Guide to the Global Fund's Grant Cycle 8

for the Trans and Gender Diverse Community

GATE

About GATE
GATE is an international advocacy organization working towards justice and equality for trans and gender diverse communities. Rooted in our movements, we work collaboratively with strategic partners at the global level to provide knowledge, resources and access to international institutions and processes. Our vision is a world free from human rights violations based on gender identity and gender expression. Our strategy is to transform the landscape of global advocacy, knowledge creation and resource distribution through critical inclusion of trans and gender diverse movements at all levels of political, legal and socio-economic processes.

Find out more about GATE by visiting www.gate.ngo

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Glossary

Antiretroviral treatment (ART)
Medicines used to treat HIV. They reduce the amount of virus in the body and keep people healthy.

Community health worker
A trained person from the community who delivers health services or support outside formal health facilities.

Continuity of care
Support that helps people stay on treatment without interruption, including follow-up, reminders, and help returning to care.

Country Coordinating Mechanism (CCM)
A national multi-stakeholder body that leads the funding request to the Global Fund. It includes government, civil society, and key population representatives.

Drug-resistant TB
TB that is resistant to one or more commonly used medicines, making treatment longer or more complex.

Evidence-based
An approach that uses data and research to choose what activities are most likely to work.

Gender
Socially constructed roles, norms, and expectations related to sex in a given society.

Gender-affirming care
Medical, surgical, and non-medical interventions that support a person's gender identity.

Global Fund
A global financing partnership that supports countries to fight HIV, tuberculosis, and malaria. It does not deliver services directly, but provides grants to governments and civil society through regular funding cycles.

Health equity
The goal of making sure all people have fair access to health services, especially those affected by discrimination or exclusion.

Hepatitis B
A viral infection that affects the liver. It can be acute or chronic and is preventable through vaccination.

Hepatitis C
A viral infection that affects the liver. It is often chronic but can be cured with antiviral treatment.

HIV (Human Immunodeficiency Virus)
A virus that attacks the immune system. Without treatment, it can lead to AIDS.

Incidence
The number of new cases of a disease in a population over a specific time period.

Legal literacy
Skills and knowledge that help people understand and use their rights to access health and social services.

Malaria
A disease caused by parasites transmitted through mosquito bites. It causes fever, chills, and can be life-threatening without treatment.

Naloxone
A medication that reverses opioid overdoses and can prevent death when administered quickly. It is commonly used in harm reduction programs.

National Strategic Plan (NSP)
A government-led plan that sets national priorities, targets, and strategies for responding to HIV, TB, or malaria over a defined period. It guides funding decisions, program design, and coordination across government, donors, and implementing partners.

Payment for Results
A funding approach where part of the grant is linked to the achievement of agreed results or performance targets, rather than only to planned activities.

Peer support
Assistance provided by someone with similar experiences, such as another trans person, to help navigate services or stay on treatment.

Post-exposure prophylaxis (PEP)
A short course of HIV medicines taken after possible exposure to HIV to reduce the chance of infection. It must be started as soon as possible, usually within 72 hours.

Pre-exposure prophylaxis (PrEP)
A medicine taken by HIV-negative people to prevent HIV infection.

Prevalence
The total number of people with a disease at a given time.

Program essentials
The minimum package of services that must be in place to achieve results for HIV, TB, or malaria, based on international guidance.

Sexual orientation
A person's pattern of physical, romantic, or sexual attraction. Sexual orientation is distinct from gender identity.

Syphilis
A sexually transmitted infection caused by bacteria. It can be cured with treatment, but it can also cause serious health problems if left untreated.

TB (Tuberculosis)
A bacterial infection that usually affects the lungs. It is spread through the air and can be cured with treatment.

TB preventive treatment
Medicines given to people at high risk of TB, including people living with HIV, to stop the disease from developing.

Trans and gender diverse

Umbrella terms for people whose gender identity, roles, or expression differ from norms tied to their sex assigned at birth. This may include trans women, trans men, gender-fluid, or non-binary identities.

Triple Elimination

A public health goal to eliminate mother-to-child transmission of HIV, syphilis, and hepatitis B.

U = U (Undetectable equals Untransmittable)

A concept meaning that people living with HIV who have an undetectable viral load due to effective treatment do not transmit HIV to sexual partners.

Value for money

A principle used by the Global Fund that looks at whether investments produce strong results in relation to their cost.

Vector control

Activities that reduce or stop the mosquitoes that spread malaria, such as using bed nets or indoor spraying.

Violence

The intentional use of force or power that results in or risks injury, harm, deprivation, or death. This includes physical, sexual, and psychological violence and can occur in homes, communities, or institutions.

