

Join us for the 14th GPC KP COP

Prioritising and Programming for HIV Prevention for Key Populations in GC8

Wednesday, 29th April 2026

Session 1: 11h00 – 12h30 GMT+2
Session 2: 16h00 – 17h30 GMT+2

English, French, Portuguese, Spanish

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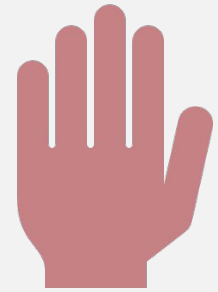


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We're curious to know who are here - in the chat, **say hi** and let us know where you are from!



In the *participants* tab, **raise your hand** if you'd like to speak during the discussion session

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Opening Session



Heather-Marie Ann Schmidt,
UNAIDS and WHO

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The 14th KP CoP aims to achieve the following objectives:

1

Share evidence to support key population networks, implementing partners, and governments in prioritising programming for key populations in GC8.

2

Deepen stakeholders' understanding of the key tools available to support the development of the key population prevention section of the GC8 proposal

3

Learn from government and community networks to advocate for, and ensure, the effective prioritisation of key populations in the Global Fund proposal

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Evidence to Prioritise Key Populations in the GC8 Application



Matteo Cassolato,
The Global Fund

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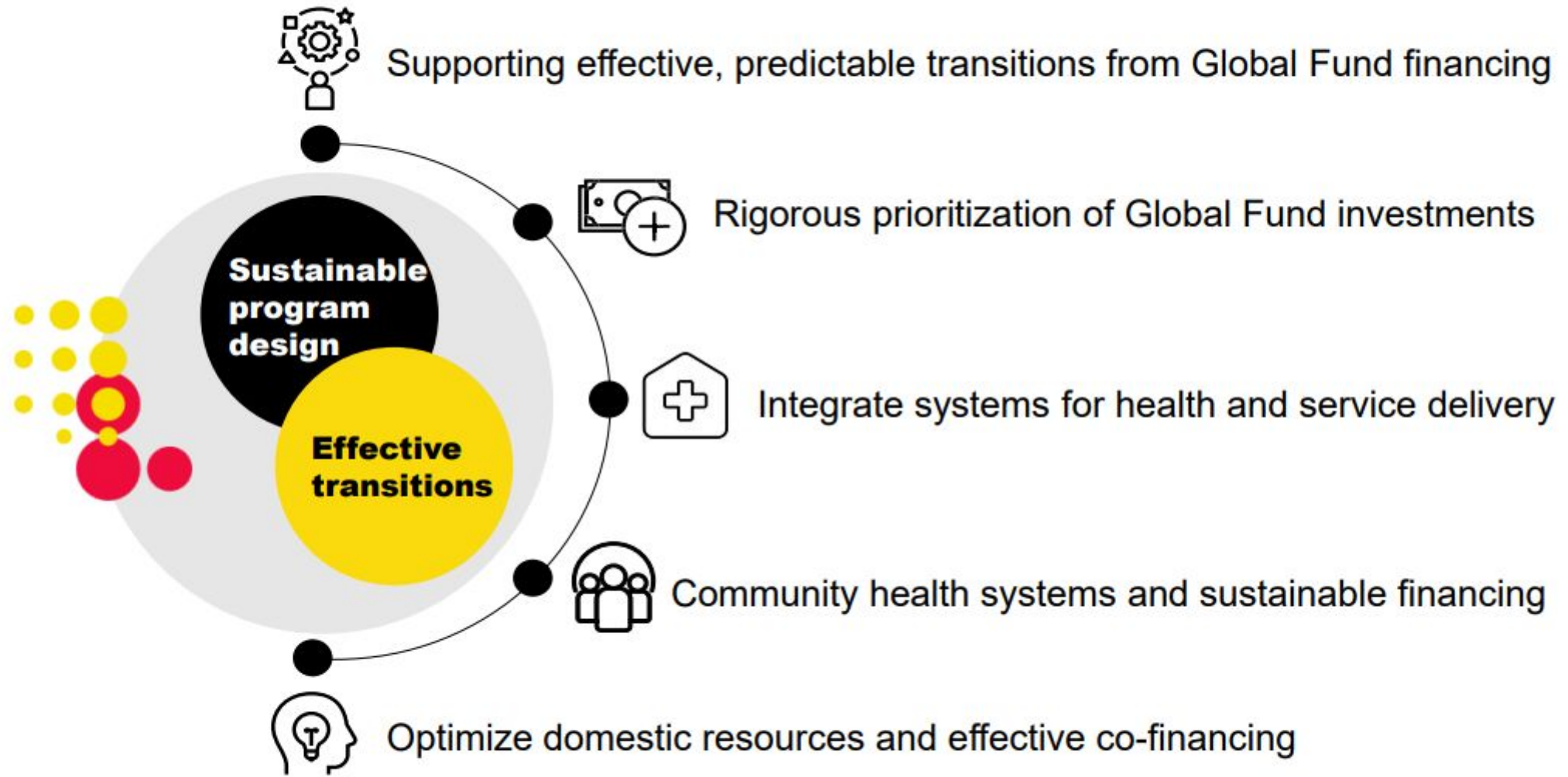


**SOUTH TO SOUTH
LEARNING NETWORK**

Connect – Learn – Deliver

Prioritizing Key Populations in the GC8 Application

Grant cycle 8 strategic shifts: on the path to self-reliance



Funding Requests in GC8



Applicants develop a **funding request package** which tells the Global Fund how the Allocation will be invested.



Funding requests should be **aligned with country processes**, reflect the **national health strategy** as expressed in **costed and prioritized National Strategic Plans**, and be informed by **country dialogue**.



For GC8, **countries required to submit funding requests for all eligible components at the same time**, ideally as a single multi-component request.

8

Two funding request application packages for GC8:

High Impact and Core Portfolios



Full Review

Funding Request Package for GC8:

Form +
11 Annexes

Dedicated training in
January

Focused Portfolios



Transition / Focused

Funding Request Package for GC8:

Form +
9 Annexes

Dedicated training in
March

GC8 FR/GM submission pathways



Important to confirm implementation arrangements early, to improve implementation-readiness. Key prerequisite to allow development of Grant-ready Funding Request.

8



Description


If CCM nominates existing PR(s) they can request that PR(s) develop grant-level PF/DB as part of the Applicant's Funding Request submission

Benefits

- ✓ Expedites grant negotiations
- ✓ Reduces manual rework
- ✓ Ensures strong early grant design from the start

Eligibility

For Applicants that **nominate existing PRs for all grants** within the same FR

 **Early nomination of PRs is critical**



Traditional Funding Request completed by the Applicant, with FR-level PF/DB, reviewed by TRP before negotiating grant-level PF/DB

- ✓ Ensures a rigorous FR prioritization process in case of changing PR, or significant changes to implementation arrangements or national reprioritization

For applicants nominating a **new PR for one or more grants**, or who choose to use the classic approach

 **Early nomination of PRs still recommended**



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Interventions to support key populations programming sit across several modules in the framework



