GATE

FINANCING COMMUNITY-LED IMPACT

Evidence, Reform and Tools for Direct Investment

Communities Delegation
to the Board of the Global Fund to fight AIDS, Tuberculosis and Malaria

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About GATE

GATE works to advance global justice for trans and gender diverse communities. Our vision is a future where trans and gender diverse communities live freely, safely, and with dignity. We are community-led and community-centered, working with integrity and innovation to create opportunities for shared learning and resource equity in order to advance global solidarity across borders and movements.

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

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Purpose of this Evidence and Action Resource

Community-led organizations and networks, including those led by key populations, are essential to effective HIV, TB, and malaria responses.[1] [2] Adequate resources enable them to provide prevention, treatment, and care, sustain trusted service-delivery models, and uphold human rights-based and gender-responsive approaches where barriers to mainstream services persist. Under-resourcing limits their reach among these communities and leaves national responses incomplete. In contexts of criminalization, crisis, displacement and discrimination, communities continue to innovate, adapt and deliver impact, while financing approaches have not kept pace with their leadership. By connecting case studies, financing analysis and a practical framework for direct investment, this resource contributes to a wider body of community-led evidence, advocacy and action. It highlights changes that can help ensure community-led organizations - and the responses they are uniquely placed to deliver - are properly resourced, visible and sustained.

The resource, developed by GATE in partnership with the Communities Delegation, is organized in four connected sections: grounded evidence from four case studies; analysis of the systems needed to identify, track and protect community-led financing; a practical framework to support community-led platforms preparing for intermediary roles; and a conclusion that situates these contributions within the wider advocacy agenda.

1. Key populations across HIV, TB and Malaria are understood as per Global Fund definitions and include HIV: Men who have sex with men, Transgender and gender-diverse people, Sex workers, People who use or inject drugs, People living with HIV, People in prisons and community-led organizationsed settings TB: Prisoners and people in community-led organizationsed settings, Miners, People living with HIV, Migrants and refugees, Indigenous populations Malaria Migrants and refugees, Internally displaced people, Indigenous populations in malaria-endemic areas see https://www.theglobalfund.org/en/key-populations/
2. Community-led organizations are defined as organizations or networks in which the majority of governance, leadership, and staff are from communities served. community-led organizations represent the experiences, perspectives, and voices of their constituencies.

↘ Communities deliver. Financing must follow.

The evidence, analysis and tools assembled here contribute to a broader case for transforming how the Global Fund and other donors finance community-led organizations. Read alongside wider community evidence, commitments and advocacy, they reinforce why direct, flexible and predictable investment in community-led responses is a strategic necessity for effective, equitable, human rights-affirming and gender responsive HIV, TB and malaria programs and outcomes.

Section 1 presents four case studies (Inti Muda Indonesia, FEM Alliance Uganda, Legalife-Ukraine and Lighthouse Viet Nam) that show what is at stake when community-led organizations are under-resourced, and what becomes possible when they are trusted with direct, flexible funding. Across restrictive legal environments, criminalization, violence, conflict, displacement, stigma and exclusion from mainstream services, these organizations sustained HIV, TB and human rights-based services that no other actor could deliver. Their experiences demonstrate that community-led organizations are essential partners in effective and equitable health responses and, when resourced appropriately, can also serve as effective funding intermediaries that combine accountability with community ownership.

Section 2 introduces an analysis of investment tracking for community-led organizations. Focused on the Global Fund's grant architecture, it identifies structural data gaps that prevent the Fund from quantifying how much financing reaches community-led organizations, verifying which organizations meet agreed definitions, or determining whether funding supports the interventions communities are best placed to lead. The paper proposes practical reforms - including verified community-led classification, links between community-led organizations and interventions, granular budget tagging and alignment with emerging global benchmarks - while highlighting principles that can also inform other donors and stakeholders seeking to make community-led financing visible, measurable and protected.

Section 3 provides an overview of the Governance, Fiduciary and Monitoring & Evaluation Systems Framework. As direct financing for community-led organizations becomes an increasing imperative and community-led intermediary models gain prominence, community-led funding platforms need accessible tools to assess readiness and strengthen systems. The framework offers a practical, proportionate method for assessing governance, fiduciary capacity, safeguarding, risk management and monitoring systems. It supports differentiated entry

pathways and proportionate assurance, helping platforms prepare to manage onward grants safely and effectively as part of a wider enabling environment. A link to the full framework will be provided.

Taken together, these components reinforce a broader advocacy message: Community-led organizations are indispensable to reaching key, criminalized and marginalized populations, yet their financing remains fragile, opaque and insufficient. Direct, flexible, multi-year investment - paired with verified tracking and proportionate assurance - is an essential part of wider efforts to protect community-led responses and uphold global commitments to human rights, gender equality and health equity.

Section 1

Case Studies: Direct, Flexible Community-Led Financing Works

↘ Overview

Community-led organizations are indispensable to reaching key, criminalized and marginalized populations, sustaining trusted services, and protecting rights in environments where mainstream systems are inaccessible, unsafe or discriminatory. The four case studies in this resource - Inti Muda Indonesia, FEM Alliance Uganda, Legalife-Ukraine and Lighthouse Viet Nam - provide concrete evidence that direct, flexible financing enables community-led organizations to deliver lifesaving HIV, TB-linked and broader health and protection services under conditions where no other actor can.

Across restrictive legal environments, conflict, displacement, stigma and exclusion, these organizations maintained confidential care, crisis response, mental health support, harm reduction, community-led monitoring, advocacy and safe spaces. They also demonstrate that community-led organizations can act as effective intermediaries, managing resources accountably while preserving responsiveness, trust and community ownership.

These case studies add grounded, context-specific evidence to a wider body of experience showing that direct, flexible, multi-year community-led financing is not a niche approach: it is a strategic requirement for equitable health outcomes and human rights-affirming responses.

↘ Case Study 1: Inti Muda Indonesia

Community-Led Grant-making through Healthy Cities with PRIDE

This case study shows how community-led grant-making can improve funding relevance, strengthen accountability and build sustainable local capacity. The experience of IHCP demonstrates why donors and public institutions should shift decision-making and grant-management responsibilities to community-led organizations.

Context

Inti Muda Indonesia is a national network of young key populations and young people living with HIV. The organization works across HIV, sexual and reproductive health and rights, and human rights, with a particular focus on strengthening youth leadership and improving access to health services for young LGBTIQ+ people. Young LGBTIQ+ people in Indonesia face stigma, discrimination, criminalization and barriers to health and public services. Funding for community-led organizations has often been donor-driven, with externally determined priorities replicated across locations regardless of local circumstances. This restricts communities' ability to respond to their needs and develop leadership and decision-making capacity. Indonesia Healthy Cities with PRIDE (IHCP) addressed these challenges by transferring authority over funding priorities, allocations and program design to young community-led organizations. The model produced more relevant local investments, strengthened organizations and advocacy, and provided a foundation for regional expansion.

