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COMMUNITY
GUIDE

To Reprogramming
Global Fund Grants

CHANGE
COMMUNITY HEALTH &
HIV ADVOCATES NAVIGATING
GLOBAL EMERGENCIES

Community Guide to Reprogramming Global Fund Grants

In January 2025, the United States government ordered a 90-day freeze of all foreign assistance, which includes PEPFAR and PMI. Many of the contracts and grants that were frozen have since been terminated.

As programs and organizations close down, these **gaps must be filled through other funding sources**. This guide explains how the Global Fund can help fill the gaps, what Grant Revisions are, and how communities should engage in the process.

What is Global Fund reprogramming?

Every three years, the Global Fund Country Coordinating Mechanism (CCM) develops one or more Funding Requests that describe the national plan for responding to the three diseases. The Funding Requests are reviewed by the Technical Review Panel (TRP), which is an independent body of subject matter experts. After TRP review, one or more grants are developed that describe the work plan, the budget, and the programmatic targets for the three years. These are then approved by the Grants Approval Committee (GAC).

Although the grants are approved once every three years, the activities and budgets may be revised throughout the allocation cycle. **This is called a Grant Revision**, or reprogramming. It is important to note that reprogramming does not constitute new money being made available, rather it is the reallocation of unspent funds to new activities.

Grant Revisions

There are five types of Grant Revisions

When reprogramming funds to fill gaps, the most common type of **reprogramming will be a Programmatic Revision or a Budget Revision**. This is because the grant's end date will not be changed and the total available funds is not changing. The exception to this would be if a private donor gave funding to the Global Fund or if a global Portfolio Optimization activity took place. However, at present, **there are no new resources available** from the Global Fund to fill the gaps from United States government cuts.

1

END DATE REVISION

Used to change the end date of an active grant.

2

ADDITIONAL FUNDING REVISION

Used to either incorporate new funding into a grant, reduce funding in a grant, or to transfer budget and activities from one grant to another.

3

PROGRAMMATIC REVISION

Used to reflect changes in the scope or scale of a grant, or to make changes to the Performance Framework.

4

BUDGET REVISION

Used to reallocate approved grant funds without changing the Performance Framework.

5

ADMINISTRATIVE REVISION

Used to make changes to the grant data, change grant requirements, or make other administrative adjustments.

Checklist for reprogramming Global Fund grants

01 ———————

Step 1

Gather data on current disruption

02 ———————

Step 2

Identify the most urgent priorities for communities

03 ———————

Step 3

Approach your CCM and ask if reprogramming has begun

04 ———————

Step 4

Request information about funding sources

05 ———————

Step 5

Review if priorities are already included in the UQD Register

Step 1: Gather data on current disruption

Types of data to collect

The first step is to find out where programs are stopped or disrupted. Communities and civil society should gather as much information about:

- Which HIV, tuberculosis, or malaria **programs have stopped operating**?
- Which implementing organizations (PEPFAR or Global Fund) have shut down or **laid off all of their staff**?
- Which clinics or drop-in **centers are no longer operating**?
- Which populations have **lost eligibility** for services?
- Are key and vulnerable populations (KVP) experiencing **higher levels of stigma** and discrimination when trying to access care?

The more specific you can be about this, the better. Gather the names of organizations, the districts and provinces where disruption is happening, gather stories and testimonies from people's experiences. If you are able to, gather data on the number of clients who are losing access to services.

Which countries are eligible for reprogramming?

Any country that has an active Global Fund grant may reprogram funds. If you are not sure which grants are active in your country, you may review the Global Fund's **Data Explorer**.

Where to find evidence

Here are some data sources you may use to gather data:

- **PEPFAR and Global Fund Dashboard**: You may find side-by-side data about PEPFAR and Global Fund budgets.
- **PEPFAR Monitoring, Evaluation, and Reporting Database:** You can use data about the scale of services previously provided by PEPFAR to estimate the number of people impacted by program pauses.
- **Community-led monitoring** programs
- **Individual interviews** and focus groups: You can collect stories from service users to describe the challenges faced in clinics.
- **Frozen Out: Impact of the PEFPAR Funding Freeze on Programs for Key Populations:** This report includes estimates of the potential programmatic and financial gaps for KPs.
- **Key Populations and Key Population Investment Fund Data Project:** You can review country level estimates for the percent of PEPFAR budgets that previously went to KPs and for what services (prevention, treatment, etc.) to help understand the scope of the gaps.
- **PLHIV Stigma Index:** You may review the KP-specific data.
- **UNAIDS KP Atlas:** Review country-level epidemiological data about HIV and KPs.

