

POSITION PAPER

Strengthening Key Populations' Role in
Global Health Initiatives:

**Making communities at the
centre a reality for all**



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Introduction

1.1. About this position paper

The four global key population-led networks - Global Action for Trans Equality (GATE), Global Network of Sex Work Projects (NSWP), International Network of People who Use Drugs (INPUD), and MPact Global Action for Gay Men's Health and Rights (MPact) - were provided with funding by the Global Fund Political & Civil Society Advocacy Team in the External Relations and Communications Department to develop a comprehensive position paper, in consultation with their members, on key population communities at the centre of the global HIV response.

This position paper outlines the critical role that key population communities and organisations led by them can play when their needs are centered in global health strategies. It involves a comprehensive literature review of important documents that support centering community needs, services and voices in the HIV response, as well as interviews with key stakeholders from every region in the world. Rooted in the lived experiences of key population communities, this position paper identifies common issues impacting all four key population communities' health outcomes and their ability to organize. It concludes with recommendations for the Global Fund, other multi-lateral and bi-lateral donors, philanthropic funders, and national and local governments regarding policy, funding, and programmatic elements necessary to end the HIV pandemic. Implementing and adopting the key population community recommendations is essential to ensuring that key population communities and organisations led by them are genuinely centered within an effective, optimal and sustainable HIV response and other global health initiatives.

1.2. Why is it needed?

From the emergence of HIV in the 1980's HIV has disproportionately affected the four key population communities¹, and more than 40 years later these key populations continue to carry a disproportionate burden of HIV. While globally new HIV infections declined by 23% from 2010 to 2019, progress amongst key population groups has been minimal, with only a 7% reduction in HIV incidence among female sex workers and 5% among people who inject drugs. Meanwhile, HIV incidence increased by 5% among transgender people and 25% among gay men and other men who have sex with men². The latest data from UNAIDS (2022) indicates that the majority of new infections globally continue to occur among key populations and their sexual partners³.

The repeated calls for the needs of key populations to be addressed have not been sufficiently heard nor acted upon in the HIV response. The data consistently indicates key populations communities continue to be left behind, face persistent structural barriers that exacerbate their vulnerability to HIV and other poor health outcomes, and carry a disproportionate burden of both new HIV infections and ongoing HIV prevalence.

The lived experiences and realities of gay and bisexual men and other men who have sex with men, people who use drugs, sex workers of all genders, and trans and gender diverse people continues in most countries to be one of exclusion. The other key population group – people in prison settings – also face exclusion yet their voices are not as centred in this report as there is no global constituency network representing them.

In 2025, the United States shuttered its global HIV investment, leading to a massive disruption of HIV services and organizations. Of particular concern, the US Administration targeted community work, particularly with LGBTQ organizations. While LGBTQ programming was the first target, all community-led services were impacted across multiple funding platforms, leading to interruptions in services, treatment, and employment. The long-term outlook from this massive and sudden divestment is not good for key populations.

1. Currently defined by UNAIDS as gay men and other men who have sex with men, sex workers, transgender people, people who inject drugs, and people in prisons and other closed settings. Noting that the later are not included in this paper, but criminalisation, punitive laws and arbitrary practices often result in the incarceration of gay and bisexual men and other men who have sex with men, people who use drugs, sex workers and trans and gender diverse people.

2. 2020 World AIDS Day Report - Prevailing against pandemics by putting people at the centre-, p16, UNAIDS. <https://www.unaids.org/en/resources/documents/2020/prevailing-against-pandemics>.

3. 2024 GLOBAL AIDS UPDATE - THE URGENCY OF NOW <https://www.unaids.org/en/resources/documents/2024/global-aids-update-2024>

So once again,

we share our experiences and knowledge, and offer the Global Fund and other multi-lateral and bi-lateral donors, philanthropic funders, and national and local governments a recommendation to put the last mile first if the world is to end the HIV pandemic; and in the hope that our voices and recommendations will be heard and acted upon.

1.3. Methodology of community consultation

Throughout this document, quotes are used to stress certain points. To ensure a comprehensive and inclusive community consultation, participants were purposely selected from key populations and regions that reflect the global diversity and identities within affected communities. The consultation engaged individuals through KP networks, with representation across gender identities, regions, and HIV status.

It was agreed, given the short timescale, that each global network would nominate a minimum of 4 representatives, a minimum of 4 Global Fund-Community Rights and Gender (GF-CRG) staff, and one independent expert would be interviewed.

The interviews included:

- **23 interviews with community members** were conducted via Zoom. These interviews were recorded by Fathom Notetaker with consent from all participants.
- **7 GF and UNAIDS** staff agreed to be interviewed, but only 6 were able to join the Zoom meeting. This meeting was also recorded by Fathom Notetaker.

Participants were drawn from all major global regions including sub-Saharan Africa (East, West and Southern), the Caribbean, Latin America, South Asia, East Europe and Central Asia, the Middle East and North Africa (MENA), and high income countries. This geographic diversity was intentional to capture regional perspectives and contextual specificities.

To ensure accuracy, resonance and accountability to the communities represented, member checks were conducted with a subset of interviewees as well as with leads from each KP network. This iterative process strengthened the validity of the findings and affirmed that the themes reflected shared concerns, priorities, and visions within each community.

Desk research was also undertaken to document the development of the concept of Communities at the Centre and the engagement of key population communities. Some documents include:

The UN Joint Programme on HIV/AIDS (UNAIDS) **World AIDS Day** reports and the **Global AIDS Strategy 2021-2026** consistently stress the importance of person-centred approaches, addressing inequalities, and leaving no one behind, emphasising the necessity of addressing the needs of the key population communities. *Fighting Pandemics and Building a Healthier and More Equitable World: **Global Fund Strategy (2023-2028)*** reinforces this approach and explicitly calls for ‘communities at the centre’.

2019 World AIDS Day report - POWER TO THE PEOPLE⁴: called for community-led services for hard-to-reach populations and the need to ensure key populations were not left behind.

2020 World AIDS Day report - PREVAILING AGAINST PANDEMICS by putting people at the centre⁵: highlighted key populations had been disproportionately affected by COVID-19 control measures and their access to HIV prevention and treatment services had reduced.

2021 World AIDS Day report - UNEQUAL, UNPREPARED, UNDER THREAT WHY BOLD ACTION AGAINST INEQUALITIES IS NEEDED TO END AIDS, STOP COVID-19 AND PREPARE FOR FUTURE PANDEMICS⁶: issued a stark warning about lack of progress in the HIV response, it highlighted the critical role that key population communities and organisations led by them have in providing essential commodities, information and services in the global HIV response and other pandemics.

4. 2019 World AIDS Day report - Power to the People www.unaids.org/en/resources/documents/2019/20191126_WAD2019_power_people

5. 2020 World AIDS Day Report - Prevailing against pandemics by putting people at the centre-, p16, UNAIDS. <https://www.unaids.org/en/resources/documents/2020/prevailing-against-pandemics>

6. 2021 World AIDS Day report - Unequal, unprepared, under threat www.unaids.org/en/resources/documents/2021/2021-World-AIDS-Day-report

GLOBAL AIDS STRATEGY 2021-2026 – END INEQUALITIES. END AIDS⁷. informed by the overwhelming evidence that the four key populations are being left behind, the strategy calls for their needs to be urgently addressed.

2022 World AIDS Day report - EQUALIZE DANGEROUS INEQUALITIES⁸: highlighted that new HIV infections among key populations were not declining globally, that key population communities access to both prevention and treatment services remained limited in most of the world, and the need to address the structural barriers and societal factors that limit access to HIV services.

