Discover more about the Asia-Pacific Regional Learning Hub!

Ensuring Meaningful Community Engagement in the Global Fund Grant Cycle 8 in the Asia and the Pacific Region

"LEARN, LEAD & LENS"

BACKGROUND

As countries enter the GC8 phase, they are facing new priorities, strategic changes, reduced budgets, tight timelines, and a stronger focus on integration, sustainability, co-financing, and transition preparedness. However, countries had limited information and guidance on these changes.

To address this, community and civil society representatives from 19 Asia-Pacific countries met in Bangkok in March 2026 to better understand the GC8 requirements and develop country roadmaps. The meeting was organized by APRLH and the Seven Alliance, and all participants were nominated by their respective Country Coordinating Mechanisms (CCMs).

CURRENT SCENARIO IN ASIA PACIFIC

- 6.9 M people living with HIV across Asia-Pacific
- 79% of new infections are among key populations
- 150,000 deaths across Asia Pacific in 2024
- New Infections are now rising in nine countries including Fiji and Philippines

- 67% of the world's TB burden is in Asia and the Pacific
- The region accounts for 60% of "missing" cases-people who fall through the cracks of health systems
- Over 72% of those are missing life-saving drug-resistant TB (DR-TB) treatment.

- 12% of world Malaria cases are from South East Asia and 2% from the Pacific
- The countries from Greater Mekong Subregion achieved a major success with an almost 90% reduction of all malaria cases and an over 95% reduction of Plasmodium falciparum malaria from 2015 to 2024.
- High burden concentrated in Papua New Guinea, Papua (Indonesia), and the Solomon Islands.

Across all three diseases, stigma remains the single biggest reason people delay testing and treatment more than distance or cost.

WHAT COMMUNITIES NEED TO KNOW

1 Reduced Allocation so evidence matters more than ever

GC8 has US$10.78 billion globally for country allocations, this is 16% less than GC7.This means communities can no longer submit "wish lists." To justify every intervention proposed, communities should bring evidence or data to substantiate. Utilize the CRSS Maturity Framework (an Excel-based self-assessment tool) to score your country's community systems and generate the evidence needed to justify specific GC8 budget lines. Ask your Country Coordinating Mechanism (CCM) to host a workshop to complete this assessment.

2 Emphasis on service INTEGRATION

GC8 is emphasising the need to integrate HIV, TB and malaria services into general Primary Health Care (PHC) to optimize the use of allocated budgets. Implementing a 'one size fits all' approach risks losing confidentiality, eroding key-population and youth-specific services, and exposing criminalized groups(sex workers, people who use drugs, LGBTQ+ people) to stigma, discrimination and violence. Communities should engage in integration discussions from the very start providing guidance on how integration needs to happen ensuring that communities in need have access to quality health services.

*Integration must be "**Built with us, not done to us,"***
- Bikas Gurung, NAPUD/ Seven Alliance Member

3 STC (Sustainability, Transition and Co-Financing)

Over 50 HIV/TB/malaria programs will transition out of Global Fund support by the end of GC8. Communities need to engage in STC conversations with national programs, CCM, relevant ministries etc. Transition approaches such as social contracting secures money for services, but often excludes funding for advocacy and community-led monitoring (CLM) which remain essential for accountability. Community input is critical to identify best transition pathways. Earmark advocacy and CLM as protected, separate budget lines that are non-negotiable during transition planning

4 Stigma is still the #1 reason people don't get care

Across TB, HIV and malaria, stigma is the biggest reason behind the delaying testing and treatment. Global Fund modules are moving human rights and gender components to the Resilient and Sustainable Systems for Health (RSSH) framework, which includes funding activities that ensure healthcare settings deliver quality care completely free of discrimination. Protect RSSH/CSS budget lines from being absorbed by commodity costs. Embed human rights work into national health systems rather than treating it as a standalone extra

