



STILL

THE GLOBAL FUND THAT WE WANT

An Asia-Pacific Communities and Civil Society Statement of Positions on the Post-2022 Strategy of the Global Fund to Fight AIDS, Tuberculosis and Malaria


We Still Want the Global Fund

We want the Global Fund to fight AIDS, Tuberculosis and Malaria (Global Fund) to continue to save millions of lives; avert millions of HIV, TB and malaria infections; and improve the lives of people and communities living with and/or affected by the three diseases. **We want the Global Fund to continue investing in and championing community, rights, and gender (CRG)** approaches and interventions as fundamental components of health responses. Equally important, **we want the Global Fund to continue investing in and championing community systems strengthening (CSS)** as a cornerstone of resilient and sustainable systems for health (RSSH). Investments on CRG and CSS by the Global Fund have helped build in our region dynamic movements and networks of communities living with and affected by the three diseases who push for and contribute to improvements in country health systems. These same networks have been instrumental in reaching out and serving key and vulnerable populations in most need of health interventions would otherwise have been left behind, including in health emergency contexts. But despite significant progress, the agenda of ending the three diseases, strengthening community systems, achieving gender equality and advancing human rights very much remain unfinished. **We still need and want the Global Fund to help us in the fight.**

We Still Have Wants From the Global Fund

Going into its next Strategy, we state our following calls towards a Global Fund that most effectively serves those it is really meant to serve – people and communities most affected by HIV, TB, and malaria. If these calls are not met, the Global Fund jeopardises achieving the 2030 Agenda, risks reversal in progress it has so far attained, compromises the effectiveness and sustainability of programmes it funds, and leaves already marginalised communities further behind.

1. **We want the Global Fund to put the money where its mouth is on CRG and CSS.** COVID-19 has exposed and magnified critical structural and systemic challenges in implementing CRG and CSS which the Global Fund has a role in addressing. We want the Global Fund to **maintain Achieving Gender Equality and Human Rights at the highest level of its Strategy Objectives**; we also want to see **CSS strongly embedded within a high-level Strategy Objective** of RSSH. Beyond prominence in the Strategy, we want to see **prominence of CRG and CSS in Global Fund funding allocations** and for the Global Fund to work more meaningfully with communities and civil society to address bottlenecks and barriers to effective grant implementation. We likewise want to see **concrete investments on women and girls and for gender equality to reach our region.** Gender- and sexuality-based violence, discrimination and other barriers to accessing quality health services do not have geographical demarcations, neither should funding for addressing them. All these point to the need for **more strategic investments to community systems strengthening, including for mobilisation, monitoring, and advocacy** channelled through country and regional level community and civil society networks and organisations.

