



Global Network of Sex Work Projects
Promoting Health and Human Rights

Grant Cycle 8 for Sex Worker-Led Organisations

Protecting and Influencing
Space in a Changing Global
Fund



Contents

<u>A: Introduction and purpose of the toolkit</u>	3
<u>B: How is GC8 different from past cycles?</u>	4
The new funding reality: reduced allocations, sharper prioritisation, self-reliance narrative	4
Allocations will be lower in GC8 relative to GC7	4
Stronger prioritisation and emphasis on “value for money”	5
Increased scrutiny of “non-essential” costs	5
Integration into primary healthcare (PHC)	6
Push toward transition and domestic financing	6
Streamlining processes, ‘Grant Ready’ applications and implementation structures	7
<u>C: High priority programmatic areas: what to pay attention to in the GC8 modules</u>	8
Why the Modular Framework matters	8
Updates to the Modular Framework in GC8	9
Modules and interventions specific to sex worker priorities	9
<u>D: Strategies to protect sex worker priorities in GC8</u>	10
Engaging with the CCM and Beyond	11
Participating in the Country Dialogue	11
Community Priorities Annex	12
Principal Recipient selection	12
Grant-making and grant reprioritisation	13
<u>E: Practical Influence Checklist: Protecting Sex Worker Priorities in GC8</u>	13
Before allocation letters and early priority setting	13
During Country Dialogue and Funding Request drafting	14
Community Priorities Annex	14
Principal Recipient selection and implementation structures	14
Grant-making negotiations	15
Reprioritisation and mid-cycle adjustments	15
Across all phases	15
<u>F. What a Strong Submission Looks Like</u>	16
<u>G. Useful Resources</u>	21



A: Introduction and purpose of the toolkit

HIV burden among sex workers remains disproportionately high in nearly all Global Fund-supported countries, with persistent gaps in prevention, testing and treatment coverage. This burden is compounded by structural barriers: criminalisation of sex work directly undermines access to health services and increases vulnerability to violence, stigma and discrimination, repressive laws targeting civil society further restrict the ability of sex worker-led organisations to operate and advocate effectively, while stigma and discrimination within healthcare settings themselves deter sex workers from seeking and staying on treatment, and persistent gaps in HIV funding for sex worker programmes limit the scale and sustainability of essential services.

The Global Fund's Grant Cycle 8 (GC8) is both a critical juncture and an opportunity for sex worker-led organisations. Funding levels for nearly all grants will be substantially lower in GC8 than in past cycles, which will lead to challenging prioritisation and decision-making at the Country Coordinating Mechanism (CCM) level. In parallel, the Global Fund is accelerating the shifting of health programmes toward domestic financing, both through the integration of specific programmes into primary healthcare and through the full transition of countries categorised as no longer eligible for support. This challenging context places community-led and rights-based sex worker services at significant risk.

Despite these challenges, the GC8's explicit emphasis on equitable access to care, community systems strengthening, and the removal of human rights- and gender-related barriers to care creates a critical opportunity to protect and prioritise sex worker programming within national HIV responses. Sex worker-led organisations and sex worker advocates must use this funding cycle as a turning point to build sustainable, integrated health systems that centre sex workers' needs and rights, while mitigating the risks of reduced funding and increasingly challenging civic spaces.

This guide is intended for sex workers, advocates representing sex workers, and individuals employed at sex worker-led organisations. The guide is intended to familiarise advocates with a high-level view of the operational changes that the Global Fund will implement in GC8 and to propose strategies for engaging in this new advocacy landscape. While all sex workers who access healthcare services supported by the Global Fund should engage in CCM advocacy, this guide is tailored to those with experience with Global Fund advocacy in Grant Cycle 7 (GC7) or earlier.



B: How is GC8 different from past Global Fund Cycles.

The new funding reality: reduced allocations, sharper prioritisation, self-reliance narrative

GC8 takes place in a tighter funding environment than previous cycles. Allocations are expected to be lower relative to GC7, and there is stronger emphasis on sustainability, domestic financing and efficiency. Countries will be required to make harder choices about what can be funded within smaller envelopes.

When funding envelopes shrink, there is a higher risk that sex worker priorities are not included in national priorities. Sex worker programmes already operate in criminalised and highly stigmatised environments. Reduced allocations increase the likelihood that politically sensitive interventions are sidelined unless they are clearly defended and strategically positioned.

At the same time, GC8 does not remove the possibility of strong sex worker programming. It does mean that engagement must be earlier, clearer and more deliberate. The sections below outline the key changes in GC8 and how sex worker-led organisations can respond.

Allocations will be lower in GC8 relative to GC7

Lower allocations mean more difficult trade-offs. Countries will focus first on interventions considered core to national strategies. Where sex worker-related interventions are not clearly integrated into those strategies, they may be treated as secondary. In previous cycles, activities that were not strongly embedded in national plans or clearly costed were more vulnerable to reduction.

