COMMUNITY ENGAGEMENT IN GLOBAL FUND

REPRIORITIZATION

Findings from a rapid, independent, civil society-led analysis

10 September 2025

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ABOUT THIS REPORT

This data collection effort was designed to gather information about community engagement and participation in the Global Fund's reprioritization and grant revision process.

This analysis was led by an independent, civil society cohort of organizations and networks: the Eastern Africa National Networks of AIDS and Health Service Organizations (EANNASO), the Coalition to build Momentum, Power, Activism, Strategy & Solidarity (COMPASS) Africa, Seven Alliance, the Réseau Accès aux Médicaments Essentiels (RAME), the Middle East Harm Reduction Association (MENAHRA), MENA Rosa, the Eurasian Harm Reduction Association (EHRA), Via Libre, Data Etc, the Global Advocacy Data Hub (GADH), Community Health & HIV Advocates Navigating Global Emergencies (CHANGE), Women 4 Global Fund (W4GF), and the Key Population Transnational Collaboration (KP-TNC).

This activity was not affiliated with the Global Fund Secretariat. The Community, Rights and Gender (CRG) Learning Hubs' contribution was limited to supporting the dissemination and participant outreach for this activity.

BACKGROUND

On 16 May 2025, the Global Fund Secretariat released guidance about grant adaptation measures for Grant Cycle 7 (GC7). [1]

These measures were designed to ensure continuity of life-saving programs during a period of financial uncertainty.

This 'reprioritization and revision' process first involved the communication of reduced funding amounts by the Secretariat on 30 June 2025[2], after which countries were requested to review grant activities and take decisions about which grant-funded activities would be cut, altered, retained, or transitioned to other sources of funding (for example, domestic funding).

To ensure that core, life-saving, and essential services were preserved in grant budgets, the Secretariat released detailed guidance[3] and an operational note[4] about the reprioritization.

In the context of community priorities and engagement, these materials included **several specific points related to community and Country Coordinating Mechanism (CCM) engagement:**

- **Reprioritization must be inclusive:** "CCM engagement must be inclusive and transparent, ensuring all relevant stakeholders, especially communities and civil society organizations (CSOs) are consulted."

- **The Global Fund will facilitate this engagement:** "The Global Fund Secretariat will take a proactive role in facilitating this process by providing timely guidance and support on stakeholder engagement, and, where necessary, requesting support from Local Fund Agents (LFAs) to verify evidence of engagement."

- **Integration must protect key and vulnerable populations (KVP):** "Integration into primary care services should be accompanied by efforts to make services accessible and acceptable to the most affected populations, including activities to strengthen competencies in delivering inclusive, respectful, stigma-free, gender-responsive and age-appropriate care."

- **CCMs should facilitate community consultation:** "CCMs are [...] encouraged to consider whether they can allocate CCM funding to support wider engagement and consultation, especially for civil society and communities."

- **Community-focused programs, including CLM, should be prioritized:** "Key interventions to reduce equity, human rights, and gender-related barriers should be prioritized to ensure that the most affected populations can effectively access HIV, TB, and malaria services. [...] Additionally, community-led monitoring (CLM) and accountability mechanisms are critical to identifying and addressing rights violations and ensuring that health systems remain responsive to the needs of those most at risk."

PURPOSE OF THIS ANALYSIS

Building on the commitments and guidance from the Secretariat, this analysis had three primary objectives:

1. Measure community engagement in the reprioritization process, including assessing access to information and resources, inclusion in processes, consultations, and other dynamics impacting meaningful participation[5].

2. Gain an early view into the activities proposed for deprioritization, both to understand the alignment of the reprioritization with Global Fund guidance and to develop an evidence base to support community advocacy in Grant Cycle 8 (GC8).

3. Provide real-time support for countries with challenging contexts, difficulties engaging, or where cuts have been proposed that undermine Global Fund principles, priorities and strategy.

METHODOLOGY

Data collection

Data were collected using an online survey instrument between 7 August and 3 September 2025. The survey instrument was disseminated in community listservs, messaging groups, directly to CCM administrative focal points, and via snowball sampling using contact information provided by survey respondents. The survey was available in English, French, Spanish, Portuguese, Russian, Arabic, and Kiswahili.

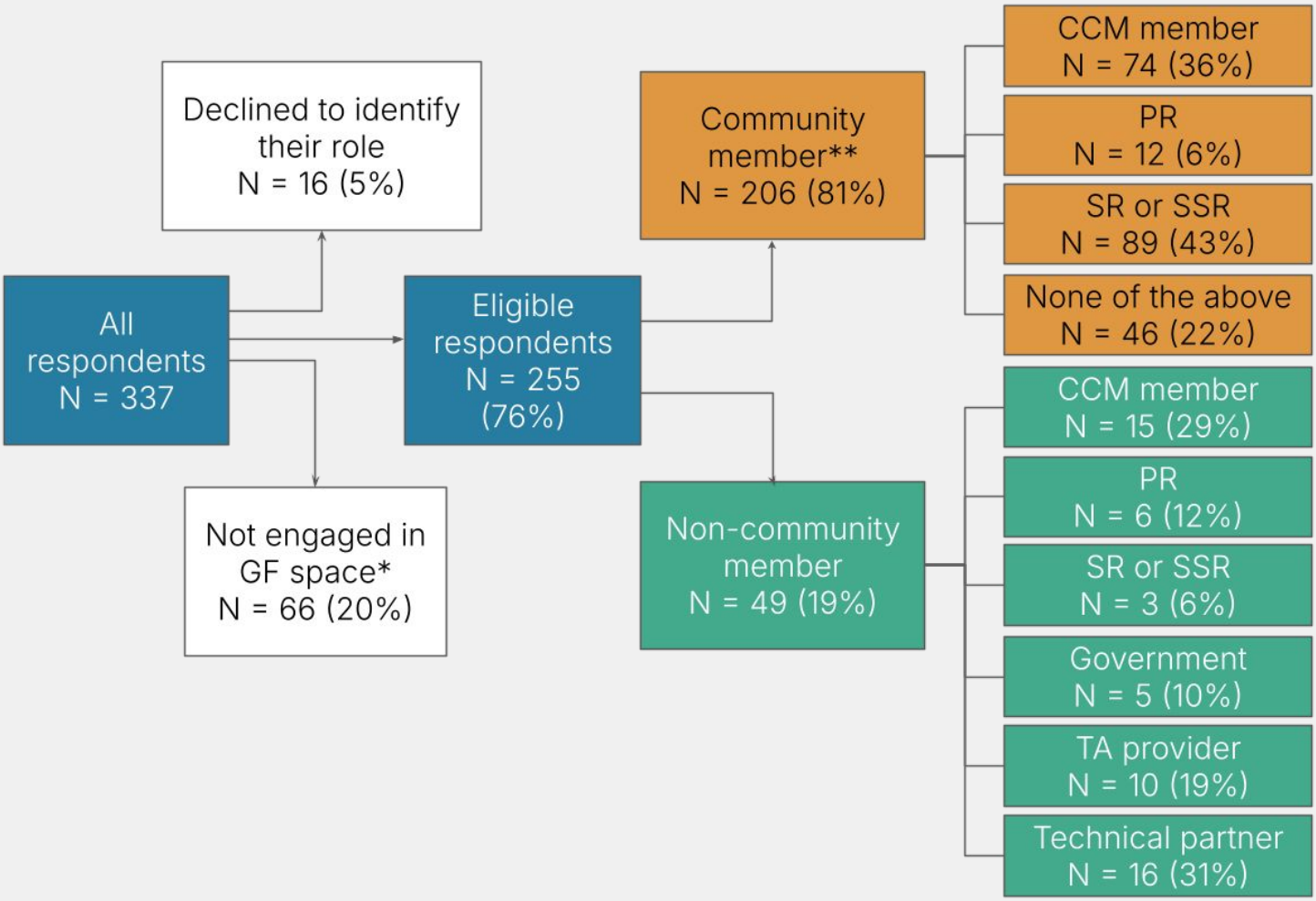
Respondent characteristics

Only respondents categorized as being engaged in Global Fund processes were eligible to complete the survey. This included respondents who self-identified as CCM members, Principal Recipients (PRs), sub- or sub-sub-recipients (SRs or SSRs), technical partners, technical assistance (TA) providers, government representatives, or those who had participated in a Global Fund consultation and identified as community representatives, staff from civil society organization, and/or members of a KVP.

