



COMMUNITY ENGAGEMENT

Background

for the Reprioritization of Jamaica Global Fund Grant Cycle 7

The funding landscape for global health programs is undergoing significant and rapid changes. The Global Fund to Fight AIDS, Tuberculosis and Malaria (the Global Fund) is subject to these forces while simultaneously acting to support countries and communities in responding. To date, the Global Fund's priority has been to ensure the continuity of approved programming, given these significant disruptions.

As of May 27, 2025, the Secretariat has received US\$9.03 billion from its donors for Grant Cycle 7 (GC7). About 42%, (US\$6.65 billion), remain pending. However, some donors have not been clear about their intentions to transfer the remaining pledged resources, while others have delayed the transfer of funds.

This situation poses a notable financial concern for the Global Fund. During its **53rd meeting** in May 2025, the Board of the Global Fund analyzed and discussed in depth the effects of reduced pledge conversion for GC7 on the Global Fund's operations. To prevent a funding shortfall, the Global Fund introduced a two-pronged approach: temporarily pausing selected components of grant implementation ("**slowing down**") and reducing a portion of country allocations while reassessing and prioritizing key interventions ("**reprioritization and revision**").

Slowing down



Reprioritization and revision



In April 2025, the Global Fund asked countries to defer or pause investments that are less critical or time-sensitive while ensuring the continuity of essential and life-saving programs. This was expected to support countries to slow down spending in some areas to maximize the funding available for the broader reprioritization and reinvestment exercise. The Global Fund Secretariat did not provide a specific list of activities that should be considered.

As a first step in the "reprioritization and revision" process, the Secretariat has communicated the reduction in allocation amounts to each country. This means that the original allocation for GC7, communicated in 2022, was lowered for most grants. Countries then need to decide which programs to cut, modify, maintain, or transfer to other funding sources (e.g., domestic funding).

The original Jamaica Global Fund Grant Cycle 7 (GC7), 2025-2027 had a 14.2% reduction in the total allocation. It is in this context that the Jamaica CCM, with the support of the LAC Learning Hub, decided to hire a consultant to carry out the GC7 Reprioritization and Revision budget process.

A key principle in the reprioritization process is the promotion of inclusive and transparent decision making. In this regard the Country Coordinating Mechanisms (CCM) are tasked with organizing meeting with CCM members to discuss the reprioritization of interventions and as needed the revision of budget amounts.



How was community engagement conducted?

Community engagement was conducted through a virtual meeting organized with the technical support of the **LAC Learning Hub** in collaboration with the **Jamaica the Civil Society Forum** and the **Jamaica Coordinating Mechanism (JCCM)**. The meeting, held on July 17, 2025, involved 14 participants representing 11 civil society organizations (CSOs), including groups working with persons living with HIV (PLHIV), orphans and vulnerable children (OVC), adolescents living with HIV (AOL), and other key and vulnerable populations.



Before the meeting, participants were informed about the critical role of their involvement in promoting transparency in the reprioritization process. The consultant developed the agenda in consultation with the Civil Society Forum chair and the JCCM chair. During the meeting, participants reviewed the adjustments to the Jamaica's HIV grant budget for GC7, focusing on interventions marked for reduction, pausing, or continuation. Discussions emphasized alignment with Global Fund guidelines, sustainability, and the integration of community systems and human rights activities. Recommendations from the consultation were incorporated into the revised budget.



Who participated in the community engagement meetings?

The community engagement meeting held on July 17, 2025, included **14 participants representing 11 civil society organizations (CSOs)**. Below is the list of organizations:



Jamaica Youth Advocacy Network (JYAN)



Equality For All Foundation Ltd. (EFAF)



Jamaican Network of Seropositives (JN+)



Jamaica for Justice (JFJ)



TransWave Jamaica



The ASHE Company



Children First



Jamaica Community of Positive Women (JCW+)



Center for HIV/AIDS Research (CHARES)



Eve for Life



Jamaica AIDS Support for Life (JASL)



These participants represented various groups, including **persons living with HIV (PLHIV)**, **orphans and vulnerable children (OVC)**, **adolescents living with HIV (AOL)**, **key populations**, and other **vulnerable groups** such as **women, girls, and female sex workers**.

