

Full Report of Community Consultations of the Communities Delegation on the New Global Fund Strategy

A hand is shown from the right side, palm up, holding a word cloud. The word cloud consists of various terms related to community and social values, including 'community', 'kindness', 'support', 'generosity', 'compassion', 'service', 'volunteer', 'gratitude', 'altruism', 'friendship', 'offer', 'humanity', 'care', 'inspire', 'give back', 'charity', 'time', 'get involved', 'abundance', 'share', 'unconditional', 'make a difference', 'unite', 'gift', 'thank you', and 'now'. The word 'community' is the largest and most prominent in the cloud. The background of the word cloud is a purple bokeh effect.

abundance SHARE humanity UNCONDITIONAL
FRIENDSHIP offer kindness make a difference
gratitude support kindness UNITE gift
altruism support INSPIRE CARE. thank you
volunteer service **community** NOW
GIVE BACK charity
compassion TIME
get involved generosity

Communities Delegation

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

October 2020

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Community voices together

Although the communities making up the Communities Delegation are extremely diverse, there are a number of areas of synergy. The most common point raised across most of the communities is the need to explore and find creative and feasible options to find a mechanism to directly fund community-led organisations.

The Global Fund Strategy for 2023-30 should ensure prioritisation is given to:

1. Improve its performance of promotion and protection of gender equality and human rights.

“People living with HIV and affected by all 3 diseases need and deserve services that integrate issues such as gender-based violence, comprehensive sexual and reproductive health education, bodily autonomy, etc.” GNP+, ICW & Y+

There is a need to broaden and strengthen the understanding and scope of both gender and of human rights within the Secretariat, the Board and at country-level. The Global Fund can make a significant impact to ensure gendered proposals that fully respect human rights, particularly of key populations and the most vulnerable groups, are funded. It is time to close the gap between the Global Fund policies, theory, implementation and practice *on the ground*. Funding approval should be contingent on evidence of strong gendered and rights-based programmes and services. Technical support on gender and human rights should be increased and prioritized, especially focused on community organisations where language can be a serious barrier.

“There are many documents on the GF website talking about gender equality but in real terms on the ground, it’s next to none. There is a need for improvement.” WLHIV FGD

2. Place people at the centre of all responses.

***“Why can’t you see us beyond the person to the reached?!”
MSM FGD***

Promote a population and people-centred approach that recognizes individuals’ diverse needs, not only for bio-medical care and commodities, but to address other factors that negatively impact the *well-being of the individual*. Approaches to each of the diseases should be comprehensive holistic and inclusive and should focus on the well-being of the individual rather than on absence of a particular disease. For example, investing in prevention initiatives, alongside care, support and treatment. Meanwhile, synergies should be created or expanded, for further integration of services. Such approaches are critical to achieve results across Sustainable Development Goal 3, including Universal Health Coverage.

***“As community organizations, we should be at the centre of the Global Fund-supported programmes
WLHIV FGD***

3. Promote and support advocacy to remove structural barriers to responses to AIDS, TB and malaria.

“We are struggling to reach out to sex workers, access issues have become a challenge both for health service and representation due to law irregularities – since sex work has been abolished, no more brothels in Indonesia.”
WLHIV FGD

The Global Fund strategy should facilitate support and resources for advocacy by communities to increase accountability and transparency and to remove the structural barriers (such as criminalisation, stigma and violence) that impede effective action on the three diseases. *Communities are well-placed and have the expertise to conduct advocacy* that is led by those most affected, including in challenging contexts which are crucial for programme success.

4. Engage with communities as professionals with valued expertise.

“Expert knowledge about drug use does not lie within technical partners, private sector, academia, INGOs or government. If GF is serious about partnership with communities it must recognise and accept the skills, knowledge and expertise of people who use drugs as professionals.”
INPUD Consultation

The model of meaningful community inclusion within the Global Fund needs to be strengthened. Community experts should be afforded the same status as other technical experts as they are a fundamental part of a comprehensive and effective response to the three diseases. Their expertise should be valued by country teams, Secretariat and Board alike. This must include *recognition of community expertise as equal partners and stakeholders* within all diverse groups including people living with HIV, those affected by TB, malaria, key populations and vulnerable groups.

