

**Three building blocks to a new Global Fund Strategy:  
Tackle the barriers, invest more in communities, maintain the focus on HIV, TB and malaria**

*Statement from participants in the Global Fund's community and civil society 2021 Pre- Partnership Forum collective*

1 February 2021

As representatives of civil society and communities of people living with and affected by HIV, TB and malaria around the world, we acknowledge and appreciate the Global Fund's work over the past 20 years in leading and supporting the delivery of services essential to our health and the health of our families, friends, neighbours and colleagues. We have a strong desire to help the Global Fund do this work even better, so that it will have a bigger and longer-lasting impact among the millions of people who can benefit from its programmes.

More than 100 of us discussed what could and should be done toward this overall objective during a series of **three civil society pre-Partnership Forum virtual gatherings** held over the last two weeks of January 2021. These meetings were also organized by the Global Fund Secretariat and had the same regional breakdown as the Partnership Forums themselves. They offered an opportunity for us to strategize on collective community and civil society priorities for the 2022–2026 Global Fund Strategy and prepare for how they could be presented and discussed during the Partnership Forums.

**This statement summarizes several of the key messages from across the three pre-meetings.** The outcomes build on and complement the results and findings from consultations that civil society and communities have been organizing for several months as well as the policy and advocacy documents, position papers and other statements that they continue to prepare as part of the Strategy development process.

Because we come from different countries and regions, face different epidemics and risks, and live and work in a wide range of political, social and economic contexts, our specific needs regarding HIV, TB and malaria vary as well. But we collectively come with many years of experience of implementing Global Fund programmes, including as members of Country Coordinating Mechanisms (CCMs); engaging on regional Community, Rights and Gender (CRG) platforms; serving as Board Delegation members; and in many other different ways. Our common commitment to deliver services to address the needs of communities underpins our shared hopes and expectations from the Global Fund.

**We want to see a new Global Fund Strategy that directly references our priorities or will be interpreted and implemented so that action is taken in response to our priority concerns and recommendations. And we want to see the Global Fund take this action both internally – across all Global Fund processes and systems, from country to global level – and externally, in its engagement with all partners.**

**1. Tackle the barriers.** The Global Fund's main goal – and really its only goal – is getting services to people who need them. Major barriers continue to stand in the way, especially in terms of reaching key populations and the most vulnerable in any context. The challenges of stigma, discrimination, marginalization, criminalization, and other human rights-related barriers are particular problems for the health and safety of millions of people who need HIV, TB and malaria services. Epidemics will not end and lives will not be saved unless these barriers are reduced and removed.

***The Global Fund cannot uphold the core principles of human rights, gender equality, and equity unless it takes more forceful and comprehensive action toward eliminating these barriers wherever it works.***

- Starting immediately and continuing through the new Strategy, the Global Fund should **use its political leverage** and advocacy opportunities in countries to push for change, such as legal and policy reform, that will benefit key populations and all other people living with or affected by the

three diseases. The Global Fund must have a clear and firm stance on decriminalisation of key populations.

- Promising projects such as the **Breaking Down Barriers** initiative should be rapidly scaled up and expanded across the Global Fund portfolio, with commensurate financing and clearer key performance indicators to have truly transformative impacts worldwide.
- The Global Fund should be a **committed and verifiable champion for key populations, human rights and equity** in engagement with all partners, particularly those participating in CCMs.
  - One top priority should be in all discussions related to global health security, starting with reframing the 'security' language in favour of 'common but differentiated responsibility', 'global health resilience', 'global health solidarity' or other language and concepts that are people-centred and not militarized.
  - Internally, the Global Fund must also commit to mainstream key populations, human rights and equity as well as community systems strengthening (CSS) within its Secretariat.

## **2. Invest more in community-led responses, including in mobilisation, monitoring, and advocacy.**

There is growing consensus about the importance and value of greater and more meaningful community and civil society involvement in HIV, TB, malaria and overall health responses, as underscored by conclusions in a report last year from the Global Fund's own Technical Evaluation Reference Group (TERG). Yet the Global Fund has largely failed to generate the kind and scope of investments needed for communities and civil society to reach their potential, often due to chronic financial and capacity constraints. This is one reason for lagging progress toward global and national targets on HIV, TB and malaria. To bolster communities' engagement, more ambitious and dramatic steps should be taken now and throughout the new Strategy, including the following:

- The Global Fund should **formally align itself and pledge to meet ambitious targets related to communities and key populations**, most notably the target of at least 30% of HIV services being community-led by 2030, as specified in the 2016 UN Political Declaration on Ending AIDS, and the UNAIDS Fast Track commitment to allocate at least 6% of HIV investments for social enablers[1]. Civil society groups should be part of all processes related to these targets, including monitoring progress.
- The Global Fund should commit to formally considering a **dedicated funding stream for key populations and local civil society organisations**, with representatives from networks and communities involved in the discussions and considerations at all steps.
- More proactive efforts are needed to **increase community leadership and engagement in all Global Fund structures at country level**. This requires more funding to build the capacity of Country Coordinating Mechanisms (CCMs) and stronger policies to ensure they are fully inclusive and representative. If possible, the situation is getting worse in many CCMs as key populations and communities are further ignored, excluded or marginalized in many contexts.
- The Global Fund should strengthen and expand the use of existing tools such as **multi-country grants** and **dual-track financing**. Both can improve and expand efforts to get the concerns of key populations and communities recognized and responded to. Policies and guidance should be revised to make dual-track financing compulsory for all grant programmes in a country.
- More funding and technical support should be made available across the four strategic priority areas of local **civil society strengthening (CSS)**, with the funds being made available for a much wider range of activities including administration and community-led monitoring and advocacy. CSS should be a high-profile and **embedded component of health systems strengthening (HSS)** throughout the Global Fund's work in areas of resilient and sustainable systems for health (RSSH) and beyond, including in the **universal health coverage (UHC)** agenda. All these things are linked and cannot be successful without each other.

**3. Keep the main focus on HIV, TB and malaria.** The Global Fund’s mandate should remain the same. The work on HIV, TB and malaria is far from finished – and progress has even reversed in many contexts during the COVID-19 pandemic, including due to reasons such as service delivery interruptions and aggressive use of restrictions against key populations. Equity is just one of the Global Fund principles that has been set back in recent years. The core challenges and problems related to the people living with and vulnerable to the three diseases should take priority, including in any future work related to COVID-19 or other similar health crises or emergencies.

We believe that the Global Fund’s whole approach and all its decisions should be **based on human rights, equity, social justice, and science**. Our priorities for how the Global Fund can better match with these two pillars while addressing the three broad areas mentioned above include:

- Get more and better (disaggregated) **data** and make it more widely available, including to communities.
- Support and promote **differentiation** in all programming.
- Introduce more flexibility into **transition** processes and **health emergency** settings (e.g., COVID-19), including by relaxing or suspending eligibility criteria and allowing countries to re-enter more easily.

As critical partners in the Global Fund, civil society and communities need to be in the lead not only in identifying these and other strategic and operational changes, but also in driving these forward and holding all partners accountable. We are experts due to our own experiences and based on our engagement in the Global Fund in various capacities and levels and much more. We have been designing, identifying, and implementing programmes and interventions that work in HIV, TB and malaria prevention, treatment, care and support since the Global Fund was launched. Now, as a new Strategy is being developed, is the time for what we have to offer to the Global Fund to be respected and integrated thoroughly into everything it stands for and does.

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[1] [www.unaids.org/sites/default/files/media\\_asset/fast-track-commitments\\_en.pdf](http://www.unaids.org/sites/default/files/media_asset/fast-track-commitments_en.pdf)