Grant Cycle 8: TB Prioritization Guidance

WHO AFRICA REGIONAL MEETING

JUNE 2026

Grant Cycle 8 Overview: Focus & Strategic Shifts

Sustainable program design and effective transitions

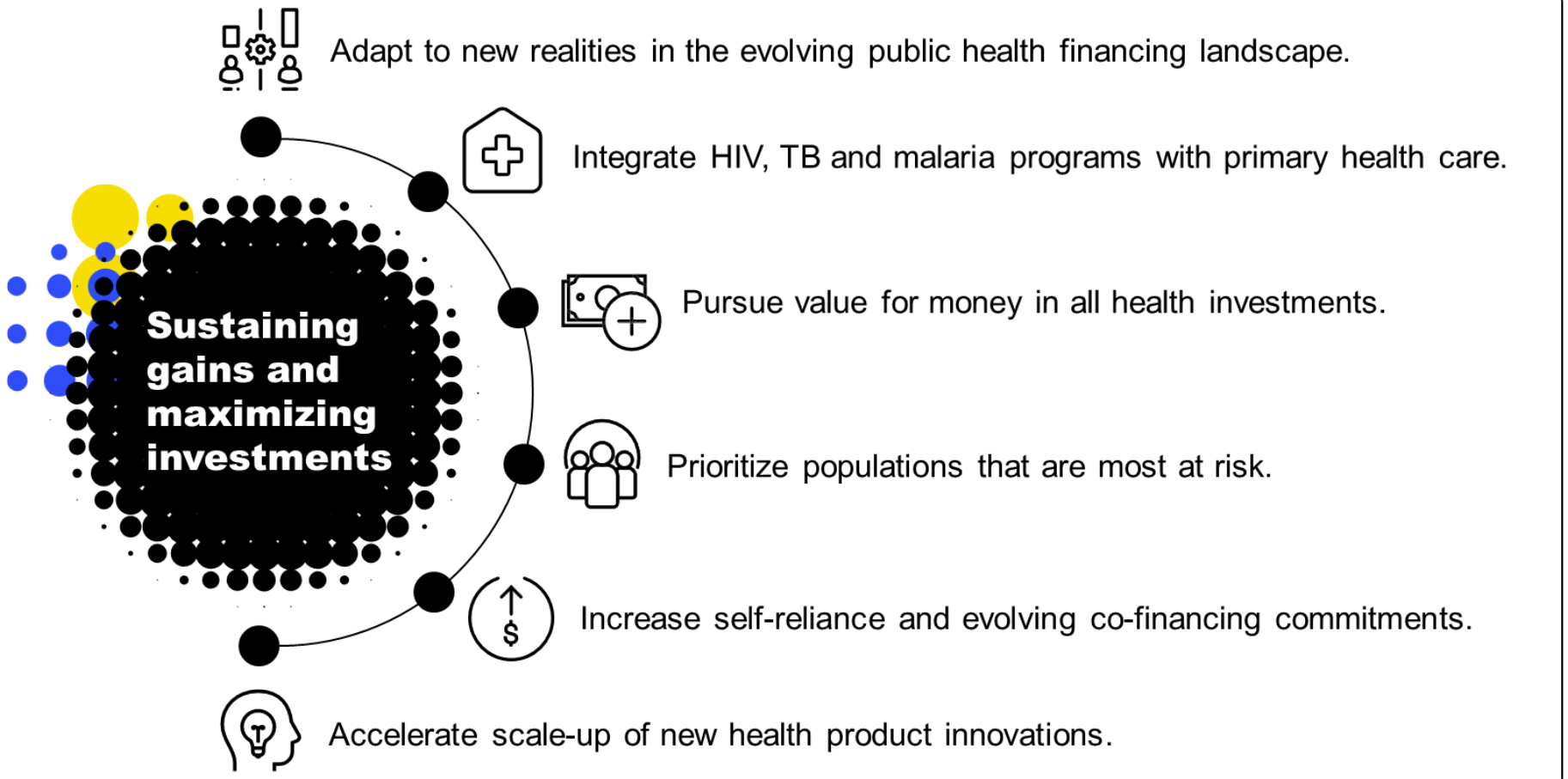
Shift Global Fund allocations to further prioritize the lowest income and highest burden settings (where disease progress affects global progress and domestic resources are highly limited)

Set grant cycle-specific transition pathways and timelines to provide countries predictable financing and support sustainability through GC8 investments.