Fighting Pandemics and Building a Healthier and More Equitable World: Global Fund Strategy (2023-2028)⁹: calls for the engagement and leadership of most affected communities. It recognises “The failure to put communities at the center of the design, implementation and oversight of programs has resulted in suboptimal programming and health outcomes.” and “The HIV pandemic is fueled by inequities... Key populations (KP) – gay men and other men who have sex with men, sex workers, transgender people, people who inject drugs, and people in prisons and other closed settings – face up to 35 times the risk of HIV acquisition than the general population.”

2023 World AIDS Day report – LET COMMUNITIES LEAD¹⁰: issued a call to action for all decision makers - governments, donors and other stakeholders - to fully support communities, including key population communities, and remove the barriers that prevent their unique and valuable contribution in the global HIV response.

2024 World AIDS Day report - TAKE THE RIGHTS PATH TO END AIDS¹¹: sets out why human rights are essential to the global HIV response and how respecting human rights for all improves HIV outcomes.

7. GLOBAL AIDS STRATEGY 2021-2026 www.unaids.org/en/resources/documents/2021/2021-2026-global-AIDS-strategy

8. 2022 World AIDS Day report www.unaids.org/en/resources/documents/2022/dangerous-inequalities

9. Global Fund Strategy (2023-2028) www.theglobalfund.org/en/strategy/

10. 2023 World AIDS Day report www.unaids.org/en/resources/presscentre/pressreleaseandstatementarchive/2023/november/let-communities-lead

11. 2024 World AIDS Day report <https://rightspath.unaids.org/>

2024 GLOBAL AIDS UPDATE – THE URGENCY OF NOW, AIDS AT A CROSSROADS¹²: reported that

“Globally, more than half (55%) of all new HIV infections in 2022 occurred among people from key populations and their sex partners. In 2022, the relative risk of acquiring HIV was 14 times higher for people who inject drugs, 23 times higher for gay men and other men who have sex with men, nine times higher for sex workers, and 20 times higher for transgender women than in the wider adult (aged 15–49 years) population globally.”

“Much greater commitment and effort are needed to reach the people being left behind. Across the world, these tend to be people from key populations and their sex partners, accounting for an estimated 80% of new infections outside sub-Saharan Africa and 25% of new infections in sub-Saharan Africa in 2022.” It should be noted that the 2022 World AIDS Day report estimated that key populations account for less than 5% of the global population.

2024 Global HIV statistics FACT SHEET¹³: reported that “the median HIV prevalence among the adult population was 0.8% globally, however it was 7.7% higher among gay men and other men who have sex with men, 3% higher among sex workers, 5% higher among people who inject drugs, and 9.2% higher among transgender people.”

12. 2024 GLOBAL AIDS UPDATE <https://www.unaids.org/en/resources/documents/2024/global-aids-update-2024>

13. 2024 UNAIDS FACT SHEET 2024, Global HIV statistics <https://www.unaids.org/en/resources/fact-sheet>

02

Context

Key population communities and organizations led by them are experiencing an increasingly hostile world that perpetuates the inequities and undermines global health targets. Data clearly indicate that key population communities are being left behind. To change this reality, we must ensure the four key population communities are at the centre of the global HIV responses. Below is our analysis of the most significant structural barriers that prevent key populations communities from being centred in global and national HIV responses.

2.1. Legal frameworks

The evidence is mounting that criminalisation, and other punitive laws and policies, exacerbate the vulnerability of all four key populations to poor health outcomes, particularly in pandemics such as HIV and COVID-19. The UNAIDS 2024 Global AIDS report identified that 169 countries still criminalise sex work, 152 countries criminalise possession of small amounts of drugs, 63 countries criminalise same sex sexual acts in private, and 13 countries criminalise transgender people. Only 3 out of 193 countries were reported as not having any laws that criminalise sex work, possession of small amounts of drugs, same-sex relations, transgender people or HIV non-disclosure, exposure or transmission. A further 3 countries were reported as not having laws that criminalise the four key populations, but have used criminal law to prosecute HIV non-disclosure exposure of transmission in the last 10 years. Beyond direct criminalisation of key population communities in these countries, many other countries impose de facto criminalisation through laws on anti-social behaviour, public morality, and vagrancy or specific HIV criminalisation laws.

Criminalisation of key population communities increases their risk of HIV acquisition. One study across ten countries with diverse legal contexts in sub-Saharan Africa found that sex workers were seven times more likely to be living with HIV in countries where sex work is criminalised, compared to sex workers in countries with partial or full legalisation¹⁴. Additionally, mathematical modelling has found that decriminalisation of sex work could have the largest impact on HIV acquisitions globally, averting between one-third and almost half of HIV acquisitions over a decade¹⁵.

Criminalisation exacerbates the stigma and discrimination, social exclusion and marginalization experienced by all four key populations. While 60% of countries reported to UNAIDS as having mechanisms in place to address HIV related discrimination, however, too often such mechanisms are not well known or used by key population communities.

2.2. Underlying issues that continue to harm the health and human rights of key populations

CRIMINALISATION, PUNITIVE POLICIES AND DISCRIMINATORY PRACTICES: exacerbates individual's vulnerability to HIV, drives key population communities underground, creates barriers to health services and social protection, and undermines access to justice. They also perpetuate stigma and discrimination.

Many key population community members are unaware of their legal rights when dealing with law enforcement and/or the criminal justice system, leaving them open to abuse of their human and civil rights. Identification as a person from a key population routinely results in biased treatment, discriminatory practices, violence, and abuse of power by law enforcement. Individuals are arrested and/or detained when there is no evidence of a crime being committed, they often face abuse, discrimination and violence from law enforcement and other state-sponsored actors, including execution, arbitrary detention, forced 'rehabilitation' and conversion therapy, and denial or exclusion from essential services.

Restrictions on legal access to recreational drugs, gender-affirming care, and safe abortion lead individuals to seek out unregulated drugs and medical practitioners, which can result in serious health complications.

14. The role of sex work laws and stigmas in increasing HIV risks among sex workers. Lyons CE, Schwartzsr, Murray SM, Shannon K, et al. www.nature.com/articles/s41467-020-14593-6

15. Global epidemiology of HIV among female sex workers: influence of structural determinants, Shannon K, Strathdee SA, Goldenberg SM, Duff P, et al. [www.thelancet.com/journals/lancet/article/PIIS0140-6736\(14\)60931-4/abstract](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(14)60931-4/abstract)

Criminalisation also has substantial economic costs for countries in relation to law enforcement, criminal justice and prison systems, as well as the economic cost of treating poor health outcomes that arise as a consequence. In The Global State of Harm Reduction 2022 Harm Reduction International reported that a fully funded and effective harm reduction responses could be achieved by redirecting just 7.5% of the funds spent on drug law enforcement towards harm reduction, and additional studies estimated USD 100 billion was spent on drug law enforcement globally, while only USD 131 million was spent on harm reduction.¹⁶

STIGMA AND DISCRIMINATION: are perpetuated by criminalisation of key population communities, and are engrained in every society across the world. In too many countries, the human rights of key population communities are undermined by stigma and discrimination, leaving individuals disrespected and unprotected. With States too often failing to uphold their duty to protect, respect and fulfill the human rights of all, stigma and discrimination result in individuals, communities and organisations led by them becoming targets of hate and violence, often with impunity.

Given the diversity and many intersecting identities across and within the key population communities, individuals experience multiple layers of stigma and discrimination that further intensify their social exclusion and vulnerability to poor health outcomes as a result of lack of access to appropriate, quality, evidence- and rights-based services and support, including for health, justice and social protection.