Modular Framework



Handbook

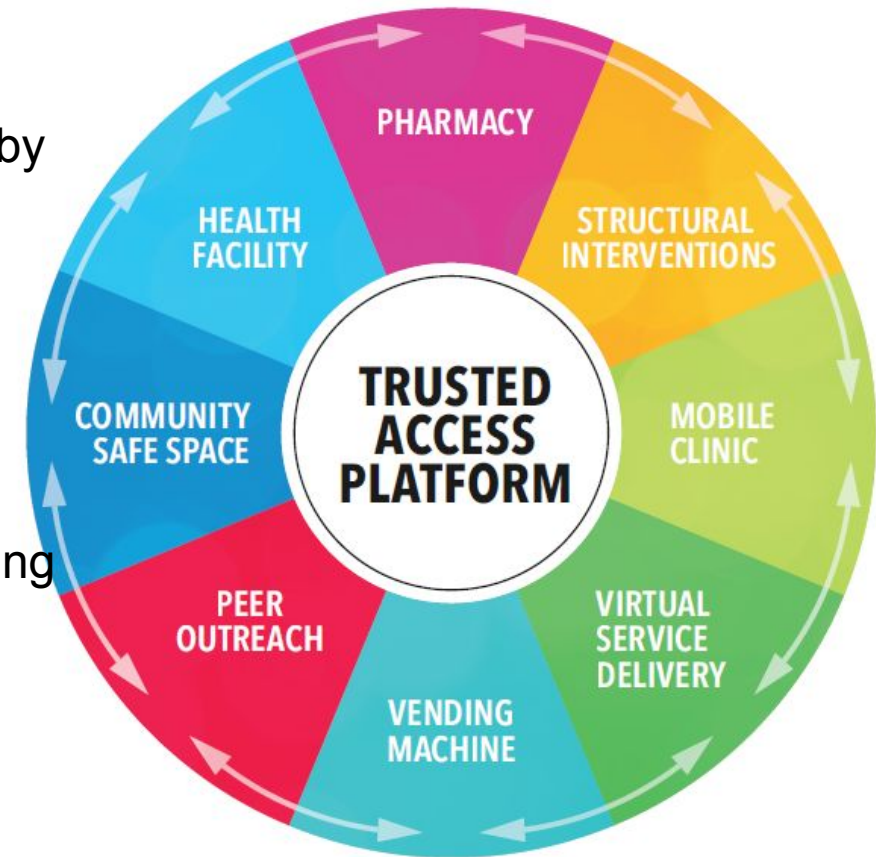
Grant Cycle 8

Date published: 10 April 2026

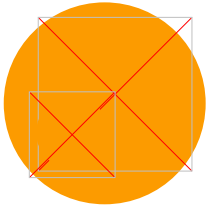


KP Priorities for GC8: Optimize, Adapt and Integrate

- Prioritize **service delivery** based on HIV incidence among KP and resource availability.
- Protect **coverage of essential prevention services** for key populations by identifying efficiencies through optimization, adaptation and integration processes.
- Continue to design programs for key populations based on a “**trusted access platform approach**,” which combines multiple service delivery models, but rethinking opportunities offered by **underutilized service delivery approaches** (e.g. online spaces, pharmacies).
- Optimize and adapt existing strategies employed by the program supporting key populations, for instance **carefully reviewing the performance** of community outreach programs to ensure they are fit for purpose and **assessing the cost effectiveness of strategies** (e.g., standalone KP clinics, mobile clinics, drop-in centers, etc.) to inform what should be retained and what should be stopped.
- Where possible, support **the integration of programs for key populations into primary health care**, identifying potential risks in advance and implementing appropriate strategies to address them (e.g., developing transition schedules, making health units competent for key populations).



Integrating HIV services for Key Populations



- KPs have access to services across the HIV care continuum (from prevention to treatment and care, including testing) through a variety of community-based and health service-based approaches (in line with the WHO-recommended differentiated service delivery approach). Some of these approaches are implemented entirely by government entities, while others are implemented entirely or partially by CBOs.
- HIV-related services should be provided with quality in a context of trust, confidentiality, respect and anonymity for key, vulnerable and most-at-risk populations.
- In some countries, integrating HIV services might imply some risks. The list below is not exhaustive. Actions can be taken to support service provision for most-at-risk populations.

Potential risks when integrating HIV services	Non-exhaustive list of strategies to address risks
<p>Financial constraints can lead to rapid and unplanned transition from community-based services to services provided in health facilities</p>	<ul style="list-style-type: none"> • Adopt a gradual transition approach over several years, based on community-led assessments of readiness for integration and integration frameworks developed with KP representatives • Strengthen and support links and referrals between community KP settings and KP competent health facilities
<p>When services shift to health facilities, the decline in the availability of services provided by community-based organizations can lead to a decline in access to and use of HIV prevention and testing services.</p>	<ul style="list-style-type: none"> • Consultations with KPs and PLHIV guide efforts to streamline the quantity and quality of service delivery approaches • Protect community service delivery points (community centers, community clinics dedicated to KP) • Make the most of opportunities offered by virtual interventions and KP-competent pharmacies
<p>Loss of specialized services for KPs particularly at the community level (e.g., needle and syringe programs for PWIDs)</p>	<ul style="list-style-type: none"> • Maintain specialized services for KPs at the community level when integration of these services into public health services is not possible, also taking advantage of underutilized approaches (e.g., KP-competent pharmacies) • Assess the capacities of health service staff to identify gaps in services. • Place community-based KP staff (e.g., community health workers competent for key populations) in public health services
<p>Stigma and discrimination in public health centres; breaches of confidentiality; access to KP personal data</p>	<ul style="list-style-type: none"> • Develop and implement initial and ongoing training and mentoring plans for service providers on stigma-free care for KPs and PLHIV • Integrate mechanisms to address rights violations in health services (legal and paralegal services related to accessing HIV services) • In contexts where there are barriers to accessing services, preserve the ability of KPs to access HIV-related services anonymously • Establish legal safeguards to ensure the provision of safe health services to key populations in public health facilities

Community Guides and Tools for GC8

Status (as of 21 Apr)

Jointly developed tools

- **GC8 Community Consultations** (adaptation of existing community guide) (Via Libre) (drafting)
- **What must I know about GC8?** (summary presentation) (GATE) (published – living document)
- **Sustainability, Transition and Co-Financing** (adaptation of existing community guide) (EANNASO) (drafting)
- **Service Integration** (new community guide) (Seven Alliance) (drafting)
- **Community Costing Tool** (update of existing tool) (Frontline AIDS) (drafting, undesigned version available upon request annabelle.metzner@theglobalfund.org)

Individually developed tools

- **Guide to the Global Fund's GC8 for Trans and Gender Diverse Communities** (GATE) (published)
- **CS4ME GC7 guide** (update planned by CS4ME) (drafting)
- **Young KPs and Youth Engagement in GC8** (update planned by Youth Consortium) (drafting)
- **GC8 Youth Engagement Guideline for AP Youth-led Organizations** (published)
- **How PWUID can influence GC8** (update planned by INPUD) (drafting)
- **GC8 for SW-led Organizations** (new guide, NSWP) (published)



Thank you!

Sharing of Relevant Global Tools



Antons Mozalevskis,
WHO

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Tools and resources to support prevention for key populations in GC8

Clemens Benedikt, GPC / UNAIDS

Antons Mozalevskis, WHO

29 April 2026

Consolidated guidelines on HIV, viral hepatitis and STI prevention, diagnosis, treatment and care for key populations

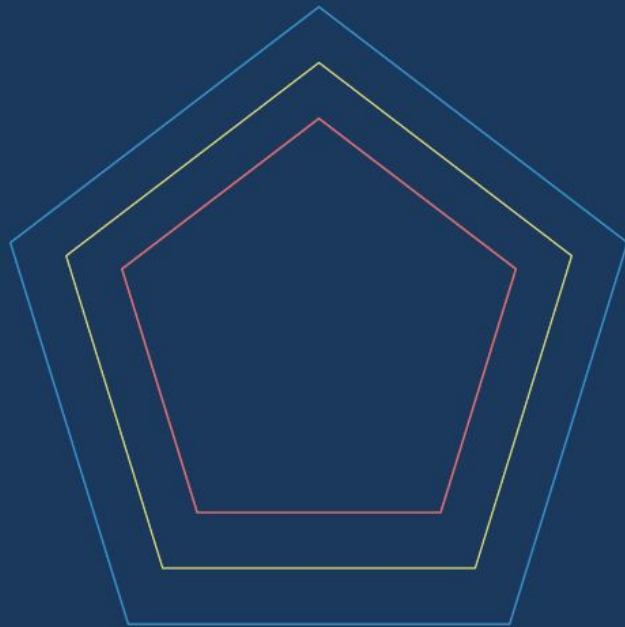
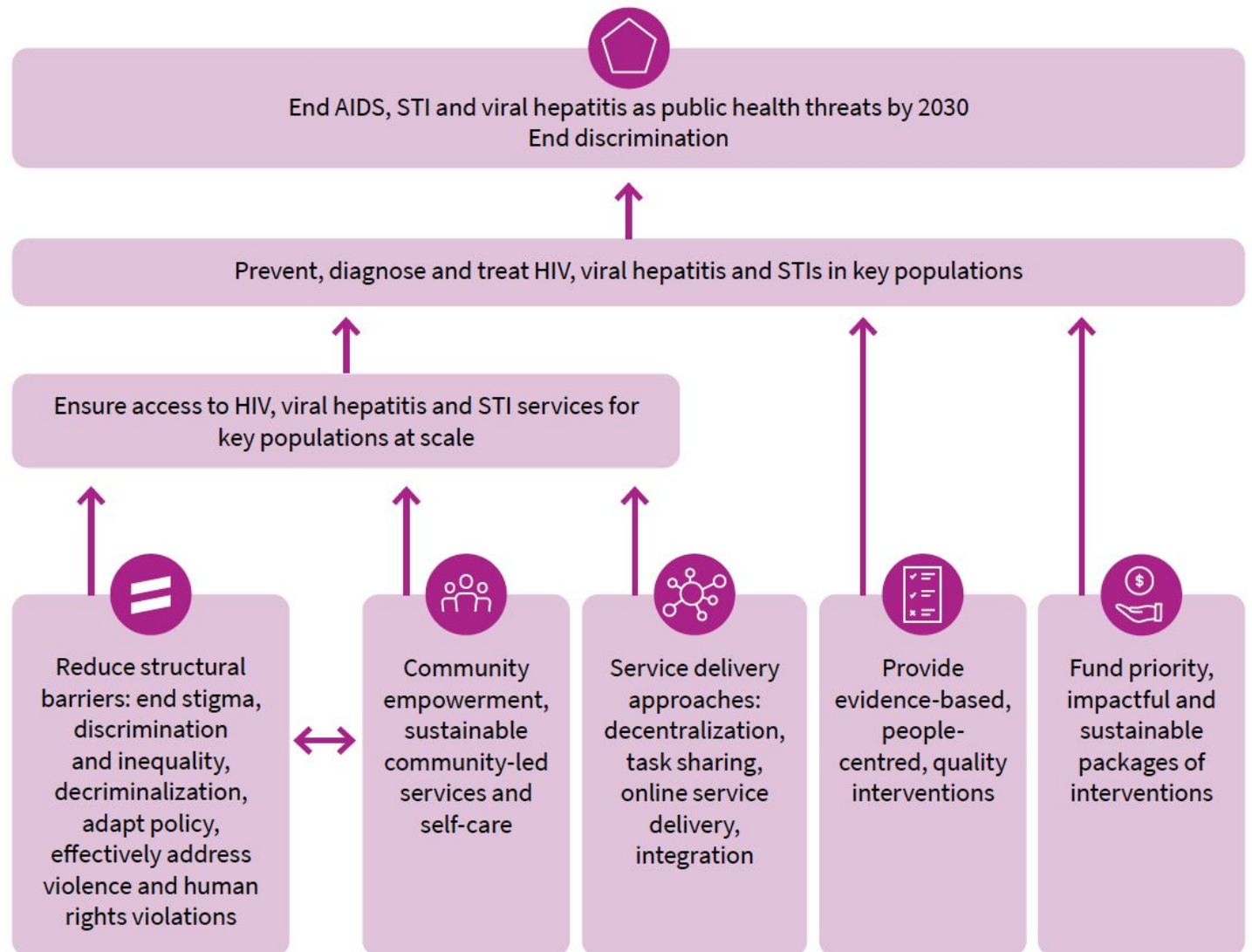


