

# Communities Delegation

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

## GLOBAL FUND 45TH BOARD MEETING CONSTITUENCY STATEMENT

The Global Fund Board is amidst developing its new strategy which will define how we work, where we work, and what we work on in the upcoming years. We should not take our decisions lightly. Ultimately, our decisions translate to life or death to our communities on the ground. Coming from the memories of our loved ones that have perished to HTM, and from our lived expertise of people living with HIV, tuberculosis and malaria, the development of the new strategy is a priority for our delegation. It is long overdue that Communities are given the leadership role in addressing HTM. Our voices, expertise, knowledge, technical capacity and unique lived experience must be recognized and valued as an equal partner in designing and implementing the next strategy.

### **NOTHING FOR US WITHOUT US!**

The Communities Delegation wishes all our partners successful deliberations in the 45th Global Fund Board meeting and requests that we engage in active dialogue (which includes actively listening to each other) instead of focusing on a reading of statements. In this effect, we take the opportunity to submit our comments on the 45th Board Meeting documents below:

#### GF/B45/05 Strategy Development

The Communities Delegation appreciates the work of SC and Secretariat in the Strategy Framework. Since the beginning of the process, we have had numerous contributions from all constituencies, several Board discussions, feedback from the partnership forums, etc. However, after a series of iterations about the Strategic Framework, there is still a clear disconnect between the Board's feedback and guidance, and the documents that are presented to us. Our delegation is concerned that a possible preconceived vision of where the Global Fund should go is clearly interfering with the duty of the Board to shape the new Global Fund Strategy.

A clear example of this communication gap is the discussions around pandemic preparedness. The Board has made it clear that the Global Fund must focus on HIV, tuberculosis, and malaria, and yet, at each iteration of the Strategy Framework, pandemic preparedness is added as a goal. The Communities Delegation has repeatedly stated that the Global Fund has, throughout its history, contributed to pandemic preparedness. It was this same contribution that prevented beneficiary countries from the Global Fund from being in a worse state due to COVID-19. We fully agree that perhaps we need to be more proactive in pandemic preparedness but to do so does not require pandemic preparedness as a goal but to shift how

# Communities Delegation

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

we work, finance, and implement in pandemic preparedness. **Therefore, the Communities Delegation sees pandemic preparedness as a how not as a what.** At times, within the Global Fund, we have been accused of speaking from our 'HIV bunkers' when expressing our reservations about expanding the mandate beyond HTM to include pandemic preparedness. Yes, we speak from our 'bunkers,' but we are not in our HIV bunkers by choice. We have been placed in these 'bunkers' by governments that criminalize us, by societies that kill us, and by institutions that continuously choose to ignore us. Placing a conditional goal makes no sense to our delegation. To make an educated decision, our delegation requires clarity on the following:

1. Exactly what are the conditionalities?
2. What does additional funding mean? Are we to assume that HTM funding should at least be to the current level?
3. Will donors be allowed to earmark their contributions, stating what is for HTM and what is for pandemic preparedness? This is contrary to the essence of the Global Fund. Are these opening doors for other forms of earmarking contributions? For example, to include or to exclude specific populations?
4. Presently we do not have adequate levels of funding for HTM, will we be unambitious to fulfil them? Tuberculosis is currently greatly underfunded, how will this fit in the conditionalities and additional funding concept?

The term 'Communities at the Centre,' which the Communities Delegation fully supports and believes should guide all the Strategy Development process and its future implementation is being used loosely. Having communities at the centre starts with listening to communities. Without actively listening to the voices of people living with and affected by HTM the term becomes tokenistic; with a few privileged individuals, who in the vast majority are oblivious to our realities, deciding what is good for us instead of WITH US. Ensuring communities are at the centre requires for communities to be both a what and a how. We need a Global Fund where a focus on equity and human rights are embedded in its primary objective: HTM.

The Global Fund's response to COVID-19 has taught us a major lesson. C19RM has clearly demonstrated that with a tad of willingness it is possible to set and implement funding streams, dedicated funding streams for something specific. Hence there should no longer be an excuse to set up systems that provide direct funding to communities, KPs and CBOs. Placing people at the centre also means eradicating the barriers in accessing funding from the Global Fund.

On Mission and Vision, the Communities Delegation supports option 2 for the vision and option 1 for the mission. The Communities delegation will NOT support the inclusion of any language on pandemic preparedness in the mission of the Global Fund.

# Communities Delegation

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

***Vision 2 A world free of the burden of AIDS, tuberculosis, and malaria with better, equitable health for all.***

***Mission 1 To attract, leverage and invest additional resources to end the epidemics of HIV, tuberculosis and malaria, reduce health inequities and support attainment of the Sustainable Development Goals.***

## GF\_B45\_061 Update on Community, Rights and Gender and Strategic Objective 3

The Communities Delegation commends the work of the CRG Department of the Global Fund and its leadership in CRG issues, particularly amidst the current challenges. Nevertheless, we note that leadership and championing on CRG issues are being confined **mainly** to **one** department instead of embedding CRG issues in the whole institution. When our delegation refers to CRG issues, we are not talking about a department but the work on Communities, Rights and Gender that should be undertaken and prioritized by the Global Fund as a whole. We request that all future CRG updates focus more on CRG related efforts across the Global Fund. In this line, the Communities Delegation recommends:

- 1. That the Global Fund addresses the low investments in community-led advocacy and research and other community responses which remain low. This portrays a clear lack of commitment across the Secretariat to meaningfully support communities and treat us as equals.*
- 2. Most SO3 funding is focused on specific regions and countries that are focused and assessed for impact on AGYW. As is the case of the work around BdB. There is a need to increase the covered countries and regions using results obtained from previous implementation.*
- 3. Provision of disaggregated data should be regularly and consistently used to inform grant making. It will ensure reach to larger VKPs with fewer resources and capabilities.*
- 4. When calculating population size and prevalence among VKPs in countries most affected by HIV there is a need to get the latest VKP population size and HIV prevalence data which many of the countries lack. We call on all partners to urgently support ongoing efforts to address this issue.*
- 5. The Global Fund must embed human rights and gender considerations throughout the system from Global Fund secretariat, board, PRs, SRs and CCMs and ensure the appropriate levels of funding and human resources to ensure the real changes we need to see a move from written or verbal commitments to reality.*

## GF/B45/02 & Annex Operating Expenses Cap 2022

The Communities Delegation is aligned with AFC discussions on Operating Expenses Cap 2022 but would like a more detailed budget for items such as Programmatic capabilities. Our

# Communities Delegation

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

delegation believes it would be extremely beneficial to have a better understanding of how much of the 84.4M goes to Disease advisors, RSSH, Human Rights and AGWY, Market shaping and supply chain, Procurement systems, Health financing department, M&E, Supporting countries of DRM, etc.

## GF/BM45/15 Development of M&E and KPI frameworks: Focus on Independent Evaluation and KPIs

The Communities Delegation appreciates the work on the development of M&E and KPI frameworks and the options of models presented. On the proposed options for models for the structure for the evaluation function at the Global Fund, the Communities Delegation fully supports model 3.

## GF/B45/17 Risk Management

The Communities Delegation appreciates the detailed report and is deeply concerned about the increase in Human rights violations and the increase in Gender-based violence that sparked service disruption because of Covid 19. We believe much more than guidance is required at the operational level. We recommend that the OIG fraud whistleblowing hotline be used to report abuses.

The Communities Delegation believes that within Risk Management, CCMs are critical to identifying risk and developing risk mitigation strategies as part of a differentiated model. We recommend that Civil society and communities that are part of the CCM be fully supported in their role to undertake their due diligence function more effectively.

.