Sex worker-led organisations can:

- Engage early in discussions about national priorities, not only during final drafting. This should include participating in the development of National Strategic Plans (NSPs) and engagement in the CCM's Funding Request consultations.
- Ensure that sex worker-related interventions are visible in national strategic plans and funding request narratives
- Work with allies to prevent sex worker programming from being grouped under vague or generic categories
- Monitor draft budgets carefully to confirm that line items for sex worker services are explicitly included. To ensure that activities are included in budgets, advocates should directly engage with the CCM's writing teams and the consultants hired to support the Funding Request development, to ensure that priorities are included and also protected all the way through grant-making. Visibility in text and in budgets matters. Where sex worker-related interventions are not clearly named, protection weakens.

Stronger prioritisation and emphasis on “value for money”

GC8 places strong emphasis on optimisation and demonstrable results. Funding requests must show clear links between proposed activities and measurable improvements in access, service quality and health outcomes.

This environment increases pressure on interventions that are perceived as indirect or difficult to quantify. Peer outreach, violence response, legal literacy, organisational strengthening and network coordination may be questioned if their contribution is not clearly described. Sex worker-led organisations can respond by making those links explicit.



The objective is not to change what sex worker programmes do. It is to describe them in a way that shows their concrete contribution to access, retention and service effectiveness. Stronger prioritisation does not mean sex worker programming is less important. It means that justification must be clearer and more evidence-based.

Sex worker-led organisations can:

- Clearly link peer outreach to increased uptake of testing, pre-exposure prophylaxis (PrEP), treatment initiation and retention in care
- Demonstrate how violence response and legal literacy reduce barriers to accessing services
- Frame organisational strengthening as improving quality of care, data reporting, supervision and accountability
- Present coordination and network activities as strengthening referral systems and service effectiveness
- Use available data, community-led monitoring findings and documented outcomes to show measurable results

Increased scrutiny of “non-essential” costs

Under GC8, there will be increased scrutiny of certain expenditures. These include international travel, generic conferences, stand-alone trainings, vehicles not clearly tied to outreach and coordination structures that appear detached from service delivery.

For sex worker-led organisations, many of these costs are not optional. Travel is often required to reach dispersed populations or conduct peer outreach safely. Meetings are necessary for safety planning, case management and coordination. Training supports quality, confidentiality and correct service provision. When costs are described as enabling effective service delivery rather than as general support activities, they are more defensible during review.

The risk lies in how these activities are perceived.

Sex worker-led organisations can:

- Link travel directly to outreach coverage, supervision or monitoring activities
- Frame meetings as strengthening referral pathways, safety mechanisms and service coordination
- Define trainings in terms of improving quality, data accuracy and service standards
- Provide clear outputs and expected results for each activity

Integration into primary healthcare (PHC)

GC8 promotes stronger integration of HIV, TB and malaria services into broader primary healthcare systems. Human rights and gender-related interventions are increasingly embedded within cross-cutting system components under the Resilient and Sustainable Systems for Health (RSSH) module, whereas in previous grant cycles human rights and gender-related interventions we included each of the HIV, TB and malaria, rather than structured separately.

For sex workers, integration changes where and how services are delivered. In many countries, sex workers also face structural exclusion from public health systems, particularly where access to healthcare is linked to formal employment or recognised legal status, and sex work is not recognised as work. Sex workers frequently face stigma, discrimination and criminalisation within mainstream health services. In many contexts, sex workers avoid public facilities due to fear of judgement, exposure, police harassment or



breaches of confidentiality. Peer-led and differentiated models were developed precisely because general facilities often do not provide safe, confidential and respectful care.

When services are integrated without explicit safeguards, the risk is that sex workers may be pushed back into settings where they do not feel safe seeking care. Tailored prevention approaches may be replaced with generic models that do not address violence, coercion or economic vulnerability. Providers may lack training to respond to the realities of sex work. Data systems may stop tracking population-specific access, making inequities less visible. By contrast, in criminalised contexts integration may also place sex workers at risk if personally-identifying data are collected by, or shared with, government institutions.

Integration should strengthen access, safety and sustainability. It should not return sex workers to services that exclude, stigmatise or criminalise them.

Sex worker-led organisations can:

- Insist that sex workers are explicitly named in prevention and service delivery interventions
- Advocate for disaggregated indicators that track access and outcomes for sex workers, as well as disaggregated budget data to be able to monitor how sex workers programmes are funded.
- Utilise community-led monitoring (CLM) that tracks access to services and outcomes for sex workers.
- In criminalised contexts, advocate for low threshold service delivery that provides access to care for sex workers without requiring clients to self-identify as sex workers or be registered as such in government systems
- Protect peer-led and differentiated service delivery models within integrated systems
- Ensure that targeted interventions addressing stigma, discrimination and violence remain funded and visible
- Monitor whether integration reduces safe access to services in practice

Push toward transition and domestic financing

GC8 reinforces co-financing requirements and transition planning, with countries expected to increase domestic contributions and prepare for longer-term sustainability. In some contexts, GC8 may be one of the final cycles of Global Fund support.

