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ISSUE BRIEF

Supporting Community-Focused Programming: New Data Highlight the Global Fund's Key Role

Background

The Global Fund is the largest funder of HIV, tuberculosis (TB), and malaria programs in the world. Since 2002, the Global Fund reports having saved 65 million lives through its partnership with governments, civil society, communities affected by the three diseases, and technical and development partners.[1]

Ending the three diseases as a public health threat will require the leadership of the people and communities most impacted by them, including people living with or affected by the three diseases, key populations, and other vulnerable groups. According to UNAIDS, the proportion of new HIV infections among key populations[2] grew from 44% in 2010 to 55% in 2022, highlighting significant barriers to accessing prevention and treatment services.[3] Ensuring that medical services reach everyone who needs them will require the engagement of communities in designing healthcare delivery approaches that are accessible, appropriate, and affordable for all populations.

Key Messages

- The Global Fund **provided at least US$ 700M** in funding for community-focused programs in 2024—a number that has steadily increased in the last five years. Funded programs include those focused on human rights and gender, key and vulnerable populations, and community system strengthening.
- Community-focused programs are a **major part of grants** in upper-middle-income countries, totaling over 30% of all budgeted grant activities in these settings. This compares to 7% of grants for community-focused programs in low-income countries.
- Funding to civil society Principal Recipients is a good investment and has **high absorption rates** (85%), especially for implementing community-focused activities (88%).
- By making grant information publicly available to country partners and advocates, these **Global Fund data can facilitate evidence-informed advocacy** for impactful programs.

Abbreviations

AGYW	Adolescent girls and young women	**iCCM**	Integrated community case management	**PUD**	People who use drugs
C19RM	COVID-19 Response Mechanism			**PWID**	People who inject drugs
CCM	Country Coordinating Mechanism	**KVP**	Key and vulnerable population(s)	**SBC**	Social and behavior change
DR-TB	Drug-resistant tuberculosis	**LIC**	Low-income country	**SPI**	Specific prevention interventions
GC5	Grant Cycle 5, 2017–2019	**LMIC**	Lower-middle-income country	**SW**	Sex worker
GC6	Grant Cycle 6, 2020–2022	**MDR-TB**	Multidrug-resistant tuberculosis	**UMIC**	Upper-middle-income country
GC7	Grant Cycle 7, 2023–2025	**MSM**	Men who have sex with men		
HIC	High-income country	**PrEP**	Pre-exposure prophylaxis		

Since its inception, the Global Fund has emphasized the central role of communities. In its most recent strategy, the Global Fund identified people-centered health systems and the engagement and leadership of communities as core pillars of its work.[4] In its results report, the Global Fund reported investing in community health workforces and strengthening community systems.

Historically, the Global Fund has released data on its grant budgets and performance on its website,[5] which presents an important view into the funding landscape. In 2024, the Global Fund took a significant stride toward increasing transparency by announcing the release of data at a level of granularity not previously publicly accessible.[6] This release is an important step toward greater access to information for Global Fund partners and advocates, and one that contributed to a large increase in the Global Fund's ranking in the Aid Transparency Index.[7] Importantly, these data are likely to help address barriers to grant oversight identified by the RISE study of community engagement with Country Coordinating Mechanisms (CCMs).[8]

In addition to opening up greater visibility for in-country partners, these data also for the first time allow an in-depth view of the Global Fund's investments in community-focused programming. This brief highlights early high-level findings from these new data.

Methodology

This analysis will examine Global Fund funding for community-focused programs by year, country, and recipient type. The analysis provides insights into regional differences and trends over time to inform where and how the Global Fund is investing in community programming.

Data sources

Data for this analysis were extracted from the Global Fund's data service website, which includes program budget data from Grant Cycle 5 (2017–2019), GC6 (2020–2022), and GC7 (2023–2025).[9] Global Fund budget data are tracked at the "module" level, with modular budgets further disaggregated into "interventions." Budgets and expenditures were extracted at the module and intervention level in USD equivalents, based on the Reference Rate used by the Global Fund.