A total of 337 respondents completed the survey (**Fig. 1**). Of these, 82 (24%) were ineligible for inclusion in the final sample due to declining to identify their role in relation to the Global Fund (16, 5%) or for not being engaged in Global Fund processes (66, 20%). After these exclusions, a final sample of 255 eligible respondents was included in the analysis.

Figure 1.

Sample characteristics and inclusion criteria.



* Identified as not having any GF-related role (CCM member, PR, SR, technical partner, TA provider, or government) and had never participated in a GF consultation.
** Respondents who identified their sector as "civil society organization staff", "community representative", or "key or vulnerable population".

FINDINGS

Access to guidance from the Global Fund Secretariat

Three categories of access to information were measured: awareness of the reprioritization process, having seen the letters from the Secretariat with the reduced allocation and grant amounts, and knowing which programs or activities were ultimately cut or reduced.

Access to information was highest among non-community CCM members, 100% of whom were aware of the reprioritization process, and 87% were aware of the final cuts (**Fig. 2**).

CCM members who were **community representatives were less aware**, with 6% not knowing about reprioritization and more than one-third (37%) not knowing which activities were cut.

Outside of the CCM, access to information was lower. Among community members engaged in Global Fund processes, a high proportion (84%) knew about reprioritization, but just half received information about the changes to program budgets.

Sources of information about the reprioritization process

Communication channels varied between community and non-community stakeholders (**Fig 3)**. Direct communication from the Global Fund was the most common source of the reprioritization letter among CCM members, with emails from the Global Fund Secretariat reaching 77% non-community and 56% community CCM members.

Outside of the CCM, community members relied on a more varied mix of sources, where community partners or other colleagues (32%) and Principal Recipients (32%) were the most common reported communication channels, compared to non-community members outside of the CCM who received the letter most shared by either community partners (35%), the CCM Secretariat (30%), or via an email from the Global Fund secretariat (25%).

Figure 2.

Access to information about the reprioritization process.

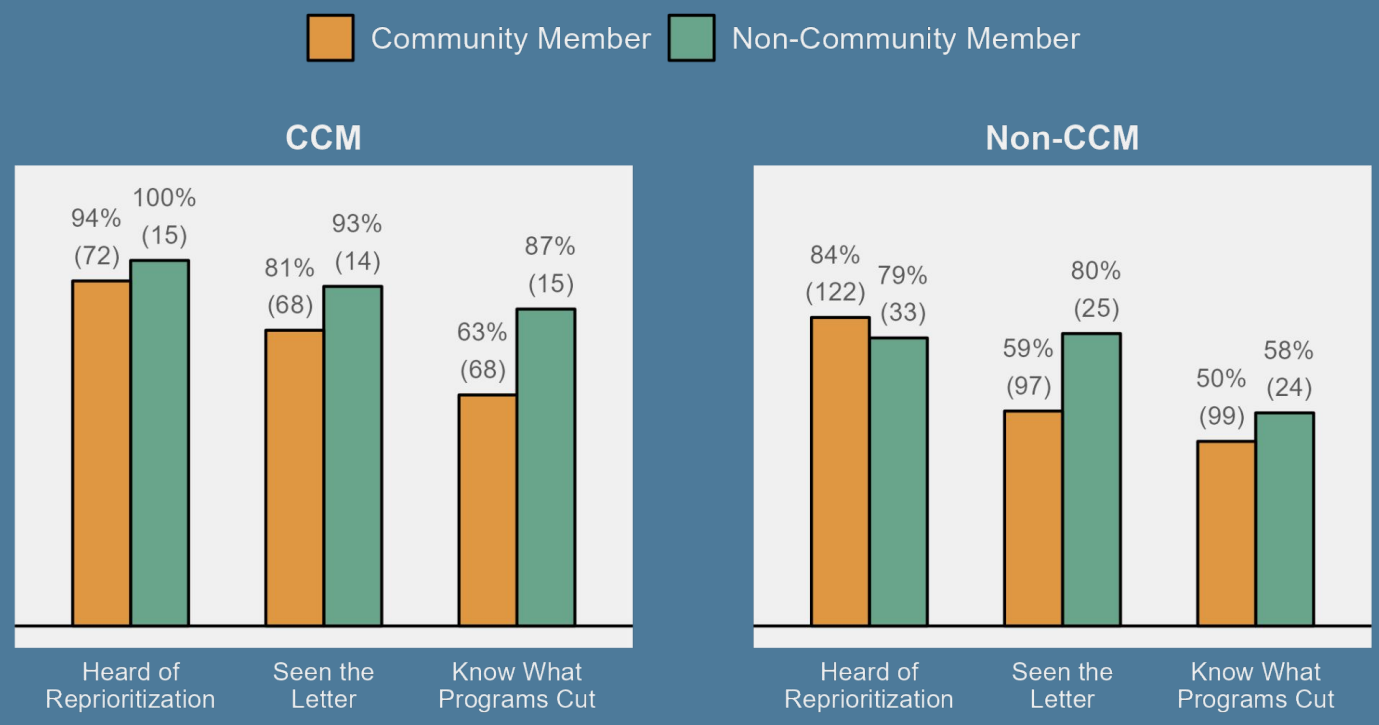
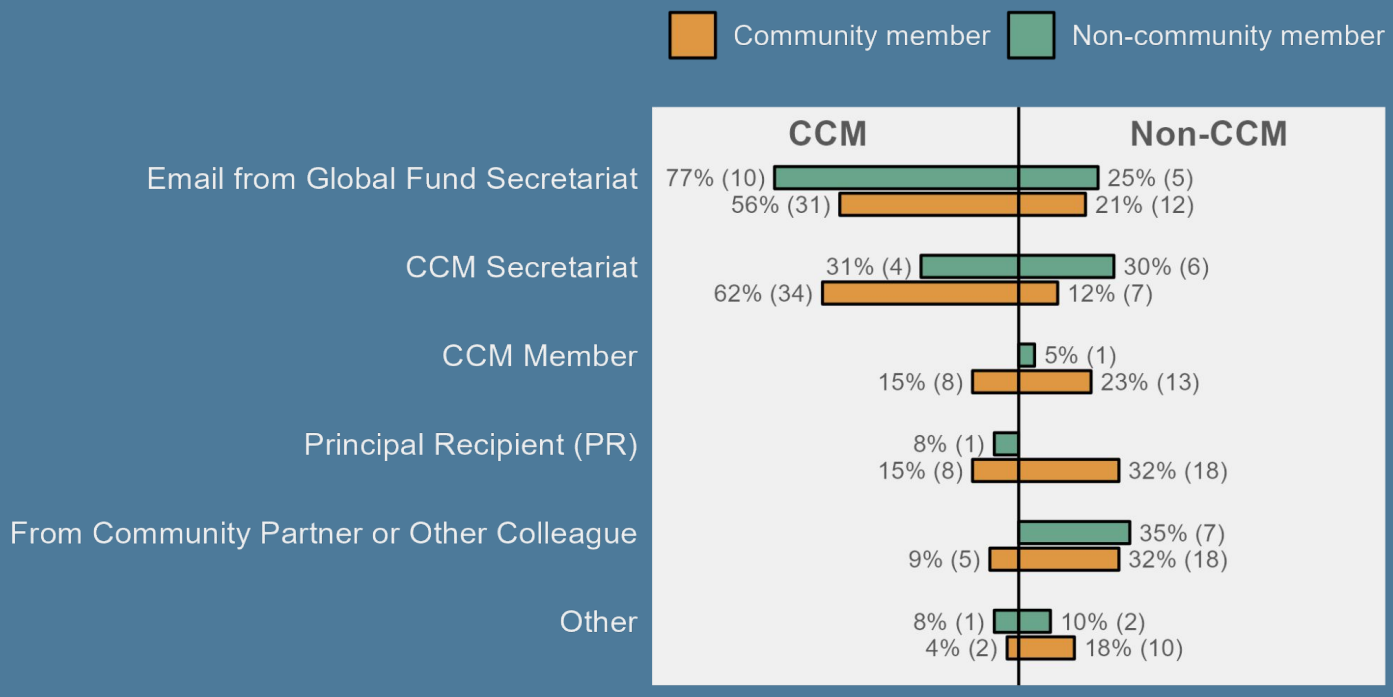


