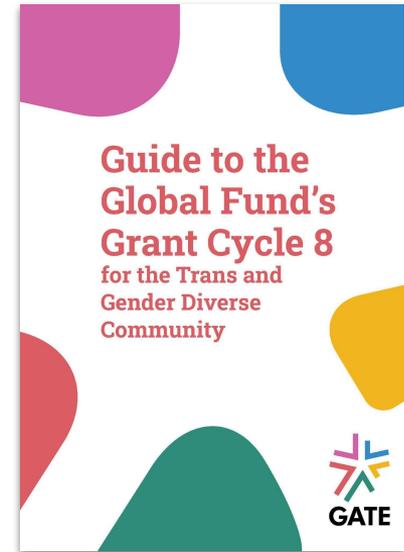


Communities Guide

Grant Cycle 8



The Global Fund in a snapshot

- The Global Fund finances country responses to HIV, tuberculosis (TB) and malaria
- Countries receive an allocation amount for a 3-year cycle and submit a funding request
- Decisions are shaped nationally through the CCM
- Communities can engage throughout the grant cycle

Allocation letter
How much money a country can apply for



Country coordinating mechanism (CCM)
Leads the funding request



Technical Review Panel
Check for quality and impact



Grant-making
Budget, workplan, implementation arrangements



Implementation + community monitoring
Make sure commitments are met

Grant Cycle 8 (GC8)

The Basics

- GC8 covers 2026 - 2028
- Funding is limited, so countries must show clear impact.
- What is not included early is hard to add later.

What proposals must show

- Use data, not guesses.
- Prioritize places and communities with the highest burden.
- Remove barriers that block people from services.

What's new?



- **Funding requests:** Country allocations are expected to be smaller, so proposals must be sharper and better justified.
- **Strategic prioritization:** Stronger focus on prioritization, measurable results and value for money.
- **Increased integration:** More encouragement to integrate across HIV, TB and malaria, where it helps outcomes.
- **Transition pathways and domestic financing:** clearer transition pathways and more emphasis on domestic financing.
- **Community Annex:** A required communities priorities annex for High Impact and Core Portfolios. It is a formal entry point for community priorities.
- **Community systems:** More attention to community systems financing and sustainability.
- **Grant-ready option:** A grant-ready funding request option in some settings. This makes early engagement even more important.

Where communities can influence the process

- **Country Dialogue:** show needs, gaps and what works on the ground.
- **CCM and technical groups:** advocate for priorities and budgets while drafts are being written.
- **Community priorities annex** (required in many portfolios): make sure it is meaningful, with wide participation and community-specific.
- **Grant-making:** obtain updates & confirm that promised activities become real budget lines and workplans.
- **Implementation:** use community-led monitoring to track access, quality and barriers.



Key priorities



- Focus investments on communities & locations with the highest burden
- Tailor prevention and testing to community needs
- Support early treatment initiations and keeping people on 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
- Show value for money (the highest possible results for the costs)

GC8 opportunities communities can use:

Community Priorities Annex

For many countries, a formal annex records civil society and communities priorities.

Use it to document needs, barriers and concrete budget asks.

Community systems financing

Stronger emphasis on funding community delivery, monitoring and coordination.

Argue that community systems are essential for results, not nice to have.

Integration & sustainability

More room to integrate services (HIV, TB, malaria) and strengthen primary health care.

Embed community roles inside the core program design.

Transition & domestic financing

Some countries face quicker transition pathways.

Engage early on domestic funding, social contracting and protection of community-led services.

The Essentials for HIV, TB & Malaria



The Global Fund defines core services needed for each disease response. Communities can then argue for interventions that make these services safe and accessible.

HIV Essentials

- Prevention tools (condoms, PrEP, harm reduction)
- Different testing options (including community-based)
- Rapid treatment start and continuity of care

TB Essentials

- Fast diagnosis (molecular tests)
- Recommended treatment and support to completion
- TB prevention for people living with HIV

Malaria Essential

- Prevention (bed nets, spraying in suitable areas)
- Rapid tests and effective treatment
- Surveillance to track outbreaks and resistance

HIV Program Essentials

Prevention

- Condoms and lubricants.
- PrEP and PEP for people at higher risk.
- STI services and harm reduction.

Testing

- A mix of options that fit real life needs.
- Self-testing, rapid tests and community-based testing.
- Good linkages to treatment after a positive test.