What role do civil society organizations play in the budget?



COMMUNITY ENGAGEMENT

for the Reprioritization of Jamaica Global Fund Grant Cycle 7

Civil society organizations (CSOs) play a vital role in the budget by ensuring community engagement, advocating for key populations, and contributing to the national response. Their roles include:

Representation of Key Populations

CSOs represent persons living with HIV (PLHIV), orphans and vulnerable children (OVC), adolescents living with HIV (ALHIV), and other vulnerable populations such as youths, women, girls, and female sex workers.



Advocacy and Recommendations

CSOs actively participate in discussions to review and recommend changes to the budget, ensuring alignment with community needs and Global Fund guidelines.



Implementation of Programs

CSOs implement programs targeting key populations and vulnerable groups, such as psychosocial services, treatment support groups, and back-to-school initiatives.



Community-Led Monitoring

CSOs engage in activities like mystery shopping assessments to identify challenges in accessing public services and produce reports to improve service delivery.



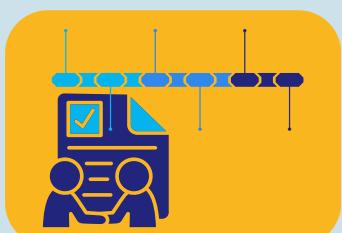
Support for Human Rights Activities

CSOs advocate for maintaining human rights activities, such as legislative tracking tools and training healthcare workers to eliminate stigma and discrimination.



Sustainability and Integration

CSOs contribute to the sustainability of interventions through social contracting and public-private partnerships.



Overall, CSOs ensure that the voices of marginalized and vulnerable groups are included in the reprioritization process, promoting transparency and inclusivity in the budget.

What were the key objectives of the community engagement?



COMMUNITY ENGAGEMENT

for the Reprioritization of Jamaica Global Fund Grant Cycle 7

The key objectives of the community engagement were:

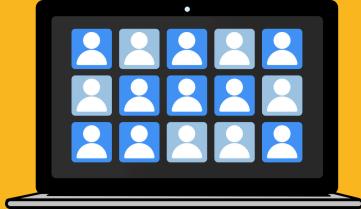
- 1 To provide technical assistance to community stakeholders in Jamaica through a participatory support process.
- 2 To prepare communities for active involvement in the review and adjustment processes for the Global Fund's Cycle 7 (GC7) grant.
- 3 To ensure meaningful engagement of community actors in the reprioritization process, including discussions with the HIV/TB Program, Ministry of Health and Wellness (MOHW), on priority programs such as the pay-for-results package and social contracting.

What methodology was used for community engagement?

The methodology for community engagement included the following steps:

Preparatory Meetings

Virtual meetings with key stakeholders, including the Project Coordinator for Via Libre-Latin American and the Caribbean Learning Hub, the JCCM Chair, and the Global Fund Human Rights technical lead. These meetings provided an overview of the project, discussed funding arrangements, and emphasized the importance of community involvement in the reprioritization process.



A **desk review** was conducted to synthesize information from Global Fund prioritization documents and ensure clarity on reprioritization concepts and guidelines.



Coordination with Stakeholders

The consultant worked with the Civil Society Forum and JCCM to organize a virtual meeting. Participants were informed about the critical role of their involvement in **promoting transparency in the reprioritization process**.



What were the key objectives of the community engagement?



COMMUNITY ENGAGEMENT

for the Reprioritization of Jamaica Global Fund Grant Cycle 7

Community Consultation Meeting

The meeting was held on July 17, 2025, with 14 participants representing 11 civil society organizations (CSOs). These included groups working with persons living with HIV (PLHIV), orphans and vulnerable children (OVC), adolescents living with HIV (AOL), and other key and vulnerable populations.



Review and Discussion

Participants reviewed the GC7 budget, focusing on interventions marked for reduction, pausing, or continuation. Discussions emphasized alignment with Global Fund guidelines, sustainability, and integration of community systems and human rights activities.