Figure 3.

*"How did you receive the reprioritization letter?"**



* Among respondents aware of reprioritization.

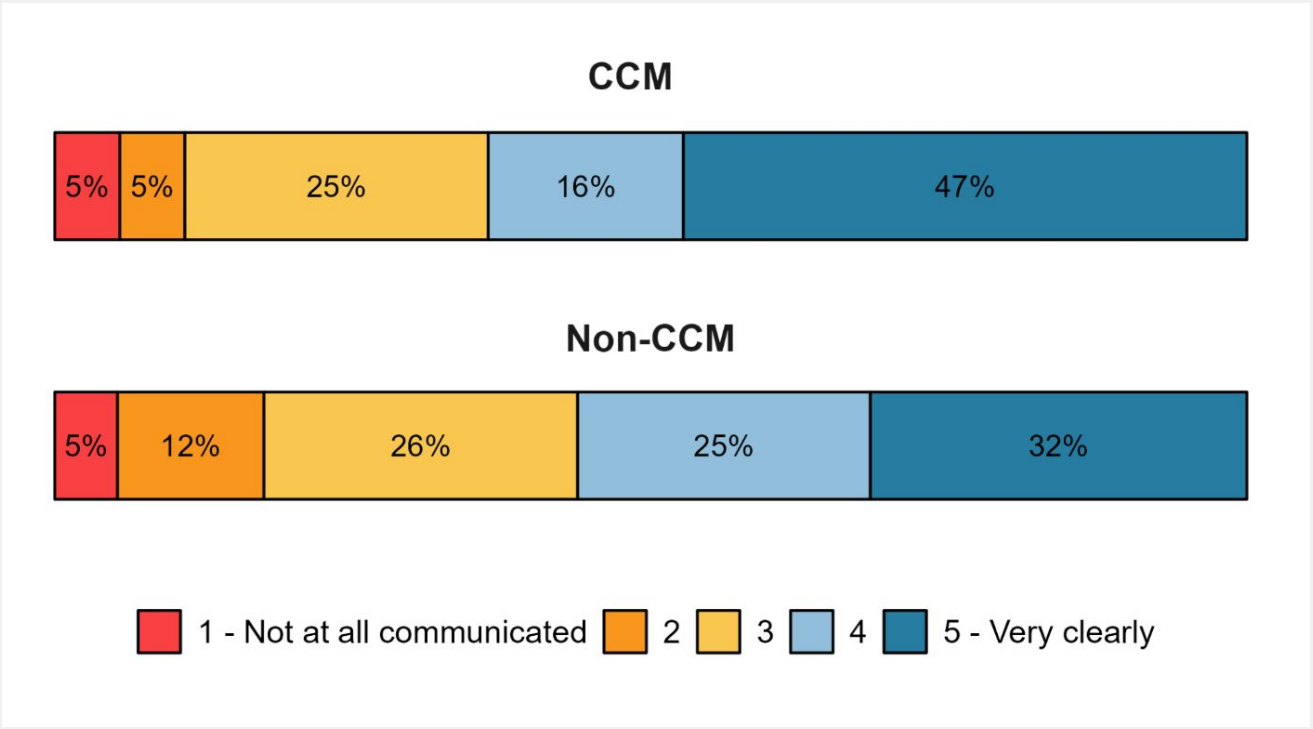
Clarity of reprioritization communications

In addition to questions about accessing Global Fund communications, respondents were also asked whether the contents of the letter were clearly communicated (**Fig 4**)

Non-CCM community members were less likely to report that the communication was clear, with 43% rating the clarity of communication as poor or neutral, compared to only 35% of community CCM members.

Figure 4.

*"Were the contents of the reprioritization letter and its implications for your country clearly communicated?"**



* Among community respondents aware of reprioritization.

Community engagement in the process

The Global Fund Secretariat clearly indicated that "**meaningful community engagement remains essential** throughout this [reprioritization] process,"[6] suggesting that "CCMs [should] plan for at least one meeting with all CCM members to take place during the first half of July [...] to discuss reprioritization of interventions and align on and confirm the final grant budget amounts."[7]

Around 40% of community respondents were not aware of any opportunity for community consultation around reprioritization, with similar rates among CCM members (40%) and non-CCM members (41%) (**Fig. 5**). When asked to specify which types of consultation took place, community CCM members reported virtual consultations (28%) and receiving email updates (24%) about the reprioritization exercise. Less commonly-reported were opportunities to review Excel documents related to reprioritization (22%) or to participate in technical working groups (19%). Community respondents not on the CCM were less aware of consultation opportunities overall, and were more likely to be aware of in-person (18%) than virtual (15%) consultations.

When community respondents were asked about their satisfaction with the level of community engagement, **42% of CCM representatives and 46% of non-CCM members reported being "very dissatisfied" or "dissatisfied"** (**Fig. 6**). Some respondents described their country context as having no opportunities to engage at all, or there were only consultations led by communities that were not tied to the CCM or the PRs:

> *"There was no consultation with communities or organizations."* (Respondent from Latin America and the Caribbean)

> *"Communities were not consulted at all. There were inter-community consultations but not by PR or CCM."* (Respondent from High Impact Asia)

> *"There was no real consultation, and it is unknown how they arrived at that prioritization."* (Respondent from Latin America and Caribbean)

Figure 5.

