

Position Paper for the Open Consultation on the Development of the Next Global Fund Strategy

December 2020

The Developing Country NGO Constituency's main message for the strategy development process is that **communities and the human rights they are entitled to must be at the centre of the next Global Fund strategy**. Without the leadership of communities, including key populations, and strong and resilient community systems, we cannot succeed in ending HIV, TB and malaria, or preventing and responding effectively to further health emergencies. The Global Fund's strategy for 2023 and beyond can only be successful if communities and civil society are treated as equal partners and given the space and resources to lead the response to the three diseases.

Our vision for 2028

By the end of the next strategy period, there will be **genuine civil society and community leadership** at all levels of the Global Fund resulting from **adequate investment** and support for all communities affected by the three diseases, including key populations.

Addressing **human rights, gender and equity will be integral** to grants and national programmes, not only a 'nice to have'. **Stronger and more resilient community systems fully enjoying the rights to which they are entitled to** will have been built with communities and civil society playing a key role in priority setting, service delivery and driving accountability. Countries that have transitioned from the Global Fund will sustain their commitments to inclusion, equity and human rights and will continue to apply best practice models such as CCMs.

As a result, **the SDGs will be back within reach**. The curve will have been bent on HIV, TB and malaria incidence. Further progress will have been made to reduce mortality and far greater progress will have been made for key populations, women and girls.

Board steer welcomed on priorities for the next strategy

The Developing Country NGO Delegation is pleased with the outcomes of the series of Board and Strategy Committee meetings held in Q4 2020. Consensus was reached on a range of points on the direction of the Global Fund's next strategy which are in alignment with our delegation's positions. In particular, we welcome:

- The Board's convergence on the need for the **Global Fund's mandate to remain focused on tackling HIV, TB and malaria** (HTM) and for any investments in resilient and sustainable systems for health (RSSH) and global health security (GHS) to be supportive of this core mission (see Annex for our positions on these issues).
- The strong consensus that **strengthening community and civil society engagement and leadership of the response**, and the focus on **human rights, equity, gender and the most vulnerable populations** are both critical to strengthening HTM outcomes and

must therefore be critical elements of the next strategy.

- The agreement that **community systems strengthening (CSS) should play a more prominent role** in Global Fund's RSSH investments going forward.

Our requests to the Secretariat for the remaining strategy development process

The remainder of the strategy development process, including the Partnership Forums, should now focus on how to put these aspirations into practice. To support this process, we request that the Secretariat:

- Conduct a **deep-dive analysis of the barriers and bottlenecks** that have prohibited further progress on community systems and responses, and equity, human rights and gender to date.
- Compile **evidence and lessons learned** from effective investments in community systems strengthening, and programmes to promote human rights and gender equality.

When preparing background materials and agendas for the upcoming Partnership Forum sessions, we request that the Secretariat **facilitate in-depth discussions on the following questions**, given the Global Fund's commitment to the meaningful inclusion of communities and civil society:

1. Why have the Global Fund's existing partnership and financing models so far failed to sufficiently increase investment in, and accelerate progress on, community and civil society leadership of the response, and equity, human rights and gender equality?
2. How can the new strategy fully embed investing in community leadership and community-led responses at all levels of the Global Fund model in a sustainable way in the long term?
3. How can the new strategy incentivise greater country-level prioritisation of equity, human rights and gender, and address structural barriers to HTM?

We have consensus on the priorities; now we need consensus on how to make them a reality

The Board has recognised that communities are critical for programme impact, but we cannot be complacent that consensus on *what* needs to be strengthened and scaled-up in the next strategy will automatically lead to consensus or effective action on the *how* of implementation.