Fig. 2. Theory of change: addressing HIV, viral hepatitis and STIs in key populations



Prioritizing interventions

Essential for impact: enabling interventions

interventions recommended to address structural barriers to health services access for key populations.

Essential for impact: health interventions

interventions which have a demonstrated direct impact on HIV, viral hepatitis and STIs in key populations.

Essential for broader health

health sector interventions to which access for key populations should be ensured, but which do not have direct impact on HIV, viral hepatitis or STIs.

Supportive

other interventions which support the delivery of health sector interventions, such as creating demand, providing information and education.

ESSENTIAL IN ALL SETTINGS

Package of services for each of the key populations

Contextual and or implementation-oriented documents supporting the main consolidated guidelines

Recommended package of enabling and health interventions for HIV, viral hepatitis and STI prevention, diagnosis, treatment and care for trans and gender diverse people

Policy brief



Recommended package of interventions for HIV, viral hepatitis and STI prevention, diagnosis, treatment and care for men who have sex with men

Policy brief



Recommended package of interventions for HIV, viral hepatitis and STI prevention, diagnosis, treatment and care for sex workers

Policy brief



Recommended package of interventions for HIV, viral hepatitis and STI prevention, diagnosis, treatment and care for people in prisons and other closed settings

Policy brief



Recommended package of interventions for HIV, viral hepatitis and STI prevention, diagnosis, treatment and care for people who inject drugs

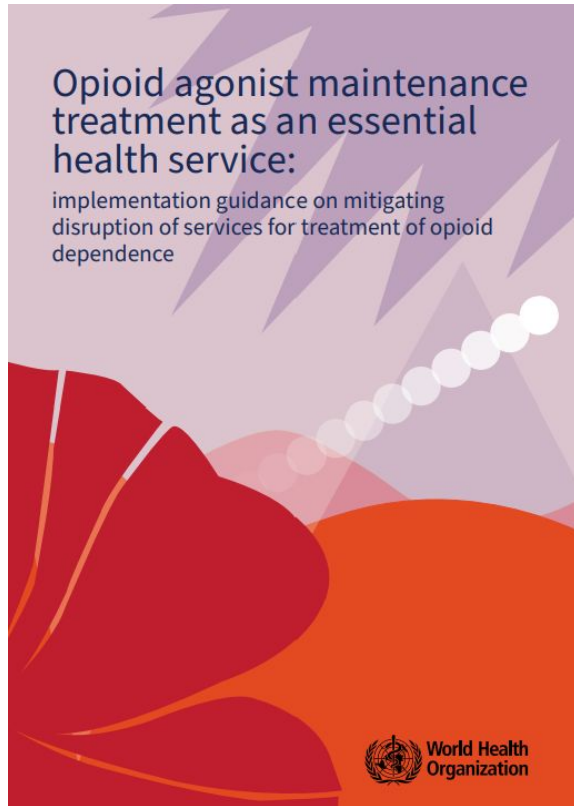
Policy brief



Supporting tools: WHO key-population intervention packages - Checklist

CATEGORY		INTERVENTIONS	MSM	SW	PRISONS/ CLOSED	PWID	TRANS & GD
Essential for impact: enabling interventions (Recommended to reduce structural barriers to health services access)		Removing punitive laws, policies and practices	✓	✓	✓	✓	✓
		Reducing stigma and discrimination	✓	✓	✓	✓	✓
		Community empowerment	✓	✓	✓	✓	✓
		Addressing violence	✓	✓	✓	✓	✓
Essential for impact: health interventions (Demonstrated direct impact on HIV, viral hepatitis and STIs)	Prevention of HIV, viral hepatitis and STIs	Harm reduction (needle/syringe, OAT, naloxone for overdose management)			✓	✓	
		Condoms and lubricant	✓	✓	✓	✓	✓
		PrEP for HIV	✓	✓	✓	✓	✓
		PEP for HIV/STIs	✓	✓	✓	✓	✓
		Vertical transmission prevention (HIV, syphilis, HBV)		✓	✓	✓	✓
		Hepatitis B vaccination	✓	✓	✓	✓	✓
		Addressing chemsex	✓	✓		✓	✓
	Diagnosis	HIV testing services	✓	✓	✓	✓	✓
		STI testing	✓	✓	✓	✓	✓
		Hepatitis B and C testing	✓	✓	✓	✓	✓
	Treatment	HIV treatment	✓	✓	✓	✓	✓
		HIV-associated TB: screen/diagnose/treat/prevent	✓	✓	✓	✓	✓
		STI treatment	✓	✓	✓	✓	✓
Hepatitis B and C treatment		✓	✓	✓	✓	✓	
Essential for broader health: health interventions (Should be ensured, but do not have direct impact on HIV, viral hepatitis or STIs)		Anal health	✓	✓	✓		✓
		Conception and pregnancy care		✓	✓	✓	✓
		Contraception		✓	✓	✓	✓
		Gender-affirming care					✓
		Mental health	✓	✓	✓	✓	✓
		Cervical cancer: prevent/screen/treat		✓	✓	✓	✓
		Safe abortion		✓	✓	✓	✓
		Hazardous/harmful alcohol & other substance use: screen/treat	✓	✓	✓	✓	✓
		TB: prevent/screen/diagnose/treat			✓	✓	
Supportive (Support the delivery of other interventions, such as creating demand, and providing information and education)		Service delivery: community-led; task sharing; integration; decentralization; self-care; virtual	✓	✓	✓	✓	✓

New implementation guidance from WHO (2025)