“Sex workers know about sex work.” NSWP Consultation

5. Keep a focus on AIDS, TB and Malaria, while situating them in the wider, emerging context of planetary health¹.

“Our networks noted a deep concern that services for HIV, TB, malaria, hepatitis, mental health, NCDs and sexual reproductive health and rights have been de-prioritised during COVID-19. Our movement will not allow one epidemic to be pitted against another.”
GNP+, ICW & Y+

To achieve the global goals set for 2030, the Global Fund should keep its unique focus on the three diseases – recognizing that there remains much to be done, with many countries and regions off track. However, the institution’s work should be positioned within the wider context in which it operates – such as connecting its work to other global issues (such as COVID-19 and climate change or other emerging global issues) and articulating its role within global challenges (such as health security). The Strategy for 2023-30 should clearly articulate how the Global Fund’s work on the three diseases makes a significant contribution to wider responses to health and, in turn, achieves wider health and wellbeing for all. In addition, *any action to address emerging issues should be exclusively to protect the core of the Global Fund: HIV, TB and malaria and the achievements to date.*

“The GF should not be diverted from its core business, but to take cognizance of the nature of emergency.”
FGD TB

1. Achievement of the highest attainable standard of health, wellbeing, and equity worldwide through judicious attention to the human systems – political, economic, and social – that shape the future of humanity and the Earth’s natural systems that define the safe environmental limits within which humanity can flourish.

6. Prioritise community systems strengthening to support community-led interventions and community-based organizations thereby contributing to resilient and sustainable systems for health (RSSH).

“It is always said that we, community-led organisations don’t have capacity, but who and how can we build our capacity without funding?” WLHIV FGD

Community-based and led monitoring should be scaled up and community data systems strengthened and linked to the national data systems, in order to improve access and quality of services. *More flexible funding channels to support a range of community system and responses (CSR)* should be explored and innovative solutions beyond the PR-SR model sought. For example, multi-year service agreements for smaller community organisations and networks (including key population and vulnerable groups organisations), with less burdensome reporting requirements and funding that is not contingent upon government approval. The lack of clarity and understanding among global and country level stakeholders on the aims and scope of CSR needs to be addressed. CSR is under-invested, often with no investment in many RSSH grants, furthermore CSR programmes are often not effectively designed, or implemented, with a sustainability focus.

“At a national level, communities have the expertise to contribute to policy development, to programme delivery and in monitoring quality. Invest in community-led networks and the movement will reap the benefits.”
GNP+, ICW & Y+

7. Maintain current four strategic objectives but strengthen delivery of objectives to ‘Promote and Protect Human Rights and Gender Equality’.

“The GF should provide and increase funding for Human Rights and Gender Initiatives that are Adolescent and Young People Based and Led and that can easily reach the grass roots.”
AYPLIV FGD

“The GF must consider a separate funding mechanism for people who use drugs and other key population and community-led organisations.”
INPUD Consultation

The basic structure of the Global Fund’s new Strategy should remain the same as that for 2017-22. The *four existing objectives* still serve as *logical and effective pillars* for the institution’s work, adding up to a comprehensive approach. The Global Fund must resist ‘change for change’s sake’, which risks confusion among stakeholders. However, measures should be taken to ensure that issues of gender and human rights are not siloed within one objective. Incentivized programmes on such issues may continue to play an important role and to catalyse focused action. However, such issues should be integrated throughout the organization’s work and embedded into all relevant proposals, programmes and policies for all three diseases.

“We want a GF that works for women. How does it work for women? We need funding and for that, we need capacity building.”
Women living with HIV FGD

2. Technical Evaluation Reference Group (TERG): Position Paper - Thematic Review on Resilient and Sustainable Systems for Health (RSSH), July 2019

3. 1) Maximise impact against HIV, TB and malaria; 2) Build resilient and sustainable systems for health; 3) Promote and protect human rights and gender equality; and 4) Mobilise increased resources.

8. Increase accountability of the Global Fund, including greater attention to the quality of approaches, services and programmes.

