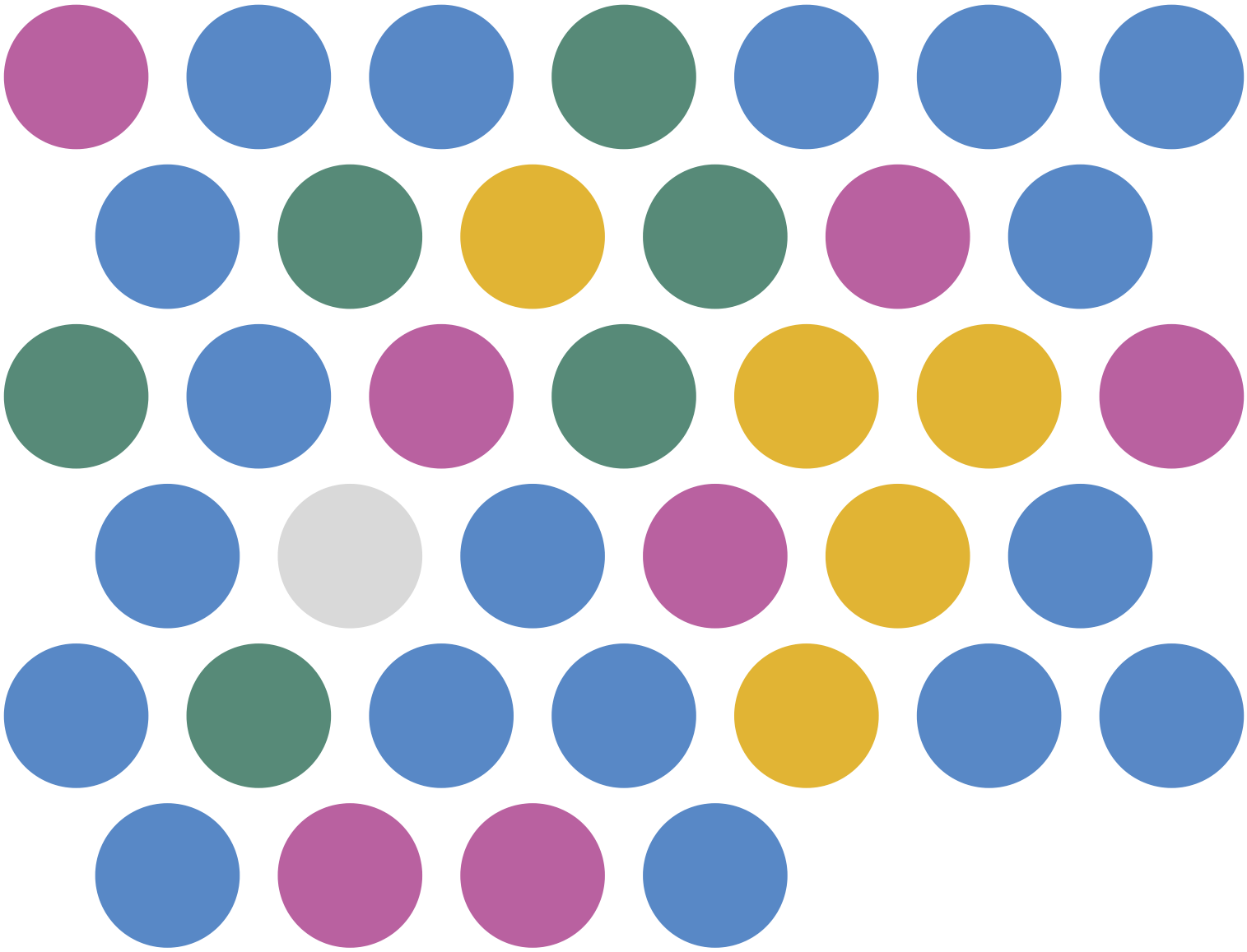


Lessons From Global Fund Grant Cycle 8

Navigating Barriers, Protecting Priorities, and Strengthening Meaningful Engagement for Key Population-Led Organizations

GATE

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Author: GATE

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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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Acronyms

Technical Terms

CCM: Country Coordinating Mechanism. A national committee that submits funding requests and oversees grants locally.

CLM: Community-Led Monitoring. A process where communities take the lead to routinely monitor an issue that matters to them.

GC7: Grant Cycle 7. The Global Fund's funding and operational cycle for 2023–2025.

GC8: Grant Cycle 8. The Global Fund's funding and operational cycle for 2026–2028.

PR: Principal Recipient. A legal entity designated to manage Global Fund grant implementation.

RSSH: Resilient and Sustainable Systems for Health. The Global Fund's framework and funding pillar dedicated to strengthening broader health and community systems.

SR: Sub-Recipient. A government or NGO receiving Global Fund financing indirectly or directly from a PR to implement specific program activities.

TRP: Technical Review Panel. A panel of experts independent of the Global Fund that reviews funding requests.

Global Key Population Networks

GATE: Global Action for Trans Equality. Key Population: Trans communities

MPact: MPact Global. Key Population: Men who have sex with men

INPUD: International Network of People who Use Drugs. Key Population: People who use drugs

NSWP: Global Network of Sex Work Projects. Key Population: Sex workers

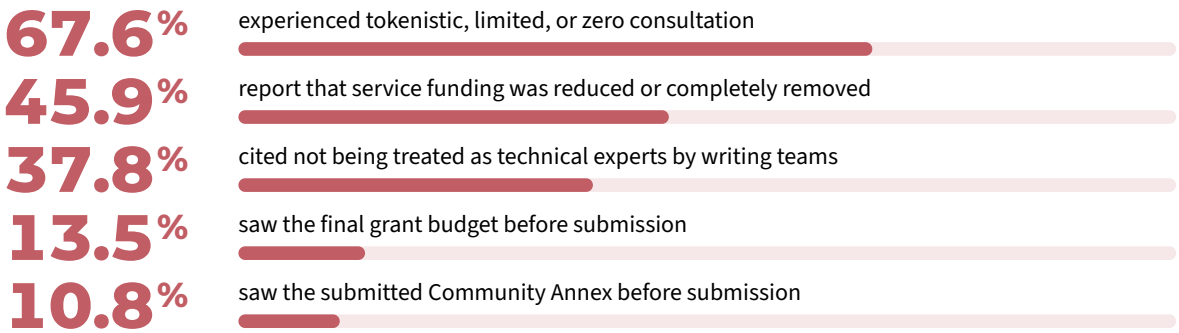
01

Executive Summary

Global Fund Grant Cycle 8 (GC8) covering the 2026–2028 funding period marks a critical juncture for key population-led organizations, including those serving trans and gender diverse communities. While the Global Fund has introduced formal mechanisms to champion community leadership and equity, Windows 1 and 2 submissions have taken place in an unusually challenging global environment. Contracting donor allocations, compressed application timelines, disease-integration mandates, and increasingly hostile domestic legal frameworks have severely constrained community participation.