In countries where sex work remains criminalised or highly stigmatised, domestic financing does not automatically translate into protection of sex worker services. Governments may be reluctant to formally fund sex worker-led programming, or eligibility criteria for social contracting may exclude informal or criminalised groups.

There is also increasing emphasis on domestic takeover of commodities, salaries and programme costs. Where governments assume greater control over funding, decision-making power will shift further away from community actors. If transition planning proceeds without sex worker participation, services may be absorbed into government structures without community leadership or excluded altogether.

Sex worker-led organisations can:

- Seek clarity on their country's transition timelines and sustainability strategies from their CCM representative and from the Country Teams in Geneva. If this information is not available and shared, advocates can escalate to the Global Fund Board and other advocacy partners.
- Monitor how social contracting mechanisms are designed and who qualifies



- Advocate for formal recognition of sex worker-led services within national HIV strategies
- Assess whether domestic financing structures are accessible to sex worker organisations
- Where domestic financing or social contracting mechanisms exclude sex worker-led organisations, document these barriers and raise them through relevant advocacy channels. This may include working with CCM civil society representatives, engaging national HIV programmes or AIDS councils responsible for contracting systems, contacting the Global Fund Country Team in Geneva, and informing Global Fund Board delegations or community networks that can support advocacy around equitable access to domestic funding.
- Use community-led monitoring (CLM) evidence to document how changes in financing or service integration affect access to services for sex workers, and use this evidence to support advocacy with CCM members, national programmes and Global Fund partners.

Streamlining processes, 'Grant Ready' applications and implementation structures

In GC8, the Global Fund is introducing a new submission pathway called the Grant-ready Funding Request. Under this approach, part of the grant-making process is advanced into the funding request stage. This is intended to make grant negotiations faster and more efficient once the funding request is approved.

Under the Grant-ready pathway:

- Country Coordinating Mechanisms may reappoint continuing Principal Recipients before the start of the funding request stage.
- Reappointed Principal Recipients can prepare the detailed Performance Framework and Detailed Budget during the funding request stage, rather than after Technical Review Panel approval.
- Where new Principal Recipients are nominated, countries may still follow the Classic Funding Request pathway used in previous cycles.

The procedural intention is efficiency, but when Principal Recipients are reappointed early, significant technical and financial drafting authority shifts to them at an earlier stage. If consultation spaces are already limited, this can further reduce the influence of sex worker-led organisations over detailed budget lines and performance indicators.

If timelines are compressed and documents move quickly from draft to submission, there may be less opportunity to contest allocations, propose revisions or negotiate sub-recipient arrangements.

In contexts where a single Principal Recipient structure is adopted instead of dual-track financing, authority may become further concentrated. Where government PRs dominate, and where sub-recipient selection processes are not transparent, sex worker-led organisations may have limited leverage unless engagement begins early.

Sex worker-led organisations can:

- Clarify which funding request pathway their country is using
- Monitor whether Principal Recipients are being reappointed early and on what basis. In the event that there are concerns about the reappointment of a PR for GC8, the CCM has the power to select a new PR. If there are any concerns and advocates believe more discussion is needed, it is important to contact the CCM as early as possible to request that the Grant-ready approach is not used. If the CCM does not respond to these concerns, advocates may escalate with the Country Teams in Geneva or with other advocacy partners.
- Seek access to draft Performance Framework and Detailed Budget documents before submission



- Advocate for transparent sub-recipient selection processes
- Engage before detailed budgets are locked in, not after

C: High priority programmatic areas: what to pay attention to in the GC8 modules

Why the Modular Framework matters

Programmes that respond to the needs and priorities of sex workers are diverse, adaptive, and context-dependent. However, in order to successfully advocate to the CCM for these programmes to be funded, it is essential to know how to speak in the Global Fund's 'language.'

This means understanding how the Global Fund grants are organised. When the CCM decides which activities the Global Fund will support for the three-year cycle, two important documents are completed: the detailed budget (or summary budget, for countries undergoing Transition or Focused review) and the performance framework. These are the two templates used by the CCM to explain to the Technical Review Panel (TRP) how the country allocation will be used, and which metrics the Principal Recipient(s) will use to report to the Global Fund Secretariat.

While the country has ownership over which activities to propose to the TRP, there are limits to what they may propose. One of these limits is that grant-funded activities must align with the Modular Framework, which describes a predetermined set of standard activities called modules, and which are further broken down into more detailed activities called interventions. When completing the performance framework, activities should similarly be aligned with the standard impact and outcome indicators from the Modular Framework.

This means that in order for sex worker programmes to be funded through Global Fund grants, the activities must fit into one or more of the Global Fund's official standard activities. Understanding the Modular Framework is also a helpful way for advocates to know which activities the Global Fund will and will not support, in order to avoid advocating for activities that the TRP would automatically categorise as being ineligible for funding.