What was funded?

IHCP supported community-led initiatives across 11 Indonesian cities between 2023 and 2025. Activities addressed HIV prevention and treatment, access to health services, stigma and discrimination, violence, leadership development, advocacy and broader rights issues affecting young LGBTIQ+ communities. More than 130 youth-led organizations participated in the program, enabling resources to respond to distinct local needs. Inti Muda Indonesia and YIFoS acted as community grant-makers, supporting local organizations while providing mentoring and technical assistance in areas including financial management, monitoring and evaluation, project management, fundraising and organizational development.

What was achieved?

The project contributed to outcomes at the community, health-system and organizational levels. Young key populations reported greater health awareness and confidence accessing services without stigma or discrimination. Community-led organizations also used funding for locally identified priorities and became more active in advocacy with local government and health authorities, contributing to changes that benefited young people. At the health-system level, community advocacy helped expand access to inclusive HIV services. In Samarinda, collaboration between community organizations and the City Health Office contributed to the establishment of ten new PrEP service locations for young transgender sex workers. Advocacy also contributed to policy changes enabling HIV testing for people under 18 through representatives or outreach workers. The program strengthened institutional capacity in leadership, grant-making, financial management, monitoring and evaluation, fundraising and project management. Several organizations subsequently secured additional funding, demonstrating greater ability to attract, govern and sustain resources beyond a single grant cycle.

How was it funded?

IHCP was funded by Aidsfonds, with co-funding from ViiV Healthcare in 2025. The program used participatory grant-making, with IHCP, YIFoS and community organizations sharing decisions about funding priorities, allocations, supported organizations and activities. Funding was paired with structured capacity strengthening. Inti Muda Indonesia transitioned from implementer to community grant-maker, while local organizations strengthened financial systems, governance, monitoring and evaluation, fundraising and project management. The grant invested in program delivery while building community-owned systems for allocating, managing and governing resources.

What made the funding approach effective?

The approach worked because trust, flexible funding and structured capacity strengthening reinforced one another. Communities could direct resources to local priorities and adapt activities to context, while practical support enabled accountable grant management and long-term sustainability. Their involvement in decision-making also increased ownership, strengthened leadership and built confidence to engage with government, health systems and other funders. Grant-making experience, governance mechanisms and organizational relationships remained within the network after funds were distributed.

What challenges remain?

Community-led organizations still face barriers to direct funding from mainstream donors, including compliance and governance requirements designed for larger institutions and limited institutional capacity. Sustainability is also at risk when grants end, particularly as international funding for health and human rights declines. Funders should respond with accessible financing, proportionate accountability requirements, long-term capacity investment and support to diversify funding sources. Community-led organizations also have limited influence over financing decisions dominated by external actors, and their ability to shape government funding remains uncertain. Donors and public agencies should therefore expand participatory grant-making through multi-year resources, meaningful allocation authority and investment in the governance systems needed to manage funds responsibly.

Lessons

Indonesia Healthy Cities with PRIDE demonstrates that community-led financing can achieve more than the delivery of funded activities: the program helped build a new generation of community grant-makers. The community-owned funding and governance model became the foundation for the expansion of the Healthy Cities with PRIDE approach to Malaysia in 2025 and the Philippines in 2026. IHCP shows that community-led financing is a strategic investment in program outcomes and long-term institutional capacity. When funders transfer meaningful decision-making power and invest in leadership, grant-making and governance, they build institutions and networks that can attract, govern and deploy resources beyond individual grant cycles.

↘ Case Study 2: FEM Alliance Uganda

Providing a lifeline for trans communities in a restrictive environment

This case study shows why direct, flexible funding to community-led organizations is essential when criminalization makes government-mediated financing and mainstream services unsafe or ineffective. Uganda's Anti-Homosexuality Act has increased risks for trans and gender diverse people and deterred access to HIV and other essential health services. Fem Alliance's experience demonstrates that trusted organizations can sustain confidential care, protection and advocacy when funders provide predictable, multi-year resources through independent, community-led pathways.

Context

Fem Alliance Uganda is a community-led organization established in 2012 by trans and lesbian activists to address the exclusion, discrimination and violence experienced by trans and gender diverse people in Uganda. Its role has become more critical since the 2023 Anti-Homosexuality Act expanded criminal penalties and created broad offenses affecting trans and gender diverse people and those perceived to support them. By increasing stigma and fear of exposure, reporting and arrest, the law has deterred access to HIV prevention, testing, treatment and other essential health services while heightening risks for community organizations and their staff. In this restrictive environment, Fem Alliance provides health, psychosocial, protection and advocacy services to communities marginalized by mainstream systems. Despite its central role in HIV programming and community advocacy, it faces persistent barriers to sustainable, direct funding.

What was funded?

Member contributions and subscriptions have been the bedrock of support, supplemented by partners including UHAI EASHRI, GATE, TASO, the Infectious Diseases Institute and SRHR Alliance Uganda. This funding has supported HIV prevention and treatment literacy, psychosocial care, community-led monitoring, human rights documentation, leadership development, advocacy and emergency shelter. In the context of the Anti-Homosexuality Act, community navigation, safe spaces and crisis support help people maintain access to lifesaving services when fear

and discrimination make mainstream facilities harder to use. Most external funding, however, remains short-term, project-based, and tied to restricted budgets and predefined outputs.

What was achieved?

External funding has enabled Fem Alliance to expand services, strengthen organizational systems and build partnerships with health facilities and other stakeholders beyond what member contributions alone could sustain. The organization has established safe spaces, helped community members navigate HIV services, documented human rights violations and brought community evidence into national HIV policy discussions. Flexible funding has also supported rapid responses to violence, displacement and discrimination through shelter, food, legal assistance and continuity of HIV care. These functions are especially important because criminalization deters people from disclosing their identities or approaching public facilities and places greater pressure on community-based services.

How was it funded?

Most grants have lasted from six months to two years and prioritized specific projects over organizational sustainability. They have provided limited support for staff retention, operations, security, legal risk management and organizational development. Although Fem Alliance has secured support from several international partners, many awards are one-off, and continuing direct funding remains scarce. In the present legal environment, funding routed primarily through government ministries cannot substitute for direct community investment because State systems operate within a legal system that criminalizes trans and gender diverse organizing. Funders therefore need protected, accountable pathways that direct resources to community-led organizations or, when direct grants are not operationally possible, trusted non-governmental intermediaries.

What made the funding approach effective or not?

Funding was most effective when it was flexible, trust-based and able to support organizational capacity alongside program delivery. These features enabled Fem Alliance to adapt quickly, protect staff and communities, maintain confidential referral pathways and respond to emergencies. By contrast, short funding cycles, restricted budgets and limited support for security and core costs weakened long-term planning, staff retention and institutional resilience. Effective

funding should therefore be multi-year and flexible, with proportionate compliance requirements, safeguards for confidentiality and digital and physical security, and design led by community organizations rather than government mechanisms.

