8-Aligned)
<p>Social Contracting/ Domestic Financing Mechanisms</p>	<p>Public financing of CSOs delivering essential services, especially for KPs, must be supported. (¶6(h), ¶18(d))</p>	<p>RSSH – Health Financing Systems.</p>	<p>Social contracting - pg. 20</p>	<ul style="list-style-type: none"> • Participate in assessments and design of public financing and social contracting models or public purchasing frameworks to ensure community and civil society organizations are included as service providers within national health financing systems. • Contribute to the costing of community service packages and contracting mechanisms, ensuring that community-led services are adequately funded and aligned with national sustainability and transition plans. • Strengthen organizational capacity to manage contracts and public financing, including improving governance, financial management, reporting, and compliance systems required for contracting. • Engage in development and implementation of contracting policies and procedures, including defining eligibility criteria and service standards for CSOs and CBOs. • Advocate for and participate in transition financing and bridge funding mechanisms to maintain continuity of community-led services during periods of funding transition. • Monitor the implementation of contracted services, ensuring accountability, quality of service delivery, and continuity of HIV, TB and malaria programs. • Advocate fair eligibility criteria, payment terms and accountability arrangements • Support pilot rollout and phased scale-up of contracting models.
<p>Dedicated Budget Lines for Community Services</p>	<p>Countries must progressively finance services through public budgets. (¶18(d), ¶24(c))</p>	<p>RSSH – Health Financing Systems</p>	<p>Routine Financial Management Systems - pg. 19</p>	<ul style="list-style-type: none"> • Advocate creation, protection and expansion of budget lines • Monitor execution rates and delays • Link budget gaps to service disruption risks documented through CLM. • Participate in financial oversight and accountability processes, including community representation in grant review, monitoring, and fiduciary oversight forums to ensure transparent use of Global Fund and domestic resources. • Build capacity to understand financial reporting and grant management processes, enabling communities to review financial information and identify risks affecting service delivery and sustainability. • Support financial risk identification and monitoring, including documenting funding delays, resource gaps, and financial bottlenecks that may affect continuity of HIV, TB and malaria services. • Participate in strengthening financial management processes and systems, including contributing feedback on the effectiveness of shared or harmonized financial systems used across development partners. • Monitor treasury and funds flow arrangements, identifying delays or inefficiencies that may disrupt community-level service delivery during transition to domestic financing. • Support strengthening of financial management human resource capacity, including participation in training initiatives that improve financial governance and accountability systems.

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STC Requirement /Function	STC Policy (Non-Negotiable)	GC8 Module	GC8 Intervention	How Communities & CSOs Engage (GC8-Aligned)
				<ul style="list-style-type: none"> Engage in assurance and accountability processes, including supporting internal and external reviews of financial management systems and providing community-level evidence on the impact of financial management performance on service delivery. Advocate for harmonized and integrated financial management systems, including shared service arrangements that improve efficiency, reduce duplication, and support long-term sustainability of funded programs.
CSO & Community Systems Capacity Strengthening	GF supports capacity strengthening to sustain delivery and transition (¶6(f), ¶6(h), ¶35)	RSSH - Community Systems Strengthening	Organizational & leadership development - pg. 18	<ul style="list-style-type: none"> Establish and strengthen formal partnerships and coordination mechanisms between health systems and community-led organizations, ensuring sustained engagement of groups led by KVPs, women, youth, and people living with HIV, TB and malaria. Participate in organizational capacity-building initiatives, including mentoring and small grants, to strengthen governance, strategic planning, program implementation, and financial management systems required for sustainable service delivery. Strengthen organizational sustainability by supporting core operational systems, including staffing, office operations, safety, and security measures necessary to maintain community-led services during transition. Facilitate formal registration of community organizations, or access legal support, fiscal hosting, and consortium arrangements where registration is not feasible, to enable eligibility for domestic and public financing. Build technical capacity to design, implement, monitor, and manage programs, including strengthening monitoring systems and financial accountability required for long-term sustainability. Participate in national leadership development and representation initiatives, supporting emerging leaders from under-represented communities to engage in national planning, governance, and accountability processes. Strengthen collaboration between community networks and health systems to institutionalize community-led services within national health programs and transition frameworks. Conduct self-assessments against fiduciary and governance standards Co-design capacity strengthening plans linked to transition needs Use GC8 investments for long-term system integration

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12. ⁶ Countries with transition funding in GC8: HIV (Algeria, Guatemala), Malaria (Bhutan, Indonesia, Suriname, Timor-Leste), TB (Cabo Verde)





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