*"Which of the following forms of community consultation took place in your country around reprioritization?"**

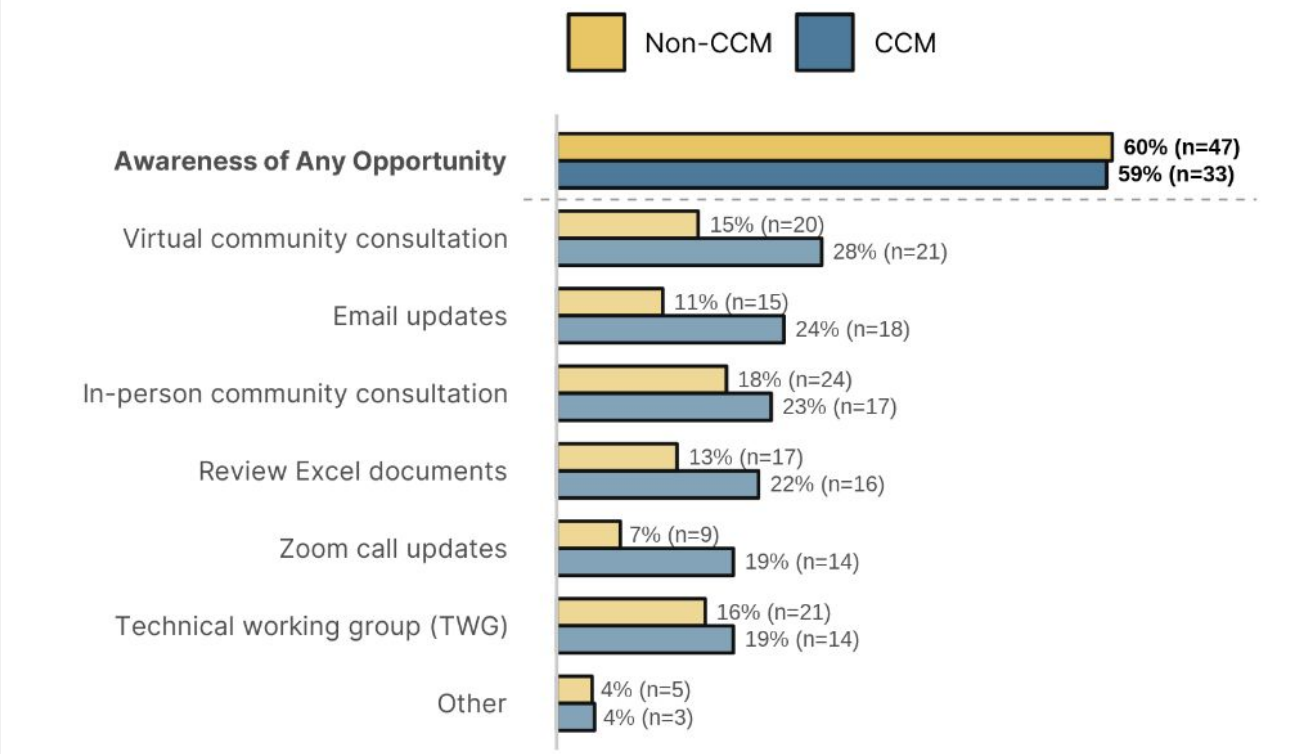
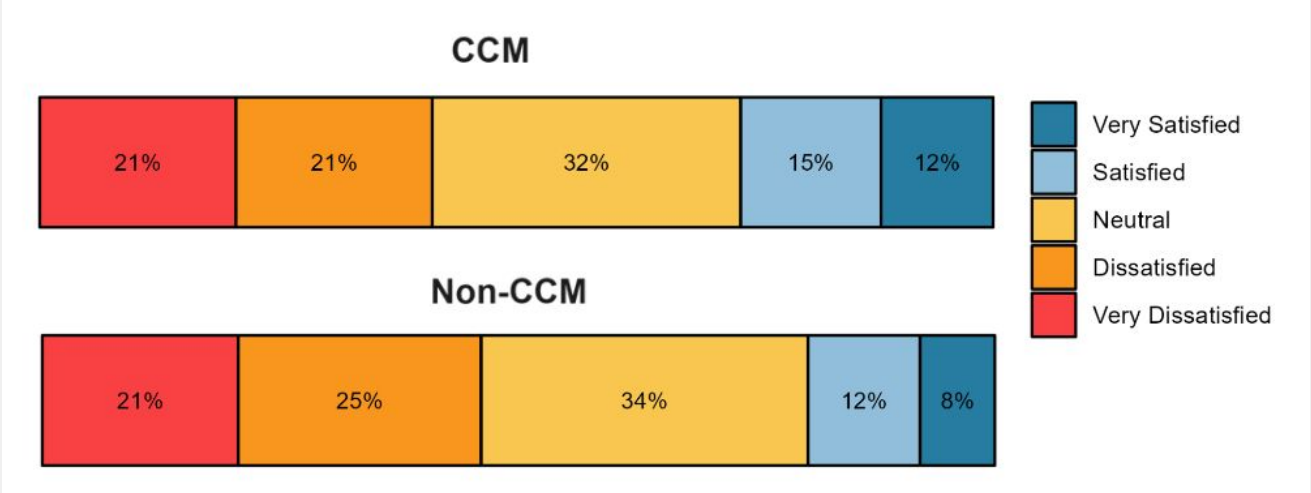


Figure 6.

*"How satisfied are you with the overall level of community engagement during the reprioritization decision-making process?"**



* Among community respondents aware of reprioritization.

Others described the community consultation as including only a **limited cohort of individuals,** without broader engagement of the broader community:

> *"The whole process was so enclosed that even some partners locally are not aware of the reprioritization and what actually was involved. It was more of CCM, CSO Directors, Government officials responsible for health intervention, unlike the key and vulnerable population."* (Respondent from Southern and Eastern Africa)

> *"All consultations were with a small committee with CCM [r]epresentatives, no consultations with constituencies in an open way."* (Respondent from Latin America and Caribbean)

Most commonly, respondents described consultations taking place, but noting that the **meetings were not real decision-making spaces**, with decisions clearly having already been made. Some described these consultations more like workshops, where communities were informed that a reprioritization exercise was taking place. Others described a perception that PRs were intentionally taking decisions privately, as a strategy to undermine community engagement or to protect institutional self-interest. In some cases, communities were explicitly told that decision-making was to be done by PRs.

> *"It seemed like decisions had been made a long time ago."* (Respondent from Central Africa)

> *"The PRs and the SRs colluded to cut funding for communities even in those activities that were not reprogrammed and were community activities."* (Respondent from High Impact Africa 2)

> *"The decisions were made by the PRs. That is what we were told."* (Respondent from High Impact Africa 1)

> *"[Communities] were consulted in order to align with decisions that had already been made, rather than for the purpose of consultation. It was more like a dissemination of information."* (Respondent from Central Africa)

> *"During this process, we had the impression that the PRs, SRs, and CCM formed an alliance to exclude civil society in order to implement a hidden agenda in terms of prioritizing activities that concerned them."* (Respondent from Western Africa)

> *"[T]he PR seems to be prioritizing areas aligned more closely with its own institutional interests."* (Respondent from Southern and Eastern Africa)

Figure 7.

*"How satisfied are you with the way your community's feedback and priorities were considered by the CCM and PRs?"**