What challenges remain?

Fem Alliance and similar organizations face limited access to direct funding, burdensome compliance requirements, inadequate core support and elevated risks to staff, clients, premises and data. The Anti-Homosexuality Act compounds these pressures by legitimizing discrimination, deterring access to HIV and other health services and increasing donor hesitation when community organizations need greater resources for safe outreach, continuity of care, emergency protection and evidence-based advocacy. As international health financing is increasingly channeled through governments and mainstream systems, organizations serving criminalized populations risk exclusion from resources and decision-making. In this environment, government-mediated funding cannot reliably replace independent, community-led delivery.

Lessons

Fem Alliance's experience shows that community-led organizations are essential partners in effective and equitable health responses in restrictive settings. They reach people whom mainstream systems may exclude, preserve trust and confidentiality, generate community evidence and maintain continuity of care. Direct investment is therefore both a rights imperative and a practical requirement for an effective HIV response. Funders should provide predictable, flexible, multi-year grants for core operations, security, emergency response, advocacy and community-led monitoring; use proportionate compliance requirements; and establish independent channels where reliance on government ministries could expose communities or compromise access. Without these measures and meaningful community decision-making, criminalized populations risk losing lifesaving services, representation and the ability to hold health systems accountable.

↘ Case Study 3: Legalife-Ukraine

Direct, flexible funding keeps community-led services operating under extreme pressure

This case study shows how direct, flexible funding enabled Legalife-Ukraine to sustain trusted services for sex workers facing criminalization, stigma, displacement and violence. By controlling how resources were used, Legalife could respond quickly, maintain essential support and protect the people, infrastructure and systems needed through a prolonged crisis. The case demonstrates why community-led organizations require direct, flexible and predictable multi-year funding.

Context

Legalife-Ukraine is a community-led organization that has advocated for sex workers' rights, access to services and decriminalization for over a decade. In Ukraine, criminalization, stigma, discrimination, violence, extortion and corruption routinely obstruct access to State support, health care and protection. Russia's full-scale invasion intensified these risks through income loss, housing insecurity, displacement, violence and worsening mental health, while forcing Legalife to protect frontline staff and volunteers and keep critical services running. Because needs can change overnight, the response must be rapid, flexible and led by community members with first-hand knowledge of the risks.

What was funded?

Through the Solidarity in Action project, Legalife-Ukraine received direct, flexible support that it could redirect as priorities changed. Funding provided food, hygiene products, equipment, and urgent housing and utility support for sex workers and their families. It also sustained a 24-hour hotline offering information and psychological and legal advice; regional self-help groups; mental health and burnout-prevention support for staff and activists; and renovation of a safe space serving as an office, shelter and community hub. Direct control allowed Legalife to move resources quickly to the areas of greatest need without delays from intermediaries, lengthy approvals or inflexible budget lines.

What was achieved?

Renovating the safe space removed rental costs, strengthened organizational sustainability and secured a base for services and community support while many organizations struggled to remain open. For a highly marginalized community facing conflict, displacement and exclusion from mainstream services, this continuity preserved access to trusted protection, health care, advice and connection. Legalife kept essential services running throughout the acute crisis and adapted them as conditions changed. It distributed thousands of humanitarian packages, provided housing or utility support to more than 200 people, and delivered over 1,400 hotline consultations. The organization also sustained psychological support, referrals and access to health services, including HIV prevention and treatment, helping people remain in care. Self-help groups and mental health training reduced burnout among activists leading the response.

How was it funded?

The project provided funding directly to Legalife-Ukraine, without intermediaries, and allowed the organization to redirect resources as risks and needs changed. This autonomy reduced delays and helped prevent interruptions to essential services. The grant also combined urgent assistance, including housing support, with investment in infrastructure, leadership, staff well-being and organizational development, protecting both the immediate response and the community-led systems needed to sustain it.

What made the funding approach effective or not?

The approach worked because it treated Legalife as the organization best placed to understand and respond to sex workers' needs. Rather than imposing activities designed elsewhere, direct, flexible funding enabled community members to set priorities, respond to emerging risks, sustain services through a prolonged crisis and invest in infrastructure that will serve the community beyond the grant period. The case also exposes a critical weakness: a one-year grant is inadequate for a protracted crisis. Uncertainty over renewal puts trusted specialist services at risk and undermines staff retention, planning, infrastructure and the relationships needed for rapid response. Flexible funding cannot deliver its full value without predictable, multi-year support.

What challenges remain?

As Russia's invasion continues, disruption threatens Legalife's service delivery and advocacy, while criminalization, stigma and discrimination heighten risks for sex workers and restrict access to mainstream support. Donor funding cuts also threaten emergency assistance, advocacy, mobilization and leadership development. Without sustained investment, services may weaken when need is acute, and Legalife may lose capacity to respond to future shocks.

Lessons

Legalife's experience shows that direct, flexible funding must be central to support for communities under severe pressure. When community-led organizations control funding, they can act on first-hand knowledge, redirect resources as circumstances change and keep essential services operating without waiting for intermediaries. Community control is therefore a practical requirement for a fast, relevant and resilient crisis response. Flexibility must be matched by predictable, multi-year support. Investment in staff well-being, leadership, organizational capacity and safe infrastructure has enabled Legalife to serve a highly marginalized community through an extended crisis. Donors should provide direct, multi-year funding with light, adaptable requirements so community-led organizations can prevent service disruption, respond to emerging needs and protect the foundations for long-term change.

↘ Case Study 4 - Lighthouse Viet Nam

Financing integrated HIV and TB-linked services for key populations through a community-led intermediary

This case study shows why direct, flexible financing for community-led organizations is critical to equitable HIV and health outcomes for key populations. Lighthouse Social Enterprise bridges gaps in the reach, trust and flexibility of public health services through integrated, peer-led and digitally enabled pathways to HIV, TB-linked and other health services. Its experience also shows why financing must build long-term institutional capacity, not only fund short-term service delivery. As both an implementer and an intermediary, Lighthouse shows how locally rooted organizations can manage resources accountably while keeping funding responsive to community priorities. Its experience shifts the question from whether funding should flow directly or through intermediaries to how each mechanism can strengthen community leadership, ownership and impact.

Context

Despite significant progress in Viet Nam's HIV response, key populations still face barriers to prevention, testing, treatment linkage and retention in care. Those affected include gay, bisexual and other men who have sex with men; trans people; young key populations; people living with HIV; people who use drugs; people engaging in chemsex; and people affected by TB or related health risks. Many people continue to experience stigma, concerns about confidentiality, fear of disclosure, mental health pressures and difficulties accessing services that are trusted and responsive to their needs. While public health services remain essential, they do not always have the reach, flexibility or community trust required to engage people who are marginalized, highly mobile or reluctant to access formal facilities. Lighthouse Social Enterprise emerged in response to these gaps. Through peer-led engagement, digital platforms and clinical partnerships, it connects communities to HIV, STI, PrEP, PEP, mental health, harm reduction and TB-linked services, complementing public-sector systems through demand generation, linkage and retention support.