The consultant guided the discussions to ensure inclusivity and consensus



Incorporation of Recommendations:

Recommendations from the consultation were included in the revised budget, which was shared with the JCCM Chair and subsequently validated at a JCCM meeting.



What were the key issues identified during community engagement?



COMMUNITY ENGAGEMENT

for the Reprioritization of Jamaica Global Fund Grant Cycle 7

The key issues identified during the community engagement process were:

Grant Management and Administrative Costs:

- Concerns about the severe reduction in funds allocated for grant management to the two CSO subrecipients, which could impact their ability to meet procurement and reporting requirements.

Fee-for-Service (FFS) Implementation Model:

- Concerns about the low calculated cost of technical support and escalating operational costs under the FFS model.

Community Systems and Human Rights Strengthening Activities:

- Agreement to maintain most human rights activities, but extensive discussion on the legislative tracker, which was proposed to be paused. Participants emphasized its critical role in monitoring the human rights environment.

Community-Led Monitoring:

- Adjustments were needed to align community-led monitoring activities with the FFS framework. A new activity, the development of a centralized case management software (JADS), was proposed.

Social Contracting and Public-Private Partnerships:

- Recognition of the need to support the Ministry of Health and Wellness (MOHW) in developing a social contracting policy to sustain CSO contributions.

Support Services for Vulnerable Populations:

- Concerns about whether allocated amounts were sufficient to support social services for treatment adherence, particularly for adolescents living with HIV (ALHIV), orphans, and vulnerable children (OVC).

Prevention Package of Services:

- Limited discussions on this module due to incomplete details in the budget, but concerns were raised about the one-year time frame for the FFS model.

These issues were discussed extensively, and recommendations were made to address them in the revised budget.

What issues were raised regarding human rights activities?



COMMUNITY ENGAGEMENT

for the Reprioritization of Jamaica Global Fund Grant Cycle 7

The issues raised regarding human rights activities during the community engagement process were:

Legislative Tracker:

- Adjustments were made to incorporate training for health care providers on human rights to eliminate stigma and discrimination in all settings. This training specifically aimed to ensure stigma-free services for the transgender population.

Community-Led Monitoring:

- Adjustments were made to align this activity with the Fee-for-Service (FFS) framework. A new activity was added to engage an IT consultant to develop a centralized case management software (JADS) to improve the Jamaica Anti-Discrimination System for HIV.

Overall, participants strongly supported maintaining human rights activities as per grant requirements, recognizing their importance in reducing barriers to HIV/TB services and ensuring nondiscriminatory healthcare provision.

How were community-led monitoring activities discussed?

Community-led monitoring activities were discussed within the framework of the Fee-for-Service (FFS) model. Key points raised during the discussions included:

Adjustments to Align with FFS Framework:

- The activity was adjusted to align with the FFS framework, focusing on engaging a civil society organization (CSO) to conduct "mystery shopping" assessments. These assessments aimed to identify challenges faced by key populations (KPs) in accessing public services and to produce comprehensive reports.

Inclusion of a New Activity:

A new activity was proposed to engage a consultant to develop a centralized case management software, the Jamaica Anti-Discrimination System for HIV (JADS). This system would improve the monitoring and reporting of discrimination cases.

Follow-Up Discussions:

- Discussions between the sub-recipients (SRs) and the principal recipient (PR) facilitated these adjustments and the inclusion of the new activity in the revised budget.

The discussions highlighted the importance of community-led monitoring in identifying and addressing barriers to accessing services, ensuring alignment with the Global Fund's priorities, and improving the overall effectiveness of the program.

What lessons were learned from the community engagement process?



