WE INSIST!

Non-Negotiables for and by Key Populations in the Reprioritisation and Revision of Global Fund Programmes in Grant Cycle 7

June 2025

On Friday May 30, 2025, INPUD, GATE, NSWP, MPact, in partnership with GBGMC hosted a global webinar to share the latest information on the Global Fund's reprioritisation and revision process. This process is urgently underway at country-level to reprogramme and scale-back Grant Cycle 6 and 7 grants. According to the Global Fund Guidance released on June 6, Principal Recipients (PRs) and Country Coordinating Mechanisms (CCMs) will receive, at the end of June, the revised country funding envelope indicating their reduced country funding amount. This is another grave and devastating consequence of the global financial crisis hitting the health and international development sector. Looking ahead to the first 2 weeks of July, PRs, CCMs and in-country partners (including key population organisations and networks) are meant to convene and consult on how best to optimize the use of remaining GC7 grant investments. The reprioritisation and revision process aims to allow countries to identify and agree on vital programs that preserve and enable access to lifesaving HIV, TB and malaria services. This is not a process where new ideas and interventions can be added to the country grant; **this is a crucial moment when we must protect current services and programmes for and led by key populations funded by the Global Fund.**

During this global webinar, close to 200 community and civil society allies **identified critical interventions for and by key populations** (people who use drugs, sex workers, trans and gender diverse communities, and gay, bisexual and other men who have sex with men) to ensure *continued access to lifesaving services* within this fast-moving re-budgeting process. Sixty (60) online survey responses from community members from across 31 countries have also contributed critical input into defining these core priorities.[1] While these Global Fund-funded interventions may vary depending on country context, **it is clear that we have a set of overarching non-negotiables**. **These are our red lines and they can be used and/or adapted to your country's context**.

> **This is a crucial moment in time when we need to protect key population programming and services under Global Fund grants.**
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> **The following non-negotiables are grounded in community priorities identified for HIV and have been categorised according to the Global Fund grant modules for easy reference. These non-negotiables are overarching in nature and should be adapted/modified to fit your**

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[1] The online survey received 60 responses during a 10-day period (May 29-June 8, 2025).

Module: Priority HIV interventions

We insist that the reprioritisation and revision process:

- **Maintains equitable access to lifesaving services using evidence-based low-threshold, community-led service delivery approaches for prevention, treatment and care,** including but not limited to: peer-led outreach and education models; condom and lubricant distribution, peer-led HIV/TB testing programmes; drop-in centres for/led by Key Populations; community-led harm reduction service delivery; community paralegal programmes, psycho-social and mental health support.

- **Maintains investments in evidence-based community-led innovations for effective and resource-efficient ART programmes and service delivery** including, mobile and community treatment and PrEP clinics, multi-month dispensing and peer-based adherence support models, etc. These models must ensure particular attention to the needs and preferences of each key population community, including people living with HIV.

- **Protects investments for comprehensive, low-threshold, peer-led harm reduction service delivery**, including outreach and peer education, procuring safe injection and smoking equipment that reflects the values and preferences of people who use drugs, community-led naloxone distribution, wound care, hepatitis testing and treatment, and opiate substitution treatment (methadone and buprenorphine).

- **Secures gender-transformative and evidence-based low-threshold sexual reproductive health and rights services**, including but not limited to access to PrEP/PEP (including Lenacapavir (LEN)), gender affirming care, hormone replacement therapies, tailored sexual health services to ensure anal health, differentiated STI screening and treatment services, cervical cancer screening and treatment, and violence response services.

- **Integrates comprehensive and culturally appropriate programming for Indigenous Peoples** according to their traditions and worldviews with an emphasis on ancestral science and community leadership.

- **Protects advocacy initiatives that support rights-based policy reform, access to justice, and anti-stigma and discrimination efforts for and by key populations** (e.g., in healthcare, police/legal and community settings). Stigma and discrimination affects access to care for all key populations and therefore, ongoing investment to fight against stigma and discrimination are lifesaving endeavours for all key populations. Advocacy initiatives are essential for

improving sustainable access to prevention, treatment and care services, including through decriminalisation efforts.

RSSH Modules: Health Financing, Human Resources for Health

We insist that the process:

- **Safeguards community-led service delivery** by accelerating social contracting arrangements and other direct financing mechanisms to community-led services, organisations and networks.

- **Formalises and integrates peer health workers (e.g., peer outreach workers, peer educators, mentor mothers) as essential components of the community health workforce** into health human resource strategies and costing to equalise pay scales and job protections that ensure resilient and sustainable community systems.

RSSH Modules: Community System Strengthening

We insist that there is:

- **Maintained levels of investment in the capacity development of community-led organisations** to support the delivery of lifesaving services and to accelerate country-led sustainability plans.

- **Unwavering investment in new and mature Community-Led Monitoring (CLM) initiatives** to improve health service delivery, identify new and emerging gaps and trends, and to pinpoint quality improvement areas to maximize efficiency gains and sustainability.