Defining community-focused programming

Interventions were categorized as being community-focused activities or non-community-focused based on a series of five regional community consultations from September to November 2024. These consultations defined community-focused programs to include activities focused on (1) addressing human rights and gender-related barriers to HIV, tuberculosis, malaria, and COVID-19 services, (2) treatment and prevention programs for key and vulnerable populations (KVP),[10] and (3) community systems strengthening activities. Since the Global Fund's Modular Framework, which categorizes programmatic activities into modules and interventions, is updated for each cycle, the activities categorized as "community-focused" are not perfectly aligned from cycle to cycle. Nonetheless, an effort was made to only include activities with analogous interventions across all cycles; notably, community-based HIV treatment and community health workers were excluded, since earlier cycles did not sufficiently disaggregate human resources for health. The interventions included in this category are defined in **Annex**.

Data analysis

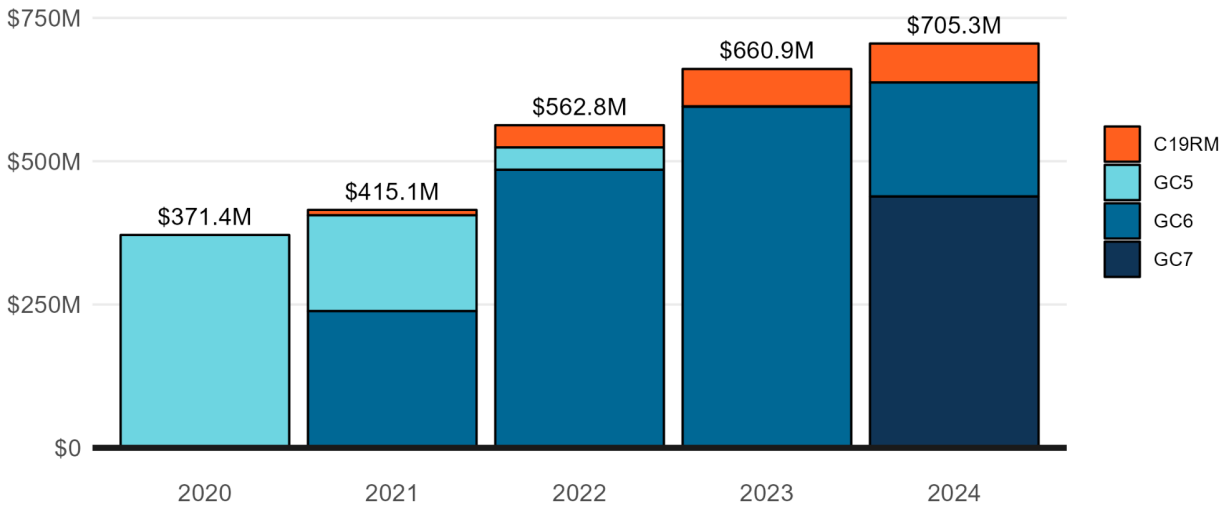
Data were analyzed using the statistical program R. Annualized planned budgets and expenditures for community and non-community programming were measured across years and by country income levels.[11] Funding for community programming was examined both as a proportion of total grant spending and in absolute dollars by country and income level. Absorption of grant funding was calculated as the in-country expenditures relative to planned budgets, at the module and intervention level. Absorption levels were examined at the portfolio level, by type of programming and by Principal Recipient type (as classified by the Global Fund).

Findings

The Global Fund is a major funder of community-focused programs, with growth as part of C19RM

Between 2020 and 2024, planned grant spending on community-focused programs totaled an average of US$ 543.1 million per year **(Fig. 1)**. Annual planned budgets for

Figure 1. Planned Global Fund budgets for community-focused activities, 2020-2024*



*GC5 corresponds to grants signed from 2017–2019, GC6 = 2020–2022, GC7 = 2023–2025, C19RM = COVID-19 Response Mechanism.