Migrant and mobile key population community members, particularly those who are from black, indigenous and people of colour communities, are disproportionately impacted by criminalisation, stigma and discrimination, and experience multiple additional barriers to services and support. For migrants their lack of legal status in a country often excludes them from services, and they also deal with language barriers and a lack of knowledge about health and social support systems. In countries where individuals are registered in a specific district they are often unable to access services and treatment outside of that district, but the need to relocate is often a result of the stigma and discrimination experienced by key populations.

16. The Global State of Harm Reduction 2022, Harm Reduction International, p28. www.hri.global/flagship-research/the-global-state-of-harm-reduction/the-global-state-of-harm-reduction-2022/

CHALLENGES FACED BY GROUPS AND ORGANISATIONS LED BY KEY POPULATION COMMUNITIES: criminalisation, stigma and discrimination has prevented key population communities being able to legally register an organisation in many countries as government officials may be biased and not deem key populations as 'good', 'decent', 'respectable' or 'proper' citizens. This has forced key population communities to rely on other civil society organisations and allies to act as their fiscal hosts and legal representatives. While this has worked in many cases, there continues to be a significant number of reports where the approach taken by fiscal hosts exclude key population communities from decision-making, exert absolute control and/or maintaining dependency, and in so doing exploit key population communities for their own benefit.

In addition to the challenges key population communities face in registering as a non-governmental organisation to allow them to receive funds, the challenges are not always over once they are registered. 'Foreign agent' legislation is spreading in many regions and intended to inhibit non-governmental organisations from accepting international funds. Restrictions on organisations led by key population communities who are identified as 'foreign agents' by their government can include intense state scrutiny of individuals and organisations, oppressive reporting requirements, prohibition on using international funds for advocacy, financial institutions being prohibited from passing on international funds, and criminalisation of receiving international funds from 'undesirable organisations'. Substantial numbers of key population-led organisations have been impacted by such legislation; given international donors are often the only source of funding for key population communities this severely limits funding options for key population communities in those countries affected.

ANTI-RIGHTS MOVEMENTS: key population communities and organisations led by them face increasingly hostile environments, fuelled by anti-rights, anti-gender, and anti-democratic movements. Governments are increasingly restricting civil rights and failing to uphold and protect the human rights of key population communities particularly when they come under attack from the anti-rights movements. As anti-rights movements' voice and influence grows – gaining political power in some countries – individual's agency, bodily autonomy, and the right to associate, organise and work together are under increasing attack.

ENDURING COLONIALISM: perpetuation of colonial approaches, structures and mindsets continue to prevent equitable collaboration with key populations communities, and prevents their voices and influence being centred. Colonial ideologies of superiority and privilege of Western thought and approaches must be deconstructed alongside dismantling structures and processes that perpetuate the status quo and addressing unbalanced power dynamics.

LACK OF RESPECT, TRUST AND RECOGNITION OF HUMANITY: donors, governments, and civil society too often deny key population communities the possibility of meaningful engagement and the right to live dignified and fulfilling lives. Human rights are inalienable, indivisible, and interdependent. Failure to recognise humanity and protect the human rights of key population communities, exacerbated by criminalisation, has reinforced a lack of respect and trust that key population communities are capable human beings who are best placed to reach out to and serve their communities.

LACK OF FUNDING AND INVESTMENT IN ORGANISATIONAL DEVELOPMENT AND CAPACITY-BUILDING: key population communities and the organisations led by them are too often expected by donors to implement services without recognition that they do not have the same infrastructure and processes that large international and national non-government organisations have. In addition, contracts rarely include an appropriate contribution to core costs, capacity-building, and organisational and leadership development. A number of organisations led by key population communities reported that donors have limited personnel costs to less than staff contracts and in some cases have limited community members remuneration to rates below the legal minimum wage set by national governments, forcing communities to subsidise donor programmes. While organisations led by key population communities are very cost effective and have extended reach within their communities it is important that they must not be exploited as cheap labour, and their expertise and work must be recognised and valued.

2.3. Funding trends

The UNAIDS 2024 Global AIDS Update: THE URGENCY OF NOW highlighted diminishing funds being allocated to the global HIV response, with a widening gap between the funds available in 2023 - USD 19.8 billion - and the 2021 estimate of funds needed - USD 29.5 billion. UNAIDS also reported that domestic funding had declined for four consecutive years, and international resources estimated nearly 20% lower than in 2013. In 2021 UNAIDS estimated that 20% of all HIV resources in low- and middle- income countries should be allocated to prevention programmes for key population communities to meet the 2025 targets, while only 2.6% was spent on key population programs across all regions in 2020.

Of the USD29.5 billion UNAIDS estimated that at least USD9.5 billion would be required for HIV prevention programmes, with a recommended that USD 5.7 billion (60%) be allocated to HIV prevention programmes for key population communities, and an additional USD 3.1 billion be allocated to address 'societal enablers' to reduce key population communities' vulnerability to HIV acquisition. Yet in 2023, the estimated funds available for prevention programmes among key population communities was only USD 261.5 million – less than 5% of the USD5.7 billion required; and the estimated funds available to address social enablers was only USD 76.2 million - 2.5% of the USD3.1 billion required.

The 2024 Global AIDS Update also reported that prevention services were failing to reach at least half of individuals within key population communities.

“The continued underfunding of HIV prevention, societal enabler programmes and community-led activities does not bode well for the HIV response. Interventions for people from key populations are especially neglected, even in regions where the vast majority of new HIV infections occur in people from these populations.”¹⁷

It should be noted that there are currently no reliable estimates of funds allocated to community-led activities by and for key population communities, this requires financial reporting and management systems to be modified so that they can report funds allocated to responses implemented by and for organisations led by key population communities.

17. UNAIDS (2024). THE URGENCY OF NOW AIDS AT A CROSSROADS. [online] Available at: https://www.unaids.org/sites/default/files/media_asset/2024-unaidsglobalaidsupdate_en.pdf.

18.

TRENDS IN DONOR INVESTMENTS: In 2020 Aidsfonds published - in collaboration with the key population partnerships' Bridging the Gaps and PITCH, its first report on the status of funding for key population communities - 'Fast-Track or Off Track: How insufficient funding for key populations jeopardizes ending aids by 2030'¹⁹. The report identified the urgent need to target additional HIV resources where they are most needed - prevention programmes for key population communities - given that they accounted for more than half of all new infections in 2018. Programmes for key population communities received USD 529.4 million, representing only 2.8% of all HIV funding and was still only 13.9% of HIV prevention funding in 2018 - despite the year on year increase in resources allocated between 2016 and 2018.

In December 2024 Aidsfonds, in collaboration with Love Alliance published a second report 'Dangerously Off Track: how funding for the HIV response is leaving key populations behind'²⁰. The report identified that although key population communities accounted for 55% of new infections in 2022, only an estimated USD487.5 million was available for all programmes for key population communities in 2023, representing a 5% decrease in annual funding since 2018 - despite the significant increases in cost of living. Of the funding available for programmes for key population communities, an estimated USD 261.5 million was allocated to prevention programmes, representing only 4.5% of the resources needed. This decrease indicates that funds allocated are moving further away from the 20% of all HIV resources recommended by UNAIDS for prevention programmes for key population communities, as the percentage has fallen from 2.8% of the USD 19 billion available in 2018 to 2.5% of the USD 19.8 billion available in 2023.

