



Special Edition Newsletter



Community of Practice (COP) : Community Experiences on GC8 Window 1 & 2.



During the Global Fund Grant Cycle 8 (GC8) Windows 1 and 2, the Asia Pacific Regional Learning Hub (APRLH) provided extensive support to countries across the Asia Pacific region to ensure community voices were central to the funding request development process. APRLH has been supporting communities through a wide range of activities and resources, including webinars, newsletters, podcasts, community tools and guides, small grants (Rapid Engagement Support), and Short-Term Technical Assistance (TA). These initiatives aimed to empower communities through targeted consultations, identifying key community priorities for HIV, TB, and Malaria, and facilitating strategic negotiations with Country Coordinating Mechanisms (CCMs), writing teams, and other stakeholders to incorporate those priorities. To date, these targeted efforts have successfully supported 6 countries with Rapid Engagement Support and facilitated 7 countries in applying for Short-Term TA from the Global Fund Community Engagement Strategic Initiative (CE SI), successfully securing assistance for 4 of those requests.

APRLH role specifically on these opportunities:

Short Term TA :

We supported country partners throughout the TA application process. We began by reaching out to partners and orienting them on application requirements, helping them identify priority needs, providing review and feedback on proposals, supporting the finalization of applications, and guiding submissions to the Global Fund.

Rapid Engagement Support:

We worked closely with country partners to facilitate Rapid Engagement Support grants. Our support spanned from orienting partners on the application process and identifying key priorities to reviewing and strengthening applications, facilitating finalization and contracting, supporting implementation, providing ongoing guidance and updates, and ensuring timely reporting to APRLH.

From Support to Impact: Country-Level Achievements

Expanded reach and bring diverse communities:

In Myanmar, hybrid (in-person and zoom) consultation was conducted through the Small grant, connecting networks in Yangon with representatives from northern and conflict-impacted regions who otherwise could not participate.

In the Western Pacific, Rapid engagement support helped to bridge vast distances across island nations, gathering perspectives from isolated small-island communities and addressing data invisibility for transgender groups, including Fa'aafafine and Fa'atama.

Generated data and converted them into technical language aligned with National Strategic Plans (NSPs) and Global Fund policies:

In Laos, Rapid engagement support enabled civil society to convene a two-day multi-disease consultation to review cycle 7 gaps, draft priority packages with technical facilitators, and present evidence directly during national dialogues.

In Vietnam, "World Café" consultations among three diseases generated Community-Led Monitoring (CLM) data on service gaps



Facilitated negotiations with the stakeholders and the writing teams with the identified priorities backed with data:

In Indonesia, Inti Muda's advanced data preparation enabled youth leadership to earn an official co-writing seat on the core national HIV drafting team.

In Cambodia, Short-Term TA supported local expert consultants to bridge civil society and writing teams.

Activated bi-directional communication channels among stakeholders:

In Papua New Guinea, designated key population representatives on the writing team conducted continuous bi-weekly review loops with community networks over a 3 months drafting period.

From Support to Impact: strategies and outcomes

COUNTRIES	BEST STRATEGIES	OUTCOMES
INDONESIA	Conducted extensive pre-dialogue alignment meetings to lock in community priorities early. Presented the gathered advanced, data-backed evidence during the national coordination meeting.	Inti Muda secured an official co-writing seat on the core national HIV Writing Team. Community priorities integrated into specific draft indicators, budget lines, and PAAR. Partially Adopted the priorities.
WESTERN PACIFIC	Used arts, fashion and faith engagement to reach out to the communities and utilised these spaces to collect the evidence and further this evidence were used for the Funding request development process	TG/MSM prevention, data disaggregation, and Lenacapavir (LEN) / PrEP readiness became official regional priorities. (Community priorities partially Adopted)