Updates to the Modular Framework in GC8

The information below is based on a draft version of the GC8 Modular Framework Handbook that was available on the Global Fund website earlier in 2026 but has since been removed for revision. Advocates should monitor this website for the release of the updated Modular Framework Handbook: <https://resources.theglobalfund.org/en/technical-guidance/core-guidance/>

Once the updated version is released, users should consult the Modular Framework directly to verify the exact module names, intervention titles and illustrative activities, and update the references in this section to match the final version

The Modular Framework is updated every grant cycle to reflect evolving public health priorities, international guidelines, emerging technologies or interventions, to improve clarity and strengthen definitions, and for other technical reasons. For Grant Cycle 8 (GC8), the following high-level changes have been made:

- **Integration and ‘value for money’:** Under several interventions, there are now example activities focused on programme effectiveness, efficiency, equity and sustainability. Additionally, a new intervention has been created entitled “Planning, management, and delivery of integrated people-centered services.”
- **Human Resources for Health and Quality Improvement:** Whereas previously, investments into healthcare workers were categorised under disease-specific modules, in GC8 countries are encouraged to invest in generalist healthcare workers who may not be specifically trained to deliver care to key and vulnerable populations. As such, most investments in human resources for health should be categorised under the “RSSH: Human Resources for Health (HRH) and Quality of Care” module unless there is a clear justification for disease-specific roles.
- **Human Rights and Gender-related Investments for Equitable Access to Services:** Whereas in GC7, activities to address human rights- and gender-related barriers to care were categorised under specific disease components, in GC8 these interventions have been aggregated into two modules under RSSH: “RSSH: Reducing human rights-related barriers to HIV, TB and malaria services” and “RSSH: Reducing gender-related vulnerabilities and barriers to HIV, TB, malaria services.”
- **Health and Climate:** Additional example activities have been included to reflect the Global Fund’s focus on climate risk management, the adaptation of health programmes to climate change, and long-term climate resilience.
- **Protection from Sexual Exploitation, Abuse and Harassment:** Example activities about increasing safe access to care have been added to several modules and interventions.

Additionally, in GC7 HIV prevention programmes were categorised under population-specific modules (for example, sex worker-focused prevention programmes were categorised under the module “Prevention Package for Sex Workers, their Clients and Other Sexual Partners.”). In GC8, all HIV prevention activities for all populations will be categorised under one module for “HIV Prevention,” which will include a larger number of interventions that indicate the HIV prevention activities and the population(s) for whom the activities are designed.

Modules and interventions specific to sex worker priorities

Sex worker-focused programmes are a core part of the HIV response in Global Fund countries. As such, advocates should ensure that all pillars of the care continuum are responsive to sex workers’ priorities and needs. However, the following programmatic areas, and their associated modules and interventions, are likely to be the highest priority areas for sex worker advocates.



1. **Support for community advocacy and monitoring.** These activity areas can support sex worker-led organisations to conduct community-led monitoring (CLM), engage in decision-making spaces to conduct advocacy, and contribute to the strengthening of their organisations. These activities can help to ensure sex workers are explicitly reflected in national targets, indicators, and performance frameworks.
 - a. *Module: "Community Systems Strengthening", Interventions: All.*
2. **Accountability during integration and transition.** Ensure that sex worker-focused services are supported in the context of integration and transition, by advocating directly for domestic resource mobilisation and for the creation of pathways for governments to contract sex worker-led organisations.
 - a. *Module: "Health Financing Systems", Interventions: "Advocacy and monitoring of co-financing commitments" and "Social contracting"*
3. **Addressing human rights- and gender-related barriers to care.** These activities include reducing discriminatory healthcare provision, legal literacy and access to justice, preventing and responding to gender-based violence, and advocacy for human rights.
 - a. *Module: "Reducing Human Rights-related Barriers to HIV, TB and Malaria Services", Interventions: All.*
 - b. *Module: "Reducing Gender-related Vulnerabilities and Barriers to HIV, TB and Malaria Services", Interventions: All.*
4. **Peer-led service delivery.** Advocate for the recognition, financing and scale-up of peer-led service delivery models for sex workers, including peer outreach, peer navigation, adherence support and community-based prevention and testing services. Ensuring peers are formally supported within national health responses can improve trust, uptake and continuity of care for sex workers.

In the Global Fund Modular Framework, peer-led service delivery is not always listed as a standalone intervention. Instead, it appears within the illustrative activities attached to several prevention, testing and treatment interventions. Sex worker-led organisations should therefore ensure that peer-led approaches are explicitly included and budgeted when these interventions are proposed.