Prevent transmission in pregnancy

- Testing and treatment during pregnancy and chestfeeding.
- Integrated HIV, syphilis and hepatitis B testing (triple elimination).
- Early infant prophylaxis and diagnosis.

Treatment & Care

- Start ART quickly.
- Viral load monitoring and care for advanced HIV disease.
- Support to stay on treatment and return to care if interrupted.

TB program essential

- Use WHO-recommended rapid molecular tests for diagnosis.
- Test for drug resistance and adjust treatment quickly.
- Start treatment rapidly and use shorter regimens where approved.
- Support people to complete treatment (including reducing patient costs).
- Provide TB preventive treatment for people living with HIV.
- Strengthen surveillance, lab quality and community-led monitoring.
- Integrate TB services into HIV and essential health services where appropriate.



Malaria Program Essentials



Prevention

- Insecticide-treated nets and indoor spraying where suitable.
- Preventive therapies in eligible settings (e.g., pregnancy, young children).
- Community education and locally adapted distribution.

Diagnosis & Treatment

- Rapid diagnostic tests and effective medicines.
- Uninterrupted supplies and clear referrals for severe cases.
- Service quality and integration into routine care.

Surveillance & Community Role

- Case reporting, mapping transmission patterns and monitoring insecticide resistance.
 - Community health workers and community reporting can speed up detection and response.
 - Community engagement strengthens elimination efforts and equity of access.
- 

Removing Barriers

Removing barriers is core work, not an add-on. Barriers block access to services and waste resources.

Common barriers that reduce access

- Stigma & discrimination in health services
- Violence and fear of exposure
- Punitive laws or harmful policies
- Lack of safe referrals and confidentiality
- Costs, distance and bureaucratic obstacles

Examples of fundable actions that remove barriers

- Train healthcare workers for respectful, competent care
- Legal literacy and access to rights support
- Peer accompaniment and navigation to services
- Community-led monitoring of access and quality
- Advocacy to remove punitive laws and policies that block care

How to engage meaningfully in GC8

1. Start from the national plan:

Know the National Strategic Plan (NSP), the gaps, the hotspots and the budget reality.

2. Bring evidence from lived experience:

Document barriers, service quality issues, costs and what community-led models achieve.

3. Speak language of the funding request:

Frame asks as impact, equity and value for money. Link to program essentials and clear results.

4. Follow through after approval:

Track budgets and workplans during grant-making. Monitor delivery and push for course-correction.



GATE

Global Action for Trans Equality

Trans and Gender Diverse Communities

Why does GC8 matter for trans and gender diverse communities?



- HIV burden is often much higher than in the general population, and services may not feel safe or welcoming.
- Discrimination, violence, economic exclusion and criminalisation reduce access to prevention, testing and treatment.
- The same barriers can delay TB diagnosis and treatment for people living with HIV, and can block malaria services in some settings.
- GC8 emphasises equity, community systems, and removing barriers, so trans & gender diverse inclusion can be framed as essential for national results.
- Transition to domestic financing can put community-led and rights-based services at risk. Early advocacy protects continuity.



Trans and Gender diverse priorities: Making the ask concrete

Opportunities & entry points

- CCM participation and country dialogue. **Get in early, stay engaged.**
- Community Priorities Annex (where required). **Submit specific, fundable asks.**
- Community systems financing for peer outreach, navigation and monitoring.
- Barrier removal in the HIV and TB components (stigma, violence, punitive policies).
- Integration opportunities, including gender-affirming care where policy allows.
- Transition planning: **advocate for domestic financing and social contracting.**

Priorities and actions to push for

- Dedicated budget lines for trans-led services (not “shared” leftovers).
- Peer-led testing, PrEP support, linkage and treatment continuity services.
- Trans-competent and gender-affirming training for health workers and facilities.
- Legal literacy, crisis support and violence response linked to service access.
- Community-led monitoring with safe, ethical data collection and feedback loops.
- A transition plan that protects services when funding shifts to domestic sources.