POTENTIAL CHALLENGES & REGIONAL MITIGATION STRATEGIES

Potential Challenge	What Communities Must Do / Regional Examples
Risk of Erasing Key Population Access Points(Risk of forced clinic integration exposing criminalized groups to stigma/violence)	Mitigation: Demand the specialized Drop-In Centers (DICs), peer outreach, and harm reduction remain intact where public facilities are not KP-competent. (***e.g., Malaysia's KK Model embeds CBO workers inside public clinics to maintain trust while absorbing operational costs***).
Risk of defunding of Advocacy & CLM(Social contracting secures state money for clinical services but risk of omits advocacy and/ or monitoring)	Mitigation: Explicitly demand that Community-Led Monitoring (CLM) and advocacy are non-negotiable budget lines during transition talks. Communities cannot be contracted by the state to monitor that same state without dedicated safeguards. (***e.g In Mongolia during GC7, local governments negotiated the inclusion of Community-Led Monitoring activities into their own local budgets for GC8. CLM for both TB and HIV will be actively continued in GC8***)
Risk of exclusion from Early Planning(Sidelining communities leads to failed, stigmatizing integration models)	Mitigation: Insist on co-designing models from day one. (***e.g., Bangladesh integrated hospital ART services in 2017 without KP input, resulting in restricted clinic hours, staff stigma, and loss of client follow-up)***.
Risk of neglecting the communityies priorities during the grant-making process.(Community priorities disappearing between submission and final implementation)	Mitigation: Adopt a formal CCM communication strategy which requires community representatives to be informed on all official progress on the proposal development and the grant making process.
Dropped Priorities Due to Cuts(Key community activities being cut during final budget negotiations)	Mitigation: Use the Community Priority Annex to formally record needs. If a priority is cut, fight aggressively to place it on the Unfunded Quality Demand (UQD) list so it receives priority if extra funds appear later.

WHAT APRLH HAS BEEN DOING

Publishing Global Fund documents, technical briefs, and GC8 guidance on its platform in real time

Serving as the facilitator for Global Fund GC8 TA opportunities. And providing the small grant opportunities.

Connecting in-person meeting participants, country partners, and Small Grants/TA implementers.

Co-organizing joint webinars and region specific webinar focused on HIV, TB, malaria, and sustainability priorities

Producing a 8 minutes podcast series to translate complex GC8 guidance into actionable insights for CSOs, CCM and communities.

WHAT TO DO NOW

- **Get evidence-ready:** Use or push for Community-Led Monitoring (CLM) data, the Stigma Index, and the CRSS Maturity Framework self-assessment in your country's GC8 dialogue. Evidence is your leverage.
- **Demand a seat:** Insist on real access to funding request drafts, budgets and Community Priority Annex documents, not just a briefing after decisions are made. Ask your CCM member representing communities to be copied on all Global Fund-PR correspondence.
- **Protect advocacy and CLM funding:** When social contracting is discussed, name advocacy and CLM as separate, non-negotiable budget lines - not something assumed to be covered.
- **Watch the Unfunded Quality Demand (UQD) list:** If identified priority is cut from the main request, fight to get it onto the UQD list so it's first in line if extra funds appear later.
- **Stay connected**: Reach out to APRLH and Seven Alliance for technical support, tools and updates as GC8 guidance is published.

Related Links:

- Report: The Communities and Civil Society Regional Meeting 25-27 March 2026
- Presentations
- Recording of the speakers
- Photos
- Video of the meeting
- List of Participants
- Posters
- Agenda

SUPPORT. DON'T PUNISH: INVEST IN HEALTH, RIGHTS, AND COMMUNITIES ACROSS ASIA.

On World Drug Day (June 26, 2026) , the Network of Asian People who Use Drugs (NAPUD) and national networks across Bangladesh, India, Indonesia, Nepal, the Philippines and Thailand issued a joint statement calling for drug policies that support, not punish. Asia continues to suffer from high rates of drug use and a staggering 7.8 percent prevalence of HIV among people who inject drugs, NAPUD noted, adding that the decades of punitive "war on drugs" policies have failed. Instead, criminalization has simply resulted in mass incarceration, human rights violations, and barriers to vital healthcare access, as resources for harm reduction continue to shrink.

NAPUD and its national network members jointly on governments, donors, UN agencies, civil society, and development partners to move beyond failed punitive approaches and embrace policies grounded in science, public health, human rights, and social justice.