The amfAR ISSUE BRIEF - Supporting Community-Focused Programming: new data highlight the Global Fund's key role²¹, published in December 2024, reported the year-on-year increase in financial support provided by the Global Fund for community-focussed programming - rising from USD371.4m in 2020 to 705.3m in 2024. While such an increase is to be welcomed, the study was not able to disaggregate Global Fund data to allow them to estimate financial support specifically for programmes for the four key populations communities, or those that were community-led. Importantly the brief concluded that the Global Fund must continue to improve data granularity and transparency to enable advocates, including key population communities and organisations led by them, to identify if and where Global Fund supported programmes are being implemented in line with community priorities and identify where improvements are required.

19. Aidsfonds (2020). Fast-Track or Off Track: How insufficient funding for keypopulations jeopardizes ending aids by 2030. Aidsfonds: Netherlands. Available at: [https://aidsfonds.org/wp-content/uploads/2024/02/AF%20off-track%20report_A4_V2_1%20\(9\).pdf](https://aidsfonds.org/wp-content/uploads/2024/02/AF%20off-track%20report_A4_V2_1%20(9).pdf)

20. Dangerously Off Track: how funding for the HIV response is leaving key populations behind, Aidsfonds and Love Alliance, www.aidsfonds.org/resource/dangerously-off-track/

21. amfAR ISSUE BRIEF - Supporting Community-Focused Programming <https://www.amfar.org/news/the-global-fund-and-community-focused-programming/>

However, despite the increase in Global Fund investment in community-focussed programming the 2024 Aidsfonds report found an overall decrease in funding for programmes for key population communities. The report included analysis done by the Global Fund²² that shows their investments in key population prevention programmes within the last three grants increased steadily from 5.9% of all HIV investments for the 2015-2017 funding cycle (grant cycle 4) and 6.8% for the 2018-2020 funding cycle (grant cycle 5) to 8.2% for 2021-2023 (grant cycle 6). Again, while such an increase is to be welcomed, the 2024 Aidsfonds report also identified that while the Global Fund investment in programmes for key population communities has increased over the last decade, bi-lateral donors - who initially recognised the need and invested in HIV programmes for key population communities – contribution had declined from USD3 billion in 2012 to USD1.2 billion in 2023, with some redirecting funds to the Global Fund and international non-government organisations.

The 2024 Aidsfonds report also identified that while philanthropic funding to support key population communities increased from USD19.4 million in 2019 to USD29.4 million in 2022, however, it noted that despite this positive trend this represented a decrease in philanthropic funding reported in the 2020 Aidsfonds report, reflecting a disturbing trend of some key philanthropic funders disinvesting in the global HIV response and key population communities.

The 2024 Aidsfonds report analysed data on domestic funding for key population communities gathered through UNAIDS Global AIDS Monitoring Program Expenditures Database. The analysis found that of the 80 low- and middle- income countries that reported expenditures for HIV programs between 2019 and 2023, only 31 countries reported any investments in key population programs.

UNREALISTIC EXPECTATIONS: The expectation of international donors and institutions, including the Global Fund, that countries whose governments criminalise key population communities will step in as international funding declines and start investing in programmes that respect and protect the dignity of key population communities and provide equitable health and social care for people who they currently fail to protect from deny the universal right to health by excluding them from services and failing to protect from stigma, discrimination and violence is absurd. They hate us so much they allow our fundamental rights to be violated on a daily basis - with no redress, they see us as unworthy, they reject us as good citizens, they prevent us from organising, they encourage and perpetuate stigma, discrimination and violence, they lock us up, they encourage and/or tolerate extrajudicial killing, they execute us....

22. The Global Fund to Fight AIDS, Tuberculosis and Malaria, 50th Board Meeting. Strategic Performance Reporting mid-2023. https://archive.theglobalfund.org/media/13540/archive_bm50-16-strategic-performance-mid-2023_report_en.pdf

ACCOUNTABILITY AND TRANSPARENCY: While acknowledging the improvements that the Global Fund has already made to financial management and reporting systems to enable the better tracking of funding allocated to the key population communities and community-led organisations, it is of paramount importance that they and other donors must continue to make improvements in their systems that will allow the disaggregation of data and ensure transparency by its timely publication. This will enable organisations led by key population communities and other advocates to monitor and hold donors accountable for investing funds where they are most needed, and to track and enable progress towards the 2021 Political Declaration on HIV and AIDS targets to be measured.

03

Communities at the centre

Definitions of ‘community’ and ‘communities at the centre’ appear to be fluid, varying across and within different institutions. This leads to confusion and frustration among key population communities and organisations led by them at the very significant disconnect when they are excluded from stakeholders’ definition of communities and therefore from ‘communities at the centre’ of the global HIV response.

Before setting out how key population communities and organisations led by them understand, define and experience the concept of ‘communities at the centre’, it is important to have a shared understanding of the concept and definitions of ‘community’ and ‘community-led organisations and responses’ that have been agreed by UNAIDS, the Global Fund and other institutional stakeholders.

3.1. Internationally agreed definitions of communities, and community-led organisations and responses

While this position paper can do little to change the misalignment across how stakeholders define communities and community-led organisations and responses, we set out the internationally agreed definitions here:

3.1.1. Defining communities

‘COMMUNITY’: as defined in the Global Fund Technical Evaluation Reference Group (TERG) report ‘Thematic Evaluation on Community Engagement and Community-led Responses’.

“Broadly, communities are formed by people who are connected to each other in distinct and varied ways. Communities are diverse and dynamic. One person may be part of more than one community. Community members may be connected by living in the same area or by shared experiences, health and other challenges, living situations, culture, religion, identity or values. This widely used term has no single or fixed definition.”²³

23. Thematic Evaluation on Community Engagement and Community-led Responses Secretariat-led with TERG oversight, https://archive.theglobalfund.org/media/13140/archive_terg-community-engagement-community-led-responses_report_en.pdf

Communities of gay and bisexual men and other men who have sex with men, people who use drugs, sex workers, and trans and gender diverse people clearly meet the above criteria.

'COMMUNITIES' as defined in the 'Global Fund Strategy 2023-2028'.

"Communities living with or affected by HIV, TB and malaria, including key and vulnerable populations" 6

Noting that the Global Fund relies on their technical partners to define key and vulnerable populations. UNAIDS is the technical partner for the global HIV response.

'KEY POPULATIONS' as defined in 2024 UNAIDS Terminology Guidelines

"UNAIDS considers gay men and other men who have sex with men, sex workers, transgender people, people who inject drugs, and people in prisons and other closed settings as the five main key populations that are particularly vulnerable to HIV and frequently lack adequate access to services. In all countries, key populations also include people living with HIV.

*These populations often experience stigma and discrimination, including in the form of laws and policies, all of which act to reduce access to services and increase risk of acquiring HIV. They are among the groups most likely to be exposed to HIV. Their engagement is critical to a successful HIV response everywhere — they are key to the epidemic and key to the response."*²⁴

Gay and bisexual men and other men who have sex with men, people who use drugs, sex workers and trans and gender diverse people are explicitly included in the above definitions.

24. 2024 UNAIDS Terminology Guidelines https://www.unaids.org/en/resources/documents/2024/terminology_guidelines

3.1.2. Defining community-led organisations

'COMMUNITY-LED ORGANISATIONS' as defined in 2022 UNAIDS Community-led AIDS Responses.

UNAIDS Joint Programme on HIV and AIDS adopted definitions of community-led organisations and community-led responses approved by the UNAIDS Programme Coordinating Board in December 2022.