We also cannot assume that all partners share the same understanding of what community systems and responses entail. Many partners at country level continue to use a narrow interpretation which focuses only on formal community systems such as community health workers, rather than recognising the importance of other areas of community-led responses including advocacy, campaigning and holding decision-makers to account; community-led monitoring of policies, practices, and service delivery; participatory research; education and information sharing; capacity building, and funding of community-led organisations, groups, and networks.¹

Community and civil society engagement and leadership of the response, and the focus on human rights, equity, gender and the most vulnerable populations, have been identified as areas of strength and comparative advantage for the Global Fund. However, the reality is that existing funding and partnership models have prevented the Global Fund from delivering to its full potential in these two areas. The political support demonstrated for these issues by the Secretariat and Global Fund leadership is not always reflected at country-level.

¹ UNAIDS (2019). 2025 AIDS targets: Target-Setting, Impact and Resource Needs for the Global AIDS Response: Technical consultation on social enablers: 19 – 21 June 2019 Montreux, Switzerland.

Communities and civil society are the backbone of the HTM responses, and have been equally pivotal to the response to COVID-19. Yet, twenty years after the creation of the Global Fund, space and adequate resources for community systems and responses still need to be negotiated. Funding for communities and civil society is always the first thing to be cut from a budget, usually in untransparent ways toward the end of grant negotiations. The emergency response to COVID-19 demonstrated the fragility of partners' commitments to principles of inclusive decision-making, transparency and human rights. The TERG has also highlighted that implementation of programmes focused on communities and human rights tends to be done in silos rather than treating these areas as integrated drivers of impact.²

Communities and human rights must be central in the next strategy

Without strong community leadership and systems we know that we cannot dismantle structural barriers, bend the curve on HTM incidence, or get the SDGs back on track. The next Global Fund strategy must steer all partners from lip-service to action. It must guide all partners to take the steps needed to reduce inequity, promote human rights, and guarantee the involvement of communities and civil society at every level and in all situations.

The next Global Fund strategy must explicitly and deliberately put communities and human rights at the centre. Strengthening the language used about these issues is a simple first step. The common procedure is to include statements about communities and human rights being cross-cutting priorities in annexes or footnotes because of the assumption that there is already sufficient consensus on their importance. We encourage the Secretariat to spell out the centrality of communities and human rights everywhere - including in internal guidance documents and throughout the Partnership Forums - so that there can be no doubt about the need for greater attention and investment.

Outstanding challenges

Our consultations with members of the Developing Country NGO delegation and civil society Principal Recipients (PR) and Sub-Recipients (SR) revealed many ongoing frustrations about **insufficient space for civil society and communities in the proposal development process**, and **insufficient resources** available for civil society and community-led responses and advocacy. The extent to which communities are meaningfully engaged and treated as equal partners varies significantly across countries and CCMs. The Global Fund needs to exercise greater oversight and intervene where CCMs are weak or intentionally exclude civil society and community partners.

CSS grants are usually small in size and given to larger international NGOs because of the persistent myth that community-based organisations do not have the capacity to manage Global Fund grants and that government PRs will be more efficient. At present, CSS funding is seldom used to strengthen the capacity of community organisations, which is a long-standing commitment of the Global Fund. This is exacerbated by the fact that community organisations are often SRs so are currently unable to include overhead costs in grants whereas PRs can and do. The bulk of CSS investments go to recurrent costs rather than in building the sustainability and resilience of civil society and communities that can transcend Global Fund support. **This needs to change as a matter of urgency.** PRs must be mandated more explicitly to support the strengthening of community organisations.

² Global Fund Strategy Development. Synthesis of Areas of Board Convergence and Divergence, Options and Trade-Offs. TERG Perspectives. December 2020.

The Global Fund's **guidance on dual-track financing is increasingly being ignored**, especially in transitioning countries with reducing funding envelopes. Country-level partners' claims that having a single PR increases efficiency are not backed up by evidence. The Global Fund should seek to prioritize and promote indigenous dual-track financing under the next strategy as part of its commitment to strengthen civil society and community engagement and leadership.

The Global Fund's financing model is rigid and outdated. The lack of innovation and flexibility within the current financing model prevents funds from getting into the hands of the people who need it quickly. The Global Fund should rethink its financing model and explore ways of harnessing digital technologies to increase resources for CSS and human rights work. Cash transfers directly to civil society and community organisations would help to overcome many of the bottlenecks currently experienced by civil society recipients.