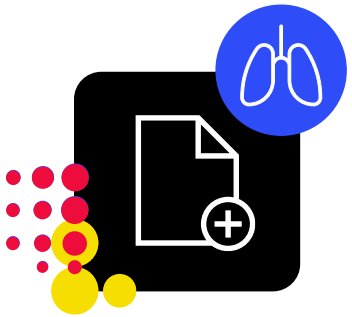
Optimize the use of all available funds to support progressive sustainability through rigorous programmatic prioritization, co-financing, market shaping, integration, and community systems financing

Adapting GC8 to new realities on the path to self-reliance

GC8 strategic shifts: on the path to self-reliance



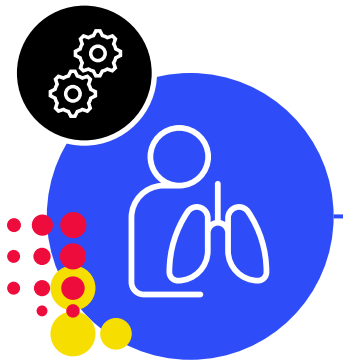
TB Prioritization Guidance



- TB guidance is aligned with the Grant Cycle 7 Programmatic Reprioritization Approach including programmatic efficiency and optimizations which are relevant in any or low and flat funding scenarios.
- **TB program essentials**, introduced in GC7, should guide priority interventions in relevant areas of the grant.
- More emphasis on **integration, innovations and value for money.**
- TB Innovations are to be considered including introduction of **near point of care TB tests and sample pooling (new WHO guidance**), and the new WHO recommendations on **DR-TB treatment regimens and concurrent tests for TB diagnosis in people living with HIV and children**
- Considerations of **people in fragile and conflict- affected settings**, people affected by extreme weather events and climate impacts on food security and livelihoods are considered as key and vulnerable populations for TB.

TB Investment Approach

Examples TB screening and diagnosis (not exhaustive)



Priorities for Global Fund investments

- Implement screening and diagnostic algorithms that are sensitive, accurate and efficient, such as CXR with CAD/AI for TB screening, rapid molecular test as the initial test for TB
- Prepare for introduction and scale-up of new tools including near-point-of-care tests and alternative sampling techniques recommended by WHO.
- Intensify screening and testing for TB in health facilities, including quality improvement
- Integrate TB services into essential healthcare packages and systems
- Implement targeted active case finding focused on key and vulnerable populations,

Lower priority for Global Fund investments

- Limit the use of sputum microscopy to monitor treatment progress rather than for TB diagnosis
- Limit mass chest camps among the general population or untargeted active case finding interventions, particularly those that have not demonstrated the expected yield of TB cases.

Optimization, efficiency and other considerations

- Consider mapping and targeting high-risk groups and geographic areas with high incidence (“hotspots”) using available data, including vulnerability index.
- Consider options to optimize the use of test cartridges, such as pooling of sputum samples for mWRD tests and upfront use of x-rays (with CAD) for TB screening.

Program Essentials* provide a framework for prioritizing context specific interventions

Screening & Diagnosis

- Provide systematic TB screening for those at highest risk.
- Achieve universal use of WHO-recommended rapid molecular tests as the initial test for TB.
- Test all people with bacteriologically confirmed TB for at least rifampicin resistance.
- Improve efficiency through optimized TB screening and diagnostic network.