<https://www.who.int/publications/i/item/B09543>



<https://www.who.int/publications/i/item/9789240116214>



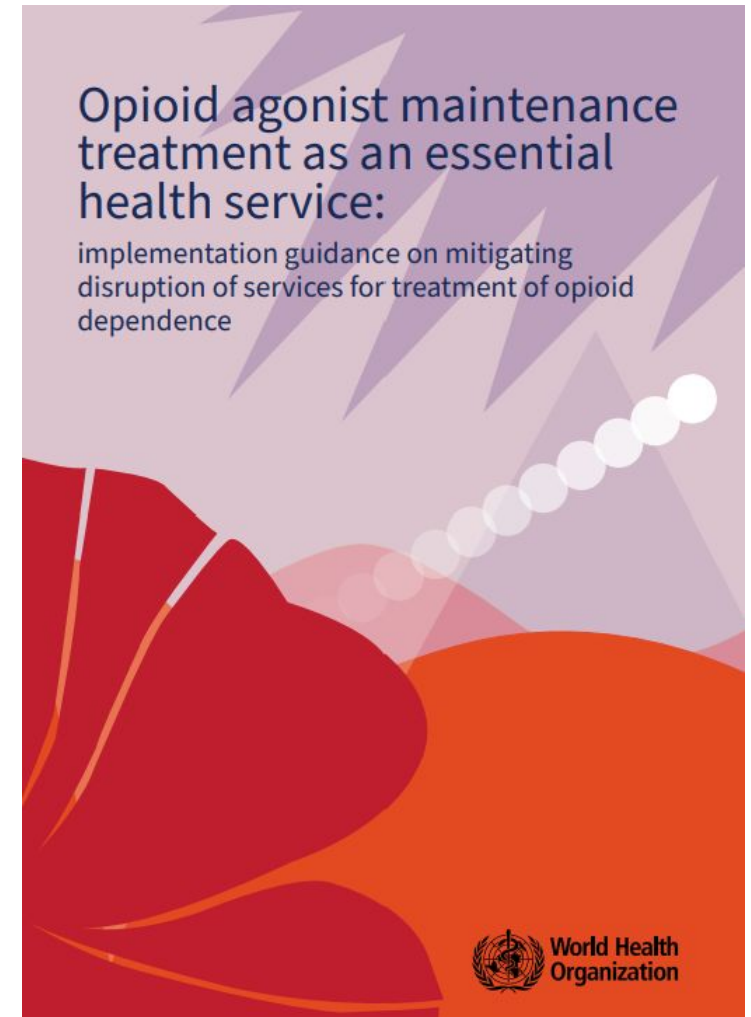
[Key takeaways: WHO's guidance on maintaining opioid agonist maintenance treatment during emergencies | INHSU](#)

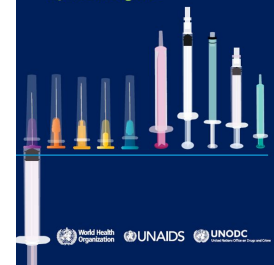


[Key takeaways: WHO's revised operational guide on needle and syringe programmes | INHSU](#)

Implementation guidance for mitigating OAMT disruptions (2025)

- **WHO recommends that OAMT be used for most patients with opioid dependence**, as it is the intervention for which there is the strongest evidence of effectiveness for a broad range of health and social outcomes
- The sustainability of OAMT in public health structures is critical to protecting lives and preventing death from overdose
- **Involuntary or unplanned interruption of OAMT may have life-threatening consequences and must be avoided**
- **When unplanned interruptions in OAMT are expected, contingency measures should be implemented as early as possible to minimize potential negative consequences.**





What the new NSP guide emphasizes

Five modules for implementation

1. **Assessment & planning** — population size, local drug use patterns, injection frequency, needs
2. **Implementation models** — outreach, fixed sites, pharmacies, peer-led distribution
3. **Comprehensive services** — linkages to OAMT, overdose prevention, HIV/HCV testing and treatment
4. **Monitoring** — community-led monitoring, quality, coverage
5. **Scaling up & sustainability** — political endorsement, domestic financing, integration into health systems

Guiding principles:

- Human rights-based
- Community-led
- Adaptable to local contexts
- Centre equity & inclusion.

- Programmes should adopt the target of “one Injection = one syringe” to guide supply planning and support safer injecting practices.
- The **Global Health Sector Strategy (GHSS) target of 300 syringes per person annually** is a population-level average. It is usually insufficient at the individual level and should *not* be used as a programme benchmark.
- **Monitoring should support - not obstruct - service delivery.** If data collection creates barriers or an undue workload, practical approaches should be used.



Assessment and planning

Effective implementation requires ongoing situational assessments, meaningful community involvement and a focus on consistent, sufficient access and coverage.



Implementation model

NSPs must be adapted to local needs, preferences and resources and combine flexible outreach with fixed sites for maximum impact.



Add comprehensive services

NSPs serve as gateways to essential services: opioid agonist maintenance treatment (OAMT), overdose prevention, HIV and HCV testing and treatment, thus improving access, trust and health outcomes.



Monitoring

Ensures the quality and reach of NSPs, guiding adaptation through community input, data collection and strategic indicators without compromising access or trust.



Scaling up

Extension of NSPs requires political commitment, domestic funding, full health system integration and ongoing advocacy rooted in community leadership and public health priorities.

PREVENTION

TIER 1: ESSENTIAL

TIER 2: IMPORTANT

July 2025:



Sustaining priority services for HIV, viral hepatitis and sexually transmitted infections in a changing funding landscape

Operational guidance

World Health Organization

<https://www.who.int/publications/i/item/9789240112759>

Interventions

Key rationale and decision-making notes

Prevention of mother-to-child transmission of HIV, hepatitis B and syphilis (includes PrEP)	Critical for elimination of vertical transmission; integration enhances service delivery
HIV post-exposure prophylaxis (PEP)	Critical intervention, not limited to occupational settings and delivered through community networks
Blood product safety of a functioning health system and health care infection control)	Foundational component Blood product safety of a functioning health system
Harm reduction services (including OAMT, needle and syringe programmes and naloxone provision for opioid overdose management)	Moved to Tier 1 in countries where already implemented; interruptions carry significant risks
Provision of condoms and lubricants	Important for primary prevention, especially among key populations

Interventions

Key rationale and decision-making notes

Pro-exposure prophylaxis (PrEP) - including long-acting PEP	Should be made available and accessible, particularly for key populations and those already on PrEP. Delivered through community networks
Voluntary medical male circumcision (VMMC)	Rec for 15 high-priority countries in East/South Africa; Tier 2 overall, elevated to Tier 1 in priority contexts
Vaccination for HBV	Birth vaccination should be prioritized; adult catch-up tailored to context and resources

Indicates movement between tiers depending on contextual and population needs factor



Harm-reduction services (including opioid agonist maintenance therapy, needle and syringe programmes and naloxone provision for opioid overdose management)

The expert group classified this intervention as tier 2, acknowledging the equity value of these interventions while also considering feasibility and legal barriers within their contexts as very difficult. However, the WHO Steering Group had noted the need to upgrade it to tier 1 – especially for the settings in which these programmes already exist. Continuing opioid agonist maintenance therapy for clients who have been enrolled in the programme needs to be considered lifesaving since sudden disruptions of opioid agonist maintenance therapy may result in immediate increased mortality.

GPC resource hub compiles guidance and a range of tools useful for GC8



Country support guidance and Tools for GC8

2026 // Documents



The Global Fund Grant Cycle 8 (GC8) process has been initiated in eligible countries. To support this process, the GPC has organized a range of the latest tools and guidance - these are select resources and/or tools to enhance prevention efforts for countries for the GC8 given the current political and financial landscape:



Overview of prevention guidance and tools relevant to GC8: Navigating what to use for what purpose

Thematic area	Guidance	Planning and management tools	Analytical tools
Country target setting, prevention plans and systems	<ul style="list-style-type: none"> HIV Prevention 2030. A Global Access Framework for Country-Led Responses Multi-sectoral stewardship of HIV prevention (coming soon) 	<ul style="list-style-type: none"> Supporting Prioritization in the Context of HIV Funding Cuts GPC Template for 2030 country prevention access plans (coming soon) 	<ul style="list-style-type: none"> Prevention Needs Estimates Tools - The collection Country and Global HIV Prevention Scorecards Sub-national HIV Estimates in Priority Populations Tool (SHIPP Tool) Five HIV prevention self-assessment tools (PSATs) Checklist for prevention in GC8 proposals (coming soon)
People-centred prevention communication and demand generation	<ul style="list-style-type: none"> People-centred HIV prevention communication: Consolidated approaches for the demand generation and behavioural aspects of HIV prevention Virtual interventions in response to HIV, sexually transmitted infections and viral hepatitis: policy brief 	<ul style="list-style-type: none"> Budgeting and resource planning guidance for implementing virtual interventions as part of HIV responses 	
Key populations	<ul style="list-style-type: none"> Consolidated guidelines on HIV, viral hepatitis and STI for key populations 	<ul style="list-style-type: none"> Planning and Managing HIV programmes with key populations 	
Women & girls	<ul style="list-style-type: none"> HIV prevention among adolescent girls and young women - Guidance 	<ul style="list-style-type: none"> Decision-making aid for investments into HIV prevention programmes among adolescent girls and young women 	
Men & boys	<ul style="list-style-type: none"> Men and HIV: evidence-based approaches and interventions. A framework for person-centred health services 	<ul style="list-style-type: none"> Brief on sustainability of voluntary medical male circumcision programmes (coming soon) 	
Condom programming	<ul style="list-style-type: none"> Total Market Approach Playbook for Sustainable Condom Access 	<ul style="list-style-type: none"> Total Market Approach Playbook for Sustainable Condom Access Toolkit to Design Social Media Campaigns that Promote Condom Use 	<ul style="list-style-type: none"> Condom Needs Estimation Tool
	<ul style="list-style-type: none"> Guidelines on lenacapavir for HIV prevention and testing strategies for long-acting injectable PrEP 	<ul style="list-style-type: none"> Tools to support Lenacapavir introduction 	

