

# FULLY FUND THE GLOBAL FUND: AT THE FRONTLINES: COMMUNITY-LED SYSTEMS & RESPONSES



The Global Fund has an impressive 20-year proven track record of contributions to superior impact and results across more than 120 countries and regions where it invests in HIV, TB and malaria programming.

With strong international credibility in its partnership model and country-owned approaches, **the Global Fund offers the greatest value for money because it reaches people and communities with the quality health services that they need the most.**

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Community-led responses have - across geographies & political systems - provided critical lifelines to communities otherwise cut off from mainstream formal health and social services. Irrespective of the public health challenge, it has often been community-led responses which have stepped up to ensure that no one is

left behind, especially when faced with new, unknown threats. Lessons learned from the on-going global COVID-19 pandemic show once again that resilient community-led responses play a central role in keeping people healthy and reduce negative impacts on the most vulnerable communities<sup>1</sup>.

**Organizations and services that are led and delivered by communities** living with and affected by HIV, TB and/or malaria (HTM) play a particularly crucial role in national responses to the three diseases and **have transformed the effectiveness of prevention, treatment, care and support programs**<sup>2,3</sup>. Community-led responses are often in the best position to respond to the needs of diverse communities, while also identifying and addressing the human rights and gender-related barriers to better HTM care and health outcomes<sup>4,5</sup>.

# THE TIME IS NOW FOR THE GLOBAL FUND TO DO MORE

## TIME FOR MORE

Since its creation in 2002, community-led systems and responses have played an integral role in the success and impact of the Global Fund to Fight AIDS, TB and Malaria (Global Fund)<sup>6</sup>.

**The time is now for the Global Fund to do more.**

The Global Fund has made explicit the role played by its investment in strengthening health systems beyond the fight against the three diseases and building up countries' capacity to respond to novel challenges, by adding as an evolving objective "Contribute to Pandemic Preparedness and Response" in its 2023-2028 strategy.

We believe that building community-led and -based systems is a necessary and essential component of Pandemic Prevention, Preparedness and Response (PPPR). The Global Fund, with its proven record of partnership

with affected communities and civil society, has a clear mandate and, within the global health architecture, a progressive approach to inclusion of affected communities and civil society. Community-led and -based systems as a core component of building strong and resilient health systems should be explicitly understood as the most critical and unique value-add the Global Fund can bring to the table in the new and evolving approaches to pandemic prevention, preparedness and response.

We call for **a minimum of USD 4.5 billion<sup>7</sup> in additional funding for the Global Fund** to ensure stronger community systems and responses to achieve better health and wellbeing for all, and support the readiness of health and community systems in the face of emerging threats.

In 2021, UN member states emboldened the world to get back on track in achieving the 2030 SDG goals by endorsing ambitious HIV targets by 2025. These targets put community-led responses at the centre to deliver 30% of testing and treatment services, 80% of prevention services for key populations, 80% of services for women, and 60% of programs to create societally enabling environments (e.g., human rights and gender equality)<sup>8</sup>. Similarly, in 2018, world leaders determined TB targets that would propel the scale-up of community-based, rights-based and gender-responsive TB services by 2022<sup>9</sup>. In 2019, UN Member States committed to actions recognizing the centrality of community-based services in primary health care delivery as foundational

to achieving universal health coverage (UHC). Unfortunately, these global commitments have not translated into commensurate action or resourcing.



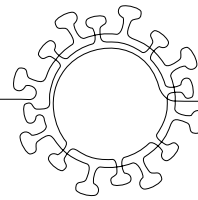
Strong community-led responses reach, educate and link people to services across the health and social care continuum, including people that are often considered the hardest to reach because they are marginalized, criminalized, and disenfranchised. Community-led and allied civil society organizations, networks and HTM responses are rooted in communities often living with and most affected by the three diseases, including people living with HIV, women, young people, gay men and other men who have sex with men, people who use drugs, sex workers, prisoners, transgender people, migrants, and Indigenous Peoples.

Community-led systems and responses have measurable impact, the potential to reach people at scale, and serve populations that are not accessing formal health services<sup>10,11</sup>. **Yet, in many countries, the essential role of community systems and responses remains inadequately funded, under-acknowledged, not prioritized and/or not integrated into national plans or domestic health budgets<sup>12</sup>.**

Numerous studies illustrate the catalytic role and comparative advantage of community-led responses in reducing HIV, TB and malaria incidence. At the **service delivery level**, HTM community-led responses have improved access, quality, demand, coordination and linkages to care, utilization, and strong community-provider relation-

ships<sup>13,14,15</sup>. **At a structural level**, evidence reports positive policy change, reduced stock outs of HTM-related commodities, increased adoption of viral load testing to monitor clinical health outcomes, strengthened access to legal aid and awareness of legal and human rights, as well as strengthened community-government relations<sup>16,17</sup>.

Throughout the course of the **COVID-19 pandemic**, community-led responses have introduced many HTM service delivery innovations to mitigate service disruptions. Examples include, multi-month dispensing of HTM treatments, decentralized door-to-door service delivery, and digital health platforms to deliver community care<sup>18</sup>. During the pandemic, Global Fund-supported programs were able to maintain a minimum level of services largely thanks to communities, especially outreach programs and peer educators, and were able to pivot to provide greater access to care beyond HTM - as was seen in Djibouti and Mozambique.