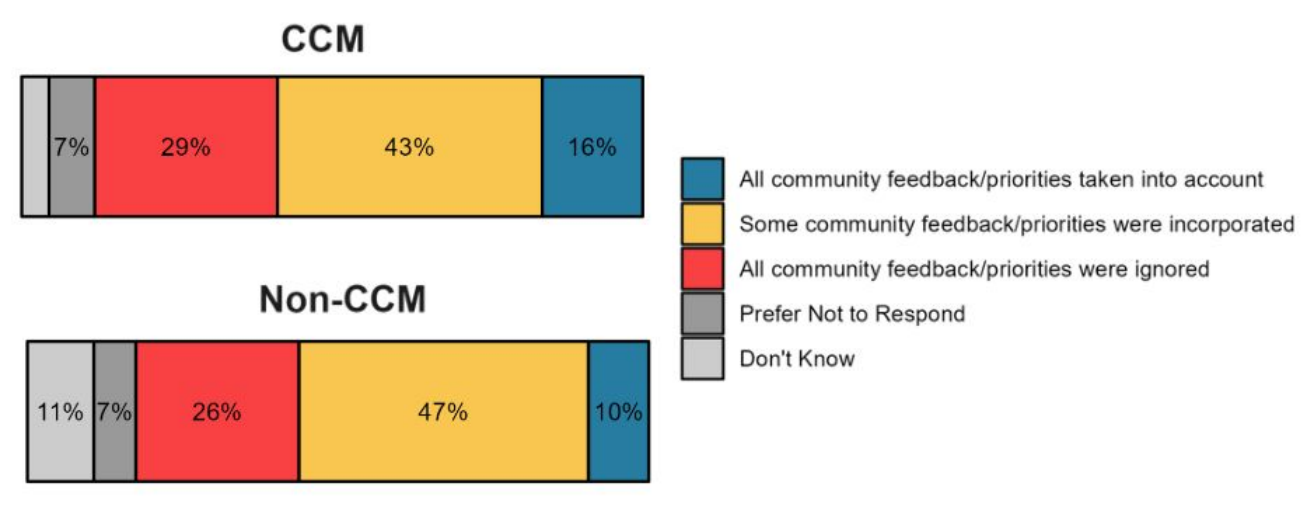
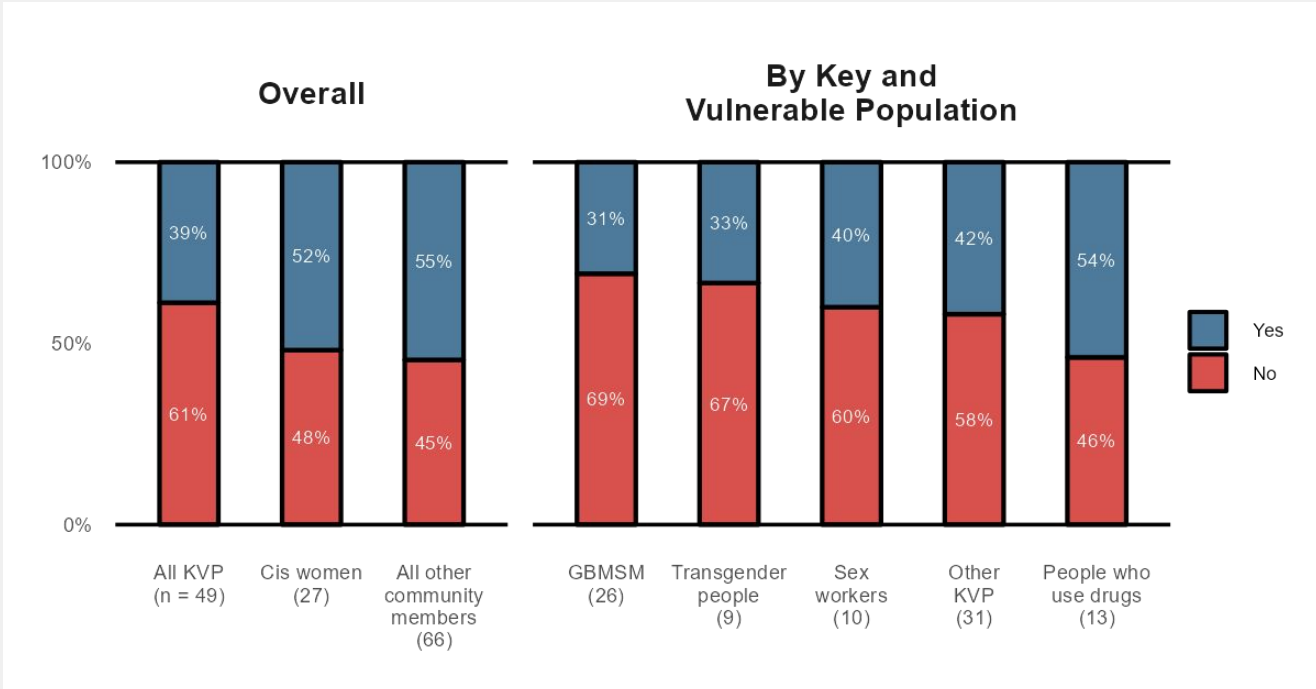


Figure 8.

*"In your view, was the reprioritization process genuinely inclusive of KVP, women, and young people?"**



* Among community respondents aware of reprioritization.

> *"Ultimately, decisions were made centrally by the federal government with minimal transparency."* (Respondent from High Impact Asia)

> *"Government officials are actively suppressing or undermining inputs from communities, and the delegates on the CCM are not engaging effectively with the issues presented to them."* (Respondent from Latin America and Caribbean)

By contrast, 27% of CCM representatives and 20% of non-CCM members were "very satisfied" or "satisfied."

> *"The process provided opportunities for key community representatives to share input, and their voices were reflected in the decisions."* (Respondent from High Impact Asia)

All community respondents were additionally asked to report their satisfaction with the CCM and PR response to community priorities and feedback that were shared during the reprioritization exercise (**Fig. 7**). Among community CCM members, **29% felt that all community priorities were ignored** by the CCM and PRs, while 16% felt that all feedback was taken into account. Among communities not on the CCM, 18% were not aware of how priorities were received, and 26% felt that they were all ignored.

Community respondents were asked whether they found the reprioritization process to be genuinely inclusive of KVP, women, and young people (**Fig. 8**). Among respondents who identified as members of key or vulnerable populations, **61% reported that the process was not inclusive**. Among cis women, 52% reported that the process was inclusive, and among all other community respondents, 55% felt it was genuinely inclusive. Populations reportedly excluded from consultations included KVP, people living in rural communities outside of the capital, youth, and people living in conflict zones.

> *"Rural communities in countries affected by conflict have not been consulted."* (Respondent from High Impact Africa 1)

> *"Very few members were invited and other populations were not even there, e.g. key populations."* (Respondent from Southern and Eastern Africa)

> *"Communities in conflict zones, rural areas, and youth CSOs were not truly consulted."* (Respondent from High Impact Africa 1)

> *"Many felt the process was not inclusive, with limited engagement of key and vulnerable populations."* (Respondent from High Impact Asia)

Facilitation and tools for engagement

In addition to access to information and engagement in processes, respondents were asked to describe if they had the facilitation, tools, resources, or other support to allow them to participate in the reprioritization process.

The challenge most commonly reported by communities was a **lack of understanding of how the reprioritization process works** (55% of CCM members and 40% of non-CCM members) **(Fig. 9)**. Among CCM representatives, other common challenges included challenges engaging with the government (42%), access to information and data (41%), and funding to participate in consultations (38%). Among non-CCM members, the most commonly-reported challenge was access to information and data, reported by 41% of respondents.

> *"Information and documents were not provided in a timely manner. Communities did not sufficiently understand the issues involved in this prioritization. Their grassroots members were unaware of this process."* (Respondent from Western Africa)

Some respondents described being invited to participate in consultations, but described challenges participating due to a lack of reimbursement for transportation costs, lack of funding for smartphone data, or challenges participating in online spaces with unstable networks.