The report synthesizes desk reviews, country technical assistance (TA) reports, qualitative inputs from global key populations, and empirical findings from a multi-country survey of 37 key population-led organizations across GC8 submission windows.

GC8 COMMUNITY SURVEY AT A GLANCE



Source: GATE GC8 community survey, N=37

Integrated Key Findings

- **Participation vs. influence:** While key population representatives accessed formal country dialogue spaces, physical presence rarely translated into direct influence over submitted grant proposals. 67.6% of surveyed organizations reported tokenistic, limited, or no consultation, while 37.8% said government-dominated writing teams did not treat their community as technical experts.

- **Information blackouts during final grant assembly:** Closed-door decision-making severely restricted transparency for communities after initial dialogues ended. Only 13.5% of respondents could see the final grant budget before submission, and only 10.8% saw the submitted Community Annex.
- **Budget slashing and program disconnect:** Post-drafting budget reconciliation exercises frequently stripped out core community line items. Face-to-face peer outreach and safe space models were arbitrarily converted into 'virtual' interventions to cut costs, severing the link between program design and actual service delivery. Overall, 45.9% of organizations reported reduced or eliminated service funding compared to Grant Cycle 7 (GC7).
- **Resource traceability and sub-granting barriers:** Centralized funding models continue to isolate grassroots organizations, particularly those operating outside capital cities. Restrictive registration criteria, lack of Sub-Recipient oversight panels, and unmonitored fund distribution prevent resources from reaching community-led groups.
- **Commodity vulnerabilities and unmanaged integration:** Unmanaged integration into general primary healthcare threatens the continuity of population-specific commodities, including lubricants, harm reduction supplies such as needles and syringes, opioid agonist treatment (OAT), fast-acting opioid antagonists such as naloxone, and gender-affirming care linkages. 24.3% of groups reported folding dedicated community services into general health provision without specific budget lines or dedicated tracking.
- **Primary enablers of community influence:** Among organizations that successfully influenced national funding requests, 26.1% attributed their leverage to pre-existing community-led monitoring (CLM) data, 17.4% to cross-key population coalition building, and 13.0% to rapid technical assistance (TA) from global key population networks.

Summary of Core Recommendations

In summary, Grant Cycle 8 presents key population-led organizations with both unprecedented structural headwinds and clear strategic opportunities. While compressed timelines, shrinking budgets, and hostile legal environments threaten to marginalize community priorities, empirical evidence shows that early preparation, unified cross-movement coalitions, and actionable local data can overcome technocratic barriers. The sustainability and health equity of the global HIV response ultimately depend on whether the Global Fund, technical partners, and national mechanisms transform community engagement from a procedural checklist into fully resourced, decision-making leadership.

For key population organizations: Build multi-key-population coalitions early, establish non-negotiable priority lists (refer to Annex A for indicator cheat sheets), adopt the Modular Framework language, secure dedicated seats on national drafting teams, and audit final budget iterations during grant-making.

For technical assistance (TA) providers: Transition from general advisory roles to embedding technical writers directly onto drafting teams, deploy 'cheat sheets' early, and provide real-time digital caucusing channels.

For the Global Fund Secretariat and Country Coordinating Mechanisms (CCMs): Enforce the Community Priorities Annex as a binding review document, reform Sub-Recipient selection to include grassroots groups, and fairly compensate community technical experts.

02

Methodology & Analytical Framework

Scope and Purpose

This briefing documents the barriers and enablers, success stories, and strategic opportunities experienced during Windows 1 and 2 of Grant Cycle 8 (GC8). The report provides a practical, evidence-based guide for key population-led organizations preparing applications for subsequent submission windows and navigating national health processes.

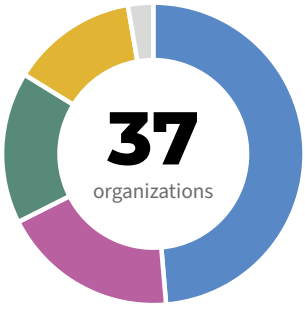
PRIMARY DATA SOURCES

Desk Review: Systematic analysis of Global Fund core guidance notes, GATE technical assistance (TA) reports, including country-level engagement data from Uganda, Zimbabwe, and Nepal, regional learning hub resources, and joint global community guides.

Qualitative Webinar Capture: Extraction of direct community testimonies and case studies from the global key populations webinar, *Lessons from Grant Cycle 8*.

Online Survey: The online survey sample (N=37) comprises 100% community-led organizations representing sex workers (48.6%), trans and gender diverse people (18.9%), people who use drugs (16.2%), and multi-key population coalitions (13.5%).

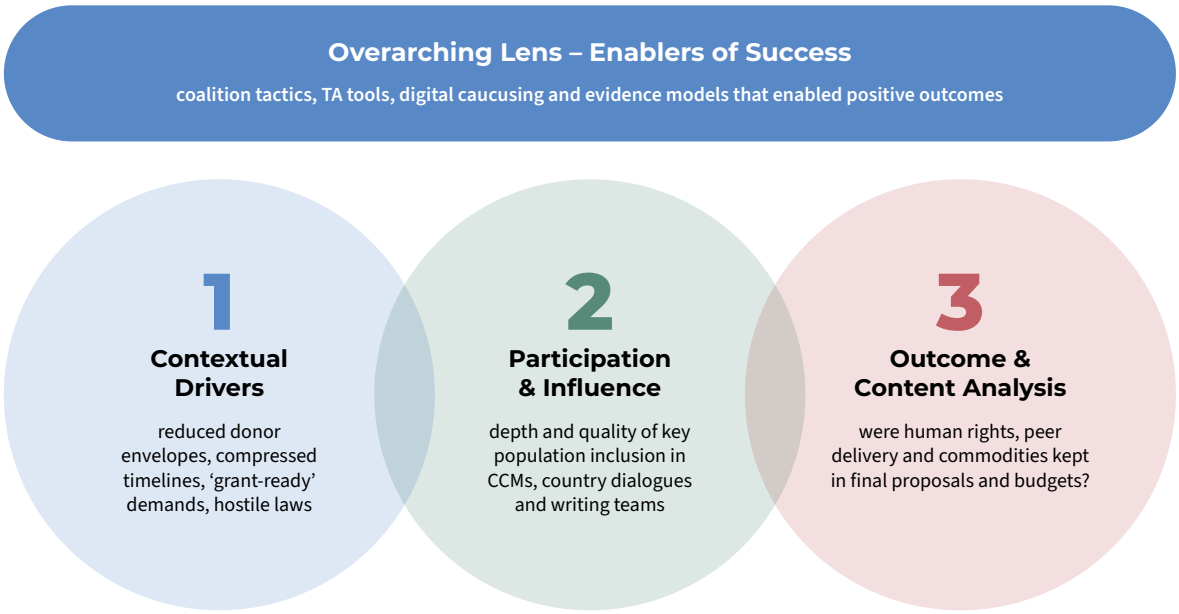
Survey respondents by community (N=37)