Abbreviations

ART – Anti-retroviral therapy

GC8 – Grant Cycle 8 (Global Fund grant cycle covering 2026-2028)

HIV – Human Immunodeficiency Virus

TB – Tuberculosis

WHO – World Health Organization

Executive Summary

What's New in Grant Cycle 8

The Global Fund Grant Cycle 8 takes place amid rising health needs and increasingly limited resources. The Global Fund has indicated that country allocations will be reduced in this cycle, increasing the pressure to prioritize and justify investments. Funding requests are expected to demonstrate clear and measurable impact for HIV, tuberculosis and malaria, and to show where investments will achieve the strongest results. Countries are expected to reduce new infections, increase access to diagnosis and treatment, and address human rights and gender-related barriers that limit access to services. **For trans and gender diverse communities, this creates an opportunity to link inclusion directly to national health goals rather than presenting community priorities as separate demands**.

A key shift in Grant Cycle 8 is the stronger emphasis on strategic prioritization and differentiated approaches. Countries are encouraged to focus on interventions with proven impact and to tailor program design and financing to their disease burden and health system capacity. This includes better integration across HIV, TB, and malaria where appropriate, stronger community systems financing and market shaping, and more deliberate use of available funds. Funding requests are expected to show a clear logic, alignment with national strategies and value for money. Grant Cycle 8 also emphasizes transition pathways and domestic financing. Upper-lowmiddle-income countries and upper-middle-income countries with lower disease burdens are expected to transition away from Global Fund support more quickly. **For trans and gender diverse communities, this creates risks, as community-led and rights-based services are often vulnerable when funding shifts to domestic sources, especially in contexts of criminalization**. Therefore, early advocacy is essential, including engagement on social contracting and decriminalization, to protect access to services during and after transition.

Trans and gender diverse people continue to experience a high burden of HIV and face persistent structural barriers to health care. Discrimination in health settings, lack of gender-affirming care, criminalization in some contexts, and exposure to violence reduce access to prevention, testing and treatment. These same barriers also affect access to TB services for people living with HIV and, in some settings, limit access to malaria prevention and treatment. Grant Cycle 8 explicitly encourages countries to address these barriers to achieve impact and equity.

Grant Cycle 8 strengthens the role of communities in shaping national responses. The **Funding Priorities of Communities and Civil Society Most Affected by HIV, TB and Malaria Annex** is required for High Impact and Core portfolios, creating a formal entry point for documenting and considering community priorities during review.

Key Priorities in Grant Cycle 8

For Grant Cycle 8, funding requests are expected to reflect the following directions

focus investments on communities and locations with the highest burden

tailor prevention and testing to community needs

support early treatment initiation and continuity of care

close access gaps for underserved populations

use data to guide prioritization decisions
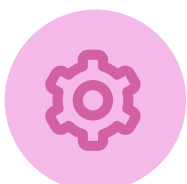
strengthen community systems as part of service delivery

address human rights and gender related barriers that limit access

Each disease component includes a **defined set of program essentials** that represent the minimum package needed to achieve results:

*   **For HIV**, these include prevention tools, community-based testing and rapid treatment initiation.

*   **For tuberculosis**, they include molecular testing, recommended treatment regimens and TB prevention for people living with HIV.

*   **For malaria**, they include vector control measures, rapid diagnostic tests, effective antimalarial medicines and surveillance systems that detect and respond to transmission patterns.

Funding requests should show how these essentials are implemented and how they reach communities affected by exclusion, including how they support integration across diseases and, where relevant, into primary healthcare.

Opportunities in Grant Cycle 8

Grant Cycle 8 presents several opportunities that advocates can use to strengthen the inclusion of trans and gender diverse communities:

*   **Required Community Priorities Annex for High Impact and Core portfolios:** The Community Annex documenting the funding priorities of civil society and communities most affected by HIV, TB and malaria is required for High Impact and Core portfolios. This provides a formal mechanism for communities to document their priorities and influence the content of the funding request. Focused portfolios do not have the same requirement.

*   **Community systems financing:** Grant Cycle 8 places a stronger emphasis on financing community systems as a core part of effective responses. This creates opportunities to support community-led service delivery, monitoring and advocacy as essential components of national programs.

*   **WHO Gender-Affirming Care Guidelines expected in 2026:** The forthcoming WHO guidelines open the door to including gender-affirming care within HIV and related health interventions where national policies and evidence allow. This creates an important advocacy entry point for trans and gender diverse inclusion in service packages.

*   **Integration and sustainability:** The differentiated approach promoted in Grant Cycle 8 encourages integrated HIV, TB and malaria investments that strengthen systems and support long-term sustainability. This offers a pathway to embed community contributions within core program design rather than treating them as standalone activities.

*   **Transition pathways and domestic financing:** Grant Cycle 8 introduces clearer transition pathways and timelines for a subset of countries that are expected to move toward reduced Global Fund financing over time. This creates an advocacy entry point for communities to engage early and ensure that community-led and equity-focused interventions are protected during transitions, including through domestic financing or integration into national systems.

*   **Grant-ready Funding Request option**: Grant Cycle 8 introduces a pathway that allows some grant-making elements to be advanced during the funding request stage, which increases the importance of early community engagement and clarity on implementation arrangements.

