GATE

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

Sustaining Community-led responses through Global Fund Transition

Accelerated Transition: Protecting what matters

Executive Summary

Evidence across the HIV, TB and malaria responses shows that community-led organizations are essential to reaching key populations excluded from formal systems, strengthening accountability and making national systems more responsive.

Accelerated transitions in Grant Cycles 8 and 9 will end conventional Global Fund financing for more than 60 country components, putting responses for key populations at risk.

We propose an urgent pilot of a differentiated model in which regional or global community-led platforms administer country-level grants for key population-led responses across HIV, TB and malaria in these contexts.[1] [2] The model should scale across the accelerated-transition cohort as components complete the current allocation cycle.

The Board should endorse an immediate pilot and mandate a Transition Action Plan. The Secretariat should return with an implementation plan covering pilot selection, roles, proportionate eligibility and disbursement, financing, safeguards, accountability, success measures, milestones and conditions for cohort-wide scale-up.

A dedicated funding stream would preserve community systems by supporting advocacy, human rights and gender-related work, participation in national processes, accountability and essential community-led responses.

Regional or global community-led platforms would administer country-level grants, manage subgrants and provide technical and institutional support. This structure would sustain community participation in national health planning, programming to address human rights and gender-related barriers, and essential community-led components of health responses.

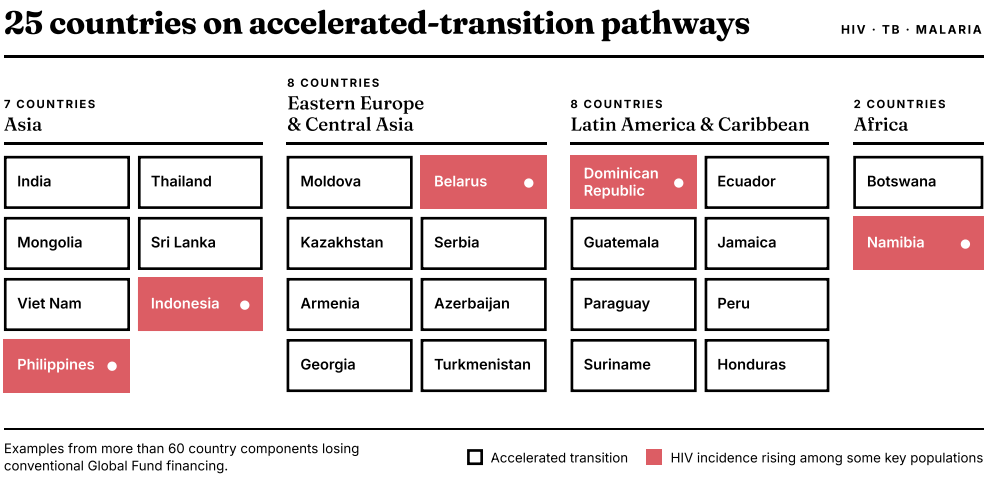
1. Community-Led Responses at profound risk

Accelerated transition may end external financing before national systems can sustain essential community-led functions. The Global Fund can act now to preserve community participation, rights and gender-related work, accountability and effective community-led responses.

1. For the purposes of this paper, 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 closed settings **TB:** Prisoners and people in closed 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. In the context of this paper, community led platforms are defined as global or regional networks of key populations in addition to global and regional networks of TB survivors who serve as critical platforms representing the interests and rights of TB key populations.

A dedicated funding stream administered by regional or global community-led platforms through country-level grants would protect this capacity and ensure that national HIV, TB and malaria programs remain accountable and responsive to community needs.

From 2027, the first of more than 60 HIV, TB and malaria country components on accelerated-transition pathways will enter their final allocation and implementation period, followed by a second cohort under Grant Cycle 9. This will end conventional Global Fund financing for countries, including India, Thailand, the Dominican Republic, Ecuador, Guatemala, Jamaica, Moldova, Mongolia, Belarus, Kazakhstan, Paraguay, Peru, Serbia, Sri Lanka, Suriname, Viet Nam, Armenia, Azerbaijan, Botswana, Georgia, Namibia, Turkmenistan, Honduras, Indonesia and the Philippines.