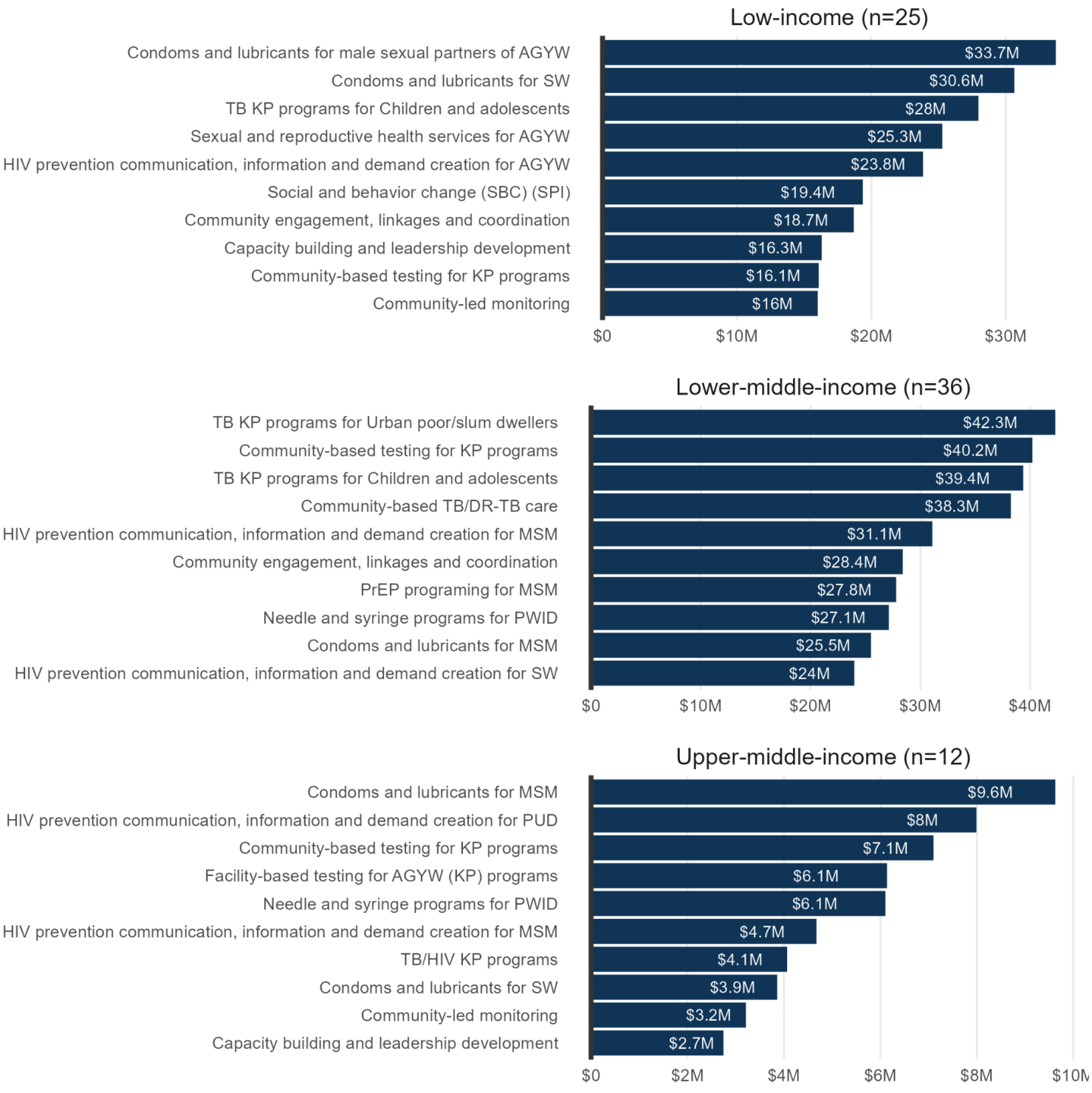
community programs increased during this period, from US$ 371.4 million per year in 2020 to US$ 705.3 million in 2024.

The Global Fund's COVID-19 Response Mechanism (C19RM)[12] provided additional resources to countries to mitigate the effect of COVID-19 on HIV, TB, and malaria programs, strengthen community health systems, support resilient and sustainable systems for health (RSSH), and contribute to pandemic preparedness. The C19RM, which was launched in 2020, included several modules related to community-focused programming. Since this funding stream expires in December 2025, ensuring continuity of community programs by increasing community-focused funding in 2026 and beyond will be a key priority for countries and grant sustainability.

In GC7, the current cycle of grant implementation, the community-focused activity with the largest budget was KVP TB programming focused on children and adolescents, totaling US$ 67.6M. Other activities at the top of this list included community-based testing for KP programs (US$ 65.5M), condom and lubricant programming for sex workers (US$ 57.8M), and community engagement, linkages, and coordination (US$ 50.2M).

Low-income countries' (LICs) budgets prioritized prevention programs focused on condoms and lubricants, as well as prevention programs for adolescent girls and young women (AGYW), and had smaller programs for most other KVP **(Fig. 2)**. By contrast, lower-middle-income countries (LMICs) had larger programs focused on TB prevention, with a focus on KVP, while upper-middle-income countries (UMICs) prioritized HIV prevention programs for KVP. These budgeting patterns appear to reflect the Global Fund's focus on application requirements, as well as mirroring regional epidemiology, with LICs typically experiencing more generalized HIV and TB epidemics, while higher-income country epidemics are typically concentrated among KVP.

