

The Global Fund That We Want

A Position Statement from the “Communities and Civil Society Consultation on the Global Fund Strategy 2017 - 2021 and 5th Replenishment” convened by the Communities Delegation on the Board of the Global Fund and co-organised by the Global Fund Advocates Network Asia-Pacific (GFAN).

The Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund) has offered the world an alternative approach to development aid - driven by the needs of countries instead of the agenda of donors; and mobilising unprecedented levels of resources for programmes that reach millions of people living with and affected by the three diseases, including those often marginalised in societies¹. On top of the millions of lives it has helped save and improve, the Global Fund should take credit for contributing towards a more inclusive and just world. As the Global Fund develops its 2017 - 2021 strategy, we call for a Global Fund that can truly live up to such a legacy.

1. We want a Global Fund that is truly global - one that does not leave key populations and vulnerable communities behind, regardless of the income classification of their country.

The Global Fund's current [funding allocation and eligibility criteria](#) based primarily on the GNI per capita and disease burden, disadvantages key populations and vulnerable communities affected by the three diseases in Middle-Income Countries (MICs). MICs are home to the majority of the world's poor, as well as to the majority of people living with and affected by HIV, TB and malaria. Governments in the Asia-Pacific region, regardless of their income status, have not been demonstrating the political will necessary to support programmes and interventions for key populations, many of who continue to be discriminated against and criminalised.

The Asia-Pacific Region

HIV/AIDS

- has the second largest population of **people living with HIV** with an estimated 4.1 million - 5.5 million people² next to Sub-Saharan Africa
- HIV is concentrated in the region in key populations of sex workers, people who use drugs, gay men and other men who have sex with men (MSM), and transgender women, with 95% of new infections within key populations occurring among young people between the ages of 15 to 24

Tuberculosis

- has the **largest number of new TB cases**, accounting for 10 of the 22 high TB-burden countries globally³
- Childhood TB diagnosis and treatment, and the potential for multi drug-resistant TB pose challenges for more effective TB responses in the region⁴
- Data on HIV infection rates among TB patients are unreliable since patients are infrequently tested; a minority of countries in the Asia-Pacific region tested more than 2/3 of TB patients for HIV infection in 2013. The reliability of reported figures is hampered by poor monitoring systems and limited collaboration between HIV and TB control programmes⁵

Malaria

- carries the **second largest burden of malaria** – behind Africa⁶ as well as being second in the number of malaria estimated deaths in adults and children before the age of 5 after Africa⁷
- The emergence of artemisinin resistance within 5 countries of the Greater Mekong subregion – Cambodia, Laos, Myanmar, Thailand and Vietnam – poses a significant public health threat due to the risk of transmission to other countries in the region.

¹ Csete, J. (2015). [Solidarity Sidelined: Is there a future for human rights-driven development assistance for health at the Global Fund?](#)

² UNAIDS. (2014). p.18. [UNAIDS Gap Report](#).

³ WHO. (2015). [Tuberculosis Fact Sheet](#).

⁴ International Journal of Infectious Diseases 32 (2015) 166 - 169, [“Regional initiatives to address the challenges of tuberculosis in children: perspectives from the Asia-Pacific region”](#).

⁵ International Journal of Infectious Diseases 32 (2015) 170 - 178, [“Tuberculosis and HIV co-infection - focus on the Asia-Pacific region”](#).

⁶ WHO data in APLMA. (n.d.). [Overview: Malaria in the Asia-Pacific](#).

⁷ WHO. (2015). p. 36. [World Malaria Report 2014](#).

While exhibiting strong economic growth with a number of countries transitioning into middle-income status, the Asia-Pacific is still characterised by high levels of poverty, and wide in-country gaps between the rich and the poor; furthermore, the three diseases are exacerbated by different drivers of the epidemics across different localities even within a country.