VIETNAM	CSOs have to go through a complex bureaucratic process to get the approval to receive international grants. To avoid delay in implementation, implementers took support from YouthLink and CCMs oversight structures to get early grant approval.Used 3-disease "World Café" rotation tables to understand the context and priorities better and co-funded travel with own organizational resources to bring more communities.	Finalized and submitted a consolidated 20-item Community Priority annex to the country writing team.Presented CLM evidence that induced the National TB Committee to begin shifting specific patient expenses to national medical insurance.
CAMBODIA	Mobilized FoNPAM (umbrella network platform)- rather than one by one network as FONPAM has representatives from each network and to avoid any exclusion of the network.Engage with the trusted local expert consultants to bridge civil society and government writing teams.	100% Fully Adopted. All 7 core community key priorities were endorsed. Key priorities like Strengthening social protection support, Integration, One-Stop Services etc were endorsed in GC8 Funding Request
PNG	Due to limited budget PNG scheduled another meeting "feedback phase" to include as well as capture the community need who were not participated	Abled to include two community representatives directly on the writing team
WESTERN PACIFIC	Used arts, fashion and faith engagement to reach out to the communities and utilised these spaces to collect the evidence and further this evidence were used for the Funding request development process	TG/MSM prevention, data disaggregation, and Lenacapavir (LEN) / PrEP readiness became official regional priorities. (Community priorities partially Adopted)
LAOS	During the consultation, the implementor asked top 3 non- negotiable priorities from each component and KP group to avoid a wishlist and equal priority list from each group.	Most of all 10 community priorities activities those were presented, were integrated into the draft request

Community Recommendation for Countries applying for Windows 3 and beyond

- Gather advanced community data and hold pre-consultations to lock in unified priorities before tight official dialogues (Indonesia and Vietnam).
- Secure early CCMs endorsement to present community evidence and priorities directly to health ministries (Myanmar).
- Schedule secondary feedback phases and hybrid meetings to capture broader inputs when dialogue budgets are limited and to include the communities from remote, marginalized, and conflict-affected areas.(Myanmar , PNG)
- To ensure everyone is equally engaged in the dialogue, translate and deliver GC8-related information to communities in your own local languages.(Cambodia, Laos)

Voices from the Ground



“Small grants from APRLH have been vital in empowering civil society and community organizations in Vietnam to actively shape GC8 funding priorities. This timely support ensured that community-led perspectives and key population needs were meaningfully represented at the national decision-making table.”

--- Tong Van Nam, Vietnam



“Delivering targeted technical assistance to CSOs during GC8 was essential for converting complex national planning into actionable, community-led priorities. It not only strengthens civil society ownership and grounds health interventions in lived experiences, but also deepens CSO integration with community health systems to sustain service delivery for vulnerable populations.”

--- Dr. Tea Phauly, Cambodia



“The Rapid Engagement Support (Small Grant) provided through the APRLH enabled us to bring community voices together in a structured and meaningful way throughout the GC8 process. This support allowed us to engage early and continuously, proving that community leadership adds strategic value to create more equitable, sustainable, and people-centered strategies.”

--- Dr. Sai Htun Li, Myanmar

Webinar Series on Grant Cycle 8

-By Stop TB Partnership

- [Maximizing Global Fund Proposals: The Windows and What We Want for TB](#)
- [Maximizing Global Fund Proposals: The Rollout of New TB Diagnostics in GC8](#)
- [Maximizing Global Fund Proposals: Community Priorities – Community Leadership, Stigma Reduction, and Community-Led Monitoring](#)
- [Maximizing Global Fund Proposals: Maximizing drug resistant TB funding in Global Fund Grant Cycle 8](#)

Don't miss this

The Global Fund Results Report 2026 is now live.

Since 2002, the Global Fund partnership has helped save 72 million lives. The combined death rate from the three diseases has fallen by 65%. This progress is a powerful reminder of what sustained investment and collective action can achieve. If momentum is lost now, the consequences will be felt for years to come.

Following a year of seismic change, Global Fund's partnership demonstrated extraordinary resilience, adapting swiftly to protect people and sustain gains against HIV, TB and malaria.

[Read Full Report](#)



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