Figure 2. Top community-focused interventions supported by Global Fund, GC7



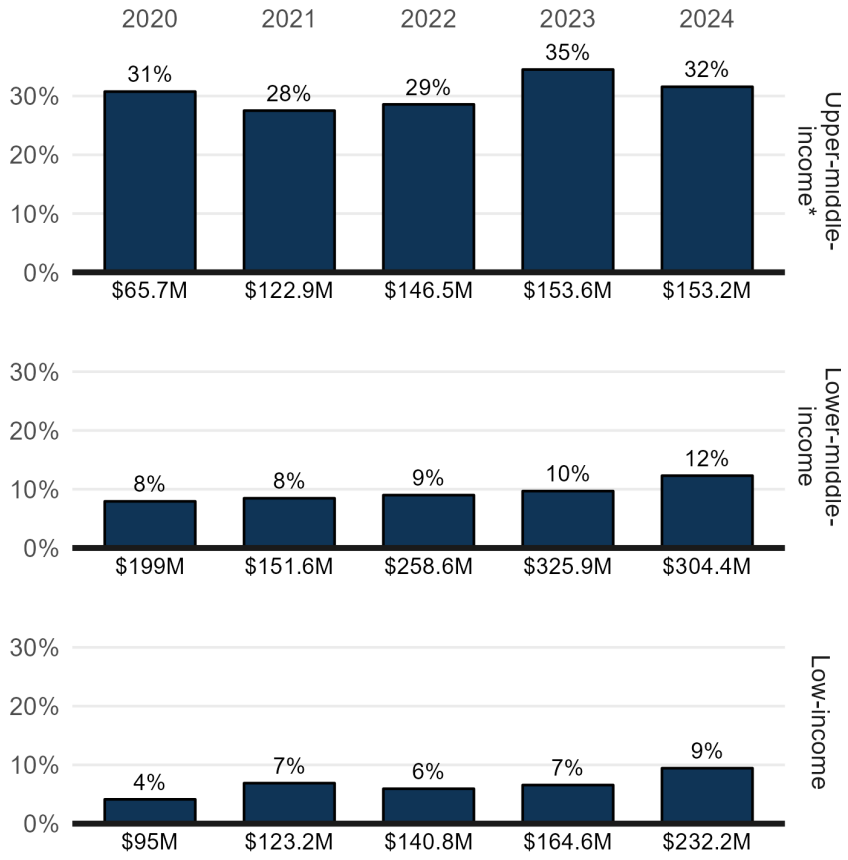
Community-focused programs have smaller budgets but are a large proportion of grants in upper-income countries

While community-focused programs support key activities, the budgets typically form a small proportion of the total grant in LICs. By contrast, community programs are a larger proportion in UMICs. This is consistent with the Global Fund's focus of funding requirements, which require countries at higher-income levels to prioritize scale-up of KVP programs,[13] whereas grants in lower-income countries typically include larger investments in commodities and human resources.

From 2020 to 2024, community-focused programs averaged 31% (from 1% to 66%) of annual grant budgets in UMICs, or US$ 128.4 million per year. In LICs, however, community-focused activities accounted for 7% (from 2% to 13%) of annual grant budgets, or US$ 166.8 million per year. Portfolio-wide budgets for community-focused activities increased by 133% from 2020 to 2024 in UMICs, 53% in LMICs, and 144% in LICs **(Fig. 3)**.

By Global Fund region, countries in the Eastern Europe and Central Asia (EECA) region have the highest proportion of funding dedicated to community-focused programming, averaging 26% from 2020 to 2024 **(Fig. 4)**. Countries in High Impact Africa 1 (5%) and in Middle East and North Africa (5%) had the lowest proportion of funding dedicated to community-focused programming.

Figure 3. Community-focused activities as total budget and as a proportion of overall grants, by income level, 2020–2024*



*Includes two high-income countries (HIC). The Global Fund does not fund HIC, although newly high-income countries continue to receive funding until their eligible grants end. During the period of this analysis, Panama was reclassified as an HIC in 2019 but received Transition Funding in GC5. Romania was reclassified as an HIC in 2024 but was implementing a GC5 grant until 2023.