Module: Health Products and Procurement Systems

We insist that reprioritisation and Global Fund country budget revisions:

- **Secure equitable access to scientific progress prioritising innovations that specifically respond to HIV prevention and care gaps,** including, Lenacapavir, digital health innovations, and AI infrastructure, capacity, technology and tools for key populations and community-led organisations and networks.

Advocating Our Non-Negotiables

On June 6, the Global Fund released updated guidance outlining high-level considerations for countries during the reprioritisation process, including key interventions. **The full document can**

be found **HERE**. The Global Fund will share translations in mid-June. In the meantime, **AI-generated translations of the document can be found HERE** in French, Spanish, Portuguese and Russian.

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It is vital to get informed and avoid going into meetings under-prepared!

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Below are six essential advocacy strategies to support community engagement in this priority and re-budgeting process.

1. **START NOW!!** There is no time to wait to be invited to participate. This is an extremely fast-paced process with much of the negotiation happening between the PR(s), the Global Fund Country Team and the CCM in your country.

2. **Follow the Money!** Try to get access to the Global Fund-approved country budget and the most recent budget report to review and understand what activities are in your country grant, how much has been spent, and how much money remains available for each intervention. You can find a lot of this information on the Global Fund Data Explorer. Financial overviews that are broken down by country, component, and programme module are available here: CCM Dashboard. These are excellent resources to better understand what money is currently being considered for reprioritisation, revision (pausing), or cutting.

3. **Remember, there is Strength in Numbers!** Exchange information with your community partners and allies. If possible, meet, plan and strategise together. There is a lot to do – share the roles and responsibilities across your group and make sure that you are clear about who is doing what, and by when.

   ○ *Contact your Key Population and civil society CCM representatives* to gather information and invite them to your meetings.

   ○ *Map your key stakeholders and decision-makers in this process* (for example, the Chair and Vice-Chair of your CCM, CCM members, focal points at the Principal Recipient (PRs) and sub-Recipient (SRs) level, Local Fund Agency (LFA), and your Global Fund Fund Portfolio Manager (FPM). Get their names, positions and email addresses.

   ○ *Understand who holds the decision-making power* at the PR-level and at the CCM-level. These are the people you need to prioritise and continue to share your advocacy materials with.

- Demand your own meeting as a group. Be sure to follow up by email, documenting everything that was discussed and agreed upon so that you have a paper trail and can hold them accountable for decisions made. For helpful email templates to CCM members, PRs and others, please see the annexes to the Frequently Asked Questions produced by the Global Advocacy Data Hub. **This is a regularly updated website, so be sure to bookmark it!**

- Demand the schedule of meetings and consultations for the reprioritisation and revision process so that you can plan accordingly.

- Demand access to all documentation being used in the revision & reprioritisation **in advance of each meeting/consultation.** It is very important that you have time to properly review the documents (including previous meeting minutes) beforehand so that you can actively participate in the discussions and defend your red lines.

4. **Write clear statements with your red-lines,** including why they are non-negotiable and provide supporting evidence. These will be your key arguments (your key messages) to use in your negotiations.

- Hold consultations with your community, if possible, to develop a shared list of key priorities. These priorities (red-lines) may be different or more specific than the ones presented here because of your country's context.

- Use data from your CLM activities to back-up your arguments. You can also use all the important work that you prepared during the country proposal development process at the beginning of GC7. Examples include community data to highlight access gaps, service satisfaction, as well as the impacts of criminalisation.

- Use helpful examples of how to structure your arguments using "Global Fund evidence and language". There are helpful tips in Section 5.3 of the **Frequently Asked Questions** and a template to use (**Template 4**).

- Share your written priorities/red-lines with all stakeholders in your country. This should include first and foremost: all members of the CCM and the CCM Secretariat, the PR focal point, the UNAIDS regional or country office, the Country Team and Fund Portfolio Manager (FPM) at the Global Fund Secretariat.

5. **Keep clear and detailed notes of discussions and decisions** that you can refer back to track discussions and hold people accountable for the discussions and agreements made.

6. **Immediately report any concerns or challenges** that you are encountering, including getting timely access to the information that you are requesting. The decision-making timeline is very short so it is very important that you share your concerns immediately and not wait. There are a couple of things that can help:

   ○ *Share your concerns in writing with all the relevant decision-makers at once, and not one at a time*. This will help to make sure that everyone is aware of your concern. If you do not hear back from anyone, re-send the email and demand a response. An example email is provided in **Template 5**.

   ○ Report the issue using different community platforms that have been created for this purpose. For example, the Community Escalation Platform is run by civil society and will help 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. It is also critical that you contact your Global Fund Leads at the Global Key Population Networks who will also be able to provide you with support and help to escalate your issue to the appropriate people at the Global Fund.

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