



## Envisioning an ideal world with “Community at the Center” at the Global Fund: Insights from the Communities Delegation Constituency

### Introduction

This article compiles responses from the following members of the Communities Delegation to the Global Fund Board:

- Priscilla Ama Addo (Priscilla)- Ghana, Young People Living with HIV (YPLHIV)
- Mick Matthews (Mick)- Global Sex Workers (SWs), People Who Inject Drugs (PWIDs), PLHIV
- Angeline Chiwetani (Angeline) – Zimbabwe – PLHIV
- Louis Da Gama (Louis) – Malaria South Africa/Portugal
- Member from Thailand

## What is Communities Delegation in the Global Fund Board ?

The Communities Delegation (CD) to the Global Fund Board serves as the representative body for those directly impacted by HIV, tuberculosis (TB), and malaria. CD is currently formed by twenty-five(25) members selected through a transparent and participatory process and coming from different places around the world, especially from regions with high burden of the three diseases. The group of people are those living with HIV or affected by Tuberculosis and Malaria, including key populations such as men who have sex with men, sex workers, transgender individuals, and people who use drugs. Members of the delegation are chosen based on their experience and commitment to community-centered health strategies, their knowledge of human rights, and their dedication to advocating for the needs of marginalized communities. Each member's mandate is clear: to ensure that the voices, experiences, and needs of affected communities are represented at the highest decision-making levels of the Global Fund. The delegation's organizational structure promotes a collaborative and unified approach to advocacy, allowing members to bring their diverse regional and thematic expertise into Board discussions.

The role of the Community Delegation is multifaceted. It goes beyond simple representation; it is a strategic force for ensuring that community perspectives remain at the heart of Global Fund decisions. As a bridge between communities and the Global Fund, the delegation draws on the lived experiences of those directly affected by the three diseases to inform policy discussions and influence resource allocation. Through ongoing engagement with the Board, the delegation has effectively highlighted critical issues such as human rights, decriminalization, and health equity. Additionally, the delegation advocates for direct funding to key population groups, believing that community-centered financing can more efficiently address the unique health challenges faced by these populations.

### Background

As the Global Fund's 52nd Board Meeting approaches in Lilongwe, Malawi (November 20-22), anticipation is high for key discussions that will shape the Fund's future sustainability, allocation methodology, co-financing and operational capacity in an increasingly complex global environment. This meeting marks a pivotal opportunity to address critical human rights issues, especially considering the growing restrictions on civil society spaces in some countries, which threaten the well-being and rights of marginalized populations. It will also be an opportunity to discuss the 8<sup>th</sup> replenishment on resource mobilization for the Grant Cycle 8 from 2026-2028 to implement the last mile of the current GF [strategy](#).

In this article, the Communities Delegation Constituency to the Global Fund Board shares its vision for a Global Fund that truly places "Community at the Center." Delegation members from various regions around the world offer their insights on pressing priorities, including direct funding streams for communities and key population, human rights and decriminalization efforts, country ownership with inclusive Country Coordinating Mechanisms (CCMs), and long-term sustainability through transition and co-financing strategies. Their perspectives highlight the ways in which a community-centered approach can strengthen the Global Fund's commitment to fighting AIDS, tuberculosis, and malaria, ensuring that those most affected have a direct role in shaping solutions and policies.

### Direct Funding for Communities and Key Population Groups

Direct funding to community-based organizations is essential for effective, community-led responses to HIV, tuberculosis, and malaria. Delegation members advocate for funding structures that bypass traditional intermediaries such as the Principal Recipients (PRs) and Country Coordinating Mechanisms (CCMs) and instead prioritize community-led and key population organizations. Currently, communities often receive funds through a dual financing model or via community-led monitoring funds. However, these setups lack the flexibility that communities need to adapt quickly and address evolving local needs effectively.

Delegation member Mick emphasized that, “Grants going directly to key population-led organizations and networks, without control by PRs or CCMs, is the only way for the Global Fund’s strategy to achieve its commitments to communities.” Direct funding would mean greater autonomy for communities in managing resources, initiating programs, and addressing health disparities in real-time. Community-based organizations often have deep-rooted knowledge and innovative solutions tailored to the needs of their populations, and with direct funding, they can strengthen these solutions, even amidst shrinking donor resources.

Priscilla added that, “Flexible funding allows key populations to innovate at a higher rate and respond to specific health and social needs that traditional funding models overlook.” Moreover, direct funding would enhance transparency and accountability within communities, while building their capacity to independently manage and implement community-led solutions. In a world where donor support is dwindling, finding innovative methods for the Global Fund to support communities directly will be crucial for sustained, impactful progress against the three diseases.

## Human Rights and Decriminalization

Human rights are fundamental to the Global Fund’s mission, and decriminalizing key populations affected by HIV, malaria, and TB is an essential step toward equitable healthcare. The criminalization of groups such as people living with HIV, men who have sex with men (MSM), sex workers, transgender individuals, and people who use drugs reinforces barriers to healthcare and perpetuates discrimination. The Community Delegation underscores that punitive laws deepen marginalization, making it critical for the Global Fund to actively support countries in revising these legal structures.