With the increasing focus by the majority of traditional aid donors on Lower-Income Countries, the Global Fund's new allocation formula may see very serious reductions in funding for many countries in this and other regions that are exhibiting strong economic growth. Strong regional economic growth is leading to greater emphasis on countries increasing their domestic financing for responding to the three diseases without mechanisms in place to ensure responsible transitioning of Global Fund support, and the ensured sustainability of programmes in countries with the exit of the Global Fund.

In order to end the three diseases, the Global Fund must ensure responsible, long-term, and sustainable exit strategies for MICs, with a focus on Community Systems Strengthening (CSS); and continuing, if not increasing, investments for key populations in countries that lack the political will to do so. The new strategic framework must incorporate a fully funded transition plan with clear indicators to ensure funding for key populations and vulnerable

communities in MICs as a precaution to disorderly withdrawals. Furthermore, funding for civil society engagement and advocacy for resource mobilisation and efficiency of investments must be guaranteed. This will ensure the on-going capacity of local civil society to effectively engage with MIC governments post-transition. In some instances, this may require continued funding towards responses for key populations after health systems related interventions have transitioned to domestic funding. As pointed out by the [Global Fund Technical Review Panel](#) (TRP) for windows 3 & 4, the “focus of proposal” policy seems to discourage domestic funding for key populations for the countries close to transitioning from Global Fund funding⁸.

2. We want a Global Fund that places the health and lives of people ahead of profits - one that ensures people's access to medicines and diagnostics, regardless of their ability to pay.

We call on the Global Fund to support mechanisms to ensure availability, affordability and accessibility of treatment and diagnostics for the three diseases and co-infections in low- and middle-income countries, including by addressing IP-related barriers, implementation of full [TRIPS flexibilities](#), and review and revision of national patent laws and legislation frameworks.

The new strategic framework must eliminate gaps in access to medicines and technology for diagnosis, prevention and treatment for all affected by the diseases. This includes:

- Ensuring access to 2nd and 3rd line ART, medicines for drug resistant TB and malaria, and Opioid Substitution Therapy (OST);
- Making sure that PReP and PEP are available and accessible;
- Eliminating co-infection and co-morbidity between diseases, including HIV, Hepatitis C, TB, and/or malaria;
- Engaging with efforts to promote access to medicines as part of Universal Health Coverage (UHC); and

- Identifying priorities and addressing barriers to equitable access to medicines and technologies like parental or spousal consent requirements; mobility-related barriers; and lack of affordable, accessible, and quality sexual and reproductive health services.

We call on the Global Fund to support efforts to challenge and oppose the Free Trade Agreements (FTAs), including the secretive Trans-Pacific Partnership Agreement (TPPA), that enables big pharmaceutical corporations to control patents, dictate the prices of drugs, and impede generic production and competition, thereby impeding access to life-saving drugs of people living with the three diseases, including with co-infections and co-morbidities⁹.

3. We want a Global Fund that continues to invest towards the advancement of human rights and gender equality for all

We call on the Global Fund to ensure greater support for programmes that promote and advance human rights and gender equality, and for human rights and gender equality to continue to underpin the work of the Global Fund and be explicitly reflected within its strategic objectives. In the region, gender-based discrimination and violence, punitive laws, and discriminatory practices against people living with and affected by the three diseases pose significant barriers to effective responses. Restrictions in people's ability to exercise their human rights increase their vulnerability to the three diseases. At the same time, being infected and affected by the disease(s) impair the enjoyment of human rights. This link is apparent in the disproportionate incidence and spread of the diseases among certain groups which, depending on the nature of the epidemic and the prevailing social, legal and economic conditions, including women and children, mobile and migrant populations, internally displaced populations, indigenous communities, and particularly those living in poverty.

We call on the Global Fund to ensure that international human rights standards are upheld internally by the organisation, and amongst its grantees throughout the concept note development, grant-making, and implementation processes. In addition, specific interventions targeted at young people, especially those belong to key communities, have to be factored in and implemented with the support and meaningful involvement of communities and civil society.