**DEFINITIONS**

**Community systems strengthening** refers to the development and fortification of informed, capable and coordinated communities that work to achieve improved health through their involvement in the design, delivery, monitoring and evaluation of services and programs for health, including HIV, TB and malaria. **Resilient health and community systems are the essential building blocks for countries to progress towards universal health coverage, and all of the SDGs. They are foundational for effective, efficient and sustainable responses to HIV, TB, malaria and other health threats<sup>27,28</sup>.**

**Community-led responses** are those that are managed, governed and implemented by communities themselves. **Community-based responses** are those that are delivered in settings or locations outside of formal health facilities and run by civil society organizations<sup>29</sup>.

**COVID-19 has driven home the evidence-base: strengthened health systems through community-led responses is paramount to effective responses to the pandemics of today, and the health threats of tomorrow<sup>19</sup>.** Community-led services are further optimized when they are delivered in strategic and supportive partnership with formal healthcare providers and government programs<sup>20</sup>.

The Global Fund is one of the largest multilateral funders of resilient and sustainable systems for health (approximately USD 1 billion annually)<sup>21,22</sup>. It has the strength, the structures and the oversight mechanisms to deploy disease-fighting interventions at scale<sup>23</sup>. Yet, despite marked increases in the Global Fund's investment in community systems and responses<sup>24,25</sup>, there is great need to do more. Community-led organizations are often the least able to access the funding they need to take proven interventions to scale. They have received only 10% of Global Fund resources for community-systems strengthening under the current funding cycle; and less than 1% of all Global Fund investment since 2019<sup>26</sup>.

**The new Global Fund Strategy (2023-2028)** places communities living with and at greatest risk of HTM at the centre of its strategic priorities to get back on track to 2030. To do this requires **a much greater investment** to elevate and strengthen community systems, community-led responses and community leadership, in tandem with more traditional health systems strengthening efforts.

**Increased Global Fund investment in community systems and responses can ensure:**

- step-changes in how communities are meaningfully engaged in the design, delivery, and monitoring of health services, including in CCMs (country coordinating mechanisms);
- the Global Fund's contribution to meeting the financial investment targets and commitments codified in UN Political Declarations and the global strategies of technical partners;
- robust targets for costed community response strategies that are included in country-level national strategic plans;
- an increase in direct funding streams for community and civil society to enable strengthened community systems, responses, and advocacy at local, country, regional and global levels;
- positive direction of travel with legal frameworks and policies that support community and civil society in their ability to register and implement programs and services, including with domestic funding;
- an even greater focus on strategic level indicators on equity, human rights, gender equality, sustainability, program quality and community response innovations;
- measurements that meaningfully illustrate strengthened technical and operational capacities of community-led and community-based organizations to take proven interventions to scale.



# WHAT'S AT STAKE: THE COST OF IN-ACTION

Bold investment and deliberate action to fully fund the Global Fund in its 7th Replenishment means investing in community systems and responses as a central pathway to achieving UHC. **These are the very same systems and responses needed to fight COVID-19 and prevent the pandemics of tomorrow.** A fully funded Global Fund can mean the difference between catalyzing progress over the next five years, or losing further ground in the fight against HIV, TB and malaria. It can mean breaking the cycle of transmission and saving millions of lives<sup>30</sup> with life-saving course-corrections that end punitive laws and other human rights barriers that continue to fuel infection, exacerbate health inequities, and drive poverty.

**Meeting GFAN's ask of USD 4.5 billion for community-led systems and responses**, as part of its broader call for a minimum of USD 24 billion to fully fund the Global Fund's 7th Replenishment, is just **good public health sense**. It communicates a historic choice - the choice to invest in progress and to make good on our global 2030 commitments to leave no one behind. It is the choice to end the pandemics of today and ward off the health challenges of tomorrow. **The alternative is not an option.**

## #GetBackonTrack

means

# 4.5 billion

## for strengthening community-led responses

GFAN Speaker **Gautam Yadav** advocates for human rights and equality for LGBTQ persons. As a gay man living with HIV, he knows how important **Global Fund** investments in community led responses are to the LGBTQ community.

**gfan** global fund advocates network

**BOLD INVESTMENTS IN COMMUNITY SYSTEMS AND RESPONSES = THE PATHWAY TO UNIVERSAL HEALTH COVERAGE AND PANDEMIC PREPAREDNESS AND RESPONSE (PPR)**

Pandemics thrive on inequalities and exacerbate inequities<sup>31</sup>. HIV, TB and malaria are both a cause, and a consequence of poverty and marginalization<sup>32</sup>. Remarkable progress has been made over the last decade in reducing the overall burden of each disease; however, higher disease mortality and morbidity remains nestled in certain population groups that are “chronically disadvantaged”<sup>33</sup>.

**Tool, concepts, leadership, and capacity development and investment in HTM community-led responses and systems have informed and jumpstarted local UHC and COVID-19 responses. For example:**

- **Community** systems ensure health equity and create enabling environments where human rights and gender equality are protected and advanced through transformative programming, integrated and person-centre care, connecting different health responses and partners, and making timely linkages with formal health structures ensuring optimal impact and value for money.
- **Community and civil society engagement and leadership** (e.g., tailored strategies to lived experience, capacity building, adherence support, stigma mitigation, advocacy, governance, technical knowledge).
- **Community-led strategies and responses** mitigate and respond to crises and improve quality of care. They support behaviour change strategies and reduce complex social and structural barriers to services, reaching people where they are and in ways they can easily and effectively access services.
- **Community-led services** ensure people-centred care. They effectively manage, deliver, and can scale prevention, treatment, care and support services ensuring timely access and quality of care.
- **Community-led monitoring, data systems, advocacy and evidence-based research** improves access to, monitoring of and improved quality and impact of services, procurement and the supply of treatment and other health commodities while holding service providers and decision makers to account.



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