



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 (Global Fund)

We Still Want the Global Fund

We want the Global Fund to continue to save 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). Global Fund investments on CRG and CSS have helped build dynamic movements and networks of communities living with and affected by the three diseases who push for and contribute to improvements in country systems for health in our region. These same networks have been instrumental in reaching out and serving key and vulnerable populations in most need of health interventions who otherwise would be left behind, including in health emergency contexts¹. 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 this 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 living with and most affected by HIV, TB and malaria. We put forth these calls in the spirit of wanting to see the Global Fund contribute as much as it can to achieving the 2030 Agenda, guard against reversals in progress so far attained, not compromise the effectiveness and sustainability of programmes it funds, and not leave already marginalised communities further behind.

1. We want the Global Fund to put the money where its mouth is on CRG and CSS.

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**. The Global Fund has not yet adequately invested in CSS and community engagement across the three diseases and the level by which CSS has advanced varies greatly among HIV, TB and malaria communities. CRG, though funded for operationalisation by the Global Fund, is still not being effectively and fully integrated within country grants, and often treated as separate (relegated to matching funds only) from main grants (which remain mostly service delivery-oriented). As such, 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**, including through effective oversight of and meaningful community engagement in Country Coordinating Mechanisms (CCMs), and greater support for community-led implementation and monitoring of Global Fund grants and processes. We likewise want to see greater investments towards institutional strengthening of country and regional community and civil society networks as fundamental pillars for the next Strategy.

Further, we want to see **concrete investments on women and girls (while addressing issues across the gender spectrum) and for gender equality to be attained in 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 CSS, including for mobilisation and engagement, monitoring advocacy and**

¹ See [APCASO/APCRG and GFAN AP 2020 report, Key and Emerging Issues of HIV, TB, and malaria affected communities and civil society during the COVID-19 Pandemic](#) for case examples of effective community and civil society advocacy, mobilisation and services outreach in a pandemic context



and community leadership in grants implementation channelled through country and regional level community and civil society networks and organisations.

2. We want the Global Fund to only consider broadening its mandate when it has already successfully fulfilled its mission on HIV, TB and malaria.

We see the Global Fund and its partnerships' contributions to HIV, TB, malaria, RSSH, and towards CRG and CSS as its contributions towards the achievement of the Sustainable Development Goals (SDGs) 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, cost coverage, and service coverage/protection against 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 framework development processes. **As such, we want the Global Fund to champion and promote within the broader global health community its model of community-centred and -driven multilateral funding.**

Within its current mandate, **social protection, coverage of co-infections, mental health and other psycho-social interventions should be included in Global Fund programming and grant-making** for the investments to be truly effective.

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.** 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.**

COVID-19 has exposed and magnified the structural and systemic challenges to upholding human rights of marginalised and key affected communities, which in turn disproportionately impact their vulnerability to diseases and their ability to access needed health services. This gives further impetus for investments towards CRG and CSS which addresses root causes, rather than just the symptoms, of health vulnerabilities and access inequities. COVID-19 will be a part of our reality from now on and should be treated by the Global Fund as a new threat to effective responses to the three diseases. **As such, resources should be augmented to include addressing pandemics as an additional barrier to ending the three diseases rather than as a separate agenda.**

Given the still evolving and regrettably deficient international response to COVID-19, we call on the Global Fund to advocate with the WHO, UN agencies, international donors and the international community **to ensure that COVID-19 responses are based on human rights, community investment, equitable and affordable access to tests, treatments and vaccines.** The international community can learn from the over two decades of experience of the Global