- a. *Module: "HIV Prevention", Interventions: "Condom and lubricant programming", "PrEP and PEP programming", and "HIV prevention communication, information and demand creation", Illustrative activities: peer outreach, peer education, peer-led distribution of condoms and lubricants, peer support for PrEP uptake and continuation, community mobilisation.*
- b. *Module: "Differentiated HIV Testing Services", Intervention: "Testing for key population (KP) programs (MSM, sex workers, trans and gender diverse people, PUD, prisoners)", Illustrative activities: community-based testing, outreach-based testing for sex workers, peer-supported testing, peer navigation and linkage to care.*
- c. *Module: "Treatment, Care and Support", Interventions: "HIV treatment and differentiated service delivery – adults (15 and above)" and "HIV treatment and differentiated service delivery – children (under 15)", Illustrative activities: peer adherence support, peer support groups, treatment literacy, peer-led support for retention in care, re-engagement in treatment.*



5. Funding for diagnostic and prevention services focused on sex workers. Differentiated services specifically for sex workers, including PrEP and PEP programming, sexual and reproductive healthcare, prevention communication, community mobilisation, and protecting support for essential commodities for sex workers, especially condoms and lube.

a. Module: "HIV Prevention", Interventions: all focused on sex workers.

b. Module: "Differentiated HIV Testing Services", Intervention: "Testing for key population (KP) programs (MSM, sex workers, trans and gender diverse people, PUD, prisoners)"

D: Strategies to protect sex worker priorities in GC8

Grant Cycle 8 creates a smaller funding envelope, stronger prioritisation pressures and earlier decision-making under the Grant-Ready pathway. This means that the key moments for influence occur earlier, move faster and may be less visible than in previous cycles. For sex worker-led organisations, GC8 presents not only risks but also defined points of leverage and advocacy: Engaging with the CCM, the Country Dialogue, the Community Priorities Annex, Principal Recipient selection, grant-making negotiations and reprioritisation discussions.

These are decision-making moments where priorities are elevated, reduced or excluded. Protecting sex worker programming in GC8 requires clarity about where influence is possible, coordinated positioning and strategic engagement aligned with the Global Fund's own prioritisation logic.

Engaging with the CCM and Beyond

Engaging with the CCM is essential to ensuring that sex worker priorities are protected in Global Fund grants. While the overall approach to CCM engagement mirrors that of previous funding cycles, advocates must now diversify their efforts to simultaneously engage with domestic governments as well as the CCM, as programmes become integrated. This is particularly critical for countries transitioning out of Global Fund eligibility by the end of the three-year cycle, where the window for influence will be rapidly narrowing.

Influence therefore extends beyond the CCM itself. Technical programme managers, Ministry of Health departments and national disease leads are shaping which interventions are considered "core" versus "add-on." If sex worker programming is not positioned as integral to national targets, it risks being treated as optional.

Sex worker-led organisations can:

- Map formal and informal decision-makers influencing the Funding Request
- Engage CCM members and national programme leads in parallel
- Frame sex worker priorities as necessary to achieving national prevention, retention and equity targets
- Coordinate messaging across sex worker networks before entering formal consultations

Participating in the Country Dialogue

The Country Dialogue is the first major engagement opportunity in the Global Fund cycle, which culminates in the development of the Funding Request(s). In a reduced allocation environment, only interventions clearly linked to national targets and measurable outcomes are likely to survive prioritisation discussions. Once priorities are excluded at this stage, it becomes significantly harder to reinsert them later. This national



consultation space allows sex worker-led organisations to present evidence of community needs, gaps, and effective interventions.

Sex worker-led organisations can:

- Bring as much evidence as they can, which should include publicly-available data alongside community-led monitoring (CLM) data, as a strategy for justifying why sex worker-focused programmes are essential, with clear data on service gaps, violence, criminalisation and retention challenges,
- Whether engaging as a community CCM member or through your CCM representative, ask to participate in discussions with the consultants and writing team to ensure that sex worker priorities are reflected in the Funding Request budgets, performance frameworks, and narratives.
- CCMs are required to hold a portion of its budget for community consultation, so ensure that your time and your colleagues' time and expenses are compensated.

Community Priorities Annex

In most countries, a Community Priorities Annex of 20 community priorities will be required to be filled out by communities and civil society. While the TRP does not review this Annex during its own review, it can be a powerful tool for organising the voices of communities and developing a shared advocacy roadmap for Global Fund advocacy.

However, it is important to note that the Community Priorities Annex must consolidate up to 20 priorities across three diseases and multiple communities. This structural limit requires coordination, not fragmentation. When communities submit overlapping or competing priorities without coordination, their collective influence is weakened. When they align around shared demands and strategic language, their influence is strengthened. Unified messaging on cross-cutting issues such as violence response, peer-led outreach and community-led monitoring increases political weight and reduces the risk that priorities are dismissed as narrow or duplicative.

Sex worker-led organisations can:

- Coordinate with other key population and civil society networks before Annex submission
- Ensure sex worker priorities are specific, measurable and aligned with Modular Framework language
- Avoid generic wording that allows sex worker issues to be absorbed into broader categories without clear budget lines
- Use the Annex as a reference point during grant-making and reprioritisation discussions continue to use this annex strategically throughout the cycle, particularly during grant reprogramming when savings are identified and budgets can be reallocated.