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- 2. We want the Global Fund to effectively fulfil its mandate on HIV, TB and malaria, first and foremost; only if there are corresponding and real scale up of funding from donors should the Global Fund consider broadening this mandate.** We see the Global Fund and its partnerships' contributions to HIV, TB, malaria, and RSSH, and towards CRG and CSS, as its contributions towards the achievement of the Sustainable Development Goals (SDG) on and beyond health. The Global Fund in fulfilling its mandate on HIV, TB, and malaria has provided a model for meeting the three fundamental conditions for Universal Health Coverage (UHC): expanded population coverage, expanded cost coverage, and expanded service coverage/protecting people from financial bankruptcy due to an illness. These are all enabled through investing in CSS as part and parcel of RSSH, and through upholding the principle of inclusion of the most marginalised – prerequisites for UHC. This track record, together with its capacity to work with different sectors, puts the Global Fund in a good position to take a leadership role in global UHC implementation. **Barring additional resources to take on expanded mandates, we want the Global Fund to champion and promote within the global community its model of community-centred and -driven multilateral funding.**
 - 3. We want the Global Fund to continue to put CRG and CSS approaches as cornerstones of pandemic and health emergency responses.** The Global Fund does have moral responsibilities in helping address new pandemics and emerging global health threats, but in doing so, it should not lose sight on the need to focus its efforts on guarding against: roll-back of gains in the three diseases, increased human rights violations against key and vulnerable populations, and increased fragility of systems that support the poorest and most marginalised. For its current responses to be truly effective, **co-infections and mental health interventions – as part and parcel of health responses, should be included in Global Fund programming and grant-making.** Last but not least, we want the Global Fund to not lose sight of non-biomedical pandemics that exacerbate vulnerabilities of certain populations from biomedical pandemics and health emergencies: **there is an age-old battle that still needs to be won against the pandemics of human rights violations, discrimination, and violence against key, vulnerable and marginalised communities, including women and girls.** This is where we see the Global Fund's mandate clearly is.
 - 4. We want a fully resourced Global Fund. We affirm the continued importance of the Global Fund,** be it in new pandemics, post- new pandemics, and existing pandemics contexts. We call on the **donor community to sustain commitments and scale up funding to the Global Fund and for implementing countries to increase their investments in health,** including CRG-oriented HIV, TB and malaria responses. Going into its upcoming Replenishments post COVID-19, a fully resourced and replenished Global Fund will continue to save lives, avert deaths and protect its considerable gains. Any actions or considerations by the Global Fund to broker in countries **innovative financing for health need to be underpinned by principles of development justice, equity, and community engagement** in decision-making, implementation, monitoring and evaluation.
 - 5. We still want a Global Fund that is truly global – one that does not leave key, vulnerable, and marginalised communities behind, regardless of their country income classification.** We call for all governments, including in our region, to step up on domestic and sustainable funding for health. For the effectiveness and equity, we expect for these investments to go towards rights-based interventions that respond to the needs of marginalised and criminalized populations. In a world such as ours where this is not yet the reality, we call for the Global Fund to continue devising provisions to not leave out communities in need from countries and regions no longer eligible for Global Fund funding especially in the post-COVID-19 pandemic era. This requires mechanisms and **earmarked**

funding allocation for country- and regional-level community and civil society advocacy and peer support, beyond borders of country governments' eligibilities to access Global Fund funding.

We call out the critical need for the Global Fund to still strengthen its efforts in **ensuring responsible, long-term, and sustainable exit strategies** out of countries. **Reversals in gains are inevitable without securing enabling environments for the rights protection and advancement of key populations and marginalised communities**; i.e., decriminalisation of punitive laws against key populations, setting up effective mechanisms and getting political will for governments to fund community and civil society advocacy and services-provision, amongst others. Furthermore, **we continue to call on the Global Fund to ensure availability, affordability and accessibility of treatment and diagnostics for life-saving medicines** by addressing intellectual property (IP) and-related barriers, including by ensuring the application of full TRIPS flexibilities, and by reviewing and revising patent laws, legislations and frameworks through its involvement in global mechanisms and partnerships such as ACT-A and UNITAID.

We still want the Global Fund. We still have wants from the Global Fund. We trust that the Global Fund will listen to our voices and reflect our positions and interests in an ambitious post-2022 Strategy.



This draft statement is an outcome of communities and civil society consultations led by [APCASO](#), the [Asia-Pacific Platform on Communities, Rights & Gender \(APRCG\)](#), [Global Fund Advocates Network Asia-Pacific \(GFAN AP\)](#), and regional key population and civil society networks: [Activists Coalitions for TB Asia-Pacific \(ACT! AP\)](#), [Regional Malaria CSO Platform Greater Mekong Sub-Region](#), [Asia-Pacific Network of People Living with HIV \(APN+\)](#), [Asia-Pacific Network of Sex Workers \(APNSW\)](#), [Asia-Pacific Transgender Network \(APTN\)](#), [International Community of Women Living with HIV Asia-Pacific \(ICW AP\)](#), [Asia Network of People who Use Drugs \(ANPUD\)](#), [Youth Voices Count \(YVC\)](#), and [Youth LEAD](#) held virtually throughout 2020. This statement will be finalised prior to Partnership Forum 3 with the inputs from country-level consultations led by community and civil society partner organisations in the region.

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For more information about the Global Fund Post-2022 Strategy Development process in the Asia-Pacific region, please check out this link [here](#).

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