

Grant Cycle 8: Community Reflections & Priorities



What's Changed in Grant Cycle 8?

- Reduced donor funding has resulted in strategic shifts which create opportunities but also risks for community-led responses.
- GC8 is also taking place in a context of tighter timelines and the late publication of revised guidance documents, which presents additional challenges for community participation, especially in countries applying in Window 1.
- Community guides provide an important resource for navigating the strategic shifts and advocating for community priorities: [Joint Communities Guide](#)

What hasn't changed?

- The Global Fund's commitment to human rights-based programming and placing communities at the center has not changed.
- Implementation science has not changed:
 - Differentiated service delivery, interventions that address underlying drivers & community-led initiatives are key to effective responses.
 - Tailored programs focused on specific communities offer better value for money than one-size-fits-all approaches.
 - Choice improves uptake.
 - Community-led interventions are highly effective in reaching marginalized populations.

GC8 opportunities communities can use:

Community Priorities Annex

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

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

Community systems financing

Stronger emphasis on funding community delivery, monitoring and coordination.

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

Integration & sustainability

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

Embed community roles inside the core program design.

Transition & domestic financing

Some countries face quicker transition pathways.

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

Trans and gender diverse community priorities



Opportunities & entry points

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

Priorities and actions to push for

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

Opportunities

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

Priorities and actions to push for

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



Opportunities

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

Priorities

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

Overarching Priorities for People who Use Drugs.

Priorities and actions to push for:

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

Key Youth Priorities for GC8

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

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

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

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

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

Without resources, participation remains unequal.

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

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

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



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

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

Preparation improves influence.

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

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

Equity must be built into engagement design.

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