COMMUNITY ENGAGEMENT

for the Reprioritization of Jamaica Global Fund Grant Cycle 7

The lessons learned from the community engagement process were:

Willingness to Participate:

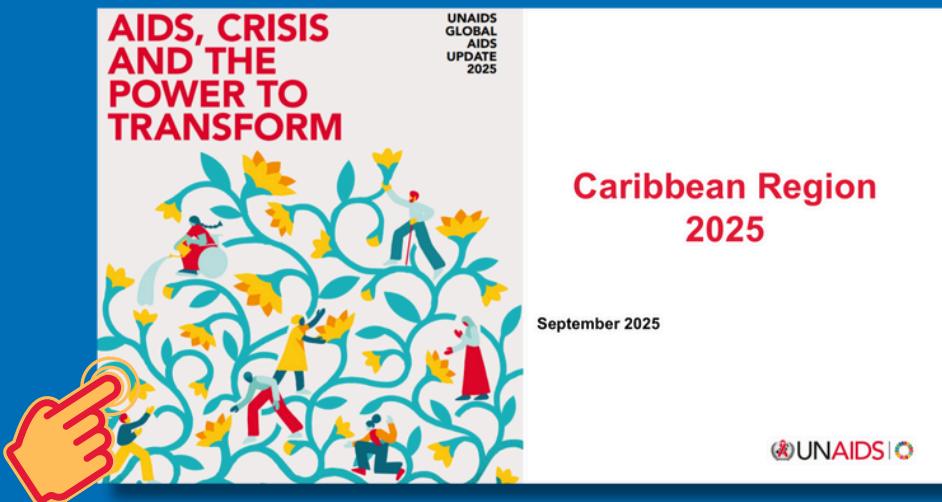
- While the civil society organizations (CSOs) showed a willingness to engage in the reprioritization activity, there was some weariness about the process.

Good understanding of guidelines:

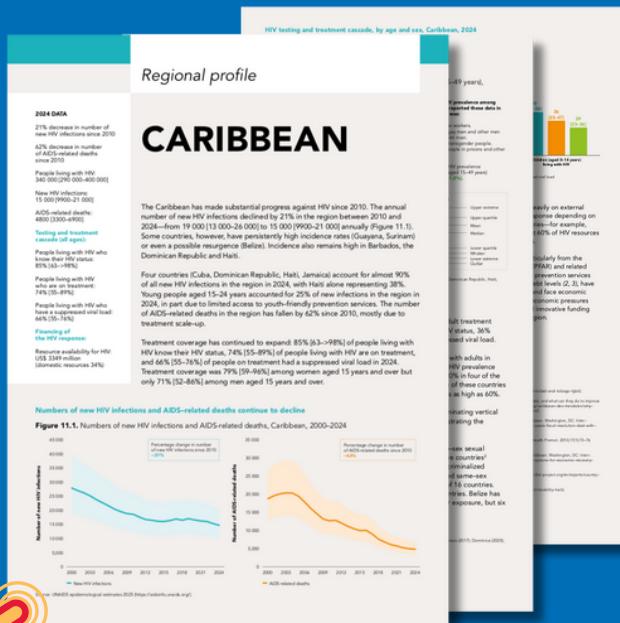
- The community demonstrated a solid understanding of the Global Fund guidelines and the shifts in funding priorities, indicating effective communication between partners.

Challenges with Time Frame: The time frame for community engagement posed challenges due to competing commitments among key players, which affected scheduling.

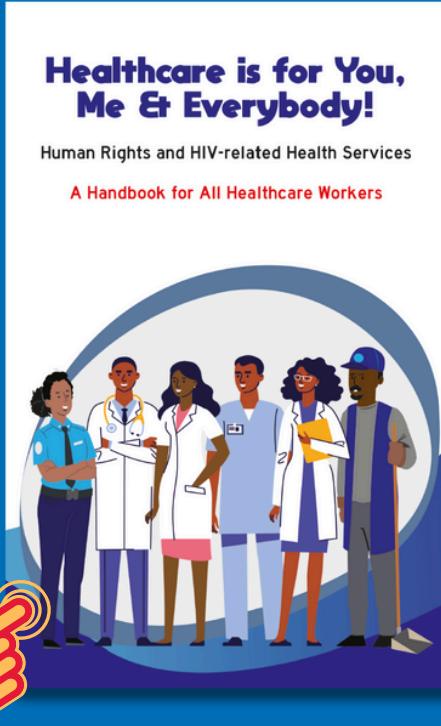
Resources and materials



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