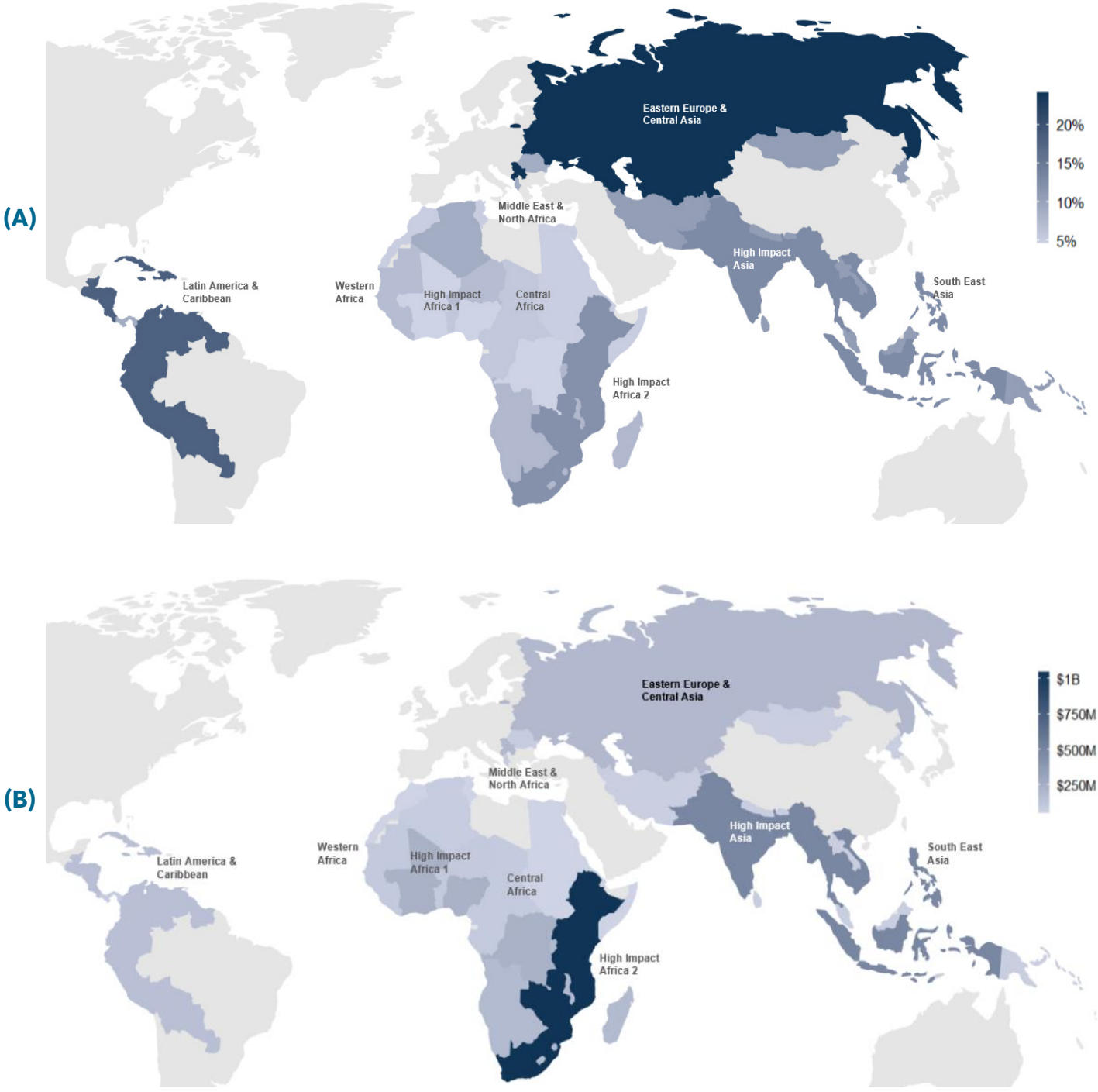
Community-focused programs implemented by civil society organizations are high-absorbing

In-country absorption represents the percentage of budgeted grant funding expended by the Principal Recipient (PR). Higher absorption rates are typically indicative of successful implementation, a lack of fiscal and programmatic roadblocks, and a greater likelihood of the activities achieving impact. Community-focused activities, when implemented by civil society PRs, absorbed 88% of budgeted funding in GC6, absorbing more than both government (70%) and multilateral organizations (78%) **(Fig. 4)**. Notably, civil society PRs also had high rates of absorption when implementing other, non-community-focused programmatic activities.