Civil society SRs have raised concerns about **funding being delayed or pulled by PRs** which severely impacts their ability to deliver on contracts and puts communities at risk. Several SRs disclosed challenges of reporting to multiple PRs, and bad experiences of working with international organisations which they claim are not informed or supportive of community systems and responses. Increased direct accountability and funding to community structures would reduce their vulnerability to irregular or delayed disbursements.

Burdensome reporting requirements and administrative demands are a major challenge for civil society. **The Global Fund's core indicators give insufficient weight to the areas of intervention that are dependent on strong civil society and community organizations and rely on their comparative advantage and ability to reach the hardest to reach.** Investments in human resources are heavily scrutinised in community budgets even though they comprise relatively small amounts. Simplified reporting would help to level the playing field for community and civil society recipients. The Global Fund's current focus on financial risk for incrementally small amounts is overly burdensome for small community based organisations, works to undermine sustainability and stifles innovative responses.

Build on what works

Whilst our consultations with members of the Developing Country NGO delegation and civil society PRs and SRs were dominated by challenges, they also revealed many examples of CSS investments that have had a positive impact on HTM outcomes and the promotion of human rights.

Regional and multi-country grants, in particular, are highly valued by civil society organisations. Such investments enable civil society and key populations to overcome opposition from CCMs to address challenging issues such as removing legal barriers. Multi-country grants such as KP Reach, Shifting Social Norms and Removing Legal Barriers have successfully strengthened the capacity of communities to overcome barriers to treatment through addressing social norms, attitudes and legal barriers. Despite the success of these programmes, they have not been continued and overall investments in regional and multi-country grants have fallen. **The new Global Fund strategy should support greater and longer-term investment in regional and multi-country grants which are necessary for addressing structural barriers to prevention and treatment.**

The Global Fund's own reviews of community-based monitoring and thematic reviews of community health programmes reinforce the value and impact of investment in CSS. The overarching finding from the thematic review of community health investments in five countries, for example, was that a diverse range of community programmes can combine effectively with

formal health care provision to significantly improve results. The review reinforced the positive value of advocacy and accountability interventions, as well as interventions designed to reduce human rights related barriers. Fieldwork revealed consistent positive feedback on these interventions from managers, health care providers, community cadres and service users on the roles played by community health programmes. Accountability efforts such as community-based monitoring and local consultative committees showed an important contribution and should be considered part of a comprehensive community programme.³

Civil society monitoring has been critical for identifying implementation bottlenecks. For example, it was Citizen Action Against AIDS (ACCSI) and the Venezuelan Network of Positive People (RVG+) that raised the alarm about the health and economic crisis in Venezuela which resulted in exceptional funding and adaptations to the usual funding model.⁴

To support the case for greater prioritisation of CSS in national grants, the Global Fund should conduct further evaluations of its investments in community systems and responses to **showcase the value and impact of the full range of CSS investments that countries should invest in.**

Proposals for translating high level support for CSS into action and achieving our vision for 2028

Adequately fund communities and civil society. To tackle current levels of underinvestment in community systems, the Global Fund should earmark a minimum percentage of grants for CSS in future funding rounds and provide clear guidance to countries on what can be funded with these resources. A proportion of CSS money should be available for building the capacity and resilience of community organisations and a fund could be created specifically to mentor and support the next generation, especially young people affected by the three diseases, to lead the future response.

Explore more innovative financing mechanisms such as cash transfers to get more resources directly into the hands of civil society and community organisations. Build greater flexibility into CSS grants to enable communities and civil society to innovate and adapt to changes in the environment.

Make dual track financing a requirement, rather than a recommendation. Dual track financing guarantees resources to civil society and communities and strengthens community leadership. Where possible, resources should go to local NGOs instead of repeatedly supporting the same international NGOs. Fully functioning and inclusive CCMs should lead the identification of non-government PRs.