Sex workers	**48.6%**
Trans and gender diverse people	**18.9%**
People who use drugs	**16.2%**
Multi-key population coalitions	**13.5%**
Not specified	**2.7%**

100% community-led organizations

THE 3-AXIS ANALYTICAL FRAMEWORK



Synthesized data were evaluated across three core analytical axes through an overarching cross-cutting lens:

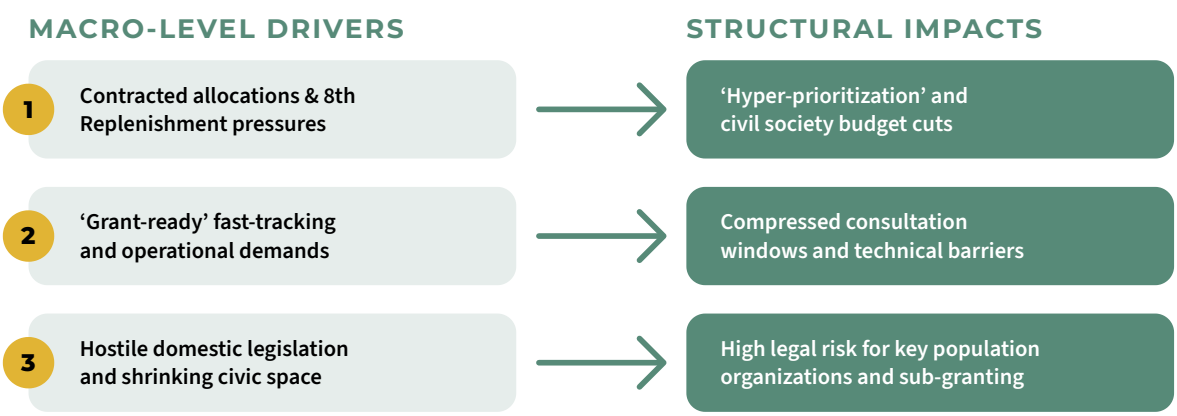
- **Overarching Lens – Enablers of Success:** Identifying the coalition tactics, TA tools, digital caucusing channels, and evidence models that successfully enabled positive outcomes.
- **Axis 1 – Contextual Drivers:** Assessing the impact of reduced donor envelopes, compressed timelines, 'grant-ready' demands, and hostile domestic legal frameworks.
- **Axis 2 – Participation and Influence:** Measuring the depth, quality, and meaningful inclusion of trans and key population groups in Country Coordinating Mechanisms (CCMs), country dialogues, and national writing teams.
- **Axis 3 – Outcome and Content Analysis:** Evaluating whether community priorities (human rights, peer delivery, commodities) were retained in final grant proposals and budgets.

By evaluating the Grant Cycle 8 experience through this 3-axis analytical framework – blending qualitative testimonies, country case studies, and hard survey metrics – this report establishes a robust baseline for assessing community influence. This multi-layered approach captures not only systemic bottlenecks during national grant assembly, but also the practical enablers that allow key population advocates to defend their rights and health services in future application windows.

03

Contextual Drivers & Structural Realities in Grant Cycle 8

Grant Cycle 8 unfolds against a turbulent global health financing landscape. Key population-led organizations must navigate compressed timelines, contracting donor envelopes, aggressive disease integration mandates, and increasingly punitive domestic legal environments.



Survey findings reinforce these macro pressures: 45.9% of key population organizations report that service funding was reduced or completely removed in Grant Cycle 8 compared to Grant Cycle 7, with nearly a quarter (24.3%) noting their dedicated service lines were folded into general health provision without specific budget tracking.

The Global Resource Squeeze & 'Hyper-Prioritization'

The rolling Global Fund 8th Replenishment and shifting geopolitical priorities have reduced country funding envelopes across eligible portfolios by approximately 18%. To address this, the Global Fund

Secretariat introduced six strategic shifts for Grant Cycle 8, emphasizing value for money, transition pathways, and strict programmatic prioritization.

−18%

approximate reduction in country funding envelopes across eligible portfolios



GC7 GC8

Six strategic shifts for Grant Cycle 8

01
Support grant cycle-specific transition pathways

02
Prioritize the lowest-income and highest-burden settings

03
Support programmatic prioritization

04
Reinforce integration

05
Invest in community systems and financing

06
Grow and optimize domestic resources

Table 1: Comparison of Grant Cycle 7 versus Grant Cycle 8 Key Characteristics

	Grant Cycle 7 (2023–2025)	Grant Cycle 8 (2026–2028)	Impact on Community Advocacy
Financial Envelope	Relative allocation stability post-COVID-19 Response Mechanism (C19RM) funding.	Widespread allocation cuts across portfolios due to the 8th Replenishment constraints.	Drives 'hyper-prioritization' and competition; cuts often target community budgets first.
Submission Pathways	Standard application modalities with distinct grant-making phases.	Expanded 'Grant-Ready' / Implementation-Ready fast-track pathways.	Front-loads complex budgeting and performance framework negotiations, compressing consultation time.
Primary Approach	Disease-specific disease modules with separate community engagement components.	Strong mandate for Disease Integration and Primary Health Care alignment.	Risk of community-led services (e.g., peer outreach, harm reduction) being absorbed into general health budgets.
Community Annex Requirement	Optional in many settings; often compiled late by external consultants.	Mandatory Community Priorities Annex for high-impact and core portfolios.	Formally establishes an entry point, though risks being treated as a secondary 'wish list' if uncosted.
Transition and Domestic Financing	Focus on long-term sustainability frameworks.	Accelerated transition pathways and social contracting expectations.	Highly risky in criminalized contexts where government institutions refuse to contract key population groups.
Consultation Modalities	Separate, population-specific constituency consultations (e.g., dedicated key population sessions).	Multi-disease, multi-stakeholder provincial/joint consultations.	Limits dedicated time for key population groups to present population-specific data.

In practice, 'hyper-prioritization' forces national drafting teams to focus investments strictly on high-burden geographic areas and core disease components. Because civil society and community interventions are often mischaracterized as secondary administrative costs rather than core program essentials, community-led budget lines face immediate pressure during national prioritization exercises.

Operational Realities of the 'Grant-Ready' Pathway

To streamline grant rollout, Grant Cycle 8 expanded the 'grant-ready' funding request pathway. While designed to expedite implementation by advancing detailed performance frameworks and granular budgeting into the initial application stage, this modality creates operational bottlenecks for community actors.

This was demonstrated in Nepal, where preparations for Window 3 are underway under a 'grant-ready' modality, where the process requires immediate, complex alignment among Principal Recipients, Co-Principal Recipients, and Sub-Recipients on budget execution and indicator distribution. Rather than simplifying dialogue, it front-loads technical demands. For under-resourced key population networks, this compresses the time available for grassroots community consultations, as decision-makers pivot quickly to administrative negotiations.