Global AIDS Strategy 2026-2031

2030 Global AIDS Targets



TOWARDS ENDING AIDS

Ensure available accessible, acceptable and high-quality HIV treatment and care for people living with HIV

- **95%** of people living with HIV know their HIV status
- **95%** of people living with HIV know their HIV status receive treatment
- **95%** of people living with HIV who are on treatment have a suppressed viral load

Scale up HIV prevention options that bring together biomedical, structural and behavioral interventions

- **90%** of people in need of prevention use prevention options(PrEP, PEP, condoms, needle-syringe programmes, opioid against maintenance therapy)

End stigma and discrimination and uphold human rights and gender equality in the HIV response

- **<10%** of people living with HIV and people from key and vulnerable populations experience stigma and discrimination
- **<10%** experience gender inequality or violence
- **<10%** of countries have punitive legal and policy environment that restrict access to services

Ensure community leadership in the HIV response

- Community led-organizations deliver **30%** of testing and treatment support services
- Community led-organizations deliver **80%** of prevention options
- Community led-organizations deliver **60%** of social enabler programmes

Integrate HIV services, with primary health care, broader health systems and other sectors

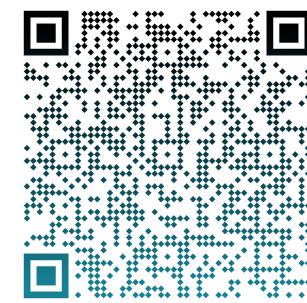
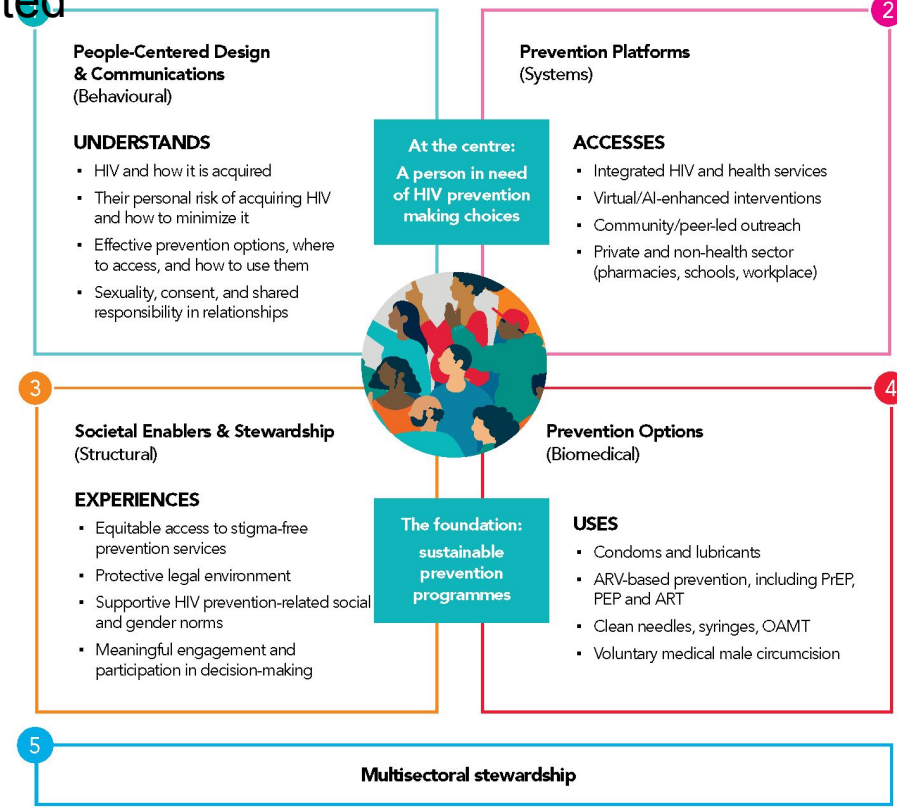
- **95%** of people receiving HIV Prevention or treatment services also receive needed sexual and reproductive health services(including for sexually transmitted infections)
- **95%** of pregnant women living with HIV and their newborns receive maternal and newborn care that integrates or links to comprehensive HIV services, including for prevention of HIV and hepatitis B virus and treatment of syphilis

Ensure sustainable financing for person-centered national and global HIV responses

- Reduce out-of-pocket expenses for HIV in line with universal health coverage
- Increase percentage of HIV expenditure that is domestic
- **US\$21.9 billion** mobilized for HIV investments for low-and middle-income countries
- All countries have access to equitable pricing for diagnostics and therapeutics

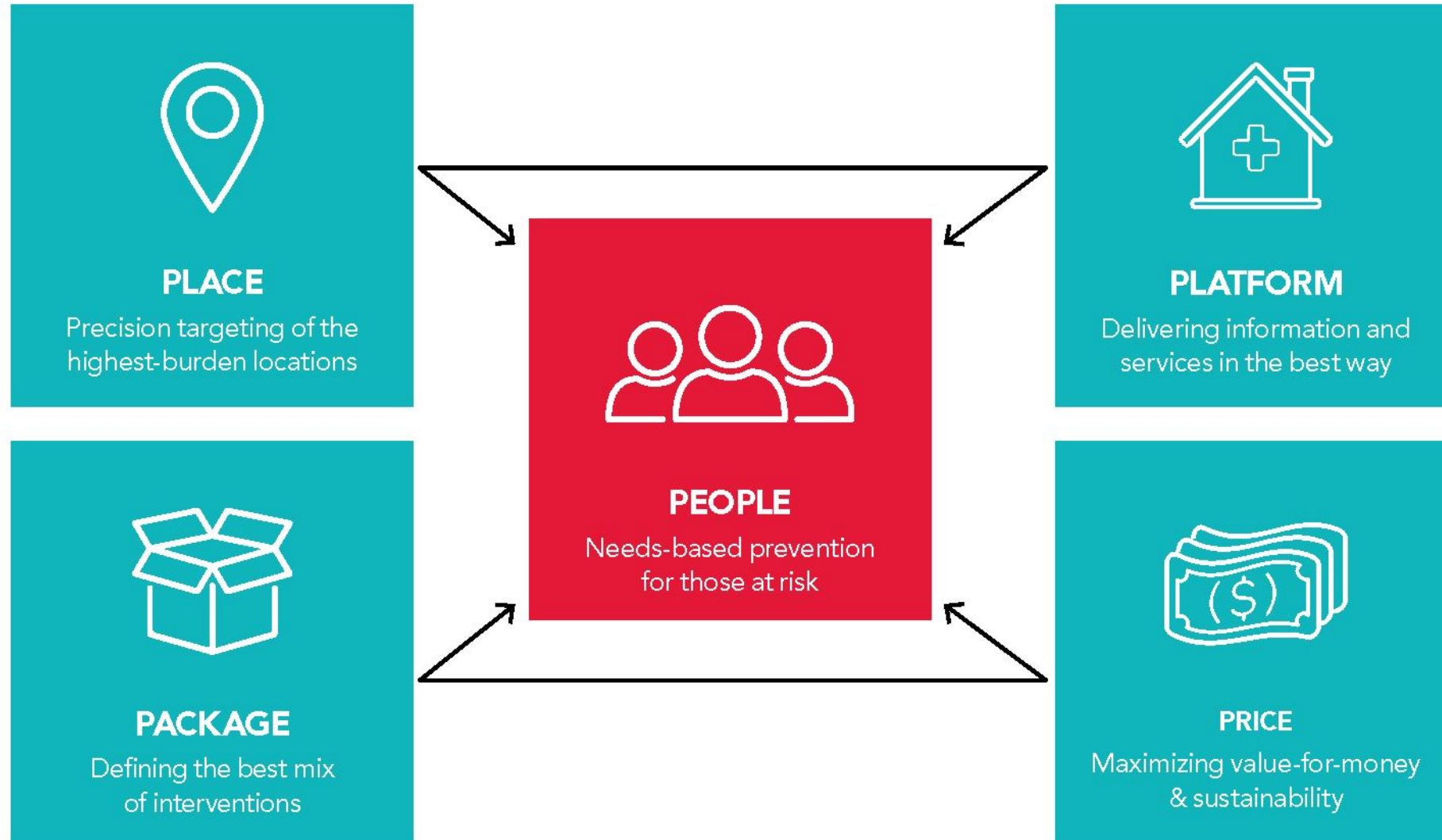
Achieving a bold vision for HIV prevention in GC8

- The Global Access Framework makes strategic shifts in the framing, leverages the GAS 2026-2031 targets and provides a new approach to prevention needs estimates with direct relevance to GC8
 - As a framework, it puts people at the centre supported by sustainable and evidence-based prevention programming incorporating carefully chosen (and prioritised) biomedical, behavioural and structural elements, and underpinned by multisectoral stewardship
- Includes tools / guidance to enable:
 - more granular & more systematic analysis of need across populations and prevention options
 - annual tracking of progress at all levels
 - prioritization and alignment



Scalable and sustainable prevention to 2030 and beyond.

