

# OPPORTUNITIES AND RISKS FOR HEPATITIS IN GLOBAL FUND PROGRAMMES



**This brief provides an overview of the Global Fund's Grant Cycle 7 reprioritization process (July–September 2025), a process which will be further accelerated in Grant Cycle 8. It highlights key opportunities and risks for hepatitis, with the aim of equipping communities to engage in these reprioritization efforts and to advocate effectively for the integration and long-term sustainability of hepatitis interventions within Global Fund–supported programs, primary health care, and community systems.**

## OVERVIEW

The Global Fund's policies increasingly enable countries to integrate viral hepatitis services – prevention, testing, and treatment – into HIV programs for people living with HIV (PLHIV), key populations, and pregnant women. Many countries leveraged this opportunity in Grant Cycle 7 (GC7, 2023–2025).

However, global aid shortfalls have reduced Global Fund allocations for the remainder of GC7, forcing countries to reprioritize activities within tighter budgets. These decisions present both risks and opportunities: while they can drive greater integration, cost-effectiveness, and sustainability across HIV, tuberculosis (TB), and malaria programs and help

strengthen primary health care and community systems, hepatitis interventions introduced under GC7 face a serious risk of being deprioritized without strong advocacy.

The current GC7 reprioritization process, and the upcoming Grant Cycle 8 (GC8, 2026–2028), are therefore critical moments for hepatitis communities to advocate for the sustained inclusion of hepatitis interventions in Global Fund–supported programming.

## A LOOK BACK AT HEPATITIS IN GC7

### How did the Global Fund's policies evolve for hepatitis?

Although the Global Fund cannot finance full national hepatitis programs, it can support integration of hepatitis services into HIV, sexual and reproductive health (SRH), harm reduction, and antenatal care (ANC) platforms. In GC7, Global Fund policy allowed for the following hepatitis activities to be included in country applications:

- **PLHIV and key populations:** screening, testing, and treatment for hepatitis B and C, plus hepatitis B vaccination within HIV, SRH, and harm reduction services.

- **People who inject drugs (PWID) and people in prisons/closed settings:** hepatitis B and C services integrated into harm reduction, regardless of HIV status.
- **Pregnant women and newborns:** support for triple elimination through HIV, syphilis, and hepatitis B screening with confirmatory testing during ANC, alongside treatment and prophylaxis. The Global Fund does not fund hepatitis B birth dose vaccines but can support related service delivery activities.

## Was hepatitis prioritized in GC7?

Yes. With community engagement and partner support, many countries integrated hepatitis services as part of their Global Fund programming, particularly through triple elimination:

- Out of 21 GC7 applications reviewed by Clinton Health Access Initiative (CHAI), 20 included hepatitis components.
- Global Fund reported \$60 million approved for viral hepatitis – a threefold increase from the previous cycle (\$47 million for hepatitis B (primarily hepatitis B surface antigen (HBsAg) rapid testing for pregnant women); \$12 million for hepatitis C).<sup>1</sup>

## RAISING AWARENESS AND SUPPORTING UPTAKE

To ensure countries understood and used these GC7 policy opportunities:

- CHAI developed and shared a [Resource Toolkit \(Dec 2022\)](#) with guidance, practical examples, tools, and advocacy templates.<sup>2</sup> CHAI also facilitated a partner coordination working group to align country support, engaged 21 countries on the policy opportunity, and, where requested, provided tailored assistance – such as proposal design, costing, and reviews – to help countries include hepatitis in their GC7 applications.
- The World Hepatitis Alliance (WHA) developed a briefing to summarise of the Resource Toolkit for communities and hosted a webinar to boost visibility among civil society and affected communities.<sup>3</sup>

## CURRENT STATUS: GLOBAL FUND REPRIORITIZATION AND IMPLICATIONS FOR HEPATITIS

### What is Global Fund's reprioritization guidance for hepatitis?

In June 2025, the Global Fund confirmed that **country budgets for the remainder of GC7 are reduced due to global aid cuts**. Between July and September 2025, countries are revising implementation plans in line with [Global Fund reprioritization guidance](#), which includes specifics for hepatitis:

### For PLHIV & key populations

- **Prioritize:** hepatitis C diagnosis and treatment, hepatitis B treatment for those already diagnosed.
- **De-prioritize:** new hepatitis B screening and care initiation (hepatitis B testing and treatment for high-risk populations may still be considered).