The Global Fund must adopt robust Additional Safeguard Policies (ASPs) in countries with punitive laws against key and vulnerable populations, especially where human rights abuses are evident. As Angeline from Zimbabwe stated, “ASP should be applied to countries that continue to violate the rights of already at-risk communities. Any human rights-related funds must go directly to community organizations.” ASPs offer a path to hold governments accountable for legal structures that obstruct access to care, but they require adaptation to respond effectively to human rights challenges on the ground. Furthermore, the Global Fund must implement a non-passive approach with countries that criminalize key populations, enforcing consequences if they persist in violating human rights, potentially through a modified Additional Safeguard Policy or other accountability measures.

Mick here again expressed a need for a firmer stance: “The Global Fund’s response to human rights and decriminalization is weak and lacks courage. On decriminalization, the Global Fund must defer to the expertise of global key population networks like NSWP, INPUD, GATE, and MPact, who bring invaluable insights that are currently lacking in the Fund’s Secretariat or Board.” These organizations, led by key populations, offer the lived experience, insights, and policy expertise essential for meaningful human rights and decriminalization initiatives. Their guidance would strengthen the Global Fund’s efforts in promoting rights and inclusivity in healthcare.

Priscilla added, “Global Fund must secure sustainable funding for human rights organizations, hold governments accountable, and support policy reform efforts. It’s essential to strengthen existing human rights frameworks, advocate for decriminalization, and increase legal support for communities.” Direct funding to human rights groups ensures that resources are effectively channeled toward sustainable, grassroots initiatives that challenge discriminatory laws and protect at-risk communities.

By placing decriminalization at the heart of its strategy and working in close partnership with organizations advocating for key populations, the Global Fund can drive impactful change. Investing in human rights and directly supporting decriminalization initiatives will enable broader, more inclusive healthcare access for the populations most in need.

Country ownership and inclusive Country Coordinating Mechanisms:

Strengthening country ownership through more inclusive CCMs is critical for realizing community-centered strategies. To achieve this, the Global Fund should incentivize countries to effectively integrate the voices of affected communities and key populations into CCM decision-making processes, not just by tokenism.

The [RISE study](#) implemented by Coalition Plus has recently found that communities were not well engaged in the decision-making process at later parts of the grant cycle. Participation greatly dropped off after Funding Request development and communities were less likely to be involved in budgeting and oversight tasks on the CCM than non-community CCM members. Additionally, the current context of the Lusaka agenda underscores the need for CCMs to uphold principles of inclusivity and transparency. Louis flagged that the solution will be to “Remove funding for CCM out of Opex. Put into the grant for each country. The amount depends on the size of the grant and diseases plus burden. If all the three diseases and high burden then more funding to build inclusive constituencies requires more money to ensure effective consultation before and feedback after each CCM meeting. This funding should be separate from the funding for the CCM secretariat. If there is an oversight officer and an ethics officer this should be additional. All Community and Key population members of the CCM should be offered the opportunity to be in direct contact with the Communities delegation. They are part of this constituency. Similar for CSO/NGO members and private sector members. 15% MUST be after the cost of paying salary etc... of CCM secretariat. CCM oversight work should be part of the Ethic and Governance Committee mandate. The Strategic Committee does not have enough time and CCMs are critical for the success of the GFATM. Also, real consequences for failing to meet the six requirements”

CCM must not also be serving the interest of the Government, one of our members from Thailand supports that “Country ownership should not be define as government is authorized to take decisions. It should be a consolidated and consultative. Community must be part of the decision process”

What should we expect from Sustainability, Transition and Co-financing?

The Global Fund's goals for sustainability, transition, and co-financing emphasize the need for countries to gradually increase their investment in health systems and reduce reliance on international donors. As countries prepare for transition, it is crucial to establish strong financial and operational foundations to maintain programs for HIV, TB, and malaria.

Our Delegation supports that true sustainability requires robust community engagement, inclusive national ownership, and commitment from governments to prioritize health funding. This includes developing co-financing mechanisms that align with local needs, ensuring continuous support for key populations, and fostering resilient systems that will endure as donor support decreases. Angeline said that “GF to start requesting Country roadmaps for transition no matter if a country is transitioning or not, this is to avoid eventualities e.g. Macedonia scenario. Sustainability can only be viable if Communities and CSO become part of the process rather than being invited as and when our governments want. We are all equal partners. Governments would consider taking care of their own to show genuineness and respect for citizens.” And Louis echoed that: “NO transition until the poorest 20% quintile are having access to healthcare services for AIDS, TB and Malaria. Failure to meet Co-financing should have real consequences like being placed in ASP and equivalent funding removed from the government and given to Communities to provide these services. Also embed CCM into the system”

We expect the upcoming BM will be an occasion to vote for decisions which will shape a stronger and more inclusive GF for the future.

## Conclusion

In this envisioned future, the Global Fund would be a model for community-centered global health, ensuring that those most affected by these diseases have a seat at the table and the resources they need to make a real impact. This article is another call on the Global Fund and its partners to recognize that the strength of the fight against HIV, TB, and malaria lies in the communities who face these diseases daily. For these communities, a replenished and resilient Global Fund represents hope, progress, and a step closer to a world where no one is left behind.

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