What was funded?

Partners, including the Elton John AIDS Foundation, ViiV Healthcare, Gilead and Grand Challenges Canada, supported Lighthouse's integrated community-led interventions. Funding supported community-led HIV testing and self-testing promotion, linkage to treatment and care, PrEP and PEP navigation, STI screening and referral, mental health support, chemsex and harm reduction interventions, community-led monitoring, digital health platforms and TB screening and referral services. The model integrated online and offline engagement: community members accessed information, counseling and support digitally, then connected with services through peer navigators, outreach workers and clinical partners. Financing, therefore, sustained not only service delivery but also the community systems, digital infrastructure and peer networks that enabled engagement.

What was achieved?

The financing enabled Lighthouse to reach populations that were underserved by conventional facility-based approaches, particularly young people and key populations affected by stigma and concerned about confidentiality. Through trusted, community-friendly channels, people accessed HIV prevention and treatment, sexual health, mental health, harm reduction and TB-linked referral services. Peer outreach and counseling reduced barriers for those who might otherwise have delayed or avoided care. The model also demonstrated the value of integrated service delivery. Rather than addressing HIV, sexual health, mental health, chemsex-related risks and TB-related vulnerabilities separately, Lighthouse responded to overlapping needs through a coordinated community-led pathway. Beyond direct service outcomes, Lighthouse informed wider health-system learning on differentiated service delivery, community-led monitoring, digital health, stigma reduction and key-population-friendly services. Its contribution centered on demand generation, early engagement, linkage and retention support alongside public-sector services.

How was it funded?

Lighthouse was funded through project grants, sub-grants, innovation pilots, technical assistance, research partnerships and donor-funded implementation programs. Funding was generally project-based and time-bound, lasting one to three years and continuing only when donor priorities, performance and future opportunities aligned. Most financing

was tied to specified activities and outputs, although some programs allowed adaptation in response to community feedback. Lighthouse has operated both as a community-led implementer and as an intermediary for smaller community-based partners, giving it experience of the funding architecture from both positions. Lighthouse's dual role shows that intermediaries need not obstruct community-led financing. They can support grant management, compliance, technical assistance and capacity strengthening when they enable rather than control implementation. Community-led intermediaries may therefore satisfy donor accountability requirements while preserving trust, responsiveness and community ownership.

What made the funding approach effective or not?

Funding was most effective when it handed agency to Lighthouse as a community-led organization and provided the flexibility to respond to changing community needs. Flexible financing enabled Lighthouse to respond to mental health challenges, chemsex-related risks, changing service-seeking behavior, and new opportunities for digital engagement. Supporting both online and offline approaches was especially valuable because many people first engaged digitally before accessing in-person services. Integrated funding for HIV, STI, PrEP, PEP, mental health, harm reduction and TB-linked services produced more meaningful outcomes than narrow funding streams. The most effective funding treated community trust, peer networks, digital platforms and organizational capacity as essential components of the health response, not overheads. Investment in these foundations helped Lighthouse sustain engagement and adapt to changing needs.

What challenges remain?

Domestic financing for community-led organizations in Viet Nam remains limited, especially for peer outreach, mental health support, community-led monitoring, harm reduction and interventions not readily measured through traditional service indicators. Even where funding is available, short funding cycles can make it difficult to retain staff, maintain services and build long-term community trust. Reporting and compliance burdens may also be disproportionate to grant size, while core organizational systems such as governance, safeguarding, data management, digital infrastructure and leadership development often remain underfunded. Transition planning may prioritize commodities and clinical services while undervaluing community systems, peer engagement, digital outreach, accountability mechanisms and integrated HIV and TB-linked support.

Without deliberate investment in community-led organizations, there is a risk that key populations who are least likely to access conventional services will be left behind during funding transitions and health-system integration efforts.

Lessons

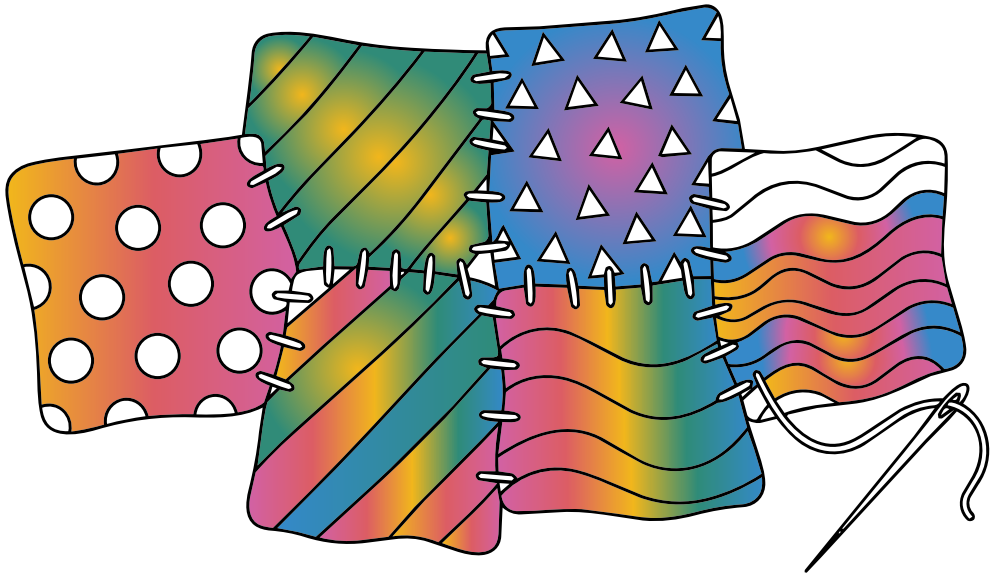
Community-led organizations are strategic partners in service delivery, innovation, accountability, demand generation and health equity, not merely outreach mechanisms for health systems. Financing should support integrated pathways from outreach and engagement through linkage, retention, mental health, harm reduction and TB-linked services. This approach better reflects how people experience care than funding narrowly defined interventions. Longer-term, flexible financing sustains trust, retains skilled staff and enables adaptation. It should also fund core capacity in governance, financial management, digital infrastructure, safeguarding and leadership. The choice is not simply between direct funding and intermediaries, but between intermediary models that add value and those that do not. Community-led intermediaries can bridge donor requirements and community realities by combining accountability and capacity strengthening with local ownership. Properly designed, these models help resources reach populations underserved by conventional financing while strengthening community leadership and health-system outcomes.

What the Case Studies Tell Us

Direct, flexible funding is essential for trusted, confidential and human rights-affirming services, especially where criminalization, conflict or stigma deters access to mainstream systems.