### For pregnant women

- **Prioritize:** HIV and syphilis screening and care.
- **De-prioritize:** hepatitis B screening (countries should weigh trade-offs carefully, especially where hepatitis B screening is already integrated into antenatal care services).

### What are the implications for hepatitis?

- Global Fund budget cuts and reprioritization guidance are driving difficult trade-offs across health priorities.
- Without alternative funding, deprioritizing hepatitis could lead to **service disruptions, missed diagnoses, reduced program momentum heading into GC8, and instability in the hepatitis product market**. For example, countries that previously used Global Fund resources to support hepatitis B screening in pregnant women, but are now deprioritizing it based on Global Fund guidance, risk reversing progress in integrated screening. This shift undermines momentum towards integrated care for women and newborns, triple elimination and could slow uptake of innovations like triple tests.
- With GC7 reprioritization decisions nearly finalized, hepatitis stakeholders and communities must act now to **safeguard current investments** and begin positioning for **strong, sustained inclusion in GC8**.



## LOOKING AHEAD: LAYING THE GROUNDWORK FOR GC8

Due to uncertainty in global health financing and delays in the Global Fund's Eighth Replenishment, **GC8 will begin later than usual**. Tentative milestones include:

- **Nov 2025:** publication of applicant materials (funding request guidance, tools).
- **Feb–Mar 2026:** release of country allocation letters.

This delay creates a **critical window for hepatitis stakeholders and communities to prepare early**. Lessons from GC7 show that early coordination and strong technical cases are essential to secure hepatitis investments. Key next steps for hepatitis stakeholders at a national level include:

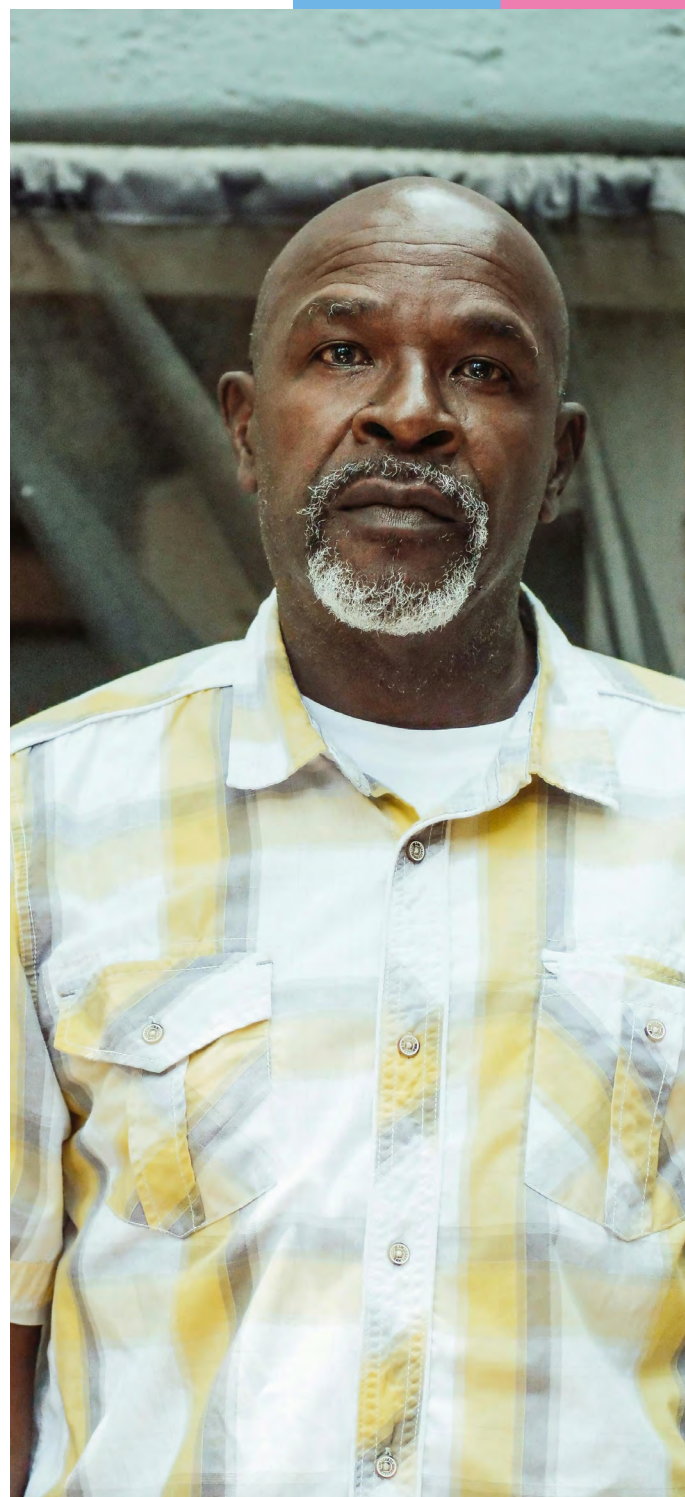
- **Assess progress:** review what hepatitis priorities have been successfully included and are being implemented under GC7.
- **Identify gaps:** determine which hepatitis activities remain funded, where shortfalls exist, and where services may be at risk.
- **Map GC8 processes:** understand each country's GC8 roadmap – identify timelines, national leads, and Country Coordinating Mechanism members involved in application development.