“Community-led organisations, groups and networks engaged in the AIDS response, whether formally or informally organised, are entities for which the majority of governance, leadership, staff, spokespeople, membership and volunteers, reflect and represent the experiences, perspectives, and voices of their constituencies and who have transparent mechanisms of accountability to their constituencies. Community-led organisations, groups, and networks engaged in the AIDS response are self-determining and autonomous, and not influenced by government, commercial, or donor agendas.”²⁵ Not all community-based organisations are community-led.”²⁶

Key population-led organisations are seen by the Global Fund and UNAIDS as different types of community-led organisations – therefore the above definition should apply to those led by key population communities.

Organisations led by key population communities vary from small, informal groups to large, formal structured organisations and networks, with or without formal . Dependent on their stage of development and national legislation they may or may not be formally registered with local or national governments. They are run by people from the community being served, who are in the majority across employees and volunteers, as well as in governing bodies and advisory groups. Their ethos and work is guided by the lived experiences and realities of the cultural, legal and social challenges faced by the community, as well as an awareness of existing opportunities.

Organisations led by key population communities are anchored in their communities through transparent accountability mechanisms that include systems to regularly gain input from and give feedback to the communities they serve. They uniquely give voice to the holistic needs of their community, reflecting and addressing issues relating to inequality, inequity, and human rights violations, including violence and lack of access to justice, as well as health issues.

25. This statement is designed to emphasise the importance of self-determination. It does not mean there are no influences upon community-led organisations. Community-led organisations engaged in the AIDS response, do not work on their own, but together with many other stakeholders, these partnerships are critically important. Community-led organisations may choose to take into account the positions of other stakeholders, in particular those that they work with. However, decision making power rests with the community-led organisation, they should not be put under undue pressure to alter their view to suit any other stakeholder whether that is a government, donor or commercial body. They may come to the same perspective as other stakeholders – but they must do this of their own free will.

26. Community-led AIDS Responses: Final report based on recommendations of the multistakeholder task team <https://www.unaids.org/en/resources/documents/2022/MTT-community-led-responses>

3.1.3. Defining community-led responses

'COMMUNITY-LED RESPONSES' as defined in 2022 UNAIDS Community-led AIDS Responses.

“Community-led AIDS responses are actions and strategies that seek to improve the health and human rights of their constituencies, that are specifically informed and implemented by and for communities themselves and the organisations, groups, and networks that represent them.”²⁵

Responses led by key population communities are all seen as different types of community-led responses – all the details included in the definition of community-led responses also apply to them.

In these challenging times it is important that definitions of community, community-led organisations and community-led responses are not diluted by international agencies under political pressure and that key population communities are not excluded from 'communities at the centre' in the global and national HIV responses.

3.1.4. Our understanding of 'communities at the centre'

There was absolute consensus across the four key population communities, and across all regions, during the consultation around a common understanding of the concept of 'communities at the centre'. The methodology for this consultation is detailed in the annex. We share some of our communities comments here:

• **Communities as experts and decision makers**

- “recognize communities as experts on their own needs and lived experiences. Requires joint strategizing, planning, fundraising, and implementation that enables more effective, passionate, and impactful programs.”

25. This statement is designed to emphasise the importance of self-determination. It does not mean there are no influences upon community-led organisations. Community-led organisations engaged in the AIDS response, do not work on their own, but together with many other stakeholders, these partnerships are critically important. Community-led organisations may choose to take into account the positions of other stakeholders, in particular those that they work with. However, decision making power rests with the community-led organisation, they should not be put under undue pressure to alter their view to suit any other stakeholder whether that is a government, donor or commercial body. They may come to the same perspective as other stakeholders – but they must do this of their own free will.

- “community representation and involvement in all levels of decision-making, including setting programme priorities and financial resource reallocation. Community needs and priorities at core of program design. Community expertise and lived experiences is recognized and utilized throughout program lifecycle. Community data is captured, analysed and used to monitor effectiveness of programmes. Platforms established for periodic accountability to communities on program performance and financial resource allocation.”
- “Communities at the centre means building responses around our needs and realities, ensuring our active involvement in decision-making.”
- “requires real power and decision-making authority for communities”

• Community-driven program design and implementation

- “active community engagement in influencing policies and programs, not just passive participation. Community members best understand needs and should be part of decision-making. Emphasis on community outlook and well-being and long-term benefits, not only negotiating funding or services.”
- “communities are truly involved from the beginning to the end of any process or program, with their needs and perspectives driving the agenda. This goes beyond just tokenistic representation, and requires eliminating barriers that prevent meaningful community engagement and leadership.”
- “community involvement from planning through implementation, execution, and evaluation”
- “building HIV response around disproportionately affected communities, requiring active community involvement in decision-making, not just as passive recipients.”

• Transparency, accountability and funding alignment

- “genuine voice and internalization of community issues by policymakers/donors. Engagement from the beginning of any initiative, not just sharing final drafts. Implementation and follow-through on commitments. Transparency around funding and decision-making is critical.”
- “community representation and involvement in all levels of decision-making, including setting programme priorities and financial resource
”requires donors asking communities directly what they need before allocating funds”
- “best interest of community served. Community indicators rather than only donor-built metrics used to determine impact and benefit to community. Donors and stakeholders align with day-to-day realities of communities”

• **Recognition and respect for human rights**

- “acknowledge us as people”
- “community interests, aims and missions are addressed. Recognizing harms of criminalization and working to reduce them, not just providing services.”
- “prioritize best interests of communities. Listen to grassroots through transparent, inclusive decision-making processes.”

3.1.5. **Our experience of ‘communities at the centre’**

There was also clear commonality of experiences across the four key population communities and across regions reported during the consultation, with key population communities and the organisations led by them too often feeling distant and marginalised from ‘communities at the centre,’ while acknowledging that the Global Fund and some international donors have tried, but too often have missed the mark. We share some of our communities’ comments here:

• **Tokenism and lack of meaningful inclusion**

- “tokenistic inclusion of key populations in consultations and decision-making. Community priorities (e.g. drop-in centres) often excluded from final proposals without explanation.”
- “lack of meaningful involvement of community and feedback mechanisms for community input.”
- “currently often tokenistic with communities brought in late to implement pre-designed programs.”
- “our community feel used as “puppets” to approve narratives and projects without true input”
- “current reality falls short, with tokenistic inclusion and limited influence (e.g. CCM representative exists but lacks real power and influence)”

• **Barriers to access and participation**

- “limited access to critical information prevents our meaningful engagement (e.g. Global Fund policies and guidelines, budgets and contracts, in-country procedures)”
- “information not shared with CCM representative and sometimes they are not even invited to meetings, leaving community in the dark.”
- “our CCM representative was told they cannot share information with us.”
- “language barriers (e.g., lack of English or Hindi) and lower education levels within our community often used to exclude us from participation”

• **Disconnect between promises and implementation**

- “disconnect between verbal commitments and actual implementation.”
- “donors often give lip service without concrete implementation. Global Fund is trying but struggling to make it concrete.”
- “disconnect stems from different stakeholders having vastly different interpretations and priorities.”
- “Communities Rights and Gender Department has initiated a Community connector, its still at the proof of concept stage, but participation requires a very high level knowledge of Global Fund infrastructure and it does not give space to key population community representatives to raise issues of what is happening on the ground, but focusses on structured discussion of GF concepts set by GF – apparently to help manage expectations.”