“It is critical to have access to data that can be disaggregated to reflect the experiences and challenges facing specific groups, particularly key populations and women and girls.”
GNP+, ICW & Y+

The 2023-30 Strategy should drive increased accountability at all levels of the Global Fund, from countries to the Secretariat. This should include a monitoring and evaluation approach with key performance indicators that not only address quantity (such as the number of services delivered), but quality (such as the efficacy of such services). This will require a *reframing of the understanding of accountability* – to extend beyond financing to programmes. This will also involve an exploration of what quality means – such as in terms of gender equality and human rights – and how different stakeholders can be held to account for their achievement. Continued work is needed to source and analyse appropriate data, such as through the disaggregation of programme results according to whether they are community or key population led.

9. Intensify monitoring and guidance for country-coordinating mechanisms to ensure communities and key-population led networks have an equal say in decision making at country level.

“Conflict of Interest policy is being misused by some countries to keep community leaders away from the CCM.”

“In some countries, CCMs are the government’s puppet. Only active community involvement will ensure we develop resilient and sustainable health systems.”
Malaria FGD, GNP+, ICW & Y+

The Global Fund should ensure better enforcement of rules for country-coordinating mechanisms (CCM). Conflict of interest policies need particular attention to ensure the voices of communities are not left out. It is essential that the political imbalance of power between Government representatives and community representatives on the CCM are addressed in decision making, accountability and transparency through focused resources for effective inclusive constituency building.

“GF must place conditions that can address the hostility that key populations face when developing proposals.”
Sex Worker FGD

10. Prioritise and increase investment to deliver comprehensive, integrated, rights-based health services that include sexual and reproductive health and mental health. Universal health coverage must be a priority to ensure that all people regardless of country or status have access to quality health services and treatment.

11. Renew commitment to responsible transitioning, where communities and countries are supported.

“For Eastern Europe and central Asia whose countries are transitioning, GF should insist that sex workers and other key populations are recognised as experts and included in the dialogues and decision-making around transitioning of the grants.”
Sex Worker FGD

The Global Fund must ensure community voices are included meaningfully and valued in the country-level assessment transition planning and throughout the transition period.

Community expertise in all its diversity

People affected by Malaria

“There must be increased funding for remote, traditional geographic communities who must be seen and treated as partners, not just beneficiaries - migrants, refugees, internally displaced people and ethnic minorities”.

Malaria FGD

- Global Fund should invest in building capacity of community-led groups working on malaria.
- Global Fund should increase focus on transparency and accountability for malaria in CCM decision making and oversight, by improving participation of malaria impacted communities.
- Global Fund should increase regional approaches and funding for more effective malaria elimination oversight which will ensure resources are better targeted towards stigmatised populations - migrants, refugees, internally-displaced people, ethnic minorities and others adversely affected by malaria with poor political power to address their health needs.
- Outcome indicators for malaria should be improved, better tracked and measured, and then linked specifically to community, rights and gender.
- Human rights and gender as they relate to malaria need better articulation and greater technical support to improve understanding and implementation for real impact.
- Global Fund must demand better disaggregation of data for malaria including improvement in data collection methodology with greater emphasis on community-led monitoring and collection.
- Global fund must maintain dual track financing so that civil society and communities working on malaria have direct control of resources.
- Global Fund should consider a small grant mechanism so that essential funding reaches community-led organisations that have the greatest opportunity to improve service delivery.
- Stop funding case and foci investigation for malaria. It is a waste of money, with little evidence of impact and the funding can be better allocated to meeting the real needs of communities.
- Global Fund should improve the application process and documentation so that disease integration across all three diseases is funded without parallel processes.
- Effective funding is required for Integrated Community Case Management (ICCM) of febrile illnesses.
- More investment is needed in environmental management and vector control.
- Global Fund should ensure a better balance between malaria control activities and malaria elimination activities.
- Global Fund must demand that funding requests ensure key and vital interventions on malaria are included in the main concept note and not in Unfunded Quality Demand (UQD).
- There is a need for improvement of private provider contributions in hard-to-reach areas
- In order to reach those at risk in hard-to-reach areas, more effort into producing materials in local languages is needed.

People affected by TB

“Global Fund should focus more on value for lives than value for money.”