Grant Cycle 8 is competitive, and proposals must demonstrate strong logic and practical results, showing how investments are positioned for sustainability over time. Community advocates can influence the outcomes by contributing evidence, documenting access barriers, and demonstrating how community-led approaches enhance reach and effectiveness. **This guide provides a practical tool to support that engagement and to help ensure that trans and gender diverse communities are included as partners in achieving national HIV, TB and malaria goals.**

Introduction

About this guide

This guide supports trans and gender diverse communities to participate meaningfully in the Global Fund's Grant Cycle 8. It provides practical information on **how decisions are made, where engagement is possible and how community actors can ensure that the needs and priorities of trans and gender diverse people are reflected** in national funding requests for HIV, tuberculosis, malaria and relevant health and community system investments.

Grant Cycle 8 takes place in a context of limited resources and growing needs, which makes prioritization more urgent and competition for funding stronger. For communities, this means that participation must be timely, coordinated and grounded in evidence and national realities.

This guide highlights concrete entry points where trans and gender diverse communities can influence national funding requests. It explains the roles of key actors, outlines the main stages of the process and identifies arguments that align with the Global Fund's priorities in Grant Cycle 8. The focus is on community leadership, equity, and human rights, as well as on shaping proposals that demonstrate measurable impact for the people most affected by HIV, TB, and malaria.

Who this guide is for

This guide is written for trans and gender diverse community members, activists, advocates, and allies who want to engage with the Global Fund processes in their countries. It is relevant for community organizations and networks led by trans and gender diverse people, representatives on Country Coordinating Mechanisms, human rights defenders and organizations working on access to health and social justice.

The guide is written to be accessible and practical. It does not assume formal training in public health or technical fields. The most important skills for influencing the Global Fund process are knowledge of community realities, the ability to explain why specific interventions matter and awareness of where and how decisions are made. Readers with prior experience with the Global Fund can use this guide to adapt their advocacy to the priorities of Grant Cycle 8.

The Global Fund in brief

The Global Fund is a global partnership that finances national responses to HIV, tuberculosis and malaria. It also supports investments in health and community systems when these are necessary to achieve results for the three diseases. They provide funding through three-year grant cycles, and countries receive an allocation letter indicating the amount they can apply for during each cycle.

Each country develops a funding request through its Country Coordinating Mechanism, which brings together government representatives, technical partners, civil society, affected communities and other stakeholders. Funding requests are expected to reflect national data, strategic goals and the needs of populations most affected by HIV, TB and malaria.

Next, the funding requests are reviewed by the Technical Review Panel and then negotiated with the Global Fund Secretariat before approval by the Global Fund Board. Communities can engage throughout this process by reviewing content, contributing evidence and advocating for priorities that reflect their needs. In Grant Cycle 8, guidance and tools across the grant life cycle have been adapted to support differentiated approaches and stronger prioritization.

About Grant Cycle 8

Grant Cycle 8 covers the period from 2026 to 2028 and takes place in a challenging global context marked by economic pressures, climate-related crises, displacement and shrinking civic space. These factors affect health systems and make it harder to sustain progress against HIV, tuberculosis and malaria.

Unfortunately, available financial resources are not increasing at the same pace as needs. The Global Fund has, therefore, identified **priority directions** to guide funding decisions in this cycle, including:

FOCUSING RESOURCES ON POPULATIONS AND LOCATIONS WITH THE GREATEST UNMET NEEDS

STRENGTHENING AND INTEGRATING COMMUNITY AND PRIMARY HEALTH CARE SERVICES

PRIORITIZING INTERVENTIONS WITH PROVEN HIGH IMPACT

PLANNING FOR SUSTAINABILITY, INCLUDING DOMESTIC FINANCING

IMPROVING EFFICIENCY AND VALUE FOR MONEY

REMOVING HUMAN RIGHTS AND GENDER RELATED BARRIERS TO SERVICES

For trans and gender diverse communities, this context presents both risks and opportunities. **Priorities that are not included early in the funding request process are unlikely to be added later**. At the same time, Grant Cycle 8 places stronger emphasis on equity, community systems and addressing structural barriers, creating space for informed and organized community advocacy.

Why community leadership matters

Trans and gender diverse communities play a central role in responses to HIV and increasingly in efforts to improve access to TB and malaria services. Community organizations deliver essential services, including peer outreach, support for testing and treatment, navigation of health systems, community-led monitoring, and rights-based support. For many trans and gender diverse people, these services may be the primary or only point of access to care.

Community leadership is not an addition to national programs; it is essential to achieving results. **Programs developed with communities respond more effectively to real barriers, use resources more efficiently and support sustainability**. Therefore, community participation should not end with the submission of the funding request. It is critical for communities to continue engaging with Country Coordinating Mechanism representatives, remain updated during grant-making, and monitor the implementation of approved activities. Ongoing engagement allows community-led organizations to monitor how commitments to community priorities are translated into budgets and activities, identify emerging barriers early and advocate for adjustments when needed. This guide supports trans and gender diverse communities to demonstrate the value of their leadership throughout Grant Cycle 8 and beyond.