In these settings, key populations remain disproportionately affected by HIV, TB and malaria and face severe legal, political and structural barriers to accessing services. In many countries, domestic systems do not provide reliable support for the community-led organizations, particularly for criminalized communities.

This advocacy brief proposes a dedicated funding stream for key population-led organizations and responses. Investments through this stream would support community systems strengthening, meaningful participation in national processes, advocacy, programs that address human rights and gender-related barriers, and community-led monitoring and accountability.

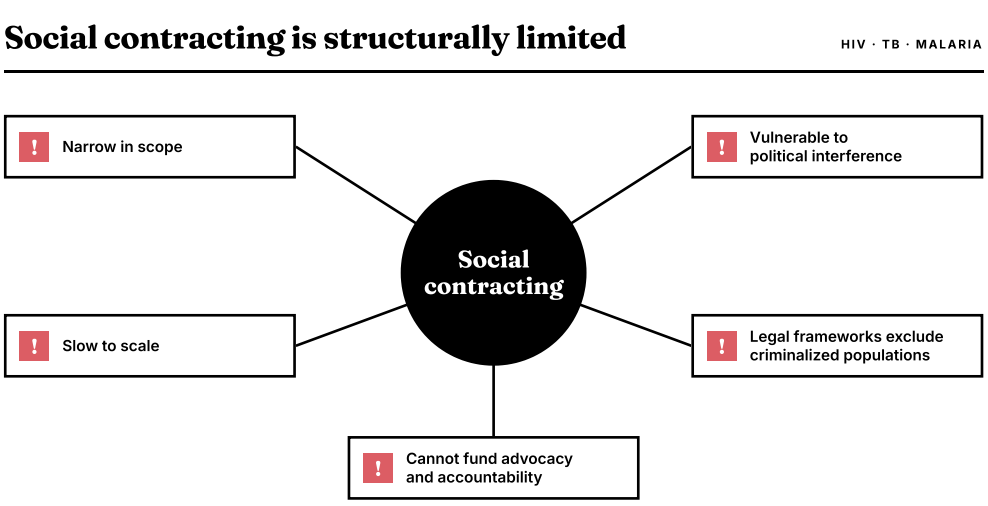
2. Existing Approaches Cannot Fully Protect Community-Led Responses

Existing measures to sustain community-led responses remain important, including social contracting, integration of community-led activities into national programs, and domestic financing commitments under co-financing requirements. However, these approaches cannot protect the full range of community-led responses at the speed or scale required by accelerated transition pathways.

Contexts are changing rapidly. Shrinking civic space, rising criminalization, anti-gender and anti-rights movements, and political volatility are directly undermining the feasibility of measures such as social contracting.

Transition timelines are short. Grant Cycle 8 grants must end by **31 December 2030**. Many countries have not yet begun meaningful transition planning.