Principal Recipient selection

Principal Recipient selection is another important advocacy moment. This is when you can push for changes to underperforming or unresponsive PRs. Note that in GC8, the Global Fund is implementing a "grant ready" pathway, where PRs may be selected before the Funding Request is formally submitted. If you want PR selection reconsidered, advocate early and visibly, since once this decision is made and countries move ahead with the grant ready pathway, the moment for community engagement and the process for PR changes will become much more challenging.

Sex worker-led organisations can:



- Monitor timelines for PR reappointment or selection
- Raise concerns about PR performance before decisions are formalised
- Advocate for transparent sub-granting arrangements for sex worker-led implementers
- Engage early if implementation structures risk excluding sex worker programming

Grant-making and grant reprioritisation

Engaging during the grant-making stage requires more proactive advocacy, since these decision-making spaces can be closed to the CCM and to community organisations that are not PRs. However, it is essential to continue engaging during the grant-making phase to ensure that commitments obtained during the Funding Request phase are preserved and included in the final grants. This is the phase of the cycle where commitments become concrete or disappear.

Finally, grant reprioritisation is a new pressure point this cycle. Mid-cycle budget cuts similar to those made during GC7 are likely to occur again, so sex worker advocates should prepare early with a prioritised list of activities that must be maintained regardless of funding cuts. Gather evidence demonstrating their life-saving impact and familiarise yourself with Global Fund guidance on reprioritisation criteria so your advocacy aligns with the Global Fund Secretariat's decision-making framework.

Sex worker-led organisations can:

- Maintain active contact with CCM representatives and request updates during grant negotiations
- Verify that agreed sex worker-related interventions remain fully budgeted in final grant documents
- Confirm that performance indicators are disaggregated by population and linked to funded activities
- Develop a prioritised list of non-negotiable activities before grant approval
- Prepare clear evidence demonstrating how these activities support service uptake, retention and safety

E: Practical Influence Checklist: Protecting Sex Worker Priorities in GC8

GC8 is a contraction cycle. Allocations are smaller, prioritisation is sharper, and leverage decreases as decisions move forward. Use the questions below to assess whether sex worker priorities are being actively protected at each stage.

Before allocation letters and early priority setting

- Have we mapped who is actually shaping the Funding Request, including CCM leadership, Ministry of Health programme managers, technical consultants and any reappointed Principal Recipients?
- Have we analysed how sex worker-related interventions were treated during GC7 reprioritisation, including which activities were protected and which were reduced or merged?
- Do we have up-to-date community-led monitoring data documenting service gaps, violence, stigma, retention challenges and barriers to access for sex workers?
- Have we reviewed national HIV targets and epidemiological data to identify where sex worker programming is essential to meeting those targets?



- Have we aligned our messaging across sex worker networks to ensure we are speaking with one voice before formal consultations begin?
- Do we know whether our country intends to use the Grant-ready pathway, and whether PRs are being reappointed early?

During Country Dialogue and Funding Request drafting

- Are sex workers explicitly named in prevention, testing, treatment and human rights interventions, or are they absorbed into vague “key population” language?
- Are there clear, costed budget line items for peer-led outreach, violence response, community-led monitoring and differentiated services for sex workers?
- Does the language used in the Funding Request align with Modular Framework terminology so that activities are technically eligible for funding?
- Are there population-disaggregated indicators in the performance framework that will allow sex worker outcomes to be tracked?
- Are peer outreach, legal literacy and community mobilisation described in terms of measurable improvements in access, retention, safety and service quality?
- Have we engaged directly with consultants and writing teams, not only CCM plenary sessions?

Community Priorities Annex

- Are sex worker priorities specific, measurable and clearly worded, rather than broad or generic statements?
- Is the language in the Annex aligned with existing modules and interventions to increase the likelihood of inclusion in budgets?
- Have we coordinated with other key population and civil society networks to avoid duplication and fragmentation across the 20 priority limit?
- Have we agreed on which priorities are non-negotiable and which are shared with other communities?
- Are we prepared to use the Annex as an accountability tool during grant-making and reprioritisation discussions?

Principal Recipient selection and implementation structures

- Has the Principal Recipient been reappointed or selected before meaningful community consultation?
- If so, have we assessed whether this PR has a track record of working effectively with sex worker-led organisations?
- Are sub-recipient selection processes transparent, competitive and accessible to sex worker-led organisations?
- Do we know how sex worker-led organisations will access funding under the proposed implementation structure?



- Have we raised concerns early if implementation arrangements risk excluding sex worker programming?

Grant-making negotiations

- Have we reviewed whether sex worker-related interventions agreed during Country Dialogue remain fully budgeted in the final Detailed Budget?
- Have any activities been reduced, merged or reframed during grant negotiations without explanation?
- Are performance indicators clearly disaggregated by population and linked to funded interventions?
- Are peer-led outreach and violence response components preserved in their original scope?
- Have we documented changes between the Funding Request and the final grant documents?