HIV
in Grant Cycle 8

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Core Guidance

The Core Guidance page offers essential Global Fund technical documents on on what to fund and how to design effective programs for HIV, TB and malaria, including priorities for equity, human rights and value for money under Grant Cycle 8.

HIV and trans and gender diverse communities

HIV remains a priority for trans and gender diverse communities in Grant Cycle 8 because **prevalence is significantly higher** than in the general population in many countries, and access to prevention, testing and treatment remains limited for trans and gender diverse people. These outcomes are linked to structural barriers such as discrimination in health services, lack of access to gender-affirming care, criminalization in some settings, economic exclusion and exposure to violence. These conditions reduce the likelihood that trans and gender diverse people will access prevention and delay diagnosis. Many people reach services late or cannot access them at all, which increases the health impact of HIV.

Grant Cycle 8 encourages countries to direct investments to populations and locations where needs are greatest. This approach is based on national evidence and technical guidance and is intended to achieve the strongest impact with limited resources. **For trans and gender diverse communities, this creates an opportunity**. If national proposals present clear data on HIV burden, explain access barriers and show that community-led models increase reach and effectiveness, these interventions can be prioritized even in a competitive funding environment. Effective participation means understanding the Global Fund's decision-making logic and presenting community priorities in terms of the same logic.

How Grant Cycle 8 prioritizes HIV investments

Grant Cycle 8 **expects countries to make funding decisions based on evidence, equity, and value for money.** National planning processes are expected to identify where new cases and mortality are highest, which populations face the greatest risk and where services do not reach people who need them. The Global Fund defines eight priority directions that guide the development of funding requests. These directions give a shared structure for arguing why certain activities should be included.

GC8 priority directions for HIV:

* Invest where HIV prevalence is highest

* Focus prevention on communities with the greatest exposure risk

* Use differentiated testing models that work for communities

* Start treatment quickly and support continuity of care

* Reduce access gaps for underserved populations

* Use data to guide choices

* Strengthen community systems

* Remove human rights and gender barriers

In practice, these priority directions mean that proposals should direct resources to communities and locations with the highest burden, design prevention and testing that reflect community realities, support rapid treatment initiation and long-term adherence, and include interventions that make services safer and more acceptable. **Decisions should be based on data** rather than assumptions, and community systems should be integrated into service delivery rather than treated as an optional add-on. Removing human rights and gender-related barriers is necessary because they prevent access and reduce the impact of investments. Funding requests that follow this logic are more likely to be viewed as strategic and aligned with the GC8's objectives.

Program essentials for HIV

The Global Fund defines a set of program essentials that represent the minimum package of interventions needed to reduce new infections, increase access to testing and treatment and improve treatment outcomes. National funding requests are expected to describe how these essentials are implemented and adapted to local needs. These essentials are based on international technical guidance and evidence of effectiveness across different contexts, and they are organized in four areas that together define the technical foundation of the HIV response.

First area: prevention

01

Focuses on reducing new infections in communities most affected by HIV. Essential prevention services include access to condoms and lubricants, access to pre-exposure prophylaxis (PrEP) and post-exposure prophylaxis (PEP) for people at increased risk, screening and treatment for other sexually transmitted infections, voluntary medical penile circumcision, harm reduction services for people who use drugs, procurement and distribution of opioid agonist maintenance treatment and naloxone and provision of sterile needles and syringes and other safe injecting equipment in priority settings.

Second area: testing

Focuses on early diagnosis and timely connection to treatment. A recommended strategic mix of differentiated HIV testing approaches includes self-testing, rapid diagnostic tests, network-based testing where appropriate, provider-initiated testing, integrated testing into sexual and reproductive health services, and counselling and confirmation using a recommended diagnostic three-test algorithm. An additional priority is integrated Hepatitis C (HCV) testing and management as part of HIV care in countries with high HCV burden and among people who inject drugs.

02

Third area: prevention of vertical transmission

03

Ensures that pregnant and chestfeeding persons receive testing and treatment. Essential services include antiretroviral treatment for pregnant and chestfeeding persons, integrated testing for HIV, syphilis and hepatitis B to support 'triple elimination' efforts in pregnancy and early infant prophylaxis and diagnosis for all children exposed to HIV.

Fourth area: treatment and care

04

Focuses on rapid initiation of ART, management of advanced disease and continuity of care. Essential elements include rapid initiation of recommended antiretroviral treatment, CD4 testing to identify advanced HIV disease, the package of care for advanced HIV disease, screening and testing for coinfections and comorbidities, viral load monitoring and systems that support continuity of treatment and return to care.

These essentials describe what must be in place for the national response to succeed. Countries can then include interventions that help these services reach trans and gender diverse communities, including peer-led outreach, community-based testing, navigation support and community-led monitoring of access and quality.