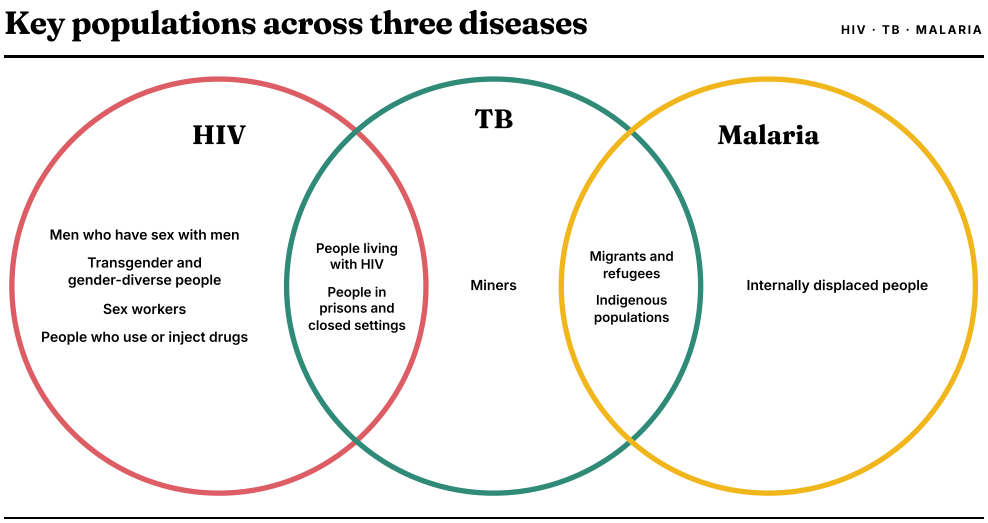
Social contracting is structurally limited. It is often narrow in scope; slow to scale; vulnerable to political interference; restricted by legal frameworks that exclude criminalized populations; and unable to fund advocacy and accountability functions.



Domestic financing is unlikely to sustain community-led responses for key populations in criminalized contexts. In many countries, legal and political constraints limit public financing for work with sex workers, trans and gender diverse people, gay and other men who have sex with men, people who use drugs, prisoners, migrants and undocumented people.

3. Key Populations Left Behind

Across accelerated-transition countries, criminalized and marginalized populations continue to bear disproportionate burdens of HIV, TB and malaria and rely on community-led responses to access services and influence national systems.



Key populations as defined by the Global Fund.

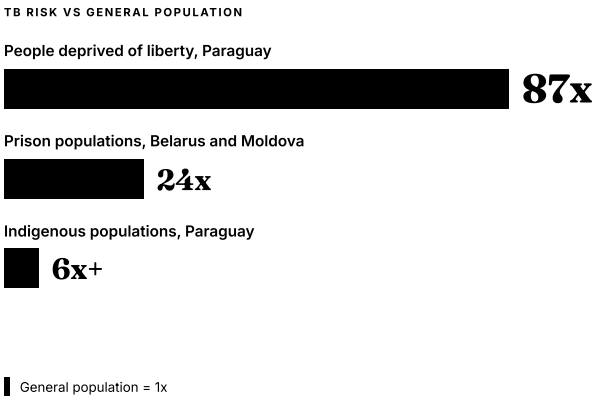
For example, analyses from Belarus and Moldova show prison incidence of TB is 24 times higher than among adults generally; migrant workers and people living with HIV also face TB incidence several times the national average. In Paraguay, people deprived of liberty faced 87 times the TB risk of those outside detention, while Indigenous populations faced more than six times the risk of non-Indigenous populations.

Across settings, incarceration and marginalization drive severe inequalities. As country components transition from Global Fund allocations, targeted support for community-led advocacy, accountability and participation will be needed to prevent these inequities from deepening.

Data from Indonesia show how national malaria progress can mask persistent transmission among marginalized Indigenous communities. Although 85% of the population lives in malaria-free areas, more than 400,000 cases were reported in 2023, with ongoing transmission among Indigenous communities in low-endemic Sumatra, including the Orang Rimba. Marginalization and barriers to formal health services sustain these inequalities.

Higher risk among those left behind

TB · MALARIA



INDONESIA · MALARIA

85%

of the population lives in malaria-free areas

400,000+

cases reported in 2023

Ongoing transmission among Indigenous communities in Sumatra, including the Orang Rimba.

HIV shows the same pattern: people who use drugs, gay and other men who have sex with men, trans and gender diverse people, and sex workers remain disproportionately affected. In the Philippines, Indonesia, Belarus, the Dominican Republic and Namibia, incidence is rising among some key populations as conventional Global Fund financing approaches its end. Withdrawing support risks weakening the community-led organizations needed to reach them.