Conclusions

Ending HIV, tuberculosis, and malaria as public health threats will require ensuring that all KVP and impacted communities have access to high-quality healthcare services. The Global Fund has placed community programming and human rights at the heart of its Strategy.[14]

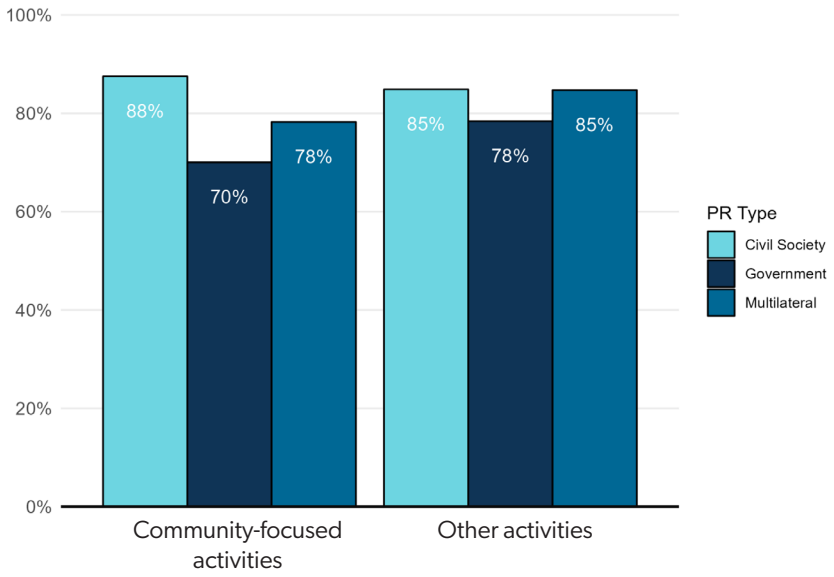
Figure 4. Community-focused activities as (A) a proportion of overall grants and (B) the total grant budget, by region, 2020–2024



Newly released data offer unprecedented visibility into the Global Fund's programs to support communities and KVP. These data reveal the Global Fund as a major funder of community-focused programs, particularly in middle-income countries, and highlight that when implemented by civil society PRs, these activities are effective programs with high rates of in-country absorption.

These estimates are likely to underestimate community-focused programming, due to a lack of granularity in the Modular Frameworks in earlier cycles. In addition, since GC6 data did not track prevention budgets by targeted population, this analysis did not disaggregate by the key population or gender focus of budgeted activities. Ensuring that community programs are aligned with population-specific epidemiological need is a key opportunity for future analysis and funding recommendations.

Figure 5. Global Fund median grant absorption by community focus and Principal Recipient type, GC6



This new level of transparency presents a new and important opportunity for Global Fund partners, including PRs, CCMs, donors, and civil society to advocate for and support impactful community programs. For CCM members, easily accessible information may help mitigate the barriers to meaningful grant oversight.[15] For advocates, these data can identify where community-focused programming must be strengthened or maintained, particularly as many countries face human rights barriers to services, criminalization, and the anti-gender movement.

However, leveraging this opportunity will require a sustained commitment from the Global Fund around data transparency. One year into implementation, for instance, the Global Fund has not released any expenditure data for GC7 grants, highlighting that transparency must include timely and regular publication timelines. Much of the Global Fund's key data continue to remain private, including data on sub-recipient implementing organizations, grant documents, Funding Request detailed budgets, and the "community annex" to the Funding Request produced during national consultations. Making these documents available can further help advocates identify where Global Fund programming is being implemented in line with community priorities and where there are opportunities for improvement. This work is to the benefit of all Global Fund stakeholders, implementers, staff, and service recipients who are working together for the most efficient, responsive Global Fund possible.

Acknowledgments

This brief was developed in collaboration with Data, Et cetera. We thank the individuals who participated in the community consultations from around the world and shared their perspectives and experiences about Global Fund community programs and implementers.

Annex: Community-focused modules and interventions

For interventions not present in every allocation cycle, the cycle in which they appear is indicated in superscript. Interventions without a note are present in all cycles. Intervention names do not match the Modular Framework in some cases, either due to simplification of text or to reflect alignment between cycles.