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Want to learn more about trans and gender diverse inclusion in the global HIV repsonse?
Check out GATE's Ressources for Community-Led Organizations Engaging with National HIV Responses

Removing structural barriers to improve access

Removing structural barriers is necessary for an effective HIV response. Trans and gender diverse people often do not use available services because they fear discrimination, lack access to gender-affirming care, experience violence or do not have the legal protections required to access services safely. These barriers reduce the effectiveness of prevention, delay diagnosis and limit the benefits of treatment. **Addressing these issues is not separate from the technical response; it is part of achieving outcomes.**

Grant Cycle 8 **encourages investments that remove human rights and gender related barriers within the HIV component**. Relevant activities include training health workers in trans-competent and gender-affirming care; legal literacy and support services; peer accompaniment to health facilities; community-led monitoring of access and quality; and advocacy to remove punitive laws and policies that limit access to services. These investments create an enabling and safer environment in which health services can succeed.

Testing and treatment strategies that work for trans and gender diverse people

In Grant Cycle 8, testing strategies **should reflect the needs of people who do not access facility-based services**. The Global Fund highlights self-testing, rapid tests and community-based testing as approaches that increase early diagnosis among populations that experience stigma or discrimination. Community-led testing models can improve access, provide reliable information and support the transition from testing to treatment. Funding requests can describe how referral systems will support linkage to treatment and how peer networks contribute to adherence and long-term retention.

Treatment strategies should focus on rapid initiation of recommended regimens, regular monitoring and continuity of care. Loss to follow-up remains a challenge for people who experience stigma or exclusion. Community-led approaches can reduce these losses by supporting adherence and identifying barriers early. In some contexts, integrated services that combine HIV care with gender- affirming care have shown improved results for trans and gender diverse people. If national policies allow such integration, proposals can describe how this approach supports equity and treatment outcomes.

Strengthening community systems

Community systems are essential for reaching people who are not covered by facility-based services. When trans and gender diverse organizations are supported to deliver outreach, community-based testing, navigation support and community-led monitoring, they can identify barriers early and improve the quality and reach of services. These services create a link between communities and health facilities and help design solutions that fit local realities.

Funding requests can include activities that strengthen the capacity of community-led structures, such as organizations. Relevant activities include training for peer educators, systems for documenting and reporting results, coordination mechanisms between clinics and community groups and participation in planning and oversight processes. These investments improve sustainability by building local capacity that remains beyond the grant period and support results by ensuring that services reach the communities most affected.

Transition to domestic financing

Further guidance on sustainability, transition to domestic funding and co-financing will be available on the Core Guidance webpage during 2026.

Short summary of the HIV section

Grant Cycle 8 **directs resources where they will have the strongest impact and improve equity.** National requests should demonstrate how proposed activities will reduce new infections, increase access to testing and treatment and remove the barriers that prevent trans and gender diverse people from receiving services. Proposals that **present evidence of high burden, clearly describe access barriers, and show how community-led work improves outcomes are more likely to be viewed as strategic**.

Summary of GC8 priorities for HIV:

* Target the highest burden first

* Prioritize prevention with differentiated approaches

* Expansion of community-driven testing & peer-services

* Access to fast & continuous treatment

* Close access gaps & integrate multiple disease screening (HIV + STIs, HCV, HBV, TB, etc.)

* Community-led monitoring & data-based decisions

* Strong community leadership & sustainable community-led structures

* Remove barriers & eliminate stigma and discrimination in all health care settings

A strong proposal links these priorities with the national strategy and shows that inclusion of trans and gender diverse communities increases access, support for treatment and progress toward national targets. When community priorities are presented within this shared logic, they become part of the response rather than separate demands, thereby increasing the likelihood that they may be included in country grants.

Tuberculosis in the Grant Cyle 8

Why TB matters for trans and gender diverse communities

TB remains one of the leading causes of illness and death associated with HIV. Trans and gender diverse people living with HIV **are at greater risk of TB disease** and face barriers to timely diagnosis and treatment. Many experience delayed access to care because of discrimination in health systems, limited trust in service providers, economic exclusion and a higher likelihood of living in conditions that increase exposure to TB. **HIV increases the risk of developing active TB and makes TB more difficult to treat**, which creates a direct link between HIV programming and TB investments. Addressing TB in Grant Cycle 8 is therefore part of supporting the health of trans and gender diverse communities.

Grant Cycle 8 **encourages countries to focus TB resources where the disease burden is highest and where access to essential services is limited**. This includes people living with HIV and other groups that face inequities in the health system. When community priorities are presented in this context, investments that support diagnosis, treatment completion and prevention for trans and gender diverse people can be included within the national approach.

How does Grant Cycle 8 prioritize TB investments?