COUNTRY SPOTLIGHT

Nepal – The 'Grant-Ready' reality check

As the submission approached, Nepal navigated a multi-disease, provincial consultation model across seven provinces. While intended to streamline planning, combining HIV, TB, and malaria stakeholders into a single one-day session severely limited the time for key populations to present population-specific data. The technical complexity of the 'grant-ready' pathway meant government context-setting dominated a half-day, forcing community networks such as the Network of Asian People Who Use Drugs (NAPUD) and Blue Diamond Society (BDS) to organize separate, unresourced constituency consultations to safeguard community asks.

> *We initially understood the 'grant-ready' pathway to be an expedited, easier process. But in practice, it's not just 'grant-ready' – it's implementation-ready. Front-loading every single detail of the budget, performance framework, and co-PR operational splits created a level of technical complexity that ultimately forced us to push back our submission deadline."*
>
> — BIKAS GURUNG, REGIONAL COORDINATOR, NAPUD AND CCM VICE CHAIR, NEPAL

PRACTICAL ADVOCACY LESSON

Navigating joint multi-disease consultations

Combining HIV, TB, and malaria into 1-day consultations routinely squeezes key population time, as government context-setting dominates the first half of the agenda.

→ Recommendation for key population coalitions: Submit a formal written request to the Country Coordinating Mechanism (CCM) Secretariat requesting dedicated 2-hour key population caucusing blocks before general country dialogue sessions, ensuring community data is presented before drafting general budget allocations.

Restrictive Domestic Legislation & Shrinking Civic Space

National application processes do not occur in a political vacuum. Severe domestic legal barriers directly undermined community engagement in Windows 1 and 2. In Uganda, the passage of the Anti-Homosexuality Act alongside the Protection of Sovereignty Act created an environment of fear and legal exposure for civil society. These legislative frameworks target foreign funding flows and impose strict State oversight over civil society organizations. Consequently, trans-led and key population organizations face severe risks when attempting to register as formal NGOs, access national decision-making spaces, or position themselves as Sub-Recipients (SRs) for Global Fund grants.

> *Despite hostile legislation like the Anti-Homosexuality Act and the Protection of Sovereignty Act, we cannot allow draconian laws to dictate our health. We must use Global Fund guidelines and oversight visits to hold governments accountable and keep key populations visible."*
>
> — APAKO WILLIAMS, EXECUTIVE DIRECTOR, TRANSUNTRAC UGANDA AND KEY/PRIORITY POPULATION REPRESENTATIVE ON CCM

Ultimately, the macro-level pressures defining Grant Cycle 8 – contracting allocation envelopes, accelerated 'grant-ready' pathways, and expanding anti-rights legislation – create a highly restrictive operating environment for key populations. Without proactive safeguards, these structural drivers risk converting national country dialogues into top-down administrative exercises that disproportionately squeeze civil society budget lines. Recognizing these macro-level constraints is the necessary first step toward designing targeted advocacy tactics that protect community-led health infrastructure before national allocations are finalized.

04

Participation versus Influence: Navigating National Processes

A central finding from Windows 1 and 2 is the clear divide between participation in country dialogues and influence over submitted funding requests and budgets. While key populations successfully gained access to consultation rooms, translating lived realities into funded budget lines remained a major hurdle.

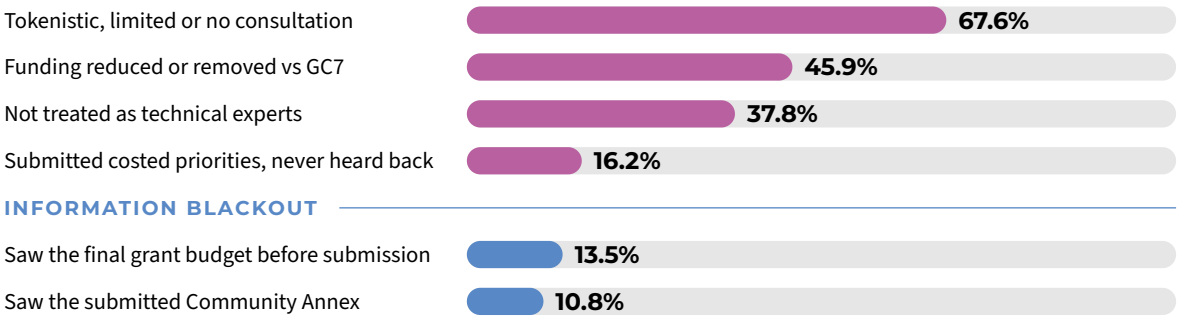
67.6%

of survey respondents experienced limited, tokenistic, or no consultation.

Survey data support the divide between physical attendance and real influence: 67.6% of key population groups reported tokenistic or no consultation, and 37.8% said national drafting bodies did not treat them as technical experts. Furthermore, an information blackout persisted into final assembly – only 13.5% saw the final budget, and just 10.8% were shown the Community Annex before submission.

Present in the room, missing from the decisions

% of key population organizations, GC8 community survey (N=37)



A highly practical, operational insight is how the physical timing of writing sessions favors government officials over under-resourced community members. For example, government officials and well-funded State technocrats have financial support and institutional backing that let them stay in writing rooms

late into the night. By contrast, without dedicated per diems or travel funding, grassroots representatives must leave meetings early. Critical budget negotiations and text edits routinely happen after hours, and community priorities are quietly removed before the next morning's session.

> *Most of the decisions and writing happen after hours. The government has the resources to stay in the room until late. If you leave as a community member, you arrive the following day and find things have moved and changed."*
>
> — TEDDY MUNYIMANI, PROGRAMS MANAGER, GALS ZIMBABWE

> *Don't just listen to Principal Recipients and Sub-Recipients, as they do not represent the needs of communities in the whole country. Most of them are concentrated in one or two central areas, leaving others behind."*
>
> — SURVEY RESPONDENT, KEY POPULATION ORGANIZATION, MALAYSIA

Room Dynamics & Technical Asymmetry

Across countries, national drafting spaces are dominated by State actors, government-appointed technocrats, and international consultants. This structural imbalance leaves community representatives outnumbered and at a distinct technical disadvantage during drafting negotiations.

Table 2: Consultation versus Actionable Influence Comparison

	'Tokenistic' consultation: GC7 / GC8 status quo	Actionable influence: GC8 target
Official seats	1–2 seats on general civil society panels.	Dedicated seats on technical drafting and writing teams.
Input mechanism	Submitting uncosted priority lists via large dialogues.	Direct drafting of specific module text (e.g., human rights).
Language and framing	Grassroots narrative submissions rejected by technocrats.	Proposals aligned with Modular Framework indicator codes.
Budget control	Excluded from closed-door budget adjustments.	Direct participation in budget reconciliation and unit costing.
SR selection	Excluded from SR selection panels.	Oversight of sub-granting criteria and fund distribution.