Criminalization, stigma, discrimination and legal barriers restrict access to prevention, testing and treatment and limit community participation in national responses. Because these barriers persist even where national outcomes improve, sustained community-led advocacy, rights-based and gender-responsive programming and accountability remain necessary.

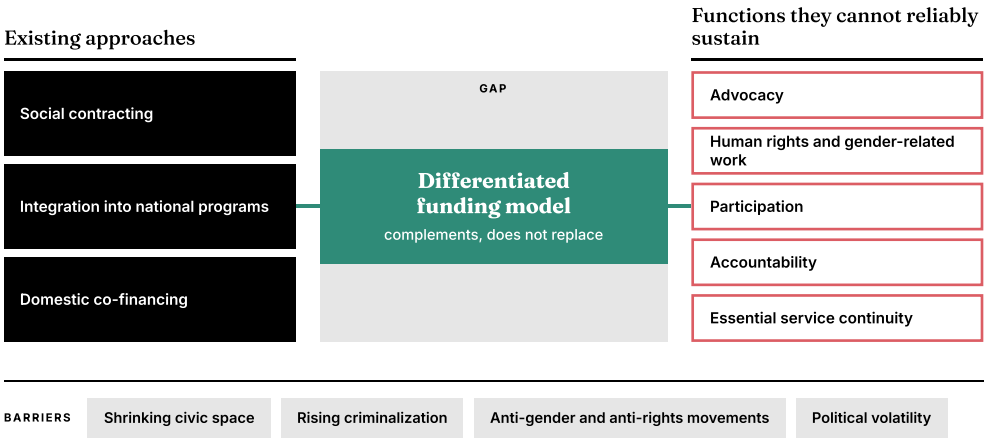
Across HIV, TB and malaria, national progress will remain fragile unless affected communities can shape national responses.

Community-Led Capacity Is Essential to Equitable Transition

Equitable transition depends on preserving the functions that domestic financing and social contracting are least likely to sustain: community influence in national processes, human rights and gender advocacy, accountability and the integration of effective service-delivery models into national programs. A differentiated funding model would protect these functions as external financing ends.

Existing approaches leave a gap

HIV · TB · MALARIA



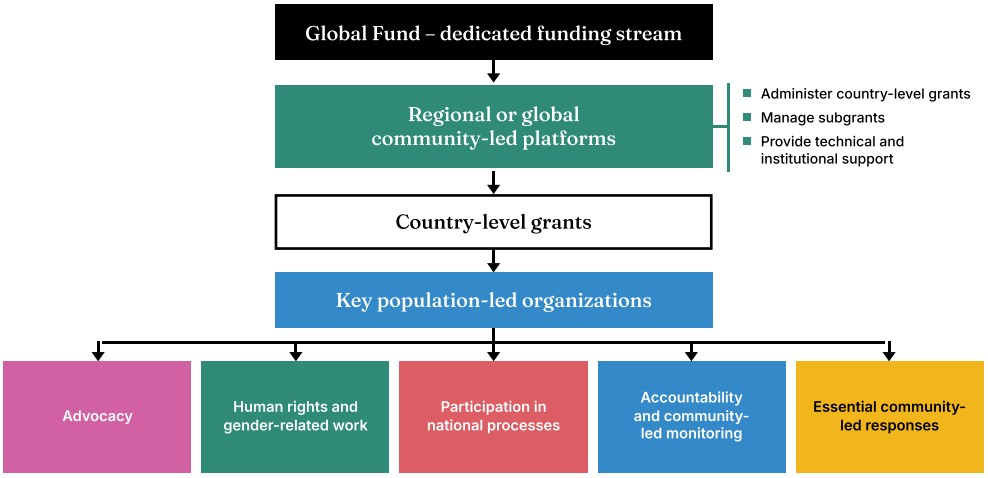
4. A Differentiated Funding Model Is the Strategic Choice

A differentiated model would complement social contracting and domestic financing by protecting functions they cannot reliably sustain in the near term: advocacy, human rights and gender-related work, participation, accountability and essential service continuity.