> *"It's not everyone with a smart phone or having data to take part or to give his/her view, because most meetings are on Zoom, and even those who have smart phones are unable to be part of those Zoom meetings because of the data."* (HI Africa 2)

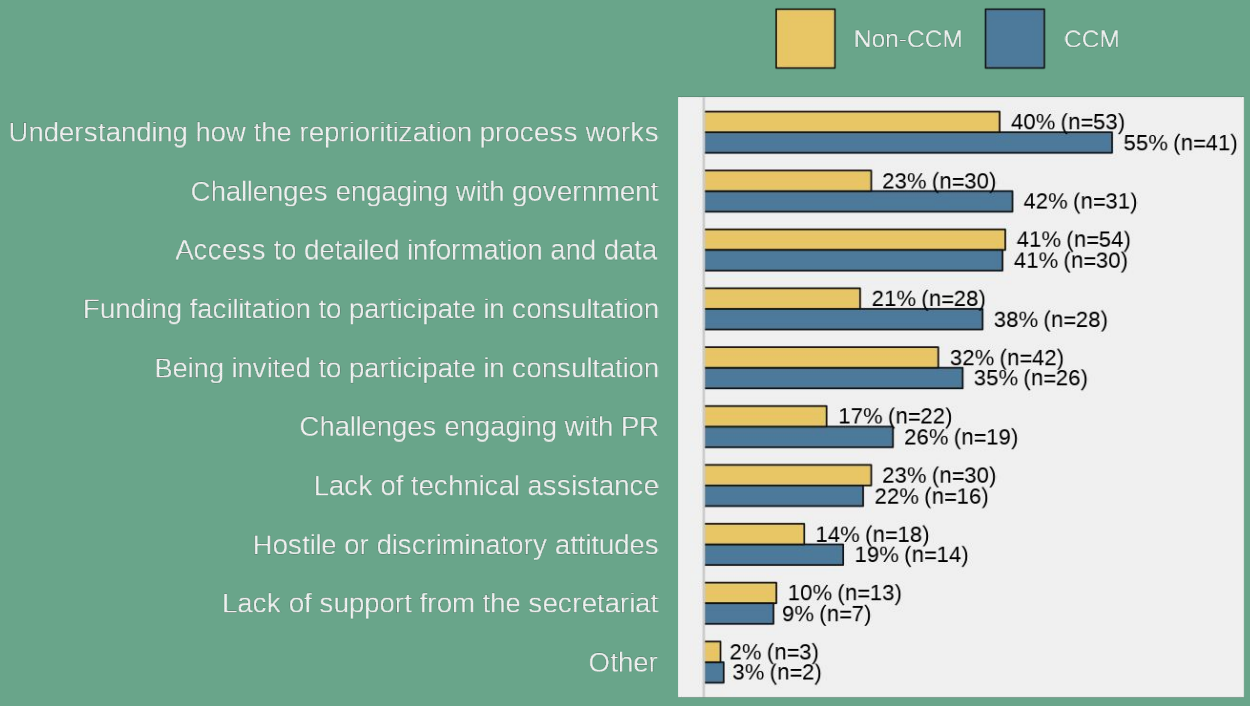
> *"Communities were asked to organize consultation at their own cost. So we had online consultation and were even not provided enough time as well."* (Respondent from High Impact Asia)

> *"[There was] no transportation reimbursement funding."* (Respondent from High Impact Africa 1)

> *"The process we were made to understand was to be transparent and inclusive. Online meetings are not convenient to the community because of instability of network and ineligibility of the slides as most of them use phones. "* (Respondent from High Impact Africa 2)

Figure 9.

*"What have been the greatest challenges in engaging in the reprioritization process?"**



Another common concern was that there was **not enough time given to have adequate and inclusive consultation**, and a perception that the process was rushed. These challenges were compounded by a feeling that communities received information, documents, and tools too slowly to participate in a timely fashion.

> *"I feel the period given was too short to reach all communities"* (Respondent from High Impact Africa 2)

> *"The community is not informed in a timely manner."* (Respondent from Central Africa)

> *"The current reprioritization process appears rushed, excluding communities and failing to adequately address emerging funding gaps."* (Respondent from Southern and Eastern Africa)

> *"Communication was unclear, timelines were short, and in some cases, feedback from communities was not visibly reflected in the final decisions."* (Respondent from High Impact Asia)

Noting that access to information was a frequently-reported challenge, respondents were additionally asked which types of data they currently had access to (**Fig. 10**). Among community CCM

* Among community respondents aware of reprioritization.

representatives, **48% had access to Excel documents** with the details of which activities were being changed during reprioritization, while just 26% of non-CCM members did.

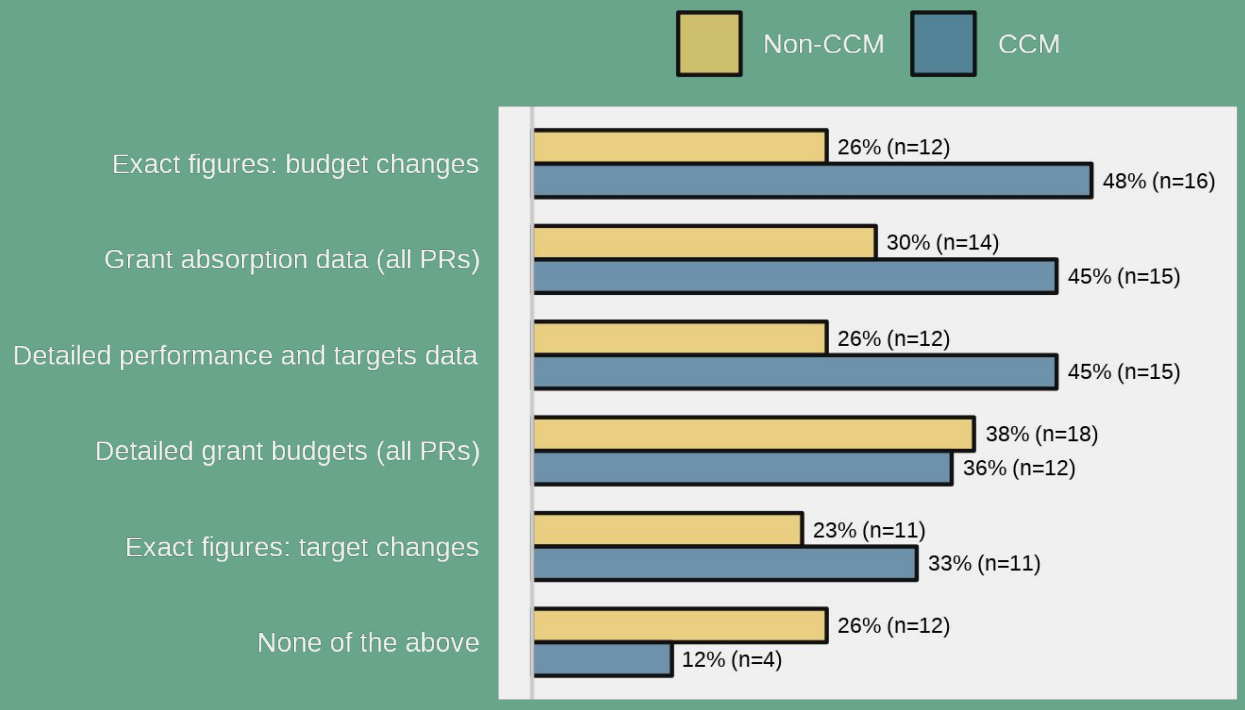
> *"The information provided is general and high-level, making it difficult to engage in detail."* (Respondent from High Impact Asia)

> *"The community was not able to scrutinize documents well. In the end we were not sure that what we contributed found their way in the document as it was not shared back."* (Respondent from High Impact Africa 2)

Separately from the reprioritization process, fewer than half (45%) of CCM members had access to grant absorption data and only **36% had access to detailed grant budget data** for every PR in their country.

Figure 10.

"Which of the following do you currently have access to?"*



* Among community respondents aware of reprioritization.

Deprioritization of community-focused programs

The Global Fund released guidance with its recommendations for which activities should be prioritized, and which activities were lower-priority and better candidates for defunding. To understand whether the reprioritization process aligned with this guidance, respondents were asked to describe which activities were, or were likely to be, cut or reduced.