Gay men and other men who have sex with men Communities

Relevant for gay, bisexual and other men who have sex with men communities:



- HIV burden is often disproportionately high for GBMSM in many countries.
- Persistent gaps in HIV prevention, testing, and treatment
- Stigma, discrimination, criminalization of same-sex relations, violence, fear of exposure in health settings are barriers to accessing services
- GC8 creates critical opportunity to ensure that national programs reach GBMSM effectively while strengthening and capitalizing on community-led organizations' expertise and trust with GBMSM
- The funding shifts and cuts have meant that clinical providers who were trained to work with GBMSM have been let go, leaving skills gaps in the HIV workforce (a critical gap in HIV-TB co-infection)



Opportunities

- Active participation in country dialogue, CCM, and technical working groups priorities for gay men are reflected early
- Advocacy for explicit budget lines GBMSM-focused services
- Ongoing engagement to ensure commitments translate into funded activities and measurable results

Priorities and actions to push for

- Maintain MSM-led HIV services, especially in contexts of stigma and criminalization
- Strengthen MSM-led community systems amidst integration
- Equitable access for GBMSM to newer HIV prevention services (injectable LA PrEP)
- Disease integration should not cut MSM-led HIV services!





Global Network of Sex Work Projects
Promoting Health and Human Rights

Sex workers Communities

Relevant for Sex Workers



- HIV burden among sex workers remains disproportionately high in many countries, with persistent gaps in prevention, testing and treatment coverage.
- Criminalisation of sex work directly undermines access to health services and increases vulnerability to violence, stigma & discrimination.
- Stigma & discrimination in healthcare settings stops sex workers from seeking prevention, testing and treatment, and make it harder to stay on treatment.
- Funding shifts and transition to domestic financing place community-led and rights-based sex worker services at significant risk.
- GC8's emphasis on equity, community systems strengthening and removal of human rights-related barriers creates a critical opportunity to protect and prioritise sex worker programming within national responses.

Opportunities

- CCM: If there is no sex worker representative on the CCM, work to strengthen relationships with community representatives on the CCM.
- Country Dialogue: Secure meaningful participation in Country Dialogue processes. If funding to attend the dialogues is an issue the CCM has access to funding to help with this.
- Community annex: influence which priorities are included; ensure sex worker priorities are there.
- GC7 reprioritization; take lessons learned from the process & replicate those that worked.

Priorities

- Protect and sustain funding for essential commodities for sex workers, especially condoms and lube.
- Prioritize differentiated, community-led service delivery models to maintain coverage under constrained resources.
- Invest in interventions addressing stigma, discrimination, violence, criminalisation and other barriers.
- Ensure sex workers are explicitly reflected in national targets, indicators, and performance frameworks.
- Strengthen community systems and leadership to safeguard continuity and accountability of services, especially in during integration.
- Position Community-Led Monitoring data as valid evidence to inform program design and resource allocation.



International Network of People who Use Drugs

People who use drugs

Relevant for Communities of People who Use Drugs (PUD):



- Disproportionately high HIV and hepatitis C (HCV) burden for PUD.
- Shifting trends in drug use depending on country/regional context. Rise in stimulants and synthetic opioid drugs (nitazenes).
- Critical programmatic gaps in HIV, HCV, TB prevention, testing, treatment, care and support.
- Few gender-responsive harm reduction programmes/services for women who use drugs.
- Key barriers to lifesaving care: stigma, discrimination, criminalisation, violence, fear of surveillance, data privacy, safety and security.
- Geo-political shifts in 2025 saw significant cuts to funding for harm reduction programmes, OAT access, and lifesaving HIV/TB-related services for PUD.
- Rapidly evolving narcoterrorism narrative is escalating the 'war on drugs'.
- GC7 reprioritization saw mixed outcomes for funding for: harm reduction, human rights, and programming for people who use drugs in prison settings.



Overarching Priorities for People who Use Drugs.

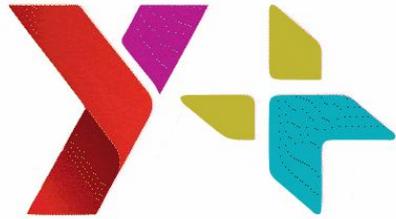
Opportunities & entry points:

- Harm reduction remains a programme essential.
- **Map out who the key influencers & decision-makers are**, as well as your allies within government, Technical Partners, civil society.
- **Integration:** Start collecting your evidence early to support investment in drug user-led services and organisations.
- **CCM participation and country dialogue.** Get in early, stay engaged.
- **Community Priorities Annex** (where required). Submit specific, fundable asks.
- **Harmonising national pay scales:** Community systems financing for peer outreach, navigation and monitoring.
- **Procurement:** Push for options that reflect community values & preferences
- **Barrier removal:** HIV and TB components (stigma, violence, punitive policies, legal literacy).
- **Transition planning:** advocate for domestic financing and social contracting.