Grant Cycle 8 positions TB investments around evidence, equity and measurable impact. Countries are expected to use data to identify populations and locations with the highest TB incidence and mortality and to design programs that increase access to diagnosis and treatment. The Global Fund highlights specific strategies for TB responses, including early detection, treatment completion, prevention of TB disease among people with HIV and strengthening laboratory and surveillance systems.

National requests can describe how TB strategies will reach populations experiencing barriers to care, including trans and gender diverse communities living with HIV. This includes presenting data on delays between symptoms and diagnosis, gaps in treatment completion and evidence of structural barriers. When activities are positioned in this way, they are viewed as part of enhancing the overall performance of the TB program.

Program essentials for TB

The Global Fund describes a set of program essentials for TB that define the minimum package required to reduce TB disease and deaths. These essentials are based on WHO guidance and represent the core functions that a national TB program must implement to achieve results in Grant Cycle 8.

Screening and Diagnosis should be fast and accurate to prevent transmission and support early treatment. Priority diagnostic essentials include:

* Understand, design and implement interventions to close the gaps in the TB diagnosis cascade

* Sensitive, accurate, and efficient testing, i.e., molecular WHO-recommended rapid diagnostic tests

* Systematic TB screening of people living with HIV and systematic HIV testing among all people with TB

* Rapid drug-susceptibility testing (DST) of all people diagnosed with TB and identification of drug-resistant TB

* Laboratory networks that can confirm diagnosis and report results

Treatment focuses on completing therapy and managing drug resistance. Essential treatment elements include:

* Rapid initiation of recommended regimens

* Shorter regimens for drug-susceptible and drug-resistant TB, where approved

* Decentralize services to lower access barriers

* Use of digital tools such as treatment adherence technologies and treatment support to improve completion, including client costs (transport, time or other costs)

* Systems to identify and return people lost to follow-up

* Interventions to include children and adolescents with TB

Prevention reduces the risk of developing TB disease among people at increased risk. Essential elements include:

* Design and implement active case finding activities

* TB preventive treatment (TPT) for people living with HIV, especially pregnant people

* Household contact tracing when feasible, especially for children under five years

* Update national guidelines and prevention information to align with the latest recommendations, including introducing and rolling out the WHO-recommended TB vaccine

* Screening and prevention for high-risk settings, such as health care settings

TB results depend on **strong systems for monitoring, reporting and coordination**. Relevant essentials include:

* Surveillance for TB and drug resistance

* Laboratory quality assurance

* Monitoring cost-effectiveness and performance data of different screening strategies to guide the most effective interventions

* Support for community-led monitoring of access and quality

* Integrate TB services into essential health care services and HIV programs, where appropriate, to improve access and sustainability

* Integrate private providers as care options, including the development of policies and plans for engagement with those providers

These essentials form the technical basis of the TB response. Countries can then **include activities that help these fundamentals reach groups that do not access facility-based services.** For trans and gender diverse communities, relevant approaches include peer support for diagnosis and treatment, assistance with navigating the health system and community-led monitoring of barriers to access.

Reducing barriers and supporting continuity

Structural barriers affect access to TB services in the same ways they affect HIV. Fear of discrimination, lack of legal documentation, stigma associated with illness and economic exclusion can delay diagnosis and interrupt treatment. TB requires long-term treatment, and people who are excluded from health systems may face greater challenges completing therapy. In order to reduce barriers, it is crucial to have an understanding of demographics, barriers encountered, and special needs of key and vulnerable populations, such as:

* People at increased risk due to their work and living conditions, including miners, sex workers, healthcare workers, community health workers, and people in prisons.

* People who have limited access to TB services, including trans and gender diverse persons, especially in countries with criminalization laws.

* People who are more vulnerable to TB due to conditions affecting their immune systems, including people living with HIV.

Grant Cycle 8 **encourages countries to include actions that reduce these barriers**. Relevant activities include strengthening the engagement of key and vulnerable populations in planning and monitoring service delivery, community-led services to reach marginalized communities, programs to address stigma and discrimination, and programs to ensure continuity of care for migrants and refugees. These measures improve the effectiveness of TB programs by ensuring that treatment is completed and that the greatest risk factors are addressed.

Short summary of the TB section

Grant Cycle 8 focuses on early detection, treatment completion and prevention for people most affected by TB. For trans and gender diverse communities, **the most important entry point is the connection between TB and HIV**. Community-led organizations should use data to show delays in diagnosis, explain access barriers, and demonstrate how community-led support improves treatment completion. Activities that align with the TB essentials are more likely to be seen as strategic.

Summary of TB essentials:

* Molecular testing for diagnosis

* Rapid initiation of treatment

* Shorter regimens when approved

* Treatment support to completion

* TB prevention for people living with HIV

* Surveillance and lab quality

* Community-led monitoring

* Reduction of access barriers, especially for key populations

These essentials provide the technical foundation, and the **role of trans and gender diverse communities is to help identify access gaps, support treatment completion and document results**. When these contributions are reflected in the funding request, they are understood as part of improving the national TB response, rather than as separate activities.