• **Devaluation of community expertise and priorities**

- “skills and lived experiences of community members undervalued despite their capability in solving community problems.”
- “Global Fund [Principal Recipients and Sub Recipient] often prioritizes bureaucratic and financial needs over community-identified priorities and realities.”
- “they [donors] tend to prioritize quantitative metrics over quality of life improvements.”
- “donors often choose to work with elite community leaders and organisations - claiming community representation – but they are often disconnected from grassroots issues and hinder community advocacy efforts.”
- “governments still holding on to geographic definition [of communities], and lack understanding of key population communities and networks who they view as lacking capacity.”

3.1.6. Articulating our criteria for ‘communities at the centre’

Putting key population communities and organisations led by them at the centre requires:

- Meaningful involvement that is not limited to ad-hoc involvement in consultations or as peer educators, but where key population communities and organisations led by them are valued as equals and experts, and are given equal space and voice.
- Key population-led organisations choose how they are represented, and by whom, and choose whether to participate or not, and how they engage in the processes.
- Key population communities are not seen only as beneficiaries of programmes, but are involved at all levels in programmes and policy development and review (design, development, implementation, monitoring and evaluation, management, advisory committees, and governance).

- Clear Terms of Reference are in place for key population community representatives, that include an explicit clause that they represent their constituencies and/or organisation (and not their personal interests or opinions) and will be removed if requested by their constituency or organisation.
- Power sharing with key population communities and the organisations led by them with an end goal of power shifting to key population communities and organisations led by them.
- Translation and interpretation are always provided if required to enable informed engagement and decision-making.
- A transparent process exists and allows time for consultation within and between key population-led organisations and their constituencies.
- Key population communities' time must be valued and clear remuneration criteria established, including but not limited to out-of-pocket expenses, with appropriate and equitable mechanisms for remuneration in place, including for those without access to financial institutions.

"If we do not invest in community interventions, community implementations, community expertise, community-driven programs, community-led organisations and responses, then we are not going to end HIV by the time they think we are going to end it."

3.1.7. Articulating principles that underpin effective, ethical, impactful and sustainable engagement

Meaningful community engagement and partnership are often mentioned by donors, policymakers, and other civil society organisations, but without a common understanding of what key population communities and organisations led by them expect from equitable, effective, ethical, impactful and sustainable engagement and partnerships.

Here, we outline the consensus across the four global key population-led networks on the principles that underpin our expectations – both for ourselves and those seeking to meaningfully engage with us. These principles apply across countries, contexts, and cultures, and must be upheld even in challenging times.

Autonomy: the autonomy of key population-led organisations is recognised and embedded in both engagement and partnership agreements and working arrangements.

GIPA+ principle: organisations and networks led by key population communities are recognised as experts and their collective skills, knowledge, and ability to connect with their communities are valued as a critical contribution in HIV and other global health responses.

Optimal use of resources: limited resources require all partners to ensure optimal use of funds, while at the same time ensuring that key population communities and organisations led by them are equitably reimbursed for their expenses, time, and expertise.

Information and transparency: evidence-based, objective, and up-to-date information about health, social care and human rights protection options for key population communities is shared with all partners and consistently used to inform and realign engagement and the work of the partnership.

Diversity: value and respect diversity, recognising the added value of each other's different backgrounds, knowledge, skills, and capabilities; and cultivate a safe and supportive environment for key population communities.

Inclusion: ensure inclusion of and voice given to those who are disproportionately vulnerable to oppression on the basis of their gender identity, age, HIV status, sexual orientation, ethnicity and nationality, socio-economic status, migration, and legal status. Actively foster a culture of inclusion through promoting tolerance, cooperation, and collaboration.

Addressing power dynamics: willingness to openly and honestly discuss the power dynamics that exist within any engagement or partnership, and to seriously explore options for power-sharing and power-shifting.

Decolonisation²⁷: commit to model genuine collaboration with key population communities rather than perpetuating colonial approaches and mindsets.

Depathologisation: commit to working to challenge the pathologisation, through psycho-medical and legal restrictions, of key population communities that deny us access to respectful healthcare for our self-identified physical and mental health needs.

Risk aversion: commit to working on and through negative perceptions of or risk aversion to working with any of the key populations communities.

Terms of reference: clear terms of reference, that set out expectations, roles, and responsibilities for all parties²⁸, must be mutually agreed prior to commencing any form of engagement, partnership or work and should be reviewed on a regular basis for compliance and any adjustments required.

Do no harm: all parties have a responsibility to assess whether the engagement or partnership could have a negative impact upon key population communities or organisations led by them, and where necessary agree and put in place measures to mitigate the risk of harm.

27. Decolonisation is the process of deconstructing colonial ideologies of the superiority and privilege of Western thought and approaches. Decolonisation involves dismantling structures that perpetuate the status quo and addressing unbalanced power dynamics.

28. Parties may include a wide range of stakeholders including United Nations agencies, national or local government institutions, international or national non-governmental organisations, researchers and academics as well as other civil society actors.

04

Leveraging the Global Fund's influence

The increasingly hostile environment, particularly in relation to antagonistic governments' introducing and implementing legislation, policies, and practices that seek to eliminate and/or deny the civil, human and labour rights of key population communities, requires the Global Fund to amplify its diplomatic voice and advocacy for key population communities and organisations led by them at both international and national levels. With key population communities making up an estimated 5% of the global population and the latest data from UNAIDS estimating that they account for 55% of new HIV infections urgent attention is required to ensure key population communities are not left further behind. It is imperative that:

The Global Fund Board, Secretariat leadership and staff actively call for increased HIV resources to be allocated to programmes for key population communities and organisations led by them. This will require consistent and continuous messaging about the funding shortfall and the growing evidence of the effectiveness - including cost-effectiveness and efficiency - of responses led by key population communities and the organisations led by them. To achieve this, the Global Fund Secretariat must improve its ability to track funding allocations for each of the four key populations within national proposals, contract budgets, reported expenditures, as well as funds allocated to key population-led responses.

The Global Fund Secretariat leadership and staff are unambiguous in both multi-lateral and bi-lateral discussions, including with governments, about the importance of addressing the needs of all four key population communities. The Global Fund leadership must emphasise the capability and effectiveness of organisations led by the key population communities - when they are appropriately resourced - in reaching their communities and responding to their needs; and ending the global HIV pandemic depends on all stakeholders supporting the key population communities' efforts.

The Global Fund Board and Secretariat leadership use every opportunity to actively call for donor and recipient countries to review and amend laws, policies, and practices that undermine the global and national HIV responses by exacerbating key population communities' vulnerability to HIV acquisition, restrict access to health care, and undermine or violate human rights.

The Global Fund Secretariat leadership and staff are unambiguous in calling out negative perceptions of key population communities and proactively address risk aversion to funding organisations led by them. Global Fund leadership can influence both negative perceptions and risk aversion by consciously and consistently highlighting the critical role that key population communities have played throughout the global HIV response, and more recently through primarily self-funded interventions during the COVID-19 pandemic.

When invited to speak in high-level international and national forums to discuss the HIV response, the Global Fund Secretariat leadership should share the platform and give voice to key population communities, aligning diplomatic efforts with key population communities' priorities and realities. Ensuring community representatives are chosen by community-led organisations and networks, and are able to speak freely about their lived experiences and issues of concern to key population communities - including criticisms of the Global Fund and other stakeholders.

The Global Fund Secretariat leadership amplify the impact of its diplomatic voice by sensitising and building capacity within the Grant Management Division, supporting the role of Fund Portfolio Managers and Country Teams in encouraging governments, Local Fund Agents, Principal Recipients and Sub-Recipients to consistently engage in more appropriate and respectful behaviour towards key population communities and organisations led by them. This will require an ongoing process of learning and development, ensuring Fund Portfolio Managers and Country Teams regularly update their skills and knowledge about key population communities and community-led organisations and responses - such training should be mandatory.