Reprioritisation and mid-cycle adjustments

- Do we have a clearly prioritised list of non-negotiable activities that must be protected if budget cuts occur?
- Have we gathered evidence demonstrating how these activities protect access, safety, service continuity and health outcomes?
- Are we familiar with the Global Fund's reprioritisation criteria and the language used by the Secretariat when assessing "core" versus "lower priority" investments?
- Are we coordinating with allied networks to defend shared priorities if financial pressure emerges?
- Are we monitoring early signals of financial strain, optimisation requests or shifting Secretariat guidance?

Across all phases

- Are we engaging early, rather than reacting after decisions have already been formalised?
- Are we coordinating strategically rather than advocating in isolation?
- Are sex worker programmes explicitly named, costed and measurable at every stage of the process?
- Are we consistently framing sex worker-led programming as essential to achieving national HIV targets and equitable access to services?



F: What a Strong Submission Looks Like

A strong Community Priorities Annex submission from a sex worker-led organisation or network will generally have the following characteristics.

1. Priorities are specific and measurable

Vague priorities are easy to absorb into generic language and then de-funded without accountability. Strong priorities name the population, the intervention, and a measurable expectation.

✘ Weak example

"Support community organisations to strengthen their capacity."

✔ Strong example

"Fund peer-led outreach and community-based HIV testing for sex workers in [region], including dedicated staffing, transport and community-led monitoring of uptake and safety outcomes."

2. Language is aligned with the Modular Framework.

Priorities that use language matching the Global Fund's own modules and interventions are more likely to be included in final budgets and less likely to be dismissed as outside eligible scope. Where relevant, name the module and intervention your priority corresponds to.

Useful modules and interventions to reference

- HIV Prevention – condom and lubricant programming; PrEP and PEP programming; HIV prevention communication and demand creation
- Differentiated HIV Testing Services – testing for key population programmes (sex workers)
- Treatment, Care and Support – peer adherence support; differentiated service delivery
- Community Systems Strengthening – all interventions
- RSSH: Reducing Human Rights-related Barriers to HIV, TB and Malaria Services – all interventions
- RSSH: Reducing Gender-related Vulnerabilities and Barriers – all interventions
- RSSH: Human Resources for Health and Quality of Care – community health workers
- Health Financing Systems – social contracting; advocacy and monitoring of co-financing commitments



3. Priorities are directly linked to evidence

The strongest submissions pair each priority with evidence of need and, where available, evidence of what works. This can include community-led monitoring (CLM) data, national epidemiological data, or documented service gaps. Even a brief reference strengthens the case significantly.

For example: rather than stating that violence is a barrier to care, cite your CLM data showing the percentage of sex workers who reported avoiding health services due to fear of police harassment in a given period.

4. Priorities do not duplicate each other or overlap with other communities

With a cap of 20 priorities for the full Annex, every priority must earn its place. Coordinate with other key population networks (for example MSM, trans, PWUD networks) before finalising the list. Identify which priorities are genuinely shared and can be submitted jointly, and which are specific to sex workers. This avoids splitting the 20 slots across overlapping submissions.

5. Sex workers are explicitly named – not absorbed into “key populations”

Submissions that refer only to “key populations” or “vulnerable groups” are much more easily overlooked or merged with other categories during grant-making. Sex workers should be named explicitly in each priority where relevant. This specificity also makes the Annex more useful as an accountability tool during reprioritisation.

6. Each priority has a clear budget implication

A priority without a budget implication is easy to include symbolically and easy to cut practically. Where possible, indicate what funded action the priority requires – for example, a dedicated budget line for peer outreach workers, transport, community monitoring activities, or violence response coordination. This makes it harder to ‘tick the box’ on paper while removing resources in the detailed budget.

Common Pitfalls to Avoid

Based on experience from previous grant cycles, the following patterns tend to weaken community submissions and reduce their influence on final grant documents.

Pitfall	Why it matters / what to do instead
Submitting without coordinating with other networks	Leads to overlapping priorities that waste limited slots. Coordinate across HIV, TB and malaria communities before drafting.
Using generic language (“key populations,” “vulnerable groups”)	Makes it easy to merge sex worker priorities with others or drop them without accountability. Always name sex workers explicitly.
Priorities not linked to the Modular Framework	TRP reviewers and grant-making teams work within the modular structure. Priorities that do not map to a module are harder to include in budgets.



No evidence base cited	Unsupported priorities are easier to deprioritise when budgets are cut. Even a brief data reference strengthens the case.
No clear budget implication	Priorities without resource implications can be nominally accepted and then quietly de-funded. Specify what the priority requires in practice.
Submitting after decisions have already been made	In GC8, key decisions move faster under the Grant-ready pathway. Engage in Annex coordination before the Country Dialogue concludes, not after.
Treating the Annex as a one-time submission	The Annex is most powerful when used as a reference tool throughout the cycle – particularly during grant-making and reprioritisation. Return to it.