- Community-led organizations act as first responders during crises, rapidly adapting services to emerging risks without waiting for external approvals.
- Community-led intermediaries add value, combining donor accountability with community ownership, peer networks and trusted relationships.
- Short, restricted funding undermines sustainability, staff retention, crisis response and institutional resilience.
- Community-led systems are foundational to effective and equitable health responses, not auxiliary outreach mechanisms.

These insights strengthen the case made in Section 2 because community-led organizations are essential, financing for their work must be identifiable, measurable and protected within the systems that allocate and track resources.



Section 2

Tracking Financing for Community-Led Organizations

↘ Overview

This section focuses on the Global Fund's grant architecture and the specific tools, classifications and reporting arrangements that shape its ability to identify and track financing for community-led organizations and responses. The underlying accountability imperative, however, extends well beyond one institution. Donors, governments, financing mechanisms and implementing stakeholders all need approaches that can identify community-led organizations consistently, distinguish community-led responses and show how much funding reaches them for which interventions and with what results.

Within that focus, the analysis proposes verifying that organizations are community-led; links between community-led organizations and interventions; granular budget tagging; strengthened sub-recipient and sub-sub-recipient reporting; and alignment with UNAIDS National AIDS Spending Assessment tools. These recommendations are designed for the Global Fund's grant architecture, but the underlying principles can inform how other donors and stakeholders classify community-led organizations, trace resources through financing chains and assess whether investment supports community-led responses.

Across this wider financing ecosystem, tracking investment in community-led organizations and responses is essential to safeguarding human rights-based, gender-responsive and community-owned responses at a time when they are most at risk. The shared task is to build systems that make this investment visible, measurable and protectable.

Summary

Community-led organizations are indispensable to effective HIV, TB and malaria responses because their community leadership, lived experience, and accountability enable them to reach key populations, deliver trusted services, address human rights- and gender-related barriers, generate evidence and hold health systems accountable. Yet the Global Fund cannot reliably quantify financing for community-led organizations, verify whether organizations meet an agreed definition or connect community-led organizations to funded interventions, budgets and expenditures. Its core grant tools and templates, therefore, need to link classification, verification, financing and programmatic data throughout the grant cycle.

Evidence shows a structural data problem. Although the Global Fund's community-led organizations implementer category provides a foundation, classification and verification remain inconsistent, and the status of community-led organizations is not linked systematically to budgets, expenditures or interventions. Secretariat analysis, the amfAR SCOPE study and Global Fund evaluations have therefore relied on incomplete or insufficiently disaggregated data. These gaps are increasingly consequential as donor reductions disrupt community-level services, while UNAIDS' updated National AIDS Spending Assessment (NASA) offers an emerging benchmark for tracking resources directed to and used by community-led responses.

Recommendations: Six practical reforms:

Verify community-led organization classification; link community-led organizations to interventions, budgets and expenditures; standardize community-led modules and indicators; tag budgets and actual spending by organizational category; strengthen reporting below principal-recipient level; and align HIV tracking with UNAIDS NASA while developing comparable TB and malaria approaches.

Implementation should be phased and time-bound: begin Grant Cycle 8 measures immediately and initiate decisions on Grant Cycle 9 systems, tools, templates and data structures by Quarter 1 of 2027. Working with affected communities, the Global Fund and its partners must identify,

resource and protect community-led organizations and embed verified tracking of their financing and interventions across the grant cycle. Early action will prevent current accountability gaps from carrying into the next cycle.

1. Why tracking community-led investment matters

Community-led organizations are central to effective HIV, TB and malaria responses because they can reach key populations, deliver trusted services and strengthen accountability for human rights, gender equality and equity. Yet their financing remains only partially visible within the Global Fund's grant architecture, preventing stakeholders from determining whether resources reach the organizations best placed to deliver these outcomes.

Donor shifts disproportionately impact community-level interventions that provide key populations with access to prevention, treatment and care. At the same time, marginalization, criminalization, violence and stigma continue to exclude these communities from health services and decision-making. Protecting community-led responses is therefore essential to service continuity and equitable health outcomes, particularly for gay and other men who have sex with men, trans and gender diverse people, sex workers, people who use drugs, undocumented workers and migrants, incarcerated people, refugees and indigenous peoples.

Three pressures make sustained investment in community-led responses a strategic necessity:

- A sharp deterioration in human rights and gender contexts is further excluding communities that already face persistent barriers to mainstream health services.
- Rapid moves towards integration into State healthcare systems risk weakening or sidelining the community systems and programs on which key populations rely for access to services, particularly when those systems and programs are not separately identified and protected in funding decisions.
- Accelerated transition from external financing places services for key populations at immediate risk, particularly where domestic governments are unlikely to resource these services consistently or effectively.

The Global Fund introduced a community-led organizations implementer category for Grant Cycle 7 and has retained it for Grant Cycle 8, marking

an important step towards greater visibility. However, the category cannot provide the accountability required unless it is implemented consistently and connected to financing and programmatic data. During Grant Cycle 7, data collection was inconsistent, verification of community-led organizations' status was weak, and community-led organizations were not linked to the specific interventions they implemented.[3]

Because the classification of community-led organizations is inconsistent, weakly verified and disconnected from interventions, budgets and expenditures, the Global Fund cannot track how much financing reaches community-led organizations or whether it supports the roles they are best placed to perform. Donors, countries and communities, therefore, cannot assess whether investment in community-led organizations is proportionate to need or aligned with global commitments.

UNAIDS' updated National AIDS Spending Assessment explicitly tracks expenditure directed to and used by community-led organizations and responses. Consistent implementation could establish a global community-led organizations-financing baseline and benchmark for major funders. Comparable tools and targets do not yet exist for TB or malaria, but tracking community-led investment is equally important in both responses.

The Global Fund should adapt its systems to provide visibility into community-led financing that UNAIDS' updated methodology seeks to establish for HIV. Doing so would renew its leadership in recognizing and promoting communities' critical role across HIV, TB and malaria responses.

The proposed data reforms would track community-led organizations' financing across principal-recipient, sub-recipient, sub-sub-recipient and alternative contracting arrangements and link each community-led organization to its interventions, showing whether resources reach the organizations best placed to deliver community-led responses.

3. amfAR, & Data Etc. (2025). SCOPE study: Community-led implementation of Global Fund programs-Evidence from the SCOPE study. https://www.amfar.org/wp-content/uploads/2025/08/Scope-Report-2025_FINAL_v6-8_25.pdf

   The Global Fund. (n.d.). The Global Fund's funding for community and civil society organizations: An analysis of Grant Cycle 5 and Grant Cycle 6. https://www.theglobalfund.org/media/14830/cs_funding-community-civil-society-organizations_report_en.pdf

2. Structural gaps

This analysis identifies structural gaps that prevent the Global Fund from quantifying community-led organization financing, verifying community-led organizations' status and linking funding to interventions. These gaps weaken accountability, evidence-based investment and alignment with strategy and global commitments.