Malaria
in Grant Cycle 8

Why malaria matters and how it affects equity

Malaria remains a major cause of illness and death in many countries eligible for Global Fund support. While malaria is not concentrated among trans and gender diverse people in the same way as HIV, reducing malaria transmission is part of building stronger community health systems and protecting the health of people affected by exclusion and marginalization. Trans and gender diverse people may face barriers to prevention and treatment in the same ways they face barriers in other parts of the health system, especially in rural areas or settings where gender diversity is criminalized or stigmatized. Trans and gender diverse community members may also face additional barriers to accessing services in contexts of displacement due to conflict, climate disasters or persecution.

Grant Cycle 8 **encourages a strong focus on prevention, surveillance and rapid treatment to reduce illness and death from malaria**. When national proposals use data to identify areas of highest transmission and support locally adapted prevention strategies, they can include activities that make services more accessible for populations affected by exclusion.

How Grant Cycle 8 prioritizes malaria investments

The Global Fund promotes a targeted approach for malaria that includes vector control, preventive therapies in specific settings, testing and treatment with effective tools and strengthening surveillance systems. Funding requests should explain how malaria programs reach populations and locations with the highest transmission and how they adapt to local disease patterns. Strong proposals position malaria investments as part of building resilient health systems, including community-based delivery models.

Malaria programming can include trans and gender diverse people through community health worker programs, access to prevention tools and support for early diagnosis. **When activities strengthen community-based delivery, they can make services more accessible** to people who may not use facility-based services due to discrimination or privacy concerns.

Program essentials for malaria

The Global Fund defines program essentials for malaria that reflect the minimum set of tools needed to reduce transmission, increase treatment and prevent deaths. These essentials align with WHO guidance and are intended to ensure consistent access to core services. Therefore, funding requests are expected to describe how these essentials are implemented in the national context.

Diagnosis and treatment must be equitable, rapid, uninterrupted and therefore effective to prevent severe disease. Essentials include:

 * testing with rapid diagnostic tests

 * treatment with recommended antimalarial regimens

 * improve service quality and integration into relevant health care services

 * stronger connection between the affected community and health facilities to improve capacity, quality and timeliness of diagnosis, treatment and referrals

 * seasonal malaria chemoprevention in eligible settings based on local epidemiology and transmission intensity, with a priority for children under five and areas with the greatest malaria burden (i.e., consider deprioritizing urban areas based on access to care)

 * referral systems for severe cases

Prevention aims to reduce exposure to malaria vectors. Essential interventions include:

 * Insecticide-treated nets

 * Indoor residual spraying in suitable settings

 * Preventive therapies for pregnant persons and young children in high-burden settings

 * Community education on prevention and use of nets

✱ Deployment and education strategies should be reflective of the varying needs of vulnerable groups

Surveillance allows early detection of outbreaks and guides prevention efforts. Essentials for funding in this cycle include:

✱ Improving surveillance systems, data collection, and analysis should focus on the needs for decision-making processes

✱ Case reporting and investigation

✱ Monitoring of insecticide resistance

✱ Mapping of transmission patterns

✱ Community reporting of cases

These essentials form the core of malaria programs. Countries can then propose activities that help these tools reach populations that are underserved, including trans and gender diverse communities in areas with significant malaria transmission. Relevant actions include community health worker programs, integration with local outreach networks and support for community-led monitoring of prevention and treatment coverage.

Strengthening community roles in malaria responses

Malaria control depends heavily on community participation. In many countries, community health workers distribute nets, support seasonal malaria chemoprevention, and provide rapid diagnostic testing. These systems can be strengthened by supporting community organizations' participation and by ensuring that prevention tools reach people who experience barriers in the health system. **This is relevant for trans and gender diverse people in settings where they avoid public facilities because of discrimination**.

Grant Cycle 8 **encourages programs that promote activities to accelerate malaria elimination through community engagement, support community-level surveillance, integrate malaria prevention with other services, and involve** local actors in planning and monitoring. When community systems are strengthened, results improve and sustainability increases.

Short Summary of the Malaria Section

Grant Cycle 8 focuses malaria investments on prevention, rapid diagnosis, effective treatment and strong surveillance systems. While malaria is not a concentrated epidemic in trans and gender diverse communities, inclusion in community-based delivery models can increase access to prevention tools and reduce barriers to treatment.

Summary of malaria essentials:

* Nets and indoor spraying

* Preventive therapies in eligible settings

* Rapid diagnostic tests

* Seasonal chemoprevention

* Surveillance and resistance monitoring

* Strengthening community systems for prevention, diagnosis, treatment, and elimination

* Community health worker delivery

Positioning trans and gender diverse participation within community-based malaria delivery helps strengthen local systems and increases access to prevention and treatment for all people who face barriers in the health system. When proposals reflect this contribution, they link inclusion with stronger results and relevance for Grant Cycle 8.