Establish minimum targets and KPIs to track coverage and outcomes for the main sub-elements of CSS e.g. community-led monitoring (as part of monitoring and evaluation), community system strengthening and community-led delivery (in line with 2016 UN political declaration on ending AIDS target that at least 30% of service delivery is community-led). Civil society PRs and SRs should be supported to build their internal financial management and monitoring and evaluation capacities. Reporting requirements and targets for CSOs should be adapted to reflect the nature of their work.

Introduce KPIs for removing human rights-related barriers and strengthen measurement of performance towards equity, human rights and gender objectives, including for key populations. Further action should be taken to educate PRs on Community, Rights and Gender (CRG)

³ Enda Sante (2020) Global Fund Thematic Review on Community Health. Synthesis report. Thematic Review of Global Fund Community Health Investments in Democratic Republic of Congo, Ghana, Liberia, Mali and Mozambique.

⁴ GF_SC14_02 3rd Exceptional Funding Request for Venezuela.

programming and to support countries to develop skills in the planning, implementation, monitoring and evaluation of human rights interventions. The Global Fund should also explore further ways to leverage its resources to support decriminalization and other major barriers and introduce measures to hold all partners accountable for delivering on community leadership and human rights objectives. Where necessary, this must involve reviewing the authorities of CCMs and introducing conditions to future funding.

Restore and encourage more regional and multi-country grants which make effective use of regional expertise and are critical for civil society to do difficult human rights-related work that cannot be done safely by local organisations, including in non-eligible countries.

Reassess the sustainability, transition and co-financing policy in light of COVID-19. Gains made by some transition countries are fragile or have even reversed because of the pandemic. Current transitions should be frozen until countries no longer require support to get back on track. Funding in transition countries should be prioritised for civil society and community-led responses, including to support reduction of stigma and discrimination of key populations.

Update the PR-SR model. Flexible multi-year financing channels (e.g. multi-year service agreements for smaller community organisations and networks, including key and vulnerable population organisations) should be available for community-led responses, beyond the current PR-SR model, that can adapt to changing community needs. A new model should strengthen, and not undermine, community resilience for example through fair remuneration of community-level service providers, less burdensome reporting requirements and predictable funding that is not contingent upon government approval. Unless there is a good reason not to, funding should go to local CSOs, who know the local settings and needs, rather than INGOs. Grant performance ratings for PRs should incorporate assessments of performance against CSS and human rights indicators.

ANNEX

Developing Country NGO Delegation positions on the three focus topics discussed in Strategy Committee and Board Meetings throughout Q4 2020

The following positions were prepared for the 14th Strategy Committee Meeting in October 2020 in response to the Secretariat's request for guidance on the Global Fund's future roles in relation to resilient and sustainable systems for health, global health security, and strengthening the partnership model to improve programme effectiveness.

Communities are the backbone of resilient and sustainable systems for health

- The Global Fund's future direction in relation to RSSH should focus on **strengthening health systems to tackle the three diseases** and leveraging its comparative advantage of working with civil society and communities. Priority should be given to strengthening **primary health care systems** that are closest to the community.
- **Community system strengthening** is a core pillar of RSSH which the Global Fund is well positioned to invest further in. However, only 3.5% of RSSH investments currently go towards CSS. **Significantly greater investment is needed** to maximize the potential of CSS and to ensure the Global Fund meets the 2016 UN Political Declaration target that by 2030 at least 30% of all service delivery is community-led.
- **Strong community systems are vital** for preventing and responding to HIV, TB, malaria and other infectious diseases. In the face of COVID-19, communities around the world have demonstrated their resilience and ability to sustain essential services.
- Communities effectively **monitor implementation** of Global Fund grants and increase **transparency and accountability** amongst policymakers and partners. Communities play a vital role in tackling human rights and other barriers that prevent key populations from using health systems. In countries where the government is unable to meet its obligations, communities and civil society continue to deliver essential services and may be the only sources of intelligence about what is happening on the ground. **Strengthening community systems creates a virtuous circle** by building strong civil society who can become the PRs and health leaders of the future.
- Through strengthened community systems, the Global Fund's **mandate could potentially evolve to tackle other infectious diseases** that pose a risk to communities affected by HIV, TB and malaria and that could be addressed through a community-led partnership model. Any expansion must be **contingent on additional resources**.
- Any further expansion of the Global Fund's mandate would inevitably divert attention and resources from the response to the three diseases and would require substantial changes to its operating model. **Other partners are better placed to support governments with general national HSS and UHC efforts** but the Global Fund's efforts must continue to contribute to these goals.