The problem is not simply that the data are incomplete. It is that the current system cannot reliably identify whether funding is reaching the organizations needed to deliver community-led responses. Even with the introduction of a community-led organizations category, the Global Fund cannot yet quantify community-led organizations' financing, verify whether organizations classified as community-led organizations meet a recognized definition, or link community-led organizations to their funded interventions.

This undermines accountability, weakens evidence-based investment decisions, and limits the Global Fund's ability to demonstrate alignment with its own strategy and global commitments.

3. Defining community-led organizations and responses

3.1 Defining community-led organizations

Across Global Fund, UNAIDS and TB-specific definitions, community-led organizations share four features: affected communities hold primary governance and leadership roles; the organization represents their lived experience; it is accountable to those constituencies; and communities retain autonomy over priorities and decisions. The definitions differ mainly in how explicitly they describe these features.

The Global Fund defines community-led organizations as formal or informal organizations or networks in which communities served form the majority of governance, leadership and staff and whose experiences, perspectives, and voices the organization represents. The definition applies across HIV, TB and malaria.[4]

Developed through a multi-stakeholder process with meaningful community representation, the UNAIDS definition retains majority community leadership and representation while extending them across governance, staff, spokespeople, members and volunteers. It also makes constituency accountability, self-determination and autonomy explicit.[5]

4. UNAIDS. (2022). Community-led AIDS responses: Final report based on the recommendations of the multistakeholder task team. Joint United Nations Programme on HIV/AIDS. https://www.unaids.org/sites/default/files/media_asset/community-led-aids-responses_en.pdf
5. Ibid.

As the global normative standard for HIV, the UNAIDS definition provides the clearest operational basis for distinguishing community-led organizations from broader civil-society, non-governmental and community-based organizations through its emphasis on community leadership, representation, accountability and autonomy.

WHO guidance applies the same principles to TB, defining a community-led organization as an autonomous entity governed by people affected by TB who hold primary authority over priorities, service design, implementation, monitoring and advocacy.

These characteristics also define community-led responses: health and human-rights actions informed, led and implemented by communities or by organizations, groups and networks that embody community leadership, representation, accountability and autonomy.

3.2 Distinguishing community-led organizations from CBOs and NGOs

Community-led organizations, Community-based organizations and NGOs can all support HIV, TB and malaria responses, but they differ in their relationship with affected communities. Community-led organizations' direct community leadership and accountability are particularly important to effective interventions for key populations.

Community-led organizations are led by and accountable to affected communities, with the autonomy to design, deliver and adapt interventions that are trusted, accessible and responsive to lived realities.

Community-based organizations are defined by where they operate or whom they serve, not necessarily by community leadership. They may deliver valuable local services without meeting community-led organization governance and accountability criteria.

NGOs are defined primarily by legal form and may be national, international or community-facing, but they are not necessarily community-led or directly accountable to affected constituencies.

These distinctions affect financing analysis because grouping community-led organizations with community-based organizations, NGOs or civil-society organizations obscures whether resources reach organizations led by affected communities and best positioned to deliver effective interventions for key populations.

Because the Global Fund does not verify community-led organization classifications against these definitions, misclassification may obscure whether investments support community-led interventions associated with access, trust and impact.

Definitions determine whether data can distinguish funding to organizations led by key populations from funding to organizations that merely work with them. Without that distinction, investment in community-led responses remains imprecise and difficult to verify.

4. Current Global Fund investment in community-led organizations

Global Fund and external analyses estimate financing channeled through broad civil-society categories, including national and international NGOs, faith-based organizations and community-based organizations, but disaggregated data on community-led organizations' investment remains a critical data gap.

A 2025 Global Fund Secretariat assessment found that national and international NGOs and community-based organizations managed US$9.25 billion, or 30% of GC5 and GC6 financing, but could not determine how much reached community-led organizations or supported community-led interventions for key populations.[6]

> *"The detailed budgets for GC5 and GC6 do not include a specific category for community-led organizations. As such, it is not possible to distinguish how much funding is going to and managed by organizations that are led by people living with or affected by the three diseases and key and vulnerable populations, including sex workers, people who use drugs, men who have sex with men, transgender people, adolescent girls and young women, TB survivors, or migrants."*[7]

Because Global Fund systems lack community-led organizations classification data, the amfAR SCOPE study surveyed country-level community stakeholders to identify which civil-society principal recipients qualified as community-led organizations. It is estimated that community-led organizations represented 6–9% of principal recipients and received 6–8% of total Global Fund financing across GC5–GC7.[8]

The SCOPE study demonstrates both the value of identifying community-led organizations' financing and the limits of current systems: researchers had to develop a separate classification methodology because Global

6. The Global Fund. (2024). *The Global Fund's funding for community and civil society organizations: An analysis of Grant Cycle 5 and Grant Cycle 6*. https://www.theglobalfund.org/media/14830/cs_funding-community-civil-society-organizations_report_en.pdf
7. The Global Fund. (2024). The Global Fund's funding for community and civil society organizations: An analysis of Grant Cycle 5 and Grant Cycle 6. https://www.theglobalfund.org/media/14830/cs_funding-community-civil-society-organizations_report_en.pdf
8. amfAR, & Data Etc. (2025). SCOPE study: Community-led implementation of Global Fund programs-Evidence from the SCOPE study. https://www.amfar.org/wp-content/uploads/2025/08/Scope-Report-2025_FINAL_v6-8_25.pdf

Fund data did not identify community-led organizations' implementers.

The 2023 TERG evaluation and the Evaluation and Learning Office's 2025 CRSS assessment identify the same persistent gap: Global Fund systems cannot reliably classify community-led organizations, track their interventions or measure their contribution to access and outcomes for key populations.[9]

'Due to the lack of data collected by the Global Fund or community-specific disaggregation, it was not possible to determine the extent to which the objectives of CLR were achieved globally, nor their specific contribution to national results[10]'.

Because grant-cycle data are unavailable, the Global Fund relies on periodic assessments. TERG found that the recurrence of this gap across evaluations reflects a structural failure to embed measurement of community-led responses in the Fund's core architecture.[11]

The 2025 CRSS evaluation confirms that Global Fund systems lack the data needed to assess the scale, nature and impact of community-led responses. It identifies limited access to expenditure data and budgets below principal-recipient level, weak monitoring of community contributions and rare disaggregation of CRSS results in country systems.[12]

Consequently, the Global Fund cannot quantify community-led organizations' financing or determine whether it supports community-led interventions associated with improved outcomes for key and criminalized populations.

Together, the Secretariat analysis, SCOPE study and evaluations show that the Global Fund cannot consistently identify community-led organizations, connect them to financing and interventions or measure community-led outcomes.