Overarching Priorities for People who Use Drugs.

Priorities and actions to push for:

- Maintain the essential harm reduction package of services; expand coverage.
- Maintain equitable access to medically assisted treatment/opioid agonist treatment as a lifesaving treatment.
- Ensure gender responsive services for women who use drugs are comprehensive, increased in their access and availability, and not subject to disruption.
- Increase the accessibility of naloxone, a lifesaving medication to prevent overdose, through increased availability and institutionalisation of peer-led community distribution.
- Reduce human rights related barriers to accessing healthcare services for people who use drugs (e.g., stigma, discrimination, police harassment, legal literacy and access to justice).
- Increase access to funding for drug user-led organisations and networks providing services by and for people who use drugs.
- Include programme management costs as eligible expenses for drug user-led organisations and networks to support organisational growth, capacity development and sustainability.
- Institute social contracting arrangements for community-led organisations and networks, including direct funding mechanisms for the community in criminalised or otherwise hostile environments.
- Safeguard strong, well-funded community-led data, including community-led monitoring and population size estimates to:
 - Ensure responsive programming,
 - Track of emerging trends in drug use and drug-related harms
 - Monitor the quality and quantity of services, including gaps in access and service/programme delivery.



Young People living with HIV

Youth Engagement in GC8: What the Evidence Shows (Y2Y) consortium



In 2025, Y+ Global and partners conducted surveys with youth-led networks across Africa, Asia-Pacific and Eastern Europe to understand experiences in GC7 and priorities for GC8.

Across regions, the findings were consistent:

- Youth were present in country dialogues and CCM processes.
- In some cases, youth contributed to proposal development.
- A few networks secured CCM seats.

However:

- Participation often did not translate into decision-making influence.
- Youth engagement was rarely resourced.
- Information was often shared late in the process.
- Technical capacity gaps limited meaningful contribution.
- Young key populations continued to face stigma and exclusion.

The conclusion from the data is clear: GC8 requires early, structured, and resourced youth engagement to deliver impact.

Key Youth Priorities for GC8

Based on responses from youth-led networks, five areas require attention in GC8:

1. **Formal Representation Youth participation in CCMs and technical groups should include:**

- Voting power
- Early involvement in funding request design
- Participation in grant-making discussions

2. **Dedicated and Equitable Funding Youth-led organizations require:**

- Clear budget lines
- Direct access to funding mechanisms
- Support for youth-led service delivery and monitoring

Without resources, participation remains unequal.

3. **Youth-Led Monitoring Youth networks can strengthen accountability through:**

- Community-led monitoring
- Tracking service quality and access barriers
- Providing structured feedback into implementation

This aligns directly with GC8's focus on measurable results.



4. **Capacity Strengthening Effective participation requires:**

- Early access to timelines and documents
- Technical training on Global Fund processes
- Mentorship and peer exchange

Preparation improves influence.

5. **Inclusive Youth Engagement Youth engagement must intentionally include:**

- Rural youth
- Young people living with HIV
- Young key populations
- LGBTQI+ youth
- Youth with disabilities

Equity must be built into engagement design.

From Findings to Action: The Y2Y Youth Engagement Guidance



The survey results were clear.

Young people want to engage, but they need structure, information, and space to do it well.

In response, the Y2Y Consortium developed practical guidance to help youth networks engage confidently and strategically in GC8.

The guidance includes:

- Clear moments in the GC8 process where youth voices matter most
- Simple tools to prepare for country dialogues and CCM discussions
- Tips on how to translate lived experience into evidence that influences budgets
- Practical advice on engaging early in grant-ready processes
- Examples from different regions showing what has worked

The aim is not just participation.

It is to support youth networks to engage early, speak the language of impact and value for money, and stay involved beyond proposal approval. GC8 moves quickly. The guidance helps youth networks be ready, not reactive.

Need Support?

If you need technical assistance or support in your advocacy, please contact;

For GATE: info@gate.ngo

For MPACT: contact@mpactglobal.org

For INPUD: office@inpud.net

For NSWP: secretariat@nswp.org