5 Ps of prioritization: people, places, packages, best platforms, prices

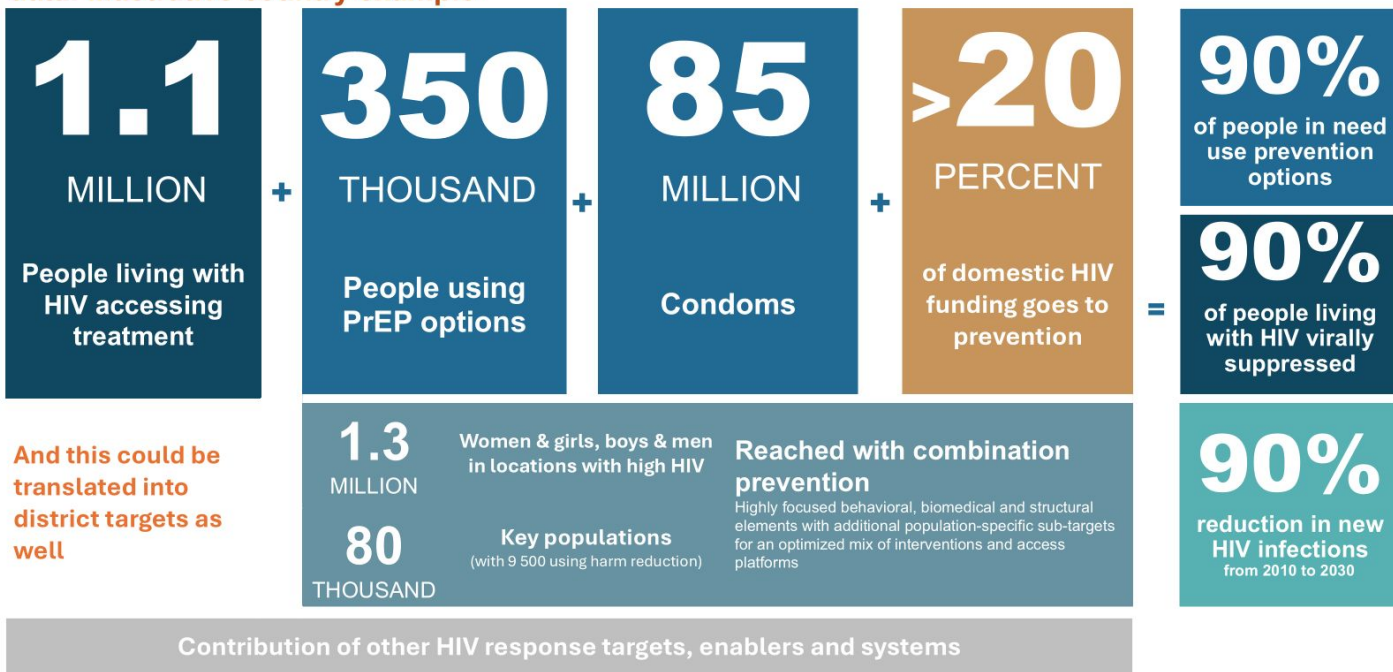


Taking prioritisation forward: needs estimates, targets and milestones – illustrative tables for countries



Alternative presentation – DO NOT CITE

The key innovation will be country-owned needs estimates & milestones based on granular data: illustrative country example



Illustrative country target table based on granular needs estimate

	2024 (baseline)	2026	2027	2028	2029	2030
Condoms	52 million	56	64	72	80	85 million
PrEP	70 000	100 000	220 000	270 000	350 000	350 000
PEP	TBC	TBC	TBC	TBC	TBC	TBC
VMMC	120 000	120 000	120 000	120 000	120 000	120 000
Women & girls in locations with elevated HIV incidence (>0.2%)	350 000	350 000	550 000	750 000	900 000	900 000
Men and boys in locations with elevated HIV incidence (>0.2%)	200 000	200 000	300 000	350 000	400 000	400 000
Sex Workers reached	23 000	25 000	35 000	40 000	45 000	45 000
MSM reached	20 000	24 000	32 000	40 000	50 000	60 000
TG people reached	1000	1500	2000	3000	3500	4000
PWID reached with needles & syringes	4000	6000	8000	9500	9500	9500
PWID receiving OAMT	500	1000	2000	3000	4000	4800
Prisoners reached	1000	2000	3000	5000	6000	6000

From needs estimates to delivery and financing (illustrative country table)

Prevention options	Target (illustrative)	Program /market segment (share in % of products and populations to be reached)			Funding source for free & subsidized (share in % of cost)	
		Free (public)	Subsidized (social marketing)	Sold (private /out of pocket)	Government	Donors
Condoms	85 million	50%	30%	20%	50%	30%
PrEP (Daily Oral)	120 000	80%	10%	10%	30%	60%
PrEP (Long-acting)	230 000	100%	-	-	10%	90%
PEP	TBC	60%	20%	20%	50%	20%
VMMC	120 000	90%	-	10%	50%	50%
Needles & syringes	2.5 million	80%	-	20%	40%	20%
OAMT	4 800	100%	-	-	80%	20%
People-centred programs and access platforms	Target (illustrative)	Facility	Outreach	Virtual	Government	Donors
Women & girls in locations with elevated HIV incidence (>0.2%)	900 000	40%	10%	50%	80%	20%
Men and boys in locations with elevated HIV incidence (>0.2%)	400 000	10%	10%	80%	80%	20%
Sex Workers reached	45 000	40%	40%	20%	50%	50%
MSM reached	60 000	20%	10%	70%	50%	50%
TG people reached	4 000	20%	30%	50%	50%	50%
PWID reached	10 000	40%	40%	20%	50%	50%
Prisoners	8 000	80%	-	20%	90%	10%

Planning and managing HIV programmes with key populations

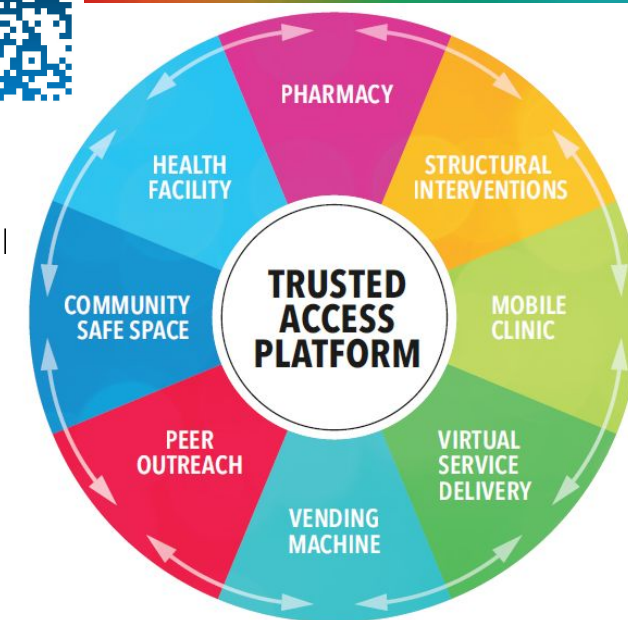
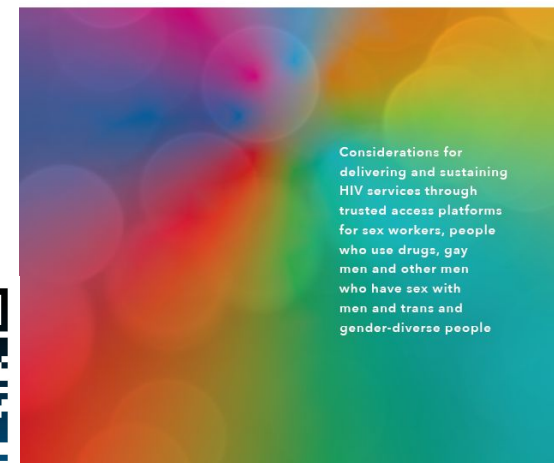
New Guidance