The Global Fund is in a position to encourage wider understanding of gender interventions to include diversity of gender identity and sexual orientation, which is important in responding to all three diseases, but particularly in addressing the HIV epidemic among transgender people, and men who have sex with men (MSM). While we recognise the efforts by the Global Fund to include key populations and their needs in every step of the grant life cycle, enshrined in the [Key Populations Action Plan 2014 - 2017](#), we acknowledge too that the involvement of key populations during concept note development processes have not

⁸ 33rd Global Fund Board Meeting - [GF/B33/10: Update from the Technical Review Panel](#)

⁹ 18 May 2015 Statement of the HIV Constituency at the AP-RCEM CSO Forum of the Asia-Pacific Forum on Sustainable Development: [The world we want is a world that does not leave people living with and affected by HIV behind](#)

necessarily resulted in interventions for key populations being funded by the Global Fund after the final stage of grant-making.

Gender inequality (as a driver of the three diseases, and cause and consequence of violence) has not been consistently addressed within national policy and programmes. Achieving gender equality requires political will and financial resources. When countries are faced with stagnant or shrinking budgets, convenient and gender-blind approaches are frequently prioritised over empowering women to have control over their lives, money and bodies. In addition, and particularly for HIV, key affected women from communities of migrants, sex workers, drug users and transgender women - face even more biases in accessing health care, thus further disempowering them from seeking health care or other support, including accessing programmes that will protect their legal rights and provide care and support related to addressing violence.¹⁰ We call for increased investments in the new Global Fund Strategy in communities of women and girls, particularly in key affected women; stronger links to sexual and reproductive health and rights (SRHR), and ensuring that gender- and age-disaggregated data can be collected through the right indicators to monitor the effectiveness of programme outcomes for women and girls so as to achieve truly gender-transformative health outcomes.

4. We want a Global Fund that acknowledges and builds upon the strengths and contributions of communities and civil society in combatting the three diseases

The Global Fund has played a catalytic role in reshaping relations between governments, civil society, and communities of people living with and affected by the three diseases, including those from key populations and vulnerable communities. Beyond the impacts on the three diseases, this has broken new grounds in development approaches, and enabled and empowered communities and civil society to critically engage within decision-making processes at various levels. This has enabled the sustainable and cost-effective scale-up of programmes to reach previously unreachable populations. Sustaining and expanding investments in CSS through the new strategic framework is where the Global Fund can continue to demonstrate significant impact and results.

We call on the Global Fund to develop a new strategic framework that explicitly supports specific investments for CSS, with clear indicators for ensuring community engagement that lead to the empowerment and inclusion of key populations, beyond the designation of community organisations as only service providers. Where legal and policy barriers prevent the inclusion and/or participation of key populations and vulnerable communities in national processes, the Global Fund and partners on the Board, including donors and technical partners, should continue to support and engage in dialogues with governments to improve the legal and policy environments for key affected communities.

Lastly, we call on the Global Fund to support scale-up of rights-based, community-led and gender-responsive prevention, treatment, care and support interventions on the three diseases that is inclusive of key affected population and vulnerable communities, including women and girls, and young people from key populations. The meaningful participation of

¹⁰ W4GF & ICW, [Advocacy Brief: Prioritising Gender in the Global Fund Strategy 2017 - 2021](#)

TB and malaria communities and civil society need to be strengthened and clearly articulated in the new strategic framework as supported by the [Key Populations Action Plan 2014 - 2017](#).

The Kind of Global Fund that the World Needs

Beyond what we want as communities and civil society in the Asia-Pacific region, the world needs a Global Fund that remains committed to supporting, protecting, promoting, and advancing the principles of human rights; gender equality; Community Systems Strengthening; equitable access to diagnostics, medicines, prevention and treatment technologies and commodities - for all. The world needs a Global Fund that is steadfast in its commitment to the needs of people living with and affected by the three diseases, regardless of their countries' income classification.