In Zimbabwe, participants identified a distinct room dynamic during drafting: large, non-community organizations increasingly claimed to represent the interests of key populations. As overall global

health funding contracts, large international or general civil society organizations pivot to claim key population funding streams. While this is not inherently negative, these entities introduce abstract, highly technocratic frameworks that are divorced from the lived realities, safety risks, and actual service preferences of criminalized communities.

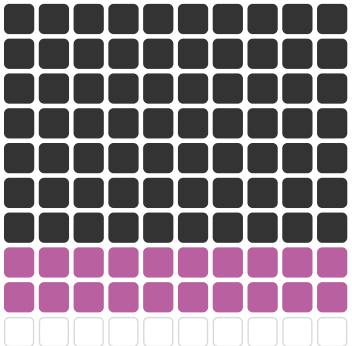
> *You'll be surprised that there are invisible people with an interest in the work – big organizations who claim to do key population work. They bring technical ideologies that are separated from communities' lived realities. Key population groups need to be aware of such opportunists who want to position themselves."*
>
> — TEDDY MUNYIMANI, PROGRAMS MANAGER, GALS ZIMBABWE

> *In Grant Cycle 8, combining government, civil society, and communities across all three diseases into single consultations was valuable for bringing everyone into the room. However, when half the day is consumed by government context-setting, the actual time left for key population communities to speak up and share their lived realities is severely compressed."*
>
> — BIKAS GURUNG, REGIONAL COORDINATOR, NAPUD AND CCM VICE CHAIR, NEPAL

In Uganda, civil society accounted for about 20% of participants in national writing rooms, while government entities made up 70%. This asymmetry directly impacted how community priorities were evaluated.

> *When we submitted our 18 priority intervention areas, most were narrowed down or discarded because technocrats claimed the language key populations use is not 'adoptable' for a high-level Global Fund request."*
>
> — APAKO WILLIAMS, EXECUTIVE DIRECTOR, TRANSUNTRAC UGANDA AND KEY/PRIORITY POPULATION REPRESENTATIVE ON CCM

Uganda: who sat in the national writing rooms



■ **~70%**
Government entities

■ **~20%**
Civil society

Approximate share of participants, GC8 writing process

Technocrats routinely discarded grassroots submissions, claiming community proposals lacked proper technical language, failed to align with rigid disease indicators, or did not match pre-approved government templates.

> *Grant Cycle 8 did remind us that there is a difference between being consulted and actually influencing an addition... What changed? Communities are in the room, tirelessly contributing, and then at the end... the contributions are not reflected or integrated into what is being developed."*
>
> — CAROLYNE NJOROGE, REGIONAL COORDINATOR, KENYA SEX WORK ALLIANCE

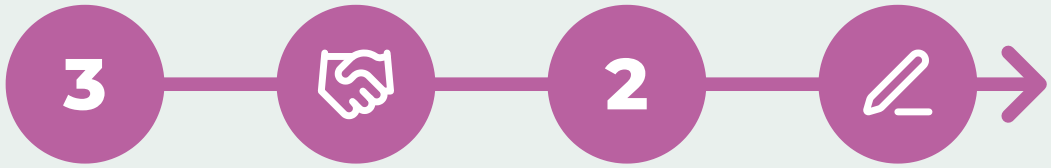
Strategic Entry Points: Securing Writing Team Seats

Key population networks achieved measurable influence during Windows 1 and 2 by securing formal seats on national drafting teams and technical working groups.

COUNTRY SPOTLIGHT

Zimbabwe – Occupying the Writing Space

Building on three years of GATE- and MPact-supported preparation, key population networks in Zimbabwe adopted a deliberate strategy to secure elevated positions in the Grant Cycle 8 process. Rather than remaining outside as consultees, two key population leaders secured official seats on the national writing team, thereby directly leading the drafting of the human rights, gender, and HIV prevention modules. This direct presence ensured that community priorities were written into the initial proposal text using formal Global Fund terminology.



Years of preparation
GATE- and MPact-supported

Coalition agreement
key populations unite

Seats secured
on the national writing team

Direct module drafting
human rights · gender · HIV prevention

However, sitting on a writing team does not eliminate all barriers. Because writing processes are split into concurrent sub-module groups, key population representatives could not be present in every room. Navigating these dynamics required establishing internal allies in adjacent writing groups (e.g., RSSH or health financing) to monitor negotiations and prevent community priorities from being quietly stripped out.

PRACTICAL ADVOCACY LESSON

Navigating the RSSH shift for rights & gender

In Grant Cycle 8, human rights, gender-related barriers, and community systems strengthening (CSS/CLM) were transitioned into the Resilient and Sustainable Systems for Health (RSSH) module rather than standing alone under HIV. Because writing teams split into parallel thematic working groups, advocates solely in HIV rooms lost sight of rights and gender funding lines, leaving them unprotected during side negotiations.

→ Recommendation for key population coalitions: Ensure your drafting team delegation includes at least one representative explicitly assigned to the RSSH writing group to guard human rights, community-led monitoring (CLM), and gender line items from being cut in side discussions.

The Role of Technical Assistance as an Enabler

Technical assistance (TA) delivered by global key population networks (GATE, MPact, INPUD, NSWP) proved a vital enabler in bridging the influence gap.

COUNTRY SPOTLIGHT

Nepal – Establishing Integration 'Red Lines'

In Nepal, community networks used the Grant Cycle 8 preparation window to establish integration 'red lines', recognizing early on that governments could use the Global Fund mandate for primary healthcare integration to defund key population safe spaces. National leaders were trained on non-negotiable boundaries ('red lines') regarding social contracting and service integration. Additionally, Nepal held a national consultation specifically for key population communities, excluding government officials, creating a safe space for communities to define these 'red lines' without fear of State surveillance.

> *Throughout these consultations, we felt the need to introduce our communities to integration 'red lines'... We had specific sessions where we shared these concerns so communities would start raising them in terms of social contracting and integration."*
>
> — BIKAS GURUNG, REGIONAL COORDINATOR, NAPUD AND CCM VICE CHAIR, NEPAL

TOOL SPOTLIGHT

Overcoming the technical language barrier

When government technocrats dismiss community proposals as 'non-technical' or misaligned with Global Fund standards, advocates can cite specific module codes and page numbers from the Global Fund Modular Framework Handbook. GATE developed a Modular Framework 'cheat sheet', equipping country partners with exact page references, indicator codes, and policy arguments.

→ Advocacy action: See Annex A for the complete, multi-disease Quick-Reference Cheat Sheet.