Language matters: The Global Fund, technical partners, and donors must respect and work with the agreed definitions and language around key population communities. These definitions and terms have come from lengthy negotiations and been agreed following consultation with organisations led by key population communities. Where stakeholders fail to use the agreed language, the Global Fund should use its diplomatic voice to reinforce agreed definitions and language.

The Global Fund needs to lead by example if its diplomatic voice is to have impact.

05

Centring key population communities in the global HIV response

It is important to acknowledge that stigma, discriminations, and direct and indirect criminalisation are the reality faced by key population communities and organisations led by them across the world, creating substantial barriers to their meaningful engagement in national HIV responses. Stigma and discrimination are also the root of negative perceptions of key population communities and risk aversion to funding organisations led by them. Structural and systemic stigma and discrimination remain widespread and too often results in a lack of trust and the exclusion of key population communities and organisations led by them. The lived experience of key population communities show that these issues are endemic in many countries and institutions, including within Global Fund Secretariat, Country Coordinating Mechanisms, Principal Recipients, and international and national non-governmental organisations. This includes unrealistic expectations of key population communities in terms of bureaucratic, language and scientific skills, a reliance on English or other colonial languages that seriously limit community engagement, and an unwillingness to recognise their expertise and equitably compensate key population community members for work. The following asks and recommendations arise from the experiences communicated during the consultation of key population communities and organisations led by them:

Recommendation 1: Increase funding and implement a differentiated funding approach for key population communities. Increased access to funding for organisations led by key population communities is critical, acknowledging that in many countries and contexts governments that criminalise key populations are unlikely to fund rights-based services in line with international normative guidance. A differentiated funding approach must recognise **that organisations led by key population communities have huge potential to reach and serve their communities** and are a critical component of the global and national HIV responses, yet may not necessarily have the infrastructure and systems that international and large national non-governmental organisations have in place.

Organisations led by key population communities **require investment in building their capacity to develop and implement infrastructure and systems that work for them.** not simply be expected to duplicate the infrastructure and systems of large institutions. Differentiated funding approaches do not ignore the need for oversight or accountability to donors, but require an understanding of the environment and context. They **require listening to organisations led by key population communities when they raise concerns.**

For the Global Fund it will require them to prioritise the implementation of a differentiated funding approach that can avoid government and CCM influence and ensure organisations led by key population communities are funded to provide services for and with their communities, in line with the Global Fund Strategy 2023-2028. commitment to communities at the centre.

A differentiated funding approach will require the Global Fund to address the following:

- most national organisations led by key population communities have very limited resources and reserves. Results-based funding arrangements, where the organisation is only paid after meeting targets, such arrangements are unreasonable and exploitative when staff and volunteers are forced to work unpaid and cover their own expenses.
- appropriate grant management processes must be developed that are aligned with the capacity of community-led organisations.
- activities and budgets must be discussed and agreed with organisations led by key population communities, not imposed upon them. Budgets must include fair remuneration for work carried out and reimbursement of out of pocket expenses.
- greater flexibility in budgets and implementation of activities across the grant period to allow for unforeseen changes in the environment and political contexts, as well as changing community needs.
- the need for funds to develop and sustain vital infrastructure and systems and support advocacy to address persistent barriers to realizing key populations' health and human rights.

For bi-lateral and philanthropic donors it is important that they also **recognise that key population communities around the world cannot rely on governments allocating domestic resources to rights-based programmes** in line with international normative guidelines, or to allocate resources for advocacy by organisations led by key population communities. Bi-lateral and philanthropic donors need to **review their decision to step back from directly funding key population communities and organisations led by them.** Their financial support for key population communities was critical as the global HIV pandemic emerged, and is even more critical now that it continues to disproportionately rage among key population communities.

All donors need to **recognise that organisations led by key population communities require core funding to develop and sustain vital infrastructure and systems**, including pre-planning to protect the safety and security of both the community and the organisation in the event of challenging events and peer-led training to enhance skills and foster South-South learning.

Recommendation 2: Amplify advocacy for decriminalisation of key population communities. Decriminalisation of all four key population communities is essential to enabling them to be centred in global and national HIV responses. **The global HIV pandemic will not end while criminalisation, stigma, and discrimination continue.**

It requires the Global Fund Secretariat leadership and staff to be more proactive in calling on governments to decriminalise all four key population communities and explicit in articulating the evidence showing the negative impacts of direct and indirect criminalisation on vulnerability to HIV, stigma, and discrimination. It will require meaningful engagement with key population communities and organisations led by them in identifying short-, mid- and long-term policy goals to advance the Global Fund's mission to defeat HIV and ensure a healthier, safer and more equitable future for all.

It requires bi-lateral and philanthropic donors to fund or continue funding advocacy by and for key population communities and organisations led by them, enabling the documentation of the current realities of key population communities and providing the evidence of the harm of criminalisation, stigma and discrimination.

It requires local and national governments to understand the real impact of direct and indirect criminalisation and the need to integrate law and policy reform alongside rights-based HIV response efforts if they wish to contain and end the HIV epidemic in their countries.

Recommendation 3: Address the growing influence and impact of anti-rights movements. Key population communities around the world need the Global Fund, UN agencies, and donors to join community voices in challenging the growing influence of the anti-rights, anti-gender and anti-democracy movements that are permeating governments and undermining equity, public health and human rights for all.

It requires the Global Fund Secretariat leadership and staff to **proactively challenge governments that introduce laws, policies and/or restrictions that seek to undermine the realisation of fundamental human rights**, particularly when key and vulnerable populations are targeted.

It requires all donors **to challenge the erosion of respect for universal human rights and fund organisations led by key population communities who are resisting the erosion** of their civil and human rights.

Recommendation 4: Address and challenge negative perceptions and risk aversion. Negative perceptions of key population communities and risk aversion to funding and working with organisations led by them exist across multiple stakeholders, including the Global Fund Secretariat and national mechanisms. This undermines the effectiveness and sustainability of global and national HIV responses and prevents key populations from truly being centred in HIV responses.

It requires the Global Fund Secretariat leadership to pro-actively advocate, internally and externally, to **uphold the dignity and humanity of key population communities** and promote global recognition of the work of organisations led by key population communities and the many achievements of community-led responses.

It requires the Global Fund Board and Secretariat leadership to **review current financial and programme risk management policies and procedures** to ensure there is no opportunity for bias in oversight of organisations led by key population communities.

It requires the Global Fund Secretariat leadership to **review current guidelines for Principal Recipients to ensure there are safeguards in place against bias, discrimination or exclusionary requirements** that would prevent organisations led by key population communities being selected as sub-recipients or sub-sub-recipients.

It requires the Global Fund Fund Portfolio Managers and Country Teams **to be pro-active in ensuring safeguards are sufficient and monitoring the implementation of guidelines** to ensure that the Global Fund fulfils its commitment to communities at the centre and equitable funding and programme implementation.

It requires all donors **to acknowledge and amplify the work done by organisations led by key population communities and ensure information gathered by and from key population communities is utilised.**

Recommendation 5: Address unhealthy power dynamics within the country ownership model. Criminalisation, structural and systemic stigma and discrimination create a disconnect between the country ownership model and the realities experienced by key population communities. The power dynamics within countries often undermine meaningful engagement of key population communities and organisations led by them in national processes, including the CCM, selection of Sub-Recipients, and programme development and implementation.