DOWNLOAD STATEMENT

HARM REDUCTION INTERNATIONAL

7 July 2026

INTEGRATION OF HARM REDUCTION SERVICES INTO PRIMARY HEALTH CARE CENTERS IN INDONESIA

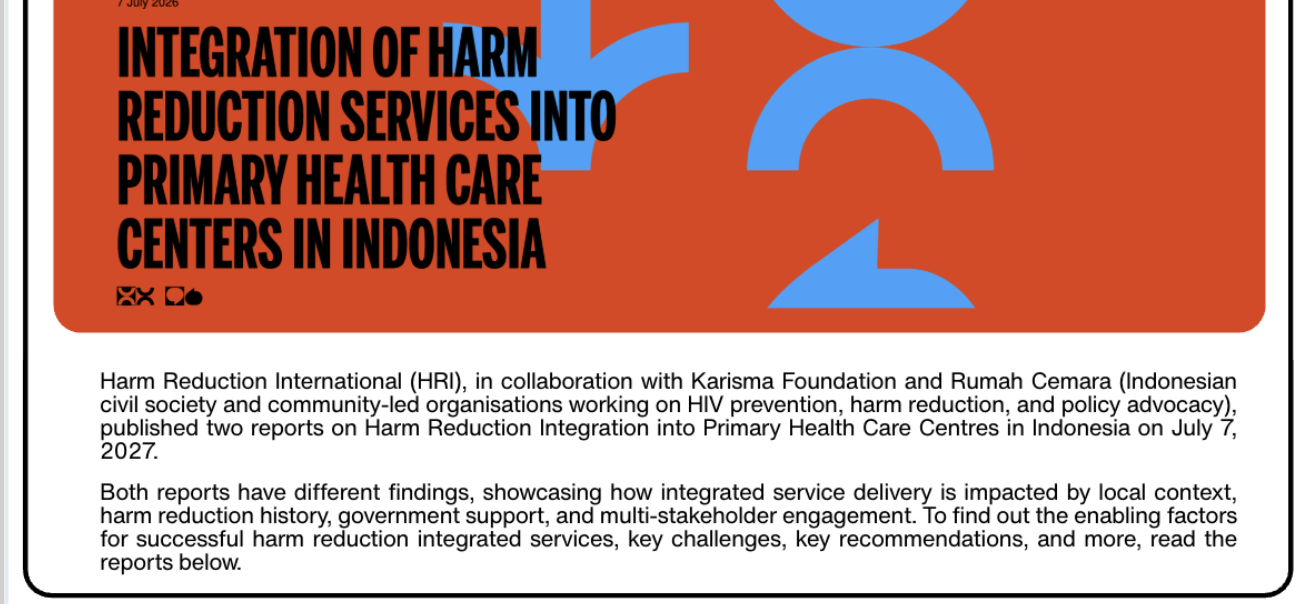
Harm Reduction International (HRI), in collaboration with Karisma Foundation and Rumah Cemara (Indonesian civil society and community-led organisations working on HIV prevention, harm reduction, and policy advocacy), published two reports on Harm Reduction Integration into Primary Health Care Centres in Indonesia on July 7, 2027.

Both reports have different findings, showcasing how integrated service delivery is impacted by local context, harm reduction history, government support, and multi-stakeholder engagement. To find out the enabling factors for successful harm reduction integrated services, key challenges, key recommendations, and more, read the reports below.

BRIEFING -MULTIPLE CITIES

BRIEFING -BANDUNG

If you miss to watch Podcast



[Podcast 1 : TB Key Priorities Under Grant Cycle 8 | Dr. Jamie Tonsing]
[Podcast 2: HIV Key Priorities Under Grant Cycle 8 | Beatriz Thome]
[Podcast 3 : Removing Human Rights Related Barriers in HTM under GC8 | Alexandrina Iovita]
[Podcast 4: Removing Gender-Related Barriers in HTM under GC8 | Thea Willis]
[Podcast 5: New enabling guidance on Integration | Estrella Lasry]
[Podcast 6: CSS Key Priorities Under Grant Cycle 8 | Olga Richkova]

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