Step 2: Identify the most urgent priorities for communities

In most countries, not every program that has been cut will be able to be funded. This is because there is no new funding for Global Fund grants, and in many places the United States government funds a large proportion of the HIV, TB, and malaria response. This means that **prioritizing the most important programs** will be key.

Here are some considerations when prioritizing which activities to advocate for:

- Which activities are causing the **greatest and most urgent disruption** to the health and safety of communities?
- Which activities is the **Ministry of Health unwilling** or unable to fund?
- Which priorities were included in the Funding Request's **Annex of Community Priorities**?
- Are any PEPFAR implementing organizations **also a Global Fund sub-recipient** or sub-sub-recipient (SR or SSR)? It may be easier to adjust budgets if they are already an approved Global Fund partner.
- Which disrupted clinics or organizations are **operating in the same district** or region as a Global Fund sub-recipient or sub-sub-recipient (SR or SSR) who is trusted to fill the implementation gap?

Step 3: Approach your CCM and ask if reprogramming has begun

In general, the process of grant revisions is led by the Principal Recipient (PR), in collaboration with the Country Team (CT) in Geneva. Depending on the type of Grant Revision, there are different rules around community and CCM engagement.

Type of Revision	Who may request?	Who must endorse?
Programmatic Revision	The **CCM**, PR, or the CT may request the revision	The CCM Chair and the **civil society representative** (if the Chair is from government)
Budget Revision	The revision can only be initiated by the PR or the CT	The **PRs must inform the CCM** of the revision. If revision is a small percent change of the budget, the CCM is not notified

This means that to request reprogramming, you **must engage with your CCM**. The easiest way is to contact your civil society representative on the CCM. If you're not sure how to contact your CCM, you can find contact information for **CCM members here**. In your message, you should ask your CCM if reprogramming has begun. You will most likely need to **send a message to your CCM regularly**, such as every few days, so that you can make sure to be properly engaged when reprogramming discussions happen.

Step 4: Request information about funding sources

Since there are no new resources to fill gaps, you will need to work with the CCM or the PR(s) to find where extra funding can be found. There are two main ways that Global Fund gaps can be filled.

- The first **source of funding is unabsorbed funds**. Unabsorbed funds are Global Fund grant funding that has been budgeted for an activity, but the funds have not been spent. Sometimes this is because the cost is lower than was originally planned, the activities were much more efficient than was expected, or because some barriers have prevented the activities from happening. Using a Grant Revision, these leftover funds can be reprogrammed to fill gaps.
- The **second source of funding is domestic resources**. Although these funds would not be incorporated into Global Fund grants, they could be used to fund activities normally funded by Global Fund. In this way, Ministries of Health can take on Global Fund activities, leaving unused funds in the grant that can be reprogrammed for emerging needs.

Taken together, you can request which unutilized funds can be used to reprogram urgent community priorities.

Step 5: Review if priorities are already included in the UQD Register

All activities that are funded by the Global Fund **must be reviewed by the Technical Review Panel** (TRP). For Global Fund grant budgets to be used to fill gaps from PEPFAR or PMI activities, the TRP would first need to review those new activities.

When countries write their Funding Requests, they submit budgets for the entire amount they have been allocated. At the same time, an extra 30% of budget activities is requested. These activities, which are unfunded, are reviewed by the TRP in the same way as the main budget is. At the end of the review, however, they are added to the **Unfunded Quality Demand (UQD)**, which is a register of all unfunded, but high quality, interventions in each country.

If the activities you are advocating for are already on the UQD, you may reprogram grant budgets toward them without needing a TRP review. To see what activities are in the UQD for your country, you may review the **data here**.

If PEPFAR activities are not in the UQD, then you will need to **submit a request for the TRP** to review them. To do this, you may use **this template** to pick which modules and interventions are the most important to be funded. This request will then be sent to the CT in Geneva, which will facilitate the TRP review and add the activities into the UQD, so that they may be funded.

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