Tips Specific to GC8

- Engage before the Country Dialogue ends. Under the Grant-ready pathway, Principal Recipients may be reappointed and detailed budgets drafted earlier than in previous cycles. The window for influence is shorter. Use the Annex coordination process as a way to align community messaging before formal submissions close.
- Anticipate reprioritisation. Mid-cycle budget cuts similar to those in GC7 are likely. The Annex is a useful reference for defending priorities if cuts are proposed. Identify in advance which of your priorities are non-negotiable and why.
- Watch for integration risks. As services move toward primary healthcare integration, sex worker-specific programmes may be merged into general key population or PHC categories. Use the Annex to make the case for named, disaggregated, peer-led delivery.
- Domestic financing and transition. In countries where GC8 may be the final or penultimate cycle, the Annex can be used to raise social contracting and domestic resource mobilisation explicitly as priorities – particularly if government contracting mechanisms currently exclude sex worker-led organisations.
- Community-led monitoring as a priority in its own right. CLM generates the evidence base for all other advocacy. Where CLM is not yet funded or is at risk, submit it explicitly as a priority under Community Systems Strengthening.



Submission Checklist

Use the checklist below before finalising your contribution to the Community Priorities Annex. Tick each item only when you are confident it has been addressed.

Coordination and preparation	
<input type="checkbox"/>	We have met with other key population and civil society networks before drafting Coordination avoids duplication across the 20-priority limit.
<input type="checkbox"/>	We have agreed which priorities are shared with other communities and can be submitted jointly
<input type="checkbox"/>	We have agreed which priorities are specific to sex workers and require their own slot
<input type="checkbox"/>	We have aligned our messaging across sex worker networks before submitting
<input type="checkbox"/>	We have engaged before the Country Dialogue concluded, not after

Content: each individual priority	
<input type="checkbox"/>	Sex workers are explicitly named – not referred to only as “key populations” or “vulnerable groups”
<input type="checkbox"/>	The priority is specific and measurable, not broad or aspirational
<input type="checkbox"/>	The language used matches the relevant module and intervention in the GC8 Modular Framework
<input type="checkbox"/>	The priority is supported by evidence – CLM data, national data, or documented service gaps
<input type="checkbox"/>	The priority has a clear and concrete budget implication For example: peer outreach staffing, transport, CLM activities, violence response coordination.
<input type="checkbox"/>	The priority addresses one of the following areas: prevention, testing, treatment and care, human rights and gender, community systems, health financing / transition Covering the full care continuum strengthens the submission.



GC8-specific checks

<input type="checkbox"/>	We have considered the risk of mid-cycle reprioritisation and identified which priorities are non-negotiable
<input type="checkbox"/>	We have addressed integration risks: peer-led and sex worker-specific delivery is explicitly named, not absorbed into general PHC or key population categories
<input type="checkbox"/>	Where relevant, we have included domestic financing or social contracting as a priority
<input type="checkbox"/>	Community-led monitoring is included as a priority, or is already funded and protected in the grant

After submission: using the Annex as an accountability tool

<input type="checkbox"/>	We have kept a copy of the submitted Annex and noted which priorities were accepted or amended This is your reference document for grant-making and reprioritisation discussions.
<input type="checkbox"/>	We have planned to return to the Annex during grant-making to verify that agreed priorities are fully budgeted in the Detailed Budget
<input type="checkbox"/>	We have planned to return to the Annex during any reprioritisation discussions to defend non-negotiable activities
<input type="checkbox"/>	We have flagged the Annex to our CCM representative as an accountability reference for the full cycle



Quick Reference: What to Include in Each Priority

Each priority submitted in the Annex should cover the following elements, even if briefly.

Element	Guidance
Who	Name sex workers explicitly. Include any sub-population relevant to the priority (e.g. sex workers in criminalised contexts, migrant sex workers, sex workers in specific regions).
What	Describe the specific intervention or activity being prioritised. Use Modular Framework language where possible.
Why	State the evidence of need. Reference CLM data, national data, or documented barriers. Keep it brief but concrete.
What it requires	Indicate what funded action the priority demands – a budget line, a staffing role, a monitoring indicator, or a process (e.g. disaggregated reporting by sex worker population).
Module alignment	Identify which GC8 module and intervention the priority corresponds to. This makes it easier for grant-making teams to include it in the Detailed Budget.
Who is responsible	Where known, indicate whether this is a priority for the Principal Recipient, a sub-recipient, or a community implementer.

G. Useful Resources:

1. *Global Fund Grant Cycle 8 Guidance*: <https://resources.theglobalfund.org/en/updates/2025-12-15-launching-grant-cycle-8/>
2. *Joint Communities Guide Grant Cycle 8*. Developed by Global Action for Trans Equality (GATE), in collaboration with the Global Network of Sex Work Project (NSWP), MPact Global Action for Gay Men's Health and Rights (MPACT) and the International Network of People Who Use Drugs (INPUD). <https://gate.ngo/wp-content/uploads/2026/02/GC8-Joint-Communities-Guide.pdf>
3. *Trans Community Guide to Global Fund Grant Cycle 8*. Developed by Global Action for Trans Equality (GATE). <https://gate.ngo/wp-content/uploads/2026/02/2026-GATE-GC8Guide.pdf>



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