TB FGD

- Recognise that TB is the number one killer among all infectious diseases - invest more Global Fund resources on TB.
- Improve the disconnect between what is articulated in policies and what actually happens in practice on the ground.
- Strengthen the capacity of TB key and vulnerable populations to effectively take part in CCMs and receive Global Fund grants.
- The Global Fund should ensure increased investments in community systems strengthening (CSS) to support the meaningful engagement and participation of TB survivors, people affected by TB and TB key and vulnerable populations, including prisoners, urban poor, mobile and migrant populations, indigenous people, people who use drugs, people living with HIV and miners.
- Strengthen existing, and support new TB partnerships and networks (including national multi sectoral Stop TB Partnerships and national TB survivor networks).
- The Global Fund should commit to further channeling its procurement of TB goods (drugs and diagnostics) through the Global Drug Facility
- Ensure access to modern effective treatment of all forms of TB, including new drugs and all-oral shorter treatment regimens for DR-TB.
- Invest in live TB data through strengthening TB data and information systems for timely, evidence-based TB responses at the national level and globally.
- Roll out innovative technology solutions for TB detection, treatment and prevention.
- Global Fund should ensure that scaled up community, rights and gender (CRG) interventions include support for national TB CRG Assessments, TB Stigma Assessments and development of costed action plans and stigma reduction strategies
- Global Fund should strengthen Key Performance indicators and M&E for TB CRG, including for stigma reduction, gender -esponsive interventions, identifying and overcoming human rights barriers, and TB Key Population engagement.
- Global Fund should continue partnerships that work for people affected by TB such as that with the Stop TB Partnership. However, this needs to be strengthened at the country level.
- Global Fund should provide a checklist to ensure human rights and gender are adequately addressed in country proposals.
- Global Fund should support countries in domestic resource mobilization towards better transition and sustainability

Children affected by HIV and AIDS

“Who are the champions for children in the GF structure? Children cannot form advocacy networks of their own so we must support networks of champions for them instead – these are often women’s networks.”
Children FGD

- Champion political leadership for vulnerable children, adolescents and their caregivers.
- Prioritise those facing social and structural exclusion, including adolescent mothers and their children.
- Promote a holistic approach in which the biomedical, social and economic needs of each child and/or adolescent are addressed together through services in and delivered by communities themselves.
- Introduce country-specific milestones for children so that countries target children and track progress for them specifically.
- Develop a catalytic fund for children so that domestic governments start thinking critically for children and it is possible for the Global Fund to track progress
- Strengthen the key performance indicators (KPIs) on children to get a better sense on paediatric HIV. This is about improving both data collection and the KPIs themselves. Children’s consultation
- Have more women leading CCMs.
- Scale up proven innovations for children, including point of care early infant diagnosis, index testing, paediatric formulations and community-based differentiated service delivery.
- Ensure integration of social protection, mental health and psychosocial-economic support for HIV-positive mothers and adolescents.
- The Global Fund should prioritise working with manufacturers and partners to support development of new treatment options for children – currently, they are very limited.

Specifically, co-host a high-level meeting in 2021 on adolescent mothers affected by HIV, TB and malaria; and work with us to evaluate the extent to which the GF supports integrated, community-led support for children and adolescents affected by the 3 diseases.”
CCAA Consultation

Transgender people

“GF is leaving trans people out of the loop. We cannot live on condoms and lubricants only – stop using us and give us a place.”
Transgender FGD

- Include transgender people representation in the CCM.
- Recognise the expertise, skills and knowledge of the transgender community.
- Strengthen and fund community-led responses, particularly those led by the transgender community and other key populations.
- Invest more funds to actively collect data in a way that recognises key populations, in particular transgender people including transgender men.
- Invest in capacity building for transgender organizations and view transgender communities as professionals and experts.
- Invest specifically in the advocacy capacity of transgender organisations so they can better advocate on gender-based violence, human rights violations, and for adolescent and young transgender people.
- Introduce key performance indicators for transgender people

“Most of the time we are invited to meetings because GF has said you must have a trans representative. But how many times does a report actually reflect the perspective of a trans individual?”
Transgender FGD

Women living with HIV and AIDS and affected by TB and Malaria

“When sexual and reproductive health and rights are not addressed and gender is marginalized, many women - transgender women, young women and girls are left behind.”