Prevention

- Ensure availability of TB preventive treatment for all eligible people living with HIV & children under 5 years who are household contacts of people with bacteriologically confirmed pulmonary TB.

Treatment & Care

- Use child-friendly formulations and a 4-month regimen for children with non-severe forms of TB.
- Prioritize shorter, all oral regimens for people with DR-TB, with BPaLM as the treatment of choice for eligible patients.

TB/HIV

- Start all people living with HIV with TB disease on antiretroviral treatment early
- Concurrently use LC-aNAAT and LF-LAM tests for the diagnosis of TB disease among people living with HIV.

Cross Cutting

- Use data-driven decision-making, enabled by the rapid generation, analysis and use of high-quality data.

Cross Cutting

- Introduce and scale new, cost-saving innovations such as the near point-of-care molecular TB tests, use of tongue swabs and sputum sample pooling.
- Integrate TB in primary health care services and within the broader health systems.
- Engage private health care providers on a scale commensurate with their role in the health care system.
- Provide decentralized, ambulatory, community-based and–led, people-centered services.
- Use analyses of disparities in accessing TB services and include stigma and discrimination reduction for those living with TB; legal literacy & access to justice; community mobilization and monitoring for and by people with TB and TB-affected populations to promote people-centered health outcomes.

Examples of prioritization for GC8

(not exhaustive)

Topic	Priority intervention	Lower priority
Screening & Diagnosis	• CXR, CAD/AI, mWRD, **NPOC,*** LF-LAM • Integrate TB into PHC packages & systems • **Sample pooling***	• Sputum microscopy for diagnosis • Non-performing ACF campaigns
Treatment	• DS-TB: 2HRZE/4HR, 2HRZ(E)/2HR • DR-TB: 6-month BPaLM, BDLLfxC	• DSTB: 2HPMZ/2HPM for people ≥12 yrs • DR-TB: 9-m BLMZ, BLLfxCZ and BDLLfxZ
Prevention	• Antigen-based TB skin test • TPT for household contacts ≤ 5 years and PLHIV • Preparation for TB vaccine introduction	• Interferon-Gamma Release Assay tests • TBI testing and TPT for older household contacts and other risk groups
Strategic Information	• Real-time, digital case-based TB surveillance system strengthening, interoperability • Routine and periodic data analysis & use	• Only in **exceptional circumstances:** TB prevalence surveys, household cost surveys, KAP surveys, operational research
Crosscutting	• Included in KVP: people in fragile and conflict-affected settings, affected by extreme weather events & climate impacts • Health products: use standardized product specifications, optimize procurement channels	• Purchase of vehicles and non-essential equipment, renovations, international conferences, commemorative days, generic mass media events. Optimize trainings, meetings, supervision.

*NPOC eligible for GF procurement. NPOC and sample pooling have new WHO guidance as of Feb 2026

Key Takeaways

1. **GC8 is driven by strategic shifts:** It places stronger emphasis on **clear transition pathways**, prioritizing **the lowest- income and highest-burden settings**, deeper integration and progressive domestic financing.

2. **The GC8 timeline is tight and drives early decision-making.** With soon approaching 2026 submission windows, countries need to front-load dialogue, prioritization and trade-ff decisions. Delayed decisions risk weakening the coherence and quality of the funding requests.

3. **For TB, Program Essentials provide an anchor.** They define core interventions that are critical for impact and alignment with normative guidance.

4. **Prioritization in GC8 is explicit and trade-offs must be intentional**. The guidance clearly distinguishes higher- priority interventions from those that are lower priority or only justified in specific contexts. The focus is on value for money, efficiency, scalability.

5. **Country dialogue is where GC8 succeeds or fails.** The quality of GC8 outcomes depends on how well stakeholders use the guidance to have honest conversations about what to prioritize, what to optimize, and what to de-prioritize, while keeping equity, communities and impact at the center.

Thank You