Beyond static analytical tools, global technical assistance (TA) providers deployed two primary real-time operational support mechanisms during active drafting:

- **Real-time digital caucusing:** In Uganda and Zimbabwe, daily WhatsApp coordination channels between in-country community representatives and external consultants enabled rapid drafting, real-time reviews of evolving Community Annexes, and immediate debriefs after high-pressure Country Coordinating Mechanism (CCM) writing sessions.
- **In-person caucusing support:** Technical advisors' direct presence in national drafting rooms provided immediate support to community leaders as they defended unit costs, program architecture, and complex budget line items against government pushback.

TOOL SPOTLIGHT

Rapid-response caucusing channels

During active national writing weeks, text changes rapidly, and key decisions occur in high-pressure sessions. GATE and global partners set up structured, real-time communication tools bridging national delegates with technical experts:

- **Dedicated virtual caucusing:** Real-time messaging groups (e.g., WhatsApp/Signal/Telegram, etc.) established between in-country community leads and global technical assistance (TA) advisors enable live text drafting, immediate document reviews, and strategy adjustments during writing room breaks.
- **In-person technical backing:** Deploying TAs directly into drafting rooms provides immediate backing to community leaders when negotiating unit costs, program architecture, and budget line items.

→ Practical Impact: In Uganda and Zimbabwe, rapid digital channels allowed advocates to draft Community Annex text overnight and verify daily text revisions before morning sign-offs.

Moving from passive consultation to actionable influence requires dismantling the technical and numerical asymmetries that dominate national writing rooms. As demonstrated across countries, physical presence alone cannot overcome technocratic pushback unless community leaders secure official seats on drafting teams, use real-time TA, and use standard Modular Framework terminology. Ensuring that community expertise translates directly into submitted grant language remains the single most vital factor in safeguarding key population priorities during proposal development.

05

Outcome & Content Analysis: Budgets, Commodities & Integration

While securing strong policy language during initial drafting is critical, the final test of community influence lies in budget allocations, Sub-Recipient (SR) selection, and commodity security. Findings from Windows 1 and 2 reveal significant structural bottlenecks during final grant assembly, where community priorities are vulnerable to arbitrary budget cuts, resource centralization, and commodity dilution under the guise of disease integration.

Only

18.9%

saw the final funding request before submission.

Confirming findings from Grant Cycle 7, 16.2% of survey respondents who submitted written, costed priorities were never informed whether their asks were included, while an additional 18.9% wanted to submit priorities but were given no mechanism to do so.

GRANT ASSEMBLY BOTTLENECK	COMMUNITY OUTCOMES
1 Arbitrary budget slashing and 'virtual' conversions	Loss of peer outreach and harm reduction commodities
2 Centralization of funds to non-key-population Principal Recipients	Traceability gaps outside capital cities
3 Commodity disruption under unmanaged integration	Exclusion of key population groups from Sub-Recipient selection

Arbitrary Budget Slashing & Disconnect from Program Design

A primary vulnerability identified during Windows 1 and 2 occurs after the initial draft is completed, when budget-reconciliation teams cut costs to match top-line allocation limits. Community representatives are frequently excluded from these closed-door budget iterations.

> *We were involved in writing, but we were not involved in the decision-making around the budgets... The budget was being cut based on someone looking at the amount and thinking, 'Oh no, this is too much money, can you just do this virtually? Convert this to virtual.'... That kind of cutting brought a disconnect between the program design and the feasibility for implementation."*
>
> — TEDDY MUNYIMANI, PROGRAMS MANAGER, GALS ZIMBABWE

Arbitrary conversions of face-to-face peer outreach, safe spaces, and drop-in center activities into 'virtual' interventions fundamentally distort community program architecture. In-person peer accompaniment, legal literacy support, and physical safe spaces cannot be replaced by virtual meetings, particularly in heavily stigmatized or rural settings.

Furthermore, community leaders raised concerns about the structural compensation gap while writing proposals. While community advocates contribute lived experience, data, and draft text without remuneration, external consultants receive substantial fees to consolidate community-generated content.

> *Key populations bring our investments, our lived realities, and our stories, and we do all the work. But who gets paid? Consultants get paid for their expertise... taking what you have written and simply consolidating it... and as communities, all you get is nothing, and it's our work."*
>
> — TEDDY MUNYIMANI, PROGRAMS MANAGER, GALS ZIMBABWE

PRACTICAL ADVOCACY LESSONS

Guarding against 'after-hours' budget cuts

Evidence from Grant Cycle 8 writing rooms in Zimbabwe shows that major budget adjustments and text exclusions often happen during late-night writing sessions. Because State technocrats are salaried and resourced to remain in drafting rooms late into the evening, under-resourced community advocates who leave early risk having their priorities quietly removed.

→ Recommendation for technical assistance (TA) providers: Ensure TA budgets include explicit daily stipends, evening transport, and late-night caucusing support so community delegates can remain present until final daily text sign-offs.

Defending against 'virtual' conversions

Budget reconciliation teams often target physical drop-in centers and peer outreach to cut costs by converting them to 'virtual' platforms.

→ Recommendation for advocates: Frame safe spaces as clinical triage outposts and community-led monitoring (CLM) data collection nodes rather than administrative spaces, citing Modular Framework pages 41 and 47 to prove they are core health delivery infrastructure.

Resource Traceability & the Sub-Recipient Selection

Even when community interventions are retained in final grant requests, funding rarely reaches grassroots, key population-led organizations directly. Principal Recipients (PRs) – predominantly government ministries or international NGOs – frequently channel funds through large consolidated Sub-Recipients (SRs).

> *When it comes to resources and traceability of the resources, we somehow can never track how the resources reach down to the communities... In Kampala it's a bit positive... but when you move out of the central region – the northern, western, and eastern region – you might find barely any organizations implementing Global Fund resources."*
>
> — APAKO WILLIAMS, EXECUTIVE DIRECTOR, TRANSUNTRAC UGANDA AND KEY/PRIORITY POPULATION REPRESENTATIVE ON CCM

This centralization creates three primary operational barriers for community-led implementation:

- **Centralization of resources:** Sub-granting mechanisms heavily favor organizations in major urban centers, leaving rural and regional key population groups without resources.
- **Restrictive SR eligibility criteria:** Formal SR selection calls routinely impose administrative prerequisites – such as full national NGO permits or high financial turnover requirements – that criminalized or emerging trans and gender diverse organizations cannot meet.
- **Exclusion from SR oversight:** SR selection panels and budget allocation committees routinely exclude key population representatives, preventing community oversight of which entities hold financial resources on their behalf.

CASE STUDY

Uganda – The Sub-Recipient (SR) registration barrier

A major systemic barrier highlighted in Uganda is how official calls for SR applications are structured to disqualify key population-led groups automatically:

- **The NGO permit requirement:** Global Fund Request for Proposals (RFPs) issued by Principal Recipients (PRs) routinely require applicants to hold an official national NGO registration permit.
- **Criminalization impact:** In hostile legislative environments, such as Uganda under the *Anti-Homosexuality Act* and *Protection of Sovereignty Act*, trans and other key population organizations are denied NGO permits by the State. Most are forced to register as companies or community-based organizations, immediately rendering them ineligible for direct Global Fund grants.