Global health security for all depends on communities

- The Global Fund's approach to GHS should be grounded in principles of **human rights, equity and solidarity**. It should use its platform to advocate for **global health security for all** (not just protecting countries in the global north from infectious disease) and be more bold in **challenging human rights violations** that arise during any existing or future pandemic response.
- COVID-19 has disrupted HIV, TB and malaria services in ways that threaten to undo decades of progress. The Global Fund must prioritise **mitigating the impact of the pandemic and threats such as AMR on communities affected by the three diseases**,

particularly KPs, and **sustaining political commitments and funding** for the three diseases.

- COVID-19 has challenged traditional orthodoxy about which countries have the strongest health systems. Many LMICs that were expected to fare worse from the pandemic have in fact responded better than countries with 'strong health systems' thanks to their **community-based health systems**.
- As the TRP has already noted, **investing in community systems is key to building resilience and preventing the spread of all infectious diseases**. Community health workers, for example, have played a vital role by carrying out contact tracing, providing information on prevention, early care seeking and referring those who may be infected. They also continue the delivery of primary care services during emergencies.
- Political leadership has been a determining factor in the success or failure of a country to respond to COVID-19. Whilst this is not something that the Global Fund can influence in relation to COVID-19, investment in civil society and CSS contributes to **increased transparency, accountability and responsiveness to community needs**.
- The Global Fund's future role in relation to GHS should promote a **holistic approach** that goes beyond a medical, government-led response and puts communities and their rights at the core. **Communities and civil society must not be excluded from the decision making process** as has happened in the COVID-19 response. Before determining its role, the Global Fund should assess its strengths, weaknesses and comparative advantage in relation to successful strategies for responding to COVID-19, Ebola and other past health emergencies. It should also consider the implications for resource mobilization efforts and the partnership model. The Global Fund's role in initiatives such as Act-Accelerator should align to its existing mandate. **Any expanded role on GHS should be dependent on additional resources**.

Strengthening partnerships with communities will improve programme effectiveness

- **None of the proposed models for future partnerships have a strong community or civil society dimension**. An alternative model should be developed in collaboration with communities and organizations with first hand experiences of partnerships in action.
- It is widely recognized that civil society is best positioned to work with KPs and hard to reach communities yet funding allocations to civil society and in areas such as CSS remains low.
- The three proposed models **risk business as usual** with communities and civil society partnerships continuing to be given insufficient attention, underfunded and too often tokenistic.
- The next Global Fund strategy must **encourage principles of community and civil society leadership to be put into practice**. This means greater investment in civil society and community implementers, strengthening the meaningful role of communities and civil society, particularly KPs, on CCMs and enabling them to play an essential monitoring and accountability role.
- **Better coordination and alignment is required between multilateral organisations** to avoid duplication and sometimes empty collaborations. The Global Fund should more closely scrutinize its investments in UN-led partnerships which can be exclusive, and even destructive of civil society. Whilst large agencies may have technical capacity they don't always have the will to prioritise community and civil society leadership and removal of human rights barriers.
- Technical Assistance provision should more routinely be sought from local organizations. Where gaps have been identified in civil society capacity and expertise, for example to provide TA or implement grants, the **Global Fund should invest in building local capacity**. External TA contracts should include a component to strengthen the capacity of local partners.

- To encourage greater equality across Global Fund partnerships, the next strategy should include **minimum investment targets and specific KPIs** for civil society.