GNP+, ICW & Y+

- Prioritize and increase investment to deliver comprehensive, integrated, rights-based health services that include sexual and reproductive health and rights and mental health.
- Increase screening and prevention health services for young women and girls.
- Research should be inclusive and document the diverse side effects that women, youth and children experience from treatments for HIV, malaria and TB.
- Invest in programmes that empower women and girls to advocate for their rights.
- The Global Fund should improve its guidance and monitoring of gender to ensure that health programmes are addressing gender inequality and injustices
- The Global Fund should collect and continue to make available data that can be disaggregated to reflect the experiences and challenges facing specific groups, particularly women and girls and key populations.
- The Global Fund should introduce regional grants for key populations, but in particular to support networks of women living with HIV.
- Women4GF should be supported and strengthened
- Prioritise mental health services for women and girls and key populations.

“GF needs to prioritise young women’s health by engaging and championing large scale roll outs of prevention programmes to stop preventable disease.”

GNP+, ICW & Y+

People who use drugs

“The GF has fallen short of targets to promote and protect equity and human rights. They must engage more with global, regional and country user-led networks to better understand the barriers and to develop realistic solutions.” INPUD Consultation

- Strengthen community-led responses and rights-based programming for people who use drugs.
- Address the structural barriers, such as criminalisation of people who use drugs and gender inequality, that prevent access to health and a fulfilment of human rights.
- Address health inequities around the world and across key populations, including people who use drugs, in a person-centred approach.
- Ensure meaningful involvement of people who use drugs and other key populations as experts in the development, implementation, management and evaluation of policies and programming.
- Fund community-led responses through directly entering into multi-year service agreements with community-led organisations so funding is not contingent on government approval.
- Ensure greater representation of people who use drugs on the TRP.
- Social justice must drive decision making – in practice as well as policies.
- Be stronger at encouraging countries to include harm reduction and other services for people who use and inject drugs in funding proposals rather than on the PAAR and insist that drug user-led organisations are contracted to deliver those services as SRs. Also, encourage countries to include harm reduction in their national health and social policies.
- Scale up advocacy for de-criminalisation, removal of punitive law, policies and practices that target and weaken the human rights of people who use drugs and other key populations.
- Make human rights and gender equality an inviolable condition for a successful grant application
- Engage with drug user-led and injecting drug users in deciding on commodities, using their expertise and knowledge to improve the system and the quality of the commodities.
- Well before transitioning, ensure that rights-based programmes and services for people who use drugs and other key populations are fully embedded in the disease response.



Adolescents and Young People living with HIV and AIDS and affected by TB and Malaria.

***“GF needs to put a face to young people affected by malaria – we are missing.”
Adolescents and Young people FGD***

- Provide more funding for communities and organisations run by adolescents, young people and women living with HIV and affected by TB and malaria.
- Meaningfully engage communities of adolescents and young people living with and affected by the three diseases, including young key populations.
- Focus on the comorbidities of the three diseases – in particular around HIV and sexual reproductive health needs. This should include prioritisation of adolescent and youth-friendly services.
- Prioritise community-led responses and facilitate capacity-building and technical support needed to fully engage with adolescent and young people networks.
- The Global Fund should invest in more small grants such as ‘HER VOICE’ with a wider scope as most youth organisations are not eligible to become sub-recipients directly.
- Ensure focus on adolescent boys and young men.
- The CCM policy should specifically mention the representation of adolescents and young people.
- Continue to strengthen adolescent and young people involvement through CCMs, the Youth Council and within the Implementer Group Delegations.