- **Engage early:** begin shaping a compelling, evidence-based case for hepatitis inclusion and engaging key decision-makers.
- **Push for low-cost, high-impact wins:**
  - Introduce **HIV/syphilis dual and hepatitis B single rapid diagnostic tests (RDTs) or HIV/syphilis/hepatitis B triple RDTs** in antenatal care.
  - Ensure **hepatitis C treatment scale-up** for PLHIV and key populations with affordable generics.
- **Promote integration:** position hepatitis testing and treatment within existing HIV, maternal health, and harm reduction platforms.
- **Exploring alternative funding:** where funding gaps exist, proactively explore complementary financing sources to ensure continuity of services and avoid backsliding. This includes securing Gavi support for **hepatitis B birth dose vaccination** to prevent lifelong infection.

Acting now will help keep hepatitis visible, integrated, and resourced in Global Fund GC8 – protecting progress made and accelerating momentum toward elimination.

## WHAT CAN COMMUNITIES DO?

- **Build coalitions:** partner with HIV, TB, and maternal and child health civil society organisations to amplify the call for hepatitis inclusion for comprehensive care for affected communities.
- **Gather evidence:** use community data, patient voices, and economic arguments to strengthen the case.
- **Influence national strategies:** push ministries of health to include hepatitis in health plans in Global Fund.
- **Amplify key advocacy messages:**
  - **Equity:** investing in hepatitis protects marginalized groups who are disproportionately impacted by hepatitis and supports human rights.
  - **Sustainability:** early action saves health systems from high future costs; it supports liver health and prevents liver cancer.
  - **Value for money:** hepatitis vaccines, diagnostics, and treatments are affordable, effective, and scalable.
  - **Integration:** hepatitis fits naturally into Global Fund priorities on integrated care for pregnant women and key populations, resilient and sustainable systems for health, and primary healthcare.



## REFERENCES

<sup>1</sup> GC7 Hepatitis Data presented by Global Fund on 29 July 2022, Global hepatitis webinar – It's time for action!

<sup>2</sup> [https://chai19.wpenginepowered.com/wp-content/uploads/2022/12/CHAI-GFATM-Hepatitis-Toolkit\\_vDec.2022\\_shared.pdf](https://chai19.wpenginepowered.com/wp-content/uploads/2022/12/CHAI-GFATM-Hepatitis-Toolkit_vDec.2022_shared.pdf)

<sup>3</sup> <https://www.worldhepatitisalliance.org/news/global-fund-brief/>