UPDATED SEPTEMBER 2025

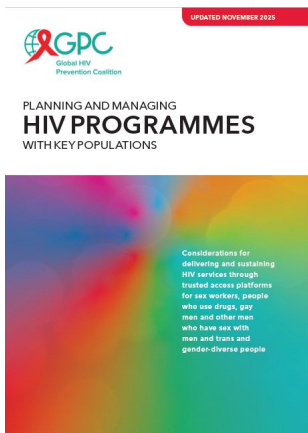
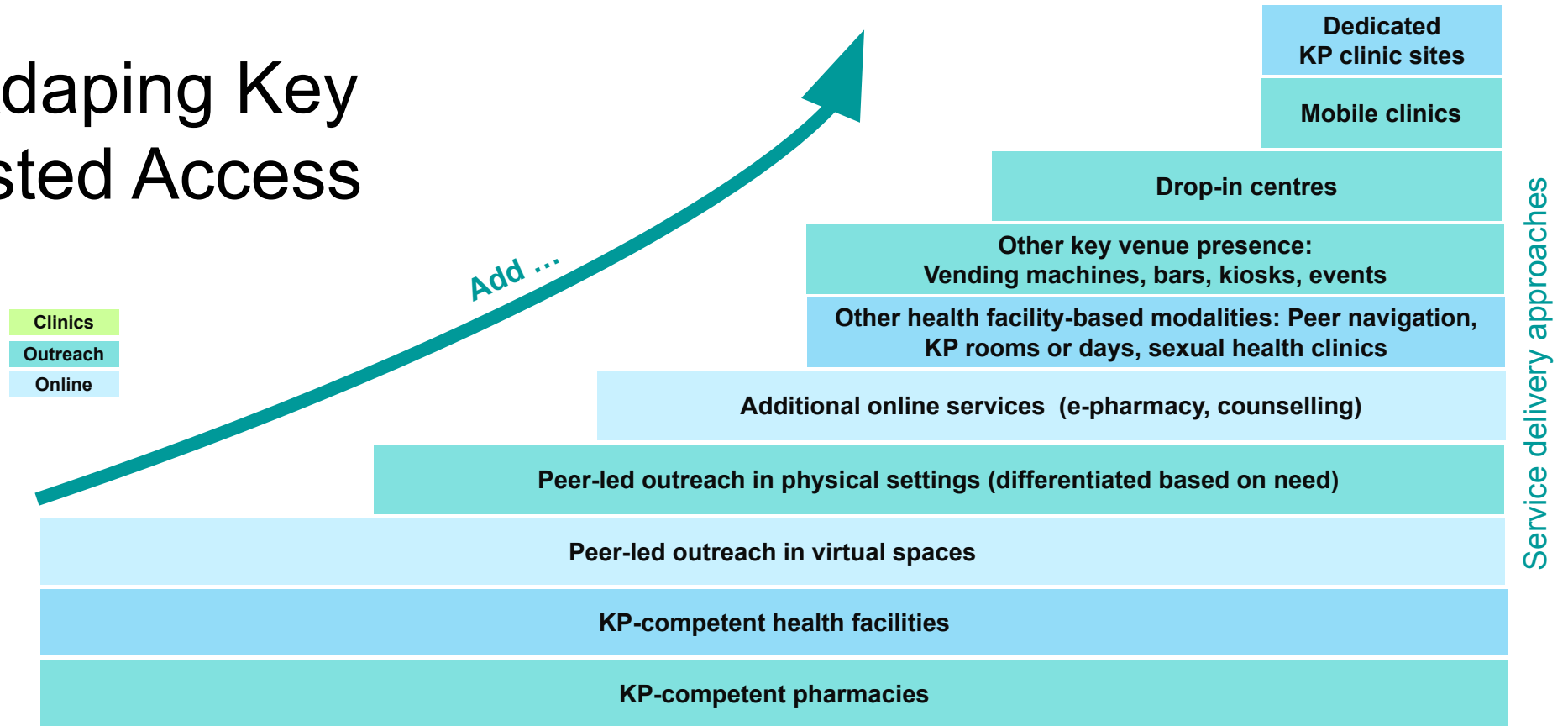


PLANNING & MANAGING
HIV PROGRAMMES
WITH KEY POPULATIONS

- **Using a “trusted access platform approach” ensures that KPs can safely access the HIV prevention, treatment and related services they need.**
 - For access to be effective, key populations need to have high levels of trust in both the service and those providing it.
 - All services, facilities and implementers that are trusted by KPs can be thought of collectively as the **platform**.
- **Part 1 - how to build trusted access platforms**
 - Understanding trusted access platforms
 - Key elements of a trusted access platform approach
 - Planning and adapting trusted access platforms & structural considerations
 - Guidance on cost benchmarking, outreach roles and responsibilities, and how access platforms evolve (Annex 1 -3)
- **Part 2 - how to plan and manage trusted access platforms to achieve scale and impact**
 - Updating Mapping and Population Size Estimates
 - Conducting Effective Oversight and Monitoring Selected Outcomes and Impact
 - Embedding Community-led Monitoring
 - Strengthening Community Capacity and Leadership
 - Sustaining Programmes for Lasting Impact



Planning and Adapting Key Population Trusted Access Platforms



Actions to address human-rights & gender related barriers and create an enabling policy environment

Community engagement, leadership and accountability

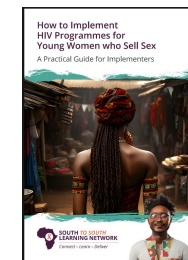
Enablers

Enablers are a foundation that entail some actions that do not require extensive resources and others that do. The specific needs should be considered based on the country's legal and policy environment and resource availability.

Implementation Guide for Young Women Who Sell Sex (YWSS)

A practical, programmatic guide that supports the design and delivery of tailored HIV prevention interventions for YWSS.

- Focuses on addressing structural, behavioral, and biomedical risks
- Provides guidance on outreach, service delivery models, and community engagement



HIV Prevention Cascades

An analytical framework that can be used to assess gaps in HIV prevention programming with KPs

- Helps programmes identify gaps in service uptake, measure coverage and continuity, and prioritise resources to reduce new HIV infections at the population level.
- Informs data-driven planning, prioritization, and programme optimization



Peer Education Evidence Synthesis Report

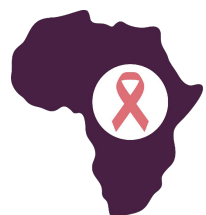
A consolidated scoping review of global evidence on peer-led approaches in Key Population programming.

- Highlights effectiveness of peer outreach in reaching key populations
- Provides recommendations for strengthening peer-led models and implementation



Addressing Stigma Among Men who have Sex with Men

Understanding and addressing stigma against MSM at different levels to improve HIV outcomes



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UNAIDS Community-led response tools

- ▶ [Community-Led Monitoring in Action. Emerging Evidence and Good Practice \(2023\)](#)
- ▶ [Impact of community-led and community-based HIV service delivery beyond HIV: case studies from Eastern and Southern Africa](#)

These tools includes:

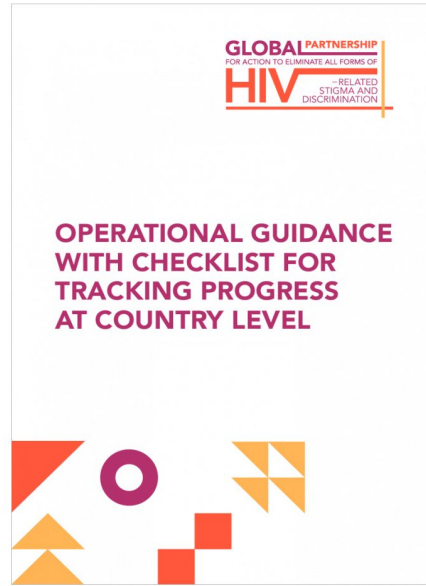
- ▶ Value of community-led monitoring in HIV and health services; creating an enabling environment; community systems strengthening; and crafting better-defined policies and investments.
- ▶ Case studies of HIV community-based and community-led service delivery in ESA.
- ▶ Expanded community-led and community-based service delivery in ESA: reach and impact beyond HIV.



S&D Guidance and tools



[GP Practical Guide](#)



[GP Checklist](#)



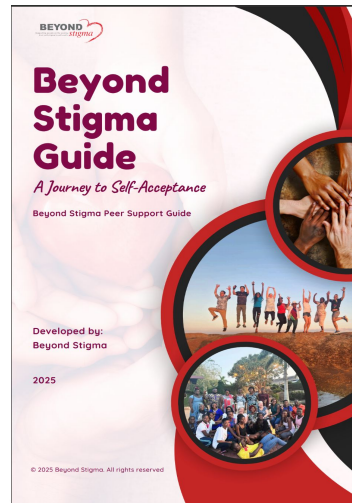
[GP M&E Guidance](#)



[WHO Technical Brief on S&D reduction in healthcare settings](#)



[IAS S&D Review and planning tool](#)



[Internalized Stigma Package](#)



[GP Newsletter](#)

Coming soon

Checklist on HIV Prevention in Global Fund Applications for GC8

CHECKLIST ON HIV PREVENTION

IN GLOBAL FUND APPLICATIONS FOR GRANT CYCLE 8 (2026–2028)

INSTRUCTIONS FOR USE

This checklist is intended as a guide and self-review tools for those preparing Global Fund funding requests for Grant Cycle 8 (GC8, 2026–2028) from an HIV prevention lens. It is **structured to mirror the GC8 Full Review Application Form** so that the writing groups can navigate the checklist alongside the application. It is not necessary to respond to every question. If time is limited, the “Top Ten” checklist can be used as a rapid screen.

