

# Communities Delegation

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

## CONSTITUENCY STATEMENT

### 46th Global Fund Board Meeting

8-10 November 2021

The Communities Delegation is pleased to submit a few comments for the 46th Global Fund Board meeting. We appreciate the work of the Board and the Secretariat during the current challenging times. COVID-19 has disrupted our way of working, and more than a year into the pandemic, we still have not been able to achieve the right formula for meaningful engagement in the new online working modality of the Board. We celebrate that we are finally close to approving the narrative of the new Global Fund Strategy. We want to acknowledge the input of the communities living with and affected by HIV, TB and malaria, Board members and the outstanding work of the Secretariat during this process.

#### I. Global Fund Strategy Narrative (GF/B46/03)

The Communities Delegation commends the Strategy Committee and the Secretariat for their hard work and dedication over the past eighteen months. We appreciate the opportunity to contribute to this process collectively, and we extend our thanks to the Board for their support and continued collaboration. Most importantly, we want to acknowledge the patience, involvement and continued contributions from communities, people living with and affected by HIV, Tb and malaria, throughout the entire process. Overall, our delegation is satisfied with the narrative and believes it aligns with the framework approved during the July Extraordinary Board Meeting. As stated by several other constituencies, we look forward to the next steps and discussions. We are keen to start addressing the "how" of the Strategy, particularly **"how" to put people and communities at the centre effectively**.

The Communities Delegation has provided extensive input throughout the strategy development process, and we have done so based on several consultations with the many communities we represent. While there are several additions to be celebrated in the final text, we remain vigilant with regards to the operationalisation and take the opportunity to submit the following comments for consideration:

1. *Adequate Funding for Communities, including Community-Led Services*: Once again, our latest consultation confirmed what we have repeatedly stated and requested throughout the Strategy development process. For the Strategy Narrative to deliver on its premises and promise, **communities must have access to adequate resources**. In line with the points detailed in Annex 1, we urge the Board to consider a focused and direct stream of funding for communities and civil society, especially highly discriminated and criminalised KPs, including in countries transitioning out of the Global Fund.
2. *Maximising Health Equity, Gender Equality and Human Rights*: The objectives of maximising Health Equity, Gender Equality and Human Rights are critical should we want to reach the Strategy's goals. We welcome the undertaking to catalyse **a renewed partnership-wide commitment to decriminalise communities most affected by the three diseases**, support enabling legal and policy environments and

# Communities Delegation

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leverage the Global Fund's diplomatic voice to challenge laws, policies and practices that limit the impact on HIV, TB and malaria.

3. *Integrated person-centred quality care*: We welcome the inclusion of sexual and reproductive health and rights (SRHR), gender-based violence programs, comorbidities such as Hepatitis C and mental health services in the new Strategy. However, as noted by our participants in the consultation, many people from communities face all three diseases within key population groups, underscoring the need for integrated care and integrated programme delivery. **We can no longer afford to work in silos of diseases. Instead, we must work on addressing the holistic needs of the individual.**

The Communities Delegation looks forward to the approval of the Strategy Narrative and takes the opportunity to also share some comments for the following steps:

- *Eligibility and Allocation*: The options proposed by the Strategy Committee lack ambition and lock us into the status quo. Maintaining the same eligibility criteria through a pandemic represents a disconnection from reality. COVID-19 has severely affected health systems in general and damaged the micro and macroeconomics of all countries, particularly MICs. We disagree with the assertion that GNI p.c. is a robust methodology **as it fails to measure inequality**. The continued use of GNI p.c. portrays a Global Fund that is misaligned from the Global AIDS Strategy, which focuses on ending AIDS by ending inequalities. Failure to fully address inequalities is a guarantee for failure in ending the epidemics. Furthermore, it's not realistic to wait three years to move a country into its eligibility category and eventually allocate resources whilst people die waiting for the world, waiting for the Global Fund to take action. This becomes even more evident in the current global situation.
- *Malaria elimination*: Malaria elimination is a high resource-demanding goal. Great strides have been achieved in the response to malaria, but we are not close to ending malaria, and it is not yet time to celebrate. **As malaria becomes more invisible due to success in elimination, funding cannot and must not be reduced**. Countries should not be penalised for their successes.
- *C19RM*: We commend the Secretariat, in particular the stellar work of the CRG department for the effective and efficient delivery of C19RM. The CRG department, in partnership with Global and national community networks, was able to significantly improve the engagement of communities in the C19RM request processes. That was done in a race against time, with minimal financial support and challenging country systems that do not yet value communities' input. We reiterate that we must further strengthen community leadership and engagement, particularly in implementation and monitoring. The Communities Delegation requests that the Global Fund embrace the lessons learned and best practices during the latest C19RM experience to identify the building blocks of the strategy's subsequent implementation (the "how").

## II. Global Disease Split (GF/B46/04)

# Communities Delegation

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

**The Communities Delegation strongly supports our constituents affected by TB and the concerns expressed by StopTB and other constituencies.** Keeping the status quo to the Global Disease Split will continue to impact the TB response negatively. **People living with TB will die, people at risk and vulnerable to TB will not have access to prevention, and systems will not be able to implement life-saving strategies in their countries.** In light of the worrying data and projections for TB, the Board must STOP avoiding difficult conversations, be bold in their decisions, make decisions based on science and NOT on political motivations and must support an option that incrementally increases investment in TB programming. We are highly concerned about the entire process around this critical decision. Firstly, an amendment was submitted at the last minute, giving our constituencies no time to react to the new revision. In addition, other proposals had already been submitted but were not considered, such as the WHO proposal for the 17th Strategy Committee meeting.

**Our delegation strongly supports the recommendations put forward by WHO** and invites this Board to consider revisiting this proposal. We equally echo WHO's shared "guiding principles for considerations around the eligibility and allocation for the next cycle of Global Fund investment in countries: **consistency with the global disease burden, securing the gains made so far for HIV, malaria and TB, protecting the poorest, by preserving the allocation to low-income countries**", all this from a **Human Rights, Equity and Access** lens.