In this model, regional or global community-led platforms would administer country-level grants across the transition cohort, preserving the vital community functions necessary for long-term sustainability.

Proposed funding model

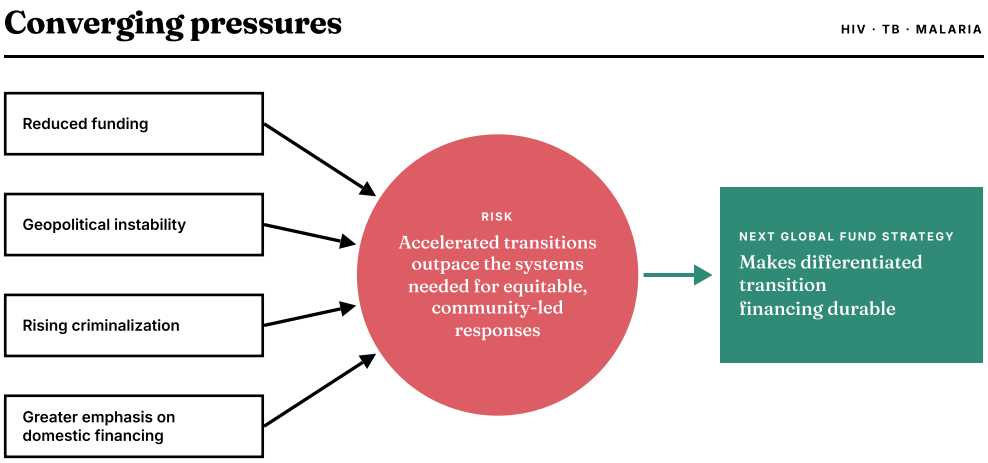
HIV · TB · MALARIA



Covers HIV, TB and malaria in accelerated-transition contexts.

5. The Next Strategy Can Make the Transition Model Durable

Global health responses are shifting due to reduced funding, geopolitical instability, rising criminalization, and greater emphasis on domestic financing. Together, these pressures increase the risk that accelerated transitions will outpace the systems needed to sustain equitable, community-led responses.



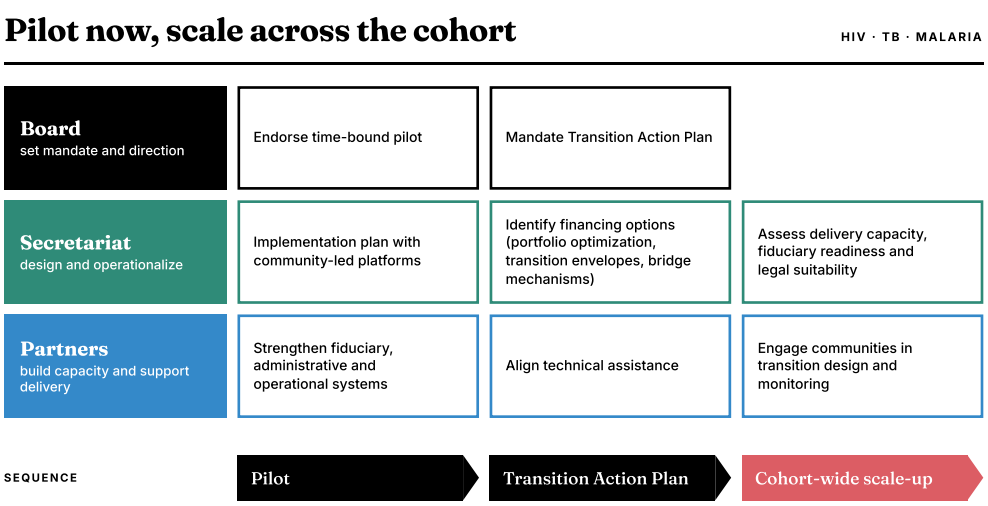
The next Global Fund Strategy should make differentiated transition financing durable. A dedicated stream for key population-led organizations and responses would turn the commitment to community leadership into a lasting mechanism for protecting equity, accountability and impact after country-component financing ends.