We call on the Board of the Global Fund, including those from donor countries, to deliver the kind of Global Fund that may undoubtedly give the world a chance to finally end AIDS, TB and malaria in this lifetime.

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#theglobalfundthatwewant

The role of the Communities living with HIV, Tuberculosis (TB) and affected by malaria Delegation (Communities Delegation) is to advocate, influence and shape the decisions on the Board of the Global Fund to Fight AIDS, TB and Malaria (Global Fund). This is so that communities living with HIV, TB and malaria can gain equitable access to quality services and support needed to prevent, treat and/or live with these infections within a conducive environment that respects human rights.

<https://www.facebook.com/globalfundcommunitiesdelegation>

The Global Fund Advocates Network Asia-Pacific (GFAN AP), an affiliate of the Global Fund Advocates Network (GFAN), supports Asia-Pacific community and civil society networks/organisations to engage - domestically and regionally, in the advocacy efforts towards the replenishment of the Global Fund to Fight AIDS, TB and malaria to ensure sustainable financing and responses to the three diseases.

For more information, please contact Ms Rachel Ong, Communications Focal Point, Communities Delegation, and Senior Advisor of GFAN AP at rachel.ong@globalfundcommunitiesdelegation.org.

The following organisations undersigned support this statement (as of the 15th June 2015):

1. AIDS & Rights Alliance for Southern Africa (ARASA)
2. Asian Network of People who Use Drugs (ANPUD)
3. Asia-Pacific Alliance for Sexual and Reproductive Health and Rights (APA)
4. Asia Pacific Council of AIDS Service Organisations (APCASO)

COMMUNITIES DELEGATION

of the Board of the Global Fund to Fight AIDS, Tuberculosis and Malaria



5. Asia Pacific Transgender Network (APTNet)
6. Coalition of Asia-Pacific Regional Networks on HIV/AIDS (7 Sisters)
7. Coordination of Action Research on AIDS and Mobility in Asia (CARAM Asia)
8. East Europe & Central Asia Union PLWH (ECUO)
9. Eurasian Coalition on Male Health (ECOM)
10. Eurasian Harm Reduction Network (EHRN)
11. Eurasian Women's Network on AIDS
12. Global Network of People Living with HIV (GNP+)
13. International Civil Society Support (ICSS)
14. International Community of Women living with HIV Asia Pacific ICWAP
15. International Indigenous Working Group on HIV & AIDS
16. International Treatment Preparedness (ITPC) - Global
17. ITPC China
18. ITPC Central Africa
19. ITPC East Africa
20. ITPC Eastern Europe and Central Asia
21. ITPC Latin America & Caribbean
22. ITPC Middle East and North Africa
23. ITPC South Asia
24. ITPC West Africa
25. Women harm reduction international networks (WHRIN)
26. YouthLead
27. Youth Voices Count (YVC)
28. Australian Federation of AIDS Organisations (AFAO), Australia
29. Positive Life NSW, Australia
30. Cambodia Positive Network, Cambodia
31. HIV/AIDS Coordinating Committee (HACC), Cambodia
32. KHANA, Cambodia
33. KORSANG, Cambodia
34. Canadian Aboriginal AIDS Network, Canada
35. 天津信爱文化传播中心, China
36. 新郑爱卫阳光家园, China
37. 浙江爱心工作组, China
38. 南京工作组, China
39. 大理州霖雨泽健康教育关怀中心, China
40. Asia Catalyst, China
41. BaiHuaLin (BHL) PLWHA China League, China
42. Mecanismo social de apoyo y control en VIH de Colombia (MSACV), Colombia
43. Senderos Asociación Mutual, Colombia
44. Fiji Network Plus, Fiji
45. Karnataka Network for People Living with HIV/AIDS, Bangalore Karnataka, India
46. MAMTA Health Institute for Mother and Child, India Spiritia Foundation, Indonesia
47. Persaudaraan Korban Napza Indonesia (PKNI), Indonesian Drug User Network
48. Rumah Cemara, Indonesia
49. Africa Japan Forum (AJF), Japan
50. Joppa Centre, Elgeyo/County, Kenya