It requires to Global Fund Secretariat to **develop and implement a community engagement accountability framework** to challenge and mitigate unhealthy power dynamics, holding national stakeholders responsible for ensuring the meaningful engagement of key population communities. The framework should encourage power sharing and power shifting to organisations led by communities most affected.

It requires the Global Fund Secretariat to review current policies and procedures to ensure there are **robust safeguard against gatekeeping** that excludes key population communities and organisations led by them from national processes, including **measures to stop the cherry-picking of individuals by gatekeepers** and ensure that representatives are chosen by key populations communities and organisations led by them.

It requires Global Fund Principal Recipients and Country Coordinating Mechanisms to **respect the priorities of key population communities that align with the Global Fund Strategy** and if community priorities are excluded or overturned during negotiations, they must inform the Global Fund and communities and provide a clear explanation for these decisions.

It requires the Global Fund to **clarify, simplify and improve access to information on Global Fund policies, processes and requirements for potential and current recipients**. Global networks led by key population communities are ideally placed to simplify complex, high literacy level documents and ensure they are accessible to key population communities, but they will require funding for this work.

It requires all donors to examine power dynamics within their grant processes and address unhealthy power dynamics, including the perpetuation of colonial approaches and mindsets.

Recommendation 6: Uphold and safeguard meaningful involvement of key population communities in national processes and Country

Coordinating Mechanisms (CCMs). While engagement of key population communities has improved in some contexts, there are still too many reports of deteriorating engagement, with key population representatives being threatened, removed from CCMs, and arrested when attending consultations and meetings. This undermines the Global Fund model that puts “Communities are at the heart of everything we do. ... we challenge power dynamics to ensure affected communities have an equal voice in the fight and an equal chance at a healthy future.”

It requires the Global Fund Secretariat to **strengthen safeguarding and ensure CCMs are safe and supportive environments** for key population communities.

It requires the Global Fund Secretariat to **develop and implement an accountability framework and mechanism** to monitor and report on key population communities engagement, including elections of key population representatives, funds and documents made available to support key population communities engagement, and sharing of all CCM documents and other relevant information to enable informed decision-making.

It requires the Global Fund Secretariat to **develop and implement safety protocols and mechanisms**, to address the increasing security threats faced by key population communities when engaging in national processes.

It requires the Global Fund Secretariat to increase efforts to **ensure the three new expectations for community engagement are being met**, and report on overall community engagement and whether CCMs are accessing and distributing the 15% CCM funding allocated to supporting community engagement.

Recommendation 7: Ensure a shared understanding of ‘communities at the centre.’ Despite ‘communities at the centre’ being central to the Global Fund Strategy 2023-2028, internal and external stakeholders understanding of this concept is still misaligned. It is important that there is clarity and consistency about the ‘who, what, when, where and why’ of this approach. This is particularly relevant across the Global Fund Secretariat, but also across governments and communities.

It requires the Global Fund Board and Secretariat leadership to **clarify the Global Fund’s concept and definition of ‘communities at the centre’ and provide further guidance if necessary** to ensure a common understanding within the organisation, including how key population communities and organisations led by them are expected to be meaningfully engaged.

It requires the Global Fund Secretariat leadership to disseminate and amplify their concept of ‘communities at the centre’, **review current policies and guidelines to ensure they are consistent with the concept of ‘communities at the centre’ for all**, and be explicit about their expectations of meaningful engagement with key population communities in country-level processes.

It requires Global Fund Fund Portfolio Managers and Country Teams to **be explicit in their communications with countries, including governments, about the Global Funds expectations** of meaningful engagement of all four key populations in country-level processes.

It requires **Country Coordinating Mechanisms and Principal Recipients to respect and protect the meaningful engagement of key population communities**, while ensuring their safety and security and not ignoring or overturning their priorities and decisions.

It requires all stakeholders to ensure that **robust and safe systems are in place to count, collect and report disaggregated data for key population communities** to accurately report on engagement and funding.

Recommendation 8: Ensure accountability and consequences when Global Fund policies and guidelines are ignored. While key population communities appreciate the efforts of the Global Fund and acknowledged the real difference those efforts have made in some countries, there is much still to be done. Despite current Global Fund policies and guidance too many organisations led by key population communities across all regions continue to report that their communities are not being served by programmes funded by the Global Fund and/or that they are being excluded from meaningful engagement in country-level processes. It is apparent to our communities that despite the Global Fund having a plethora of policies and guidelines for recipient countries these are being ignored by too many national stakeholders with impunity.

It requires the Global Fund to **develop and implement an accountability framework and redress mechanisms.**

The accountability framework needs to:

- ensure greater scrutiny and detailed tracking of data on spend, including who received funds, where, when and on what funds have been spent, to allow disaggregated reporting for all four key populations and funds received by organisations led by them.
- ensure safeguarding policies are reviewed on a regular basis and are appropriate to guarantee the safety and security of key population communities when engaging with the CCM and other national processes.
- ensure Principal Recipients are held accountable if they fail to comply with Global Fund policies and guidelines or when they falsely claim policies they have developed to restrict or exclude organisations led by key population communities are Global Fund policies.
- ensure governments are held accountable when they block programmes for any of the key population communities or exclude them from public services.
- include redress mechanisms.

Country ownership must not be allowed as the justification for perpetuating the marginalisation and social exclusion of key population communities. Redress mechanisms must involve real consequences for any national stakeholder that ignores or disrespects Global Fund policies and guidelines relating to health, human rights and meaningful involvement of key population communities and organisations led by them.

Consequences could include:

- Governments facing financial penalties, but should not affect funds received for treatment or service delivery.
- Principal Recipients facing financial penalties for first time breaches or put under special measures or removed for repeat or particularly egregious breaches.
- CCMs being put under special measures if they fail to have appropriate safeguards to protect the safety and security of key population communities.

06

Conclusion

Key population communities – gay men and other men who have sex with men, sex workers, transgender people, people who inject drugs and people in prison settings – continue to bear a disproportionate burden of the HIV epidemic globally, despite decades of awareness and efforts to combat the virus. The persistent lack of progress in reducing HIV incidence within these communities, and in some cases, even an increase, underscores the failure of current strategies to adequately address their specific needs and vulnerabilities.

Numerous global strategies and reports have recognized the importance of person-centered approaches and engaging affected communities, with the Global Fund itself explicitly calling for ‘communities at the centre’. However, the lived experiences reveal a significant gap between these commitments and the reality on the ground, often characterized by tokenistic inclusion and a lack of meaningful involvement of key population communities in decision-making processes.

This position paper serves as a direct response to this disconnect, rooted in the expertise and lived realities of key population communities themselves. It meticulously outlines the structural barriers – including criminalization, stigma, discrimination, the influence of anti-rights movements, enduring colonialism, and a lack of adequate and flexible funding – that continue to marginalize these communities and hinder effective HIV prevention and treatment efforts.

Ultimately, genuine progress in ending the HIV pandemic and advancing global health equity requires a fundamental reorientation that truly centres key population communities and organizations led by them. This necessitates a move beyond mere rhetoric to concrete actions that include increased and differentiated funding, the amplification of advocacy for decriminalization, the challenging of negative perceptions and risk aversion, the addressing of unhealthy power dynamics, the safeguarding of meaningful involvement in national processes, and the establishment of accountability mechanisms to ensure policies are not ignored.

We urge the Global Fund, other donors, governments, and stakeholders to recognize the expertise and unique ability of key population communities to reach and serve their own members. Failure to heed this call and implement the recommendations outlined in this paper risks undermining global health targets and perpetuating the disproportionate impact of HIV on those most vulnerable.