***“Adolescent boys and young men have been left out in the programming. They should be involved to ensure gender equality, especially in relation to seeking TB and other health services.”
Adolescent and Young people FGD***

Sex workers

“Decriminalising of sex work would have the greatest effect on the course of HIV epidemics across all settings, averting 33-46% of HIV infections in the next decade.”
NSWP Consultation

- Strengthen community-led responses and rights-based programming.
- Address the structural barriers that prevent access to health and a fulfilment of human rights.
- Address health inequities around the world and across key populations, including sex workers, in a person-centred approach.
- Meaningful involvement of sex workers and other key populations in the development, implementation, management and evaluation of policies and programming. This includes within CCMs.
- Ensure that key population seats on CCMs are held by key populations themselves.
- Global Fund should invest in translation of information and documentation – both into local languages and into simpler language – language is a major impediment to effective engagement of sex workers, who may not have accessed formal education.
- Scale-up support for community-led advocacy for decriminalisation.
- Meaningfully engage key population-led organisations which includes recognising and giving equal weight and status to the skills, knowledge and expertise of sex workers and other key populations as professionals and experts.
- Fund community-led responses through directly entering into multi-year service agreements with community-led organisations.
- Increase support for key-population-led para-legal and legal services within grants.
- Escalate investment in programmes that address stigma, discrimination and violence against sex workers.
- Global Fund should make protection of human rights and gender equality an essential condition of a successful grant application.
- Global Fund should be cautious with innovations, particularly those such as biometrics for data collection that may cause harm to criminalised populations.
- Intensify efforts to address stigma and discrimination.
- Invest in programmes that address mental health, safe abortion, social security, sexual reproductive health and rights services and those that support sex workers to provide education their children.

People living with HIV and AIDS

“Criminalization fuels stigma and discrimination and undermines the HIV response as well as individuals’ access to essential health services.”

GNP+, ICW & Y+

- Invest directly in our networks to amplify the power and successes of health programmes and services that are conceptualized, implemented, and coordinated by people living with HIV.
- Intensify support to eliminate all forms of stigma and discrimination.
- Adequately address co-morbidities (HIV-TB co-infection, HIV and cardiovascular disease, HIV and diabetes, HIV and hepatitis) as well as side effects of HIV treatment.
- Invest in gender transformative programmes and interventions that integrate gender.
- Increase focus on human rights including through investing in infrastructure and capacity required to respect, protect and fulfil human rights.
- Address issues with the CCM Conflict of Interest policy that exclude networks of people living with HIV from participating.
- Collect and share disaggregated data.
- Include a social audit as part of all Global Fund interventions.
- The Global Fund should partner with agencies and find innovative ways to invest in increased research on treatment options and the creation of new treatment and diagnosis technologies such as home testing kits and access to them, PrEP, PEP and their reimbursement, long lasting injectables and implantable solutions.
- Increase meaningful involvement of people living with HIV at all levels of the Global Fund – see community as experts.
- Maintain progress on HIV, TB, malaria, mental health, NCD, sexual reproductive health and rights services alongside the COVID-19 response.
- Increase measures to protect health data and confidentiality, including monitoring and prohibiting the surveillance or selling of biometric data to states or countries where HIV is criminalized.
- In the context of transitioning, it is even more important that the Global Fund has stronger dialogue with countries about investment in public health to ensure sustainability of critical health services.

Men who have sex with men (MSM)

“GF says key populations are part of the response but in reality our skills and knowledge are not recognised because we are not viewed as technical – activism is not for free!” MSM FGD

- CCMs need to reflect the diversity within the community, by having one seat per population
- Directly fund community-led responses, in particular those led by MSM and other key populations.
- Invest in capacity-building for communities to be able to receive the funds and upscale service-delivery and treatment.
- Global Fund should focus on decriminalization and addressing legal barriers that negatively affect key populations.
- Addressing stigma and discrimination against MSM and other key populations, should be required in each funded proposal.
- Support key population organisations to collect data that can contribute to the overall understanding and needs of MSM.
- Strengthen partnerships with different communities across the three diseases to avoid working in silos.
- Do more to address the language barriers faced by MSM and other key populations at country level.
- Prioritise sex-positive conversations and behavioural interventions instead of disease-driven approaches only.
- Revisit the country-eligibility criteria – for instance, GDP is not representative of income and does not take into consideration health disparities.
- Fund regional responses and organisations so that sensitive work on structural issues across countries focused on MSM and other key populations can be coordinated and implemented by communities.
- Extend and improve the transition process so investment is not lost.
- Ensure advocacy by MSM and other key population groups is funded within country proposals.