> *The Global Fund issued a call for applications in Uganda... but no key population organization can qualify because of the attached terms. One requirement was an NGO registration permit. Most of us are registered as companies or CBOs. Without that permit, nobody can qualify to apply."*
>
> — APAKO WILLIAMS, EXECUTIVE DIRECTOR, TRANSUNTRAC UGANDA AND KEY/PRIORITY POPULATION REPRESENTATIVE ON CCM

PRACTICAL ADVOCACY LESSON

Overcoming the Sub-Recipient registration challenge

Restrictive PR calls that require full NGO registration automatically disqualify community-based organizations and companies in criminalized contexts.

→ Recommendation for CCMs and PRs: Create dual-track sub-granting mechanisms that accept CBO registration or allow fiscal sponsorship arrangements through community-led national consortia.

Protection of Commodities & Risks of Unmanaged Integration

Grant Cycle 8 strongly emphasizes integrating HIV, TB, and malaria services into broader primary health care systems. While integration offers efficiency gains, unmanaged integration poses severe risks to key population health outcomes.

National drafting teams routinely attempt integration without safeguards, creating two critical vulnerabilities for community programming:

- **Commodity stockouts and dilution:** Essential, population-specific commodities – such as lubricants, harm reduction supplies (needles and syringes, OAT, naloxone), and gender-affirming care linkages – are frequently deprioritized or absorbed into general health budgets without dedicated tracking. In Nepal, trans communities faced severe shortages of basic commodities following broader donor withdrawal, making explicit Grant Cycle 8 budget lines essential.

- **Displacement of peer models:** When service delivery shifts entirely to public health facilities or general clinical providers, trained peer educators are displaced. In criminalized environments, facility-only delivery increases exposure to stigma, healthcare worker discrimination, and breaches of confidentiality, causing key populations to drop out of care.

> *My main concern is losing community-led safe spaces that connect trans and gender diverse people to HIV services, harm reduction, and peer support. These spaces provide a trusted entry point into care for people who may otherwise avoid services because of stigma or fear."*
>
> — SURVEY RESPONDENT, TRANS-LED ORGANIZATION, UGANDA

> *As integration moves forward, we used the national consultations as an opportunity to equip our communities with clear integration 'red lines'. Community members must understand the risks surrounding social contracting and disease integration so they can actively defend their service delivery spaces."*
>
> — BIKAS GURUNG, REGIONAL COORDINATOR, NAPUD AND CCM VICE CHAIR, NEPAL

COUNTRY SPOTLIGHT

Uganda – Drop-in center (DIC) accreditation as a model

To counter facility-based exclusion, key population networks in Uganda successfully advocated for government recognition and formal accreditation of community drop-in centers. By showing that community DICs had become functional clinical outposts, civil society secured direct Global Fund support for seven community-run DICs. This model bridges community-led service delivery with formal health system recognition.

PRACTICAL ADVOCACY LESSON

Defending integration 'red lines'

Integrating services into primary health care risks absorbing key population budget lines into general health facilities, where communities face stigma and elevated discrimination.

→ Recommendation for advocates: Establish integration 'red lines' during consultations to ensure that community-led safe spaces and peer-led commodity distribution maintain dedicated, protected budget lines within integrated health modules.

In conclusion, strong text in initial funding requests is meaningless if closed-door grant reconciliation and Sub-Recipient selection systematically strip away community line items. Protecting essential commodities, maintaining face-to-face peer outreach, and ensuring resource traceability to grassroots organizations outside capital cities require continuous community oversight beyond the writing room. As disease integration advances, retaining dedicated funding streams and community-led delivery models remains essential to preventing the total dilution of key population health services.

06

Enablers of Success & Actionable Recommendations

> *Our communities do not live in separate categories. Trans and gender diverse people may also be sex workers, and people who use drugs, and HIV programming must reflect these overlapping realities... Include us in decisions and fund us to deliver the services our communities need."*
>
> — SURVEY RESPONDENT, TRANS-LED ORGANIZATION, UGANDA

The experiences of Windows 1 and 2 show that key population-led organizations can successfully defend their priorities when they have early technical support, strong cross-movement coalitions, and actionable evidence.

Primary Enablers of Influence in Grant Cycle 8

When surveyed on the most critical factor that allowed them to influence national Grant Cycle 8 grant requests successfully, community respondents identified five primary enablers of influence:

What gave communities leverage in GC8

% of organizations that influenced funding requests, by main factor



- **Pre-existing community evidence/community-led monitoring (CLM) (26.1%):** Using CLM data, Stigma Index findings, and survey evidence to prove service gaps before drafting began.
- **Cross-key population coalition building (17.4%):** Unifying trans, sex workers, people who use drugs, and men who have sex with men asks into a single non-negotiable advocacy block.
- **Rapid technical assistance (TA) from GATE/INPUD (13%):** Deploying 'cheat sheets' and live text support to defend indicator codes during writing sessions.
- **Strong relationships with Country Coordinating Mechanism (CCM) members (13%):** Aligning with civil society CCM delegates to flag and restore deleted community lines during review.
- **Direct seats on writing teams (8.7%):** Authoring original module text directly in Global Fund terminology (e.g., Zimbabwe).

PRACTICAL ADVOCACY LESSON

Pre-caucusing for integration 'red lines'

Entering joint dialogues without a unified cross-key population agreement lets technocrats divide community priorities during budget cuts.

→ Recommendation for advocates: Organize independent, community-only caucuses before country dialogues (as modeled in Nepal) to define non-negotiable 'red lines' on commodities, safe spaces, and peer delivery before entering official negotiations.

Strategic Recommendations for Upcoming Grant Cycle 8 Application Windows

ACTIONABLE RECOMMENDATIONS MATRIX

Key Population Organizations	TA Providers (GATE, MPact, INPUD, NSWP)	The Global Fund & CCMs
Leverage CLM data early: build pre-existing evidence (cited by 26.1% as key) to prove service gaps.	**Deploy front-loaded TA tools:** provide 'cheat sheets' and budget training before writing starts (54.1% accessed global TA)	**End document blackouts:** guarantee access to final budgets and annexes (seen by <14% in GC8) before submission
Form cross-key population coalitions: unify non-negotiable asks across networks (17.4% attributed success here)	**Embed community writers:** fund and place community writers directly into drafting teams (only 8.7% secured direct seats)	**Enforce binding annexes:** require TRP reviews to audit whether Community Annex asks were funded or cut.