9. The Global Fund Technical Evaluation Reference Group. (2023). Thematic evaluation on community engagement and community-led responses (Report No. GF/TERG/2023/001). https://archive.theglobalfund.org/media/13140/archive_terg-community-engagement-community-led-responses_report_en.pdf The Global Fund Evaluation and Learning Office. (2024). Evaluation of community responses and systems strengthening (Report No. GF/ELO/2024/07). https://www.theglobalfund.org/media/2vyohrxi/iep_gf-elo-2024-07_report_en.pdf
10. The Global Fund Technical Evaluation Reference Group. (2023). Community engagement and community-led response evaluation (Report No. GF/TERG/2023/001). https://archive.theglobalfund.org/media/13140/archive_terg-community-engagement-community-led-responses_report_en.pdf
11. The Global Fund Technical Evaluation Reference Group. (2023). Community engagement and community-led response evaluation (Report No. GF/TERG/2023/001). https://archive.theglobalfund.org/media/13140/archive_terg-community-engagement-community-led-responses_report_en.pdf
12. The Global Fund Evaluation and Learning Office. (2024). Evaluation of community responses and systems strengthening (Report No. GF/ELO/2024/07). https://www.theglobalfund.org/media/2vyohrxi/iep_gf-elo-2024-07_report_en.pdf

The evidence points to one structural problem: the Global Fund lacks sufficiently disaggregated financial and programmatic data to identify community-led organizations, track their financing and interventions, and assess their contribution to results.

4.1 Emerging mechanisms for tracking community-led response resourcing

UNAIDS' 2025 National AIDS Spending Assessment guidance now explicitly tracks expenditure directed to and used by community-led responses, including community-led organizations and gives countries detailed instructions for costing, assessing and monitoring that investment.[13]

"The NASA approach allows for the tracking of resources being directed to, and used by, the community-led response... without the detailed expenditures collected via NASA... it would be difficult to monitor progress towards the global targets regarding community leadership in the HIV response." [14]

This provides countries with a standardized method to quantify:[15]

- community-led organizations-led service delivery
- community-led organizations-led monitoring, advocacy, human rights work and community systems strengthening

Pakistan and Papua New Guinea are piloting the revised NASA methodology to report community-led organizations and community-led expenditure from all sources, providing an emerging baseline that can inform the Global Fund's approach.[16]

13. UNAIDS. (2025). Guidelines for conducting a national HIV spending assessment (NASA). Joint United Nations Programme on HIV/AIDS. https://www.unaids.org/en/resources/documents/2025/20251114_NASA-guide
14. UNAIDS. (2025, November 14). UNAIDS releases updated guidelines for conducting National AIDS Spending Assessments. https://www.unaids.org/en/resources/presscentre/featurestories/2025/november/20251114_NASA_guidelines_revised
15. UNAIDS. (2025). Guidelines for conducting a national HIV spending assessment (NASA). Joint United Nations Programme on HIV/AIDS. https://www.unaids.org/en/resources/documents/2025/20251114_NASA-guide
16. National AIDS Council Secretariat. (2025). National HIV and AIDS spending assessment 2022–2023. https://nacs.org.pg/wp-content/uploads/2025/06/NASA-Report-2022-2023-PNG.pdf UNAIDS Pakistan. (2023). National AIDS spending assessment (NASA) 2020/21–2022/23. UNAIDS. https://www.unaids.org/sites/default/files/media_asset/NASAreport_pakistan_2020-2022_en.pdf

5. Barriers to tracking investment in community-led organizations

5.1 Community-led organizations classification is not yet operational

The community-led organizations category is not yet embedded consistently in budgeting, reporting or assurance. Classification varies across countries and principal recipients; community-led organizations' status is reported without verification, and it is not linked to budget lines or expenditures.

The community-led organization category exists in the Global Fund's data architecture but does not yet function as a financing measure: implementers may be identified while their funding remains invisible. The Fund must therefore connect community-led organizations' classification and verification to budgets, expenditures and funded interventions throughout the grant cycle.

5.2 Community-led organizations are not linked to funded interventions

Because community-led organization status is not linked to funded modules, interventions, activities, budgets or expenditures, the Global Fund cannot determine whether community-led organizations are resourced for the community-facing roles they are best positioned to lead or whether financing aligns with evidence and global commitments.

5.3 Incomplete SR/SSR and alternative contracting data

Data on sub-recipients, sub-sub-recipient implementers, small grants and alternative contracting arrangements are inconsistent or incomplete, obscuring many community-led organizations that operate at these levels.

5.4 Module and indicator inconsistency

Changing module names and indicator structures weaken time-series analysis, while no consistent module, indicator or tag identifies community-led organizations-led service delivery, monitoring, advocacy, human rights work or community systems strengthening.

5.5 Misalignment with updated UNAIDS' NASA classifications

UNAIDS' NASA provides a clearer basis for tracking community-led expenditures in the HIV response. The Global Fund does not yet have an equivalent approach across its grant budgeting and reporting systems. This misalignment creates fragmented global reporting and inconsistent expenditure data.

These gaps reflect systems design, not merely compliance, reporting quality or data completeness: the Global Fund's tools, templates and data structures were not built to identify, verify and track community-led organizations and responses throughout the grant cycle. Addressing them, therefore, requires changes to core systems and processes, not incremental reporting improvements.

6. The Importance of Tracking Community-Led Organization Investment

Tracking community-led organization investment is essential to accountability, strategic allocation and impact because community-led organizations reach key populations, remove human rights- and gender-related barriers, generate community evidence and hold health systems accountable. Reliable financing data are also needed to assess whether community-led responses are funded at scale and whether integration and transition displace organizations most likely to reach affected communities.

7. Recommendations for tracking community-led organizations' financing

The recommendations prioritize a proportionate set of high-value data points to make community-led organizations' financing visible, verifiable and useful. Grant Cycle 8 measures should proceed now, while decisions on the scope and direction of Grant Cycle 9 systems changes should begin by Quarter 1 of 2027.

Recommendation 1: *Introduce a mandatory community-led organization flag with verification*

- Require principal recipients to classify implementers against a standard community-led organization definition aligned with the Global Fund's definition.
- Introduce a proportionate verification mechanism based on governance, constituency leadership and evidence of accountability to affected communities.
- Apply the classification consistently across countries, grant cycles and implementer levels.
- Include validation of community-led organization status and associated budget allocations within the scope of work of Local Fund Agents.

Risk-based verification and accessible technical assistance should help smaller, newer and informally organized community-led organizations demonstrate community leadership and accountability without creating funding barriers.

Recommendation 2: *Link community-led organizations to the interventions they implement*

Link community-led organization status to funded interventions so financing data reveal whether community-led organizations are resourced for the roles they are best positioned to lead.

Require principal recipients to link each community-led organization's implementer to the relevant modules, interventions, activities, budget lines and expenditures, showing whether community-led organizations are funded for the roles they are best positioned to lead.

Recommendation 3: *Standardize modules and indicators for community-led programming*

Stabilize module names across grant cycles and apply consistent indicators or tags for community-led organizations-led service delivery, monitoring, advocacy, human rights work and community systems strengthening to improve comparison without unnecessary complexity.