51. Lean on Me Foundation, Kenya
52. Lao Positive Health Association (LaoPHA), Lao PDR
53. Asian-Pacific Resource & Research Centre for Women (ARROW), Malaysia
54. Pink Triangle Foundation (PT Foundation), Malaysia
55. Facilitators of Community Transformation (FACT), Malawi
56. League of PLWH from Moldova, Moldova
57. Positive Initiative, Moldova
58. Regional Center for Community Policies, Moldova
59. Dristi Nepal Coalition of Women Who Use Drugs, Nepal
60. Jagriti Mahila Mahasangh Federation of Sex Worker, Nepal
61. National Federation of Women Living with HIV (NFWLHA), Nepal
62. INA (Māori, Indigenous and South Pacific) HIV & AIDS Foundation, New Zealand
63. Positive Women inc, New Zealand
64. Africa Civil Society for Care and Support of TB Patients (ACT!), Nigeria Chapter
65. Good Health Educators Initiative, Nigeria
66. Health Education and Skills Development initiative (HESDI), Nigeria
67. Hygeia Nigeria Ltd Foundation, Nigeria
68. JAKIN NGO, Nigeria
69. Network of People Living with HIV/AIDS in Nigeria (NEPWHAN), Nigeria
70. The Good Neighbour, Nigeria
71. Amitiel Welfare Society, Pakistan
72. Association of People Living with HIV (APL+), Pakistan
73. Kids for Peace Pakistan (KFPP) Pakistan
74. Organization for TB People, Pakistan
75. Nana Sahib Development Society (NSDS) Pakistan
76. Rural Educational Development and Welfare Organization (REDWO) Pakistan
77. Youth Association for Development (YAD), Pakistan
78. IGAT Hope (PNG) Ltd, Papua New Guinea
79. Action for Health Initiatives (ACHIEVE), Inc., Philippines
80. Alliance Against AIDS in Mindanao, Inc.(ALAGAD-Mindanao, Inc.), Philippines
81. GAYON Albay LGBT Organization, Incorporated (GAYON Inc.), Philippines
82. Peer Educators Movement for Empowerment of Pasay, Manila, Caloocan and Quezon City (Peer Ed ME PAMACQ), Philippines
83. Positive Action Foundation Philippines Inc. (PAFPI), Philippines
84. The Library Foundation (TLF), Philippines
85. Youth Peer Education Network (Y-PEER) Pilipinas, Inc., Philippines
86. Non-Profit Partnership "ESVERO", Russia
87. Alliance Lanka, Sri Lanka
88. Positive Women's Network (PWN), Sri Lanka
89. International HIV/AIDS Alliance Foundation, Thailand
90. Raks Thai Foundation, Thailand
91. Thailand National AIDS Foundation, Thailand
92. Centre for Supporting Community Development Initiatives (SCDI), Vietnam
93. All-Ukrainian Network of PLHIV, Ukraine
94. Brethren Care for Children Living and Affected by HIV/AIDS, Uganda
95. Mbarara Boda-boda-Riders Living with HIV/AIDS, Uganda
96. Save Mama, Uganda

COMMUNITIES DELEGATION

of the Board of the Global Fund to Fight AIDS, Tuberculosis and Malaria



- 97. Africa Coalition on Tuberculosis, Zambia
- 98. Circles of Hope (PLWH), Zambia
- 99. Coalition of Zambian Women Living with HIV, Zambia
- 100. Community Initiative for Tuberculosis, HIV/AIDS & Malaria, Zambia
- 101. Gender and Governance Anglican Board of Mission, Zambia
- 102. Youth Engage, Zimbabwe