All questions should be read in the light of the **GC8 HIV Prioritization Guidance** (Global Fund, April 2026), which sets out the Program Essentials, population thresholds, and efficiency considerations that underpin GC8 investments. References to specific pages of that guidance are given where applicable.

“TOP TEN” CHECKLIST FOR HIV PREVENTION IN GC8 REQUESTS

- **Alignment with national strategies.** Is the funding request aligned to national strategies or roadmaps on HIV prevention? If none exists, are there plans to develop one? In the absence of a plan, is the request aligned to the [HIV Prevention 2030 Global Access Framework](#)?
- **Appropriate and high-impact modules and interventions.** Are the selected HIV prevention modules and interventions appropriate and high-impact given the country context and epidemiology, consistent with the [GC8 Modular Framework Handbook](#)?
- **Clearly defined and quantified outcomes.** Are HIV prevention outcomes clearly defined and quantified – in terms of the five GC8 Program Essentials? Are prioritized activities contributing directly and efficiently to those outcomes?
- **Five Program Essentials funded at sufficient scale.** Are the five HIV prevention program essentials (condoms and lubricants, PrEP/PEP, harm reduction, VMMC, STI screening and treatment) funded at sufficient scale? If not, is this because of limited resources or a deliberate prioritization decision – and if the latter, is there evidence of greater impact elsewhere? Refer to the [GC8 HIV Prioritization Guidance](#).
- **Ambitious coverage, outcome and impact targets.** Are targets ambitious, in line with country commitments and the Global AIDS Strategy 2026–2031, demonstrating rapid scale-up?
- **Explicit value-for-money analysis.** Is there an analysis of cost per new HIV infection averted for different populations and interventions? Does the request avoid a range of untargeted, low-impact interventions without differentiation by population or risk level?
- **Focused, comprehensive and differentiated prevention packages.** Are prevention packages appropriately focused, comprehensive and differentiated by population (and sub-population), including by risk category? (See [Decision-making aid for investments into HIV prevention programmes among adolescent girls and young women, April 2026](#)) and [WHO Consolidated Guidelines on Key Populations](#) – chapter 5)
- **Scalable to key populations by 2028 within available resources.** Are the packages scalable such that by 2028 key and priority populations can be reached with high-impact packages? Does the request demonstrate a transition pathway toward domestic financing for sustainable prevention programs?
- **Sufficient amount requested.** Is the amount requested for HIV prevention sufficient, keeping in mind past patterns of underfunding? Are matching fund conditions met if eligible (e.g. 1:1 investment in prevention for eligible)

Mentimeter: Audience feedback using a mentimeter



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Country Presentations



- Bella Aubrey, Inti Muda, Indonesia
- Grace Kamau, ASWA
- Dr. Barbra Mambo, NASCOP, Kenya

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Country Presentations



Dr Barbara Mambo,
NAS COP Kenya

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14TH KP COP TECHNICAL SESSION | MINISTRY OF HEALTH PERSPECTIVE

Engaging KP CLOs in Global Fund GC Processes

Kenya GC7 experience and practical lessons for GC8

Dr MAMBO, Barbara
HIV Prevention Lead
MOH / NASCOP

Focus: how government structures created space for KP Community-Led Organizations to inform, shape, and monitor the GC process.

How MOH ensured KP CLOs were engaged

We brought CLOs into the process early, then kept them inside the writing architecture.

01

Early TWG engagement

- Before writing started, CLOs joined TWG discussions to review GC6 achievements, identify funding gaps and document unmet needs.

02

Representation in writing structures

- CLO representatives were included in the GC7 Core Team, Secretariat Team and proposal writing teams.

03

Structured updates

- Regular update meetings helped CLOs stay aligned with concept notes, timelines and must-attend physical meetings.

MOH message

Engagement was strongest when CLOs were involved before the draft was written – not only after the funding request had already taken shape.

TWG = Technical Working Group | GC = Global Fund Cycle | CLO = Community-Led Organization

QUESTION 1 CONTINUED

From consultation to decision-making

The aim was to move CLOs from being invited participants to active contributors in grant design and implementation planning.

CLOs as information providers

They brought community evidence, service delivery realities and feedback from KP constituencies into the writing room.

Feedback into priorities

CLO feedback informed which interventions were prioritized and how community needs were reflected in the funding request.

Implementation lens

CLOs helped determine what should be community-led and what should be implemented through PR1 or other PR structures.

What this changed

Community expertise became part of prioritization, costing discussions and implementation choices — especially for interventions where CLOs have reach, trust and lived experience.

PR1 = Principal Recipient 1

QUESTION 2

Challenges observed – and how we responded

Challenge

No specific funding support for CLO participation in writing.

Some venues were far or inaccessible, including a venue that was boycotted.

Limited KP data for planning and costing.

Some consultants did not fully understand KP modules.

Information did not always reach all CLOs at the same time.

Response / GC8 lesson

CLOs mobilized support through networks; GC8 should budget participation from the start.

Venue choice must consider CLOs without private transport and be part of inclusion planning.

Use BBS 2024, CLM, program and service data to strengthen costing and advocacy.

CLOs and technical teams translated modules and strengthened internal capacity.

Regular updates, shared folders and Consortium coordination keep constituencies aligned.

BBS = Biological and Behavioural Survey | CLM = Community-Led Monitoring

QUESTION 3

MOH advice for CLOs and partners in GC8

GC8 needs a process that is planned, resourced, accessible and documented.

1. Share the roadmap

Give all CLOs the timeline, meeting map, writing-team roles and key decision points.

2. Resource participation

Budget for transport, preparation, constituency consultation and attendance at physical meetings.

3. Make access practical

Choose venues that are reachable; manage working groups with clear team leads and deadlines.

4. Keep evidence organized

Use a shared folder for drafts, notes, budgets and data; document what was proposed and decided.

Evidence to bring into GC8: BBS 2024 + CLM + service data + human rights evidence.

Closing message

Meaningful KP engagement is not just invitation.

It is early, supported, accessible, documented and evidence-driven participation.

MOH role

Keep the GC8 process transparent, technically inclusive and practically accessible.

CLO role

Come organized with constituency priorities, data, implementation experience and clear asks.

Thank you

Sources: NASCOP template, KP Consortium inputs, and technical session talking points

Panel Discussions

- Matteo Cassolato, The Global Fund
- Antons Mozalevskis, WHO
- Bella Aubrey, Indonesia
- Grace Kamau, ASWA
- Dr. Barbra Mambo, Kenya

Facilitator:

- Heather-Marie Ann Schmidt, UNAIDS and WHO

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Feedback on KP CoP

Your feedback will help shape future KP CoP meetings so we can focus on what matters most to you.



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Closure

Summary of actions and next steps



Heather-Marie Ann Schmidt,
UNAIDS and WHO

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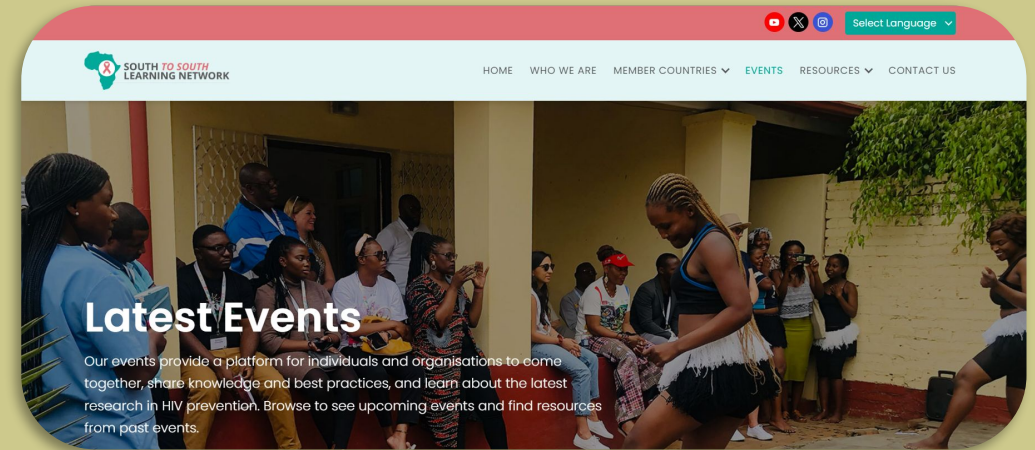
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