Notably, **several cuts to foreign aid were happening at the same time**, creating some confusion among respondents. Specifically, there was a lack of clarity among some participants about which activities were cut during the reprioritization process, and which were defunded during the implementation 'pause' that took place several months earlier. Others noted the concurrent withdrawal of United States government-supported activities, including the shuttering of the U.S. Agency for International Development (USAID) and the canceling of bilateral contracts.

Nonetheless, several themes emerged in the survey data. First, respondents described four main categories of activities that were cut as part of the reprioritization exercise: **(1) monitoring and evaluation (M&E), surveys, and research, (2) trainings, workshops, and capacity building, (3) travel, conferences, and meetings, and (4) infrastructure improvements and purchase of equipment.**

> *"Field visits and the information component have been suspended."* (Respondent from Eastern Europe and Central Asia)

> *"New research or those just started that have not gone far"* (Respondent from High Impact Africa 1)

> *"Workshops, and training courses were suspended."* (Respondent from Central Africa)

> *"Monitoring, trainings and travels"* (Respondent from Western Africa)

> *"Purchase of new vehicles, IT equipment, print materials and publication costs, lab and other equipment."* (Respondent from Eastern Europe and Central Asia)

> *"Real estate purchases, vehicle purchases, and IT tools."* (Respondent from Western Africa)

Less commonly-reported areas that were deprioritized include **human resources, consultancies, and program management** costs.

> *"Reduction of case manager staff, reduction of incentives for cadres"* (Respondent from High Impact Asia)
>
> *"Activities involving allowances, hiring of new employees, etc. were reduced."* (Respondent from High Impact Africa 2)
>
> *"The PR has had to suffer cuts in its human resources and management, and worst of all, everyone has been told that their fees will be reduced, just like that, overnight."* (Respondent from Latin America and Caribbean)

In addition, several categories of community-focused activities were described as facing cuts during reprioritization. These included **wraparound services to support** people accessing treatment services, including nutritional and psychosocial support for clients; reimbursement of transportation costs; advanced HIV disease (AHD) care; and community-based support, literacy, and education activities.

> *"Health literacy in facilities and communities, HIV and TB education to communities."* (Respondent from High Impact Africa 2)
>
> *"Conducting information and education campaigns among communities for the prevention, detection, and adherence to TB treatment."* (Respondent from Eastern Europe and Central Asia)
>
> *"Nutritional care for people living with HIV, reimbursement of transportation costs for peer educators."* (Respondent from High Impact Africa 1)
>
> *"Condoms, nutritional and transport support, [...] PrEP, employment [support]"* (Respondent from High Impact Africa 2)"
>
> *"Activities to raise awareness among the KVP group, especially drug users who are the most vulnerable in society."* (Respondent from High Impact Africa 2)

Other respondents described cuts to programs to **prevent or detect new cases** of HIV, tuberculosis, and malaria, including active case detection activities; prevention activities, including PrEP and condoms; harm reduction; and gender-based violence services and PEP.

> *"Gender-based violence, protection from sexual exploitation and harassment, HIV pre- and post-exposure prophylaxis"* (Respondent from High Impact Africa 2)

> *"Peer education projects, harm reduction projects, psychological support projects, projects on stigma and discrimination."* (Respondent from Middle East and North Africa)
>
> *"PrEP, community testing programs with key populations."* (Respondent from Latin America and Caribbean)

Finally, respondents described cuts to **community systems strengthening and oversight programs**, including human rights activities; advocacy activities focused on legal reform; and CLM. Reduced support to civil society organizations, in parallel with the defunding of advocacy activities designed to strengthen domestic resources and address legal barriers to care, were described as major challenges to the sustainability of Global Fund-supported programs.

> *"Social mobilization—dedicated campaigns, human rights in context, legal [context] in the country"* (Respondent from High Impact Africa 1)
>
> *"Social support for PLHIV, CLM activities are likely to be cut, civil society partnership forum meetings are likely to be deprioritized. Hep-C and STI/OIs related services."* (Respondent from High Impact Asia)
>
> *"Removal of barriers, citizen monitoring / community-led monitoring, political advocacy, human rights."* (Respondent from Latin America and Caribbean)"
>
> *"Advocacy activities for domestic resource mobilization."* (Respondent from Eastern Europe and Central Asia)

Some respondents felt that the cuts successfully preserved life-saving services and were appropriate in the context of the financial risks facing the Global Fund. However, several concerns were raised about the types of activities being deprioritized. First, the cuts were described as creating a serious **financial risk to the sustainability of community organizations**. Respondents described many of the programs being cut, including social enablers, advocacy activities, and community-led research and advocacy, which are normally implemented by nongovernmental and community organizations.

> *"The [civil society organizations] that are working on TB are stressed now, and even the TB is in big trouble because nobody is doing the community engagement and because of this many are dying and the disease is spreading."* (Respondent from Western Africa)
>
> *"[A]ny cut will impact the ground core level work and affect the communities,*

> *specially community based organizations, keeping in view the increased rate of HIV in key populations."* (Respondent from High Impact Asia)

Others described concerns about the **ability of the healthcare system to deliver healthcare services** without the support of community outreach, peer support, and other facilitators. Some noted that impacts to healthcare worker training focused on stigma and discrimination would exacerbate serious barriers to care for KVP.

> *"I disagree with the reduction of enablers [...] because enablers have been very important for patients, especially for facilitating lab tests that need to be done at referral hospitals, which are sometimes quite far from their homes."* (Respondent from High Impact Asia)

> *"Deprioritizing or defunding certain activities may directly affect program outcomes. For example, reducing support for community outreach and capacity building could limit client engagement and weaken retention in services."* (Respondent from High Impact Asia)

> *"Since activities related to removing human rights barriers have been cut from 43%, this will affect the overall project as we still see stigma and discrimination at many places."* (Respondent from South East Asia)

> *"Without community-based prevention activities, young people will no longer be able to access information."* (Respondent from Central Africa)

Another frequent concern was that **budget cuts would reduce the quality of care and programmatic oversight** by limiting the monitoring of quality of care and by weakening systems designed to improve service delivery.

> *"I am concerned about the deprioritization of surveys, studies, assessments, and reviews because the country does not adequately fund these activities, nor is M&E strong enough in [this country]."* (Respondent from Latin America and Caribbean)

> *"Scaling back training or peer support activities may affect service quality and sustainability."* (Respondent from High Impact Asia)

> *"Community engagement and training for community volunteers are deprioritized. This will affect the effectiveness and quality of life-saving service delivery."* (Respondent from High Impact Asia)

> *"CLM activities are the only source of ongoing quality of services as per the [AAAQ] framework and must be continued."* (Respondent from High Impact Asia)

RECOMMENDATIONS

These data reveal several findings about the implementation of the reprioritization exercise and present recommendations for strengthening community engagement and funding community needs in Global Fund processes. Since many countries will begin conducting national consultations ahead of GC8, this is a key moment to strengthen community readiness to engage.

1 **Global Fund's prioritization guidance does not adequately acknowledge the life-saving role of community priorities.** According to these data, most countries deprioritized activities categorized by the Global Fund as being less urgent and that can be deferred without impacting life-saving services. However, funding for several community-focused priorities was also reduced, including human rights programming, CLM, prevention and diagnosis of disease, and interventions to ensure KVPs have access to healthcare. Additionally, among activities recommended by the Secretariat for deprioritization, several were flagged for their importance in grant oversight, addressing stigma and discrimination, and ensuring that clients are able to access healthcare services supported by the Global Fund. Looking ahead to GC8, the Secretariat should produce clear guidance that explicitly recognizes community priorities as life-saving interventions and engage with the PRs and CCMs to ensure that these activities are funded in the next grant cycle and connected to the Global Fund's strategy of putting communities at the center of the response, with a focus on human rights and gender.