Conclusions & Practical Steps

Using this guide in Grant Cycle 8

Grant Cycle 8 takes place in a context of ambitious targets, multiple needs, and limited resources. This guide is designed to help trans and gender diverse communities participate in national processes by presenting their priorities in the same logic used by the Global Fund. Aligning community positions with national objectives makes it easier for decision makers to see how inclusion strengthens the response and supports progress toward targets. The most effective requests show clear evidence, address barriers to access, and use models that demonstrate impact, equity, and value for money.

The Global Fund directs investments toward locations and communities with the highest burden, adapts service delivery to meet community needs, and includes measures that remove human rights and gender-related barriers. For trans and gender diverse communities, this approach can support inclusion when community input shows why specific activities are needed, how they work and what evidence supports their use. Presenting priorities in this way moves community work from the margins into the centre of the national strategy.

Practical steps for influencing Grant Cycle 8

Community influence in Grant Cycle 8 depends on timing, evidence and partnership. The steps below provide a **practical approach for shaping national funding requests without requiring specialized technical expertise**.

Understand the national context:

Effective advocacy starts from the national strategy, not from a separate list of demands. Understanding the structure of the epidemic, the size of available resources, the National Strategic Plan and gaps in current services helps identify where community input is most relevant. Community advocates can collect community evidence about barriers, data on delays in diagnosis or treatment, and examples of discrimination in healthcare services. This information supports concrete proposals during the drafting process.

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Want to learn more about the importance of NSPs for trans and gender diverse communities?
Check out GATE's HIV National Strategic Planning for Trans Inclusion course

Engage throughout the process:

Grant Cycle 8 includes several stages, starting with the country dialogue, through request writing and into negotiation during the grant-making stage. Community advocates can prepare messages for each step and make sure that positions are visible at every stage. Coordination with other key population networks can strengthen shared positions and reduce competition between communities.

Use the same structure as the funding request:

Proposals benefit from having clear objectives, a description of why an activity is needed, expected results and the supporting evidence. Community-led models can be presented in the same way. For example, outreach, navigation support or community-led monitoring can be described as approaches that increase early diagnosis, reduce loss to follow-up and identify structural barriers. Using the language of impact and value for money makes it easier to integrate community priorities.

How to engage successfully in a Global Fund grant process

Community actors can support the national funding request by providing evidence, sharing community data on access barriers, especially when official data is missing, and showing how community-led approaches deliver results. The following steps can support a strong application:

Present national or local data showing how HIV, TB and malaria affect trans and gender diverse communities and where service gaps exist.

Describe interventions that reflect Grant Cycle 8 priorities, including community-led testing, prevention outreach, peer support and continuity of care.
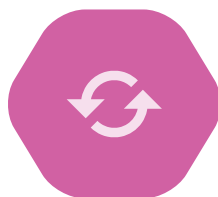
Explain how community-led work increases reach, reduces loss to follow-up, and improves treatment outcomes for all three diseases.
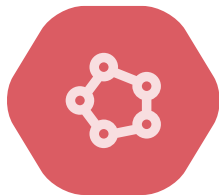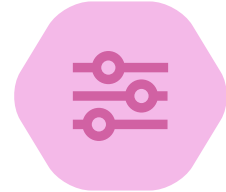
Include interventions that address human rights and gender related barriers and explain how these enable access to prevention, diagnosis and treatment.
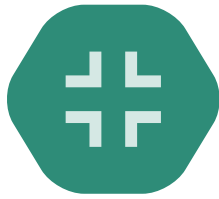
Use a clear logic for prioritizing activities based on impact, equity and value for money.

Strengthen the role of community systems in delivery, monitoring, and collaboration with health facilities.

Engage consistently throughout the process and coordinate with other key population networks for shared positions.

Connecting inclusion with national priorities

In Grant Cycle 8, inclusion is strongest when it is presented as part of achieving national goals. This means showing how trans and gender diverse participation supports early diagnosis, continuity of treatment and identification of barriers. Activities such as community-led monitoring, legal literacy, peer support and gender-affirming care can strengthen routine service delivery. When these contributions are framed within national plans, they become part of the core response.

Investments in community systems support sustainability because they build capacity that persists beyond the grant period. Training peer educators, building reporting systems, and improving collaboration with health facilities are examples that directly connect to long-term results. These approaches reflect the Global Fund's focus on value for money and equity.

Proposals should also describe how human rights and gender related barriers will be removed. Services cannot reach the people most affected when discrimination and violence prevent access. Integrating these activities with prevention, testing and treatment gives them a clear role in improving outcomes.

Final reflections

Trans and gender diverse communities have a central role in improving the outcomes of HIV, TB and malaria programs. Their leadership increases reach, identifies barriers early and shapes solutions that respond to local realities. Grant Cycle 8 offers an opportunity to ensure that national programs reflect these contributions. When proposals show evidence, speak the language of national strategy and are developed in partnership with other networks, they are more likely to be included and funded.

Notes