6. Pilot Now and Scale Across the Transition Cohort

Board Decision: Launch a Transition-Model Pilot Immediately

- Endorse an immediate, time-bound pilot in selected accelerated-transition components. The pilot will test regional or global community-led platforms as a mechanism for administering country-level grants to key population-led organizations.
- Request a Secretariat implementation plan, developed with community-led platforms, covering selection, roles, proportionate eligibility, allocation, disbursement and assurance, financing, safeguards, participation, accountability, success measures, milestones and conditions for cohort-wide scale-up.

Enabling Decisions for Cohort-Wide Scale-Up



Board: Set the Mandate and Strategic Direction

- Mandate a Transition Action Plan that confirms pilot components, formalizes platform and grantee roles, documents proportionate arrangements, secures financing and safeguards, establishes accountability and review milestones and sets the conditions, timing and financing for cohort-wide scale-up.

Secretariat: Design and Operationalize the Model

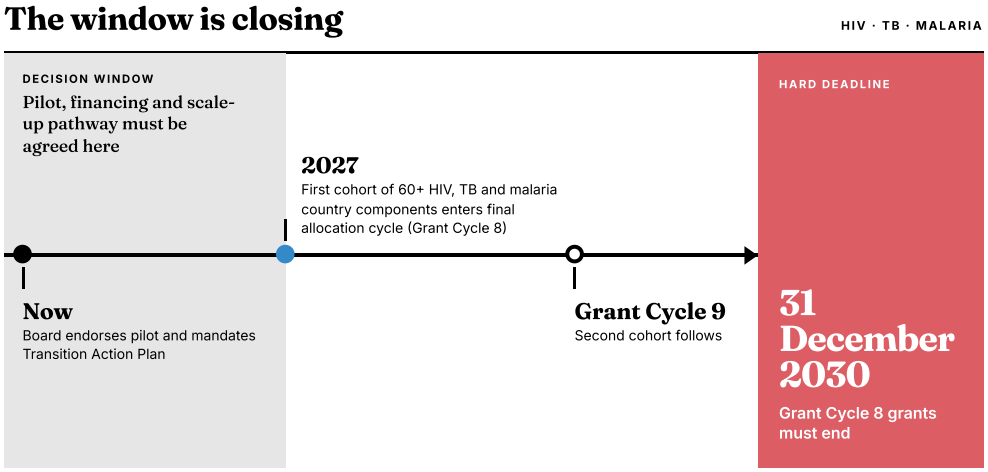
- Identify financing options (portfolio optimization, transition envelopes, bridge mechanisms).
- With regional or global community-led platforms, assess delivery capacity, fiduciary readiness and legal suitability; agree proportionate requirements for allocation, disbursement, assurance and support based on each platform's role, risk and development stage.

Partners: Build Capacity and Support Delivery

- Support regional or global community-led platforms and country-level grantees to strengthen the fiduciary, administrative and operational systems needed to meet proportionate requirements agreed with the Secretariat.
- Align technical assistance to sustain community engagement, human rights and gender-related work, accountability, and service continuity during transition.
- Engage communities meaningfully in transition design and monitoring.

7. Act Now to Protect Community Systems Beyond Transition

Grant Cycle 8 grants enter their final allocation cycle in 2027 and end by 31 December 2030. The pilot, financing and scale-up pathway must be agreed early enough to protect community-led systems before conventional financing ends. Delay would weaken community influence in national responses and undermine equity, effectiveness and sustainability across dozens of countries.



The Board can prevent accelerated transition from becoming an equity failure by launching the pilot and establishing a pathway to cohort-wide scale-up before conventional financing ends. This would preserve the community capacity needed for responsive HIV, TB and malaria programs and protect the Global Fund's mission.

Sustaining Community-led responses through Global Fund Transition

Accelerated Transition: Protecting what matters

GATE

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