2 **Global Fund's outreach pathways to CCMs must be strengthened.** Among those surveyed for this report, 6% of community CCM representatives were unaware of reprioritization, and nearly one-fifth never saw the Global Fund's communication of their country's revised funding envelopes. While the Global Fund Secretariat has taken steps to strengthen its communication channels to CCMs, this

must be accompanied by more direct and proactive outreach to all CCM representatives. Additionally, for processes where community engagement is needed, such as reprioritization, the Secretariat must pursue broader outreach through nontraditional channels and to broader networks, sharing information in different languages and in a more friendly-user language . Secretariat strategies should include multiple multilingual webinars, regular emails to individuals and networks, and expanding internal distribution lists to include all CCM members.

3 **Global Fund guidance must enforce actionable reporting on community engagement metrics.** The Global Fund Secretariat produced guidance encouraging CCM and community engagement in the reprioritization decision-making. However, this guidance was not accompanied by a mandatory sign-off of all CCM members and did not require documentation of community consultations. According to survey responses, this lack of a requirement meant that decisions were taken without the CCM's awareness and PRs held webinars that were not genuine spaces for feedback or joint decision-making. In GC8, the Secretariat must mandate formal CCM sign-off and proof of consultation for all phases of the grant cycle where community engagement is needed, including grant-making, grant oversight, and grant revision activities.

4 **Deprioritized activities must be communicated to all Global Fund stakeholders.** Visibility on the activities cut during reprioritization was uneven, with 63% of communities on the CCM and 50% of those not on the CCM aware of what was likely to be cut. However, among respondents who were aware, several raised concerns that deprioritizing these programs would lead to lower-quality care, difficulties reaching clients, a weakening of systems to prevent and diagnose the three diseases, barriers to sustainability, and an erosion of civil society. Ensuring that all stakeholders engaged in GC8 Funding Request development understand what has been cut and can advocate for restarting funding for core activities will be essential.

5 **Transparency must be strengthened to facilitate meaningful engagement.** Access to detailed and clear information, shared on time and with all stakeholders, was a key need identified by the data. Respondents described not having access to basic information, including the details of which activities were included in each grant. In the context of reprioritization, a minority of those engaged in Global Fund processes had access to information about grant spending and absorption, which was identified as a barrier to thoughtfully identifying savings to fill funding gaps. While detailed grant data have recently been made available on the Secretariat's data web platform, these resources are either not known to all participants or are not published in an accessible or actionable format.

LIMITATIONS

These data were collected between 7 August and 3 September 2025. This time period was chosen to come after all countries had received their reprioritization letters, after the deadline for CCMs to submit feedback about the revised funding envelopes, and after the deadline to determine the need for a formal Grant Revision[8]. For those countries proceeding with a Grant Revision, this data collection period began and more than halfway through the period for preparing revised grant documents. While community consultations are expected to have taken place before data collection began, in some countries, community consultations may still take place at a late phase of the reprioritization process.

Additionally, recruiting participants to participate in the data collection was a challenge, with some potential respondents communicating reservations about sharing their experiences for fear of identification and retaliation. Indeed, despite an overall high response rate for specific questions about the reprioritization process, a high level of respondents chose to not provide demographic information. Some of the findings reported here may underrepresent the challenges faced during reprioritization, if nonrespondents were more likely to be experiencing a high level of intimidation in Global Fund spaces.

Finally, the survey had a very low response rate among young people under the age of 24, suggesting that these findings may not represent the experiences of young people engaging in the reprioritization exercise.

ABBREVIATIONS

AAAQ	Available, accessible, acceptable, appropriate and of good quality
AHD	Advanced HIV disease
CCM	Country coordinating mechanism
CLM	Community-led monitoring
CRG	Community, Rights and Gender
CSO	Civil society organization
GBMSM	Gay, bisexual, and men who have sex with men
GC7/8	Grant Cycle 7 or 8
IT	Information technology
KVP	Key or vulnerable population
LFA	Local Fund Agent
M&E	Monitoring and evaluation
OI	Opportunistic infection
PEP	Post-exposure prophylaxis
PR	Principal Recipient
PrEP	Pre-exposure prophylaxis
PWUD	People who use drugs
SR	Sub-recipient
SSR	Sub-sub-recipient
STI	Sexually-transmitted infection
TA	Technical assistance
USAID	U.S. Agency for International Development

ANNEX 1.
RESPONDENT CHARACTERISTICS

Indicator	Total (n=255)	Community (n=206)	Non-community (n=49)
Global Fund engagement (n=255)			
CCM member	89 (36%)	74 (36%)	15 (31%)
Principal Recipient	18 (7%)	12 (6%)	6 (12%)
Sub- or sub-sub-recipient	92 (36%)	89 (43%)	3 (6%)
Government	5 (2%)	0 (0%)	5 (10%)
TA provider	10 (4%)	0 (0%)	10 (20%)
Technical partner	17 (7%)	1 (<1%)	16 (33%)
Participated in community consultation(s)	46 (19%)	46 (22%)	0 (0%)
Global Fund Region[9] (n=255)			
Central Africa	18 (7%)	15 (7%)	3 (6%)
Eastern Europe and Central Asia	13 (5%)	11 (5%)	2 (4%)
High Impact Africa 1	20 (8%)	18 (9%)	2 (4%)
High Impact Africa 2	47 (18%)	34 (17%)	13 (27%)
High Impact Asia	32 (13%)	27 (13%)	5 (10%)
Latin America and the Caribbean	25 (10%)	22 (11%)	3 (6%)
Middle East and North Africa	7 (3%)	5 (2%)	2 (4%)
South East Asia	9 (4%)	8 (4%)	1 (2%)
Southern and Eastern Africa	18 (7%)	12 (6%)	6 (12%)
Western Africa	19 (7%)	18 (9%)	1 (2%)
Prefer not to respond	47 (18%)	36 (18%)	11 (22%)
Gender identity (n=206)			
Cis woman	39 (15%)	39 (15%)	—
Cis man	72 (28%)	72 (28%)	—
Trans woman	5 (2%)	5 (2%)	—
Trans man	5 (2%)	5 (2%)	—
Non-binary or genderfluid	18 (7%)	18 (7%)	—
Prefer not to respond	67 (33%)	67 (33%)	—

Indicator	Total (n=255)	Community (n=206)	Non-community (n=49)
Age group (n=206)			
18-24	1 (<1%)	1 (<1%)	—
25-34	39 (15%)	39 (15%)	—
35-44	53 (21%)	53 (21%)	—
45-54	45 (18%)	45 (18%)	—
55-64	23 (9%)	23 (9%)	—
65 and older	9 (4%)	9 (4%)	—
Prefer not to respond	85 (33%)	85 (33%)	—
Key or vulnerable population (n=206)			
Not a KVP	137 (67%)	137 (67%)	—
GBMSM	29 (14%)	29 (14%)	—
PWUD	16 (8%)	16 (8%)	—
Sex worker	10 (5%)	10 (5%)	—
Trans people	9 (4%)	9 (4%)	—
Prisoners	6 (3%)	6 (3%)	—
Indigenous populations	4 (2%)	4 (2%)	—
Migrants, refugees, asylum-seekers, internally-displaced people	3 (1%)	3 (1%)	—
Other	22 (11%)	22 (11%)	—
Prefer not to respond	16 (8%)	16 (8%)	—

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