Recommendation 4: *Require granular budget tagging*

Introduce budget and expenditure tags that distinguish community-led organizations from non-community-led CBOs and other civil-society organizations and enable comparison of planned allocations with actual spending.

Recommendation 5: *Strengthen SR/SSR and alternative contracting reporting*

Require principal recipients to report every material implementer, including sub-recipients, sub-sub-recipients and alternative contracting recipients, using a minimum dataset that records community-led organizations' status, budget and expenditure, and the community served.

Recommendation 6: *Align financial tracking with UNAIDS NASA*

Align Global Fund HIV budgeting and reporting with NASA's community-led expenditure classifications. For TB and malaria, work with affected communities, technical partners and disease programs to define trackable interventions, organizational classifications and expenditure

categories, pilot them in selected countries and use the results to inform wider guidance and system development.

8. Conclusion

The Global Fund's community-led organizations category will support accountability only if it is applied consistently, verified against an agreed definition and linked to interventions, budgets and expenditures. Aligning its systems with UNAIDS' updated NASA approach would make community investment measurable and comparable and help ensure that resources reach the organizations best placed to advance HIV, TB and malaria outcomes.

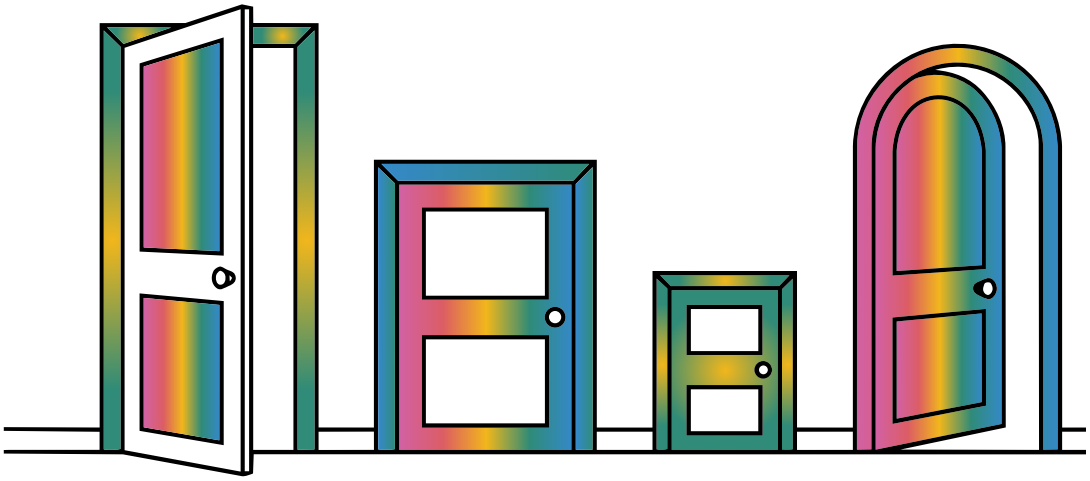
Key Recommendations Snapshot

To protect and scale community-led responses, the Global Fund should:

- Introduce a mandatory, verified community-led organizations classification
- Link community-led organizations to specific interventions, budgets and expenditures
- Standardize community-led modules and indicators
- Require granular budget tagging for community-led organizations
- Strengthen SR/SSR and alternative contracting reporting
- Align HIV financing data with UNAIDS' NASA and develop comparable TB/malaria approaches

If implemented, these reforms would give the Global Fund, countries and communities a stronger basis for determining whether financing reaches the organizations best placed to deliver community-led responses.

Making community-led financing visible and accountable is one part of the change required. The next section turns to a complementary practical question: how can community-led platforms assess and strengthen their readiness to manage onward grants within proportionate financing arrangements?



Section 3

Governance, Fiduciary and M&E Framework

↘ Section Overview

As direct financing for community-led organizations becomes an increasing imperative and community-led intermediary models gain prominence, community-led funding platforms need accessible tools to assess readiness and strengthen systems. The Governance, Fiduciary and Monitoring & Evaluation Systems Framework offers a practical, proportionate method for assessing organizational capacity across governance, fiduciary management, safeguarding, risk mitigation, communication and monitoring. It supports platforms in identifying strengths and development priorities within the wider institutional, policy and financing environment needed for community-led intermediaries to succeed.

The framework supports differentiated entry pathways, targeted institutional strengthening and proportionate assurance, helping community-led platforms prepare to manage onward grants safely, effectively and accountably. Together, these functions translate organizational assessment into targeted priorities for strengthening intermediary readiness over time.

Summary of the Framework

- Governance and leadership
- Community legitimacy and accountability
- Fiduciary and financial management systems
- Risk management and internal controls
- Safeguarding, PSEAH, and Do No Harm
- Documentation and audit trails
- Communication, reporting and monitoring & evaluation
- Sub-grantee assessment requirements

It provides a structured, evidence-based method for platforms to assess their own readiness (Part A) and evaluate prospective sub-grantees (Part B). It is designed to be proportionate, practical and adaptable to organizations of different sizes, capacities and operating contexts.

How Platforms Can Use the Framework

- Conduct a self-assessment of readiness to receive funding
- Identify capacity-strengthening priorities
- Document risk mitigation measures
- Support proportionate assurance for donors
- Assess sub-grantee readiness for onward grants
- Strengthen governance, fiduciary and safeguarding systems over time

This tool contributes to wider efforts to strengthen community-led financing by helping platforms assess readiness, identify capacity priorities and take on intermediary roles safely and confidently. It does not replace sustained institutional investment, enabling policies or proportionate donor practices; rather, it provides a practical foundation for advancing them.

Conclusion

Contributing to a Wider Agenda for Community-Led Financing

Community-led organizations are essential partners in effective and equitable health responses. They reach communities that mainstream systems exclude, sustain trusted and confidential services, generate community evidence, and uphold human rights-based and gender-responsive approaches. Yet their financing remains fragile, opaque and insufficient.

This resource contributes to the wider evidence and advocacy agenda by illustrating:

- How grounded case evidence strengthens the case for direct, flexible and multi-year community-led financing (Section 1)
- How current financing systems, examined through the Global Fund case, can fail to identify, track and protect investment in community-led organizations and responses (Section 2)
- How a practical framework can support community-led platforms to assess readiness and strengthen systems for intermediary roles (Section 3)

Together, these components contribute evidence, reform proposals and practical tools to a broader agenda for transforming how donors resource community-led HIV, TB and malaria responses. Direct, flexible and predictable financing, paired with verified tracking and proportionate assurance, is an essential part of that agenda, alongside sustained community advocacy, institutional investment and policy change needed to protect community-led systems and uphold global commitments to human rights, gender equality and health equity.

FINANCING COMMUNITY-LED IMPACT

Evidence, Reform and Tools for Direct Investment

GATE

Communities Delegation
to the Board of the Global Fund to fight AIDS, Tuberculosis and Malaria