Component	Module	Intervention
C19RM	Community systems strengthening	Community-based organizations institutional capacity building, planning and leadership development[(GC5 & GC6)]
		Community-led advocacy and research[(GC5 & GC6)]
		Community-led and community-based monitoring[(GC5 & GC6)]
		Gender-based violence prevention and post-violence care[(GC5 & GC6)]
		Respond to human rights and gender-related barriers to services[(GC5 & GC6)]
		Social mobilization, building community linkages, and coordination[(GC5 & GC6)]
RSSH	Community systems strengthening	Capacity building and leadership development
		Community engagement, linkages, and coordination[(GC7)]
		Community-led and community-based monitoring
		Community-led advocacy and research
		Social mobilization, building community linkages, and coordination[(GC5 & GC6)]
	Health financing systems	Community-led advocacy and monitoring of domestic resource mobilization[(GC7)]
	Prevention program stewardship	Prevention program stewardship[(GC6 & GC7)]
HIV/AIDS	Differentiated HIV testing services	HIV testing for KP programs[(GC5 & GC7)] and/or in communities[(GC6 & GC7)]
	Prevention programs for key and vulnerable populations	Addressing stigma, discrimination, and violence
		Behavior change interventions[(GC5 & GC6)]
		Community empowerment
		Community mobilization and norms change[(GC5)]
		Comprehensive sexuality education[(GC6 & GC7)]
		Condom and lubricant programming
		Gender-based violence prevention and post-violence care[(GC5 & GC6)]

HIV/AIDS	Prevention programs for key and vulnerable populations	Harm reduction interventions for drug use
		HIV prevention communication, information, and demand creation[GC7]
		Integration into national multi-sectoral responses of AGYW programs[GC6]
		Interventions for young key populations[GC5 & GC6]
		Keeping girls in school[GC5]
		Needle and syringe programs
		Opioid substitution therapy and other medically assisted drug dependence treatment
		Overdose prevention and management
		Pre-exposure prophylaxis (PrEP)
		Prevention and management of co-infections and co-morbidities[GC5 & GC6]
		Removing human rights-related barriers to prevention[GC7]
		Sexual and reproductive health services, including STIs, hepatitis, post-violence care
		Social protection interventions[GC6 & GC7]
		Socioeconomic approaches[GC5]
		Voluntary medical male circumcision[GC6 & GC7]
HIV/TB	Reducing human rights-related barriers to HIV/TB services	Community mobilization and advocacy[GC6 & GC7]
		Ensuring nondiscriminatory provision of healthcare[GC7]
		Ensuring rights-based law enforcement practices[GC7]
		Human rights and medical ethics related to HIV and HIV/TB for health care providers[GC5 & GC6]
		Improving laws, regulations, and policies relating to HIV and HIV/TB
		Increasing access to justice([GC7]
		Reducing HIV-related gender discrimination, harmful gender norms, and violence against women and girls in all their diversity
		Sensitization of lawmakers and law-enforcement agents[GC5 & GC6]

TB and HIV/TB	Reducing human rights-related barriers to TB and HIV/TB services	Legal aid and services[GC5 & GC6]
		Legal literacy ("Know Your Rights")
		Stigma and discrimination reduction
	Care and prevention (TB, MDR-TB, and TB/HIV)	Children and adolescents[GC6 & GC7]
		Community-based care delivery
		Other key populations
		People in prisons/jails/detention centers
	Care and prevention (TB and TB/HIV)	Miners and mining communities[GC6 & GC7]
		Mobile populations: refugees, migrants and internally displaced people[GC6 & GC7]
		Urban poor/slum dwellers[GC7]
Tuberculosis	Removing human rights and gender-related barriers to TB services	Community mobilization and advocacy
		Monitoring and reforming policies, regulations, and laws
	Care and prevention (TB and MDR-TB)	Removing human rights and gender-related barriers[GC5]
	Removing human rights and gender-related barriers to TB services	Addressing needs of people in prisons and other closed settings[GC5 & GC7]
		Ensuring people-centered and rights-based law enforcement practices[GC5 & GC7]
		Ensuring people-centered and rights-based TB services at health facilities[GC5 & GC7]
		Increasing access to justice[GC5 & GC7]
		Reducing TB-related gender discrimination, harmful gender norms, and violence[GC5 & GC7]
Malaria	Case management	Integrated community case management (iCCM)
	Case management, specific prevention interventions (SPI), and vector control	Removing human rights and gender-related barriers
		Social and behavior change (SBC)[GC7]

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