Key Population Organizations	TA Providers (GATE, MPact, INPUD, NSWP)	The Global Fund & CCMs
Secure drafting seats: demand writing team seats months in advance to write module text	**Expand rapid digital support:** maintain real-time caucusing channels (e.g., WhatsApp) during the active negotiation week.	**Equalize expert compensation**: provide standard honoraria for community writers serving in writing teams.
Audit final budget steps: assign leads to monitor 'grant-ready' budgeting and prevent 'virtual' cuts	**Develop commodity defense briefs:** arm advocates with justifications for protecting lubricants, harm reduction, hormone-replacement therapy, and other commodity lines.	**Open SR selection:** remove restrictive NGO permits so grassroots groups outside capitals can access funds.

FOR KEY POPULATION-LED ORGANIZATIONS SUBMITTING IN LATER WINDOWS

- **Demand writing team representation early:** Formally write to the Country Coordinating Mechanism (CCM) secretariat months in advance of country dialogues to secure designated key population seats on technical drafting groups.
- **Adopt the technical language of the funding request:** Frame all community priorities around Global Fund 'Program Essentials', 'Value for Money', and specific Modular Framework indicator codes to prevent technocrats from dismissing text.
- **Build allies across sub-module teams:** Place coalition members or civil society allies in adjacent writing groups (such as RSSH and Health Financing) to track negotiations and prevent hidden cuts.
- **Audit final budget adjustments:** Do not exit the process after text approval; assign community leads to monitor grant-making and budget-reconciliation stages to protect physical service delivery lines from being converted to virtual formats.

FOR TECHNICAL ASSISTANCE PROVIDERS AND GLOBAL KEY POPULATION NETWORKS

- **Deploy embedded technical writers:** Transition from general advisory support to funding and embedding qualified community technical writers directly onto national drafting teams.
- **Provide front-loaded budgeting training:** Equip national community leaders with technical budgeting tools to negotiate unit costs, program architecture, and sub-granting allocations during writing sessions.
- **Expand rapid-response caucusing channels:** Standardize real-time virtual support platforms during active drafting weeks to provide live text revisions and strategic guidance.
- **Develop population-specific commodity defense tools:** Produce technical briefs that arm national advocates with clear justifications for protecting commodities (lubricants, harm reduction supplies, hormone monitoring) against integration cuts.

FOR THE GLOBAL FUND SECRETARIAT, COUNTRY COORDINATING MECHANISMS, AND TECHNICAL PARTNERS

- **Enforce meaningful Community Annex integration:** Ensure that the Community Priorities Annex is not compiled in isolation by external consultants, but serves as a binding reference document audited during Technical Review Panel evaluations.
- **Reform Sub-Recipient selection and eligibility:** Require Principal Recipients to create accessible sub-granting streams with flexible registration criteria, enabling grassroots key population organizations outside capital cities to access direct funding.
- **Include key populations on budget reconciliation and Sub-Recipient selection panels:** Guarantee community representation on closed-door budget committees and Sub-Recipient selection bodies to ensure transparent resource allocation.
- **Fairly compensate community technical experts:** Establish standard daily honoraria for community experts serving on national drafting teams to eliminate the equity gap between external consultants and local advocates.

Moving forward, operationalizing these actionable recommendations is essential to ensuring that upcoming Grant Cycle 8 application cohorts do not face the same structural roadblocks encountered in Windows 1 and 2. By front-loading community-led evidence, embedding technical writers, enforcing the binding authority of Community Priorities Annexes, and opening Sub-Recipient selection, national responses can bridge the gap between rhetoric and reality.

Investing directly in community leadership is not merely a program preference – it is the cornerstone of an effective, equitable, and sustainable global health response.

07

Conclusion & Call To Action: Reclaiming Community Leadership in Grant Cycle 8

Evidence from Grant Cycle 8 Windows 1 and 2 demonstrates that formal inclusion in country dialogues does not automatically guarantee resources for key population priorities. In an operating environment defined by contracting global donor envelopes, accelerated 'grant-ready' timelines, and shrinking civic space, physical presence must be reinforced with strategic leverage, unified cross-movement coalitions, and actionable local data.

Grassroots organizations continuously show that community expertise is vital to health equity. When key population leaders secure direct seats on writing teams, utilize community-led monitoring (CLM) evidence, and adopt standard Modular Framework codes, they successfully defend core peer outreach infrastructure, essential commodities, and human rights protections against technocratic dilution.

Transforming community engagement from a procedural compliance exercise into fully funded, decision-making leadership requires systemic action across the Global Fund ecosystem:

- Country Coordinating Mechanisms (CCMs) and Principal Recipients (PRs) must eliminate information blackouts, open Sub-Recipient (SR) selection to community-based organizations, and guarantee transparent access to final budgets and Community Annexes.
- Global technical assistance (TA) providers must shift from general advisory roles to embedding qualified technical community writers onto national drafting teams.
- The Global Fund Secretariat and Technical Review Panel (TRP) must enforce the Community Priorities Annex's binding authority, auditing final grant reconciliation to ensure community priorities are not quietly stripped out after country dialogues close.

Ultimately, the sustainability, human rights commitment, and public health impact of the global HIV response depend on whether national and international mechanisms invest directly in key population leadership. Protecting community-led health infrastructure is not merely a program preference – it is the indispensable foundation of an effective and equitable global response.

Annex A

Quick-Reference Guide to Grant Cycle 8 Prioritized Interventions

Selected Key Population and Community Priorities in the Global Fund Modular Framework Handbook

Disease / Module Area	Prioritized Community Intervention	Modular Framework Handbook Reference
HIV Prevention	Condom and lubricant programming for trans and gender diverse communities	HIV Module: HIV Prevention (p. 41)
	PrEP and PEP programming for key populations (e.g., incidence > 3%)	HIV Module: HIV Prevention (p. 41)
	Peer-led outreach, digital communications, and community risk-reduction	HIV Module: HIV Prevention (p. 41)
HIV Testing	Community-based testing and self-testing for key populations	HIV Module: Differentiated Testing (p. 46)
HIV Treatment	Differentiated service delivery, treatment literacy, and peer support groups	HIV Module: Treatment, Care and Support (p. 47)
TB / HIV	Community care delivery and active case finding via outreach	HIV Module (p. 49) / TB Module (p. 59)
Human Rights (RSSH)	Health worker training on non-discrimination and respectful care	RSSH Module: Human Rights Barriers (p. 32)
	Legal literacy, access to justice, and rights-based law enforcement reform	RSSH Module: Human Rights Barriers (p. 32–33)
Gender (RSSH)	Preventing and responding to Gender-Based Violence (GBV) / post-violence care for key populations	RSSH Module: Gender Barriers (p. 34)
Community Systems (CSS)	CLM, research, and advocacy	RSSH Module: Community Systems (p. 14, 17)
Health Financing (RSSH)	Social contracting mechanisms and co-financing advocacy	RSSH Module: Health Financing Systems (p. 19–20)
M&E Systems (RSSH)	Programmatic mapping, size estimations, and Stigma Index surveys	RSSH Module: MandE Systems (p. 30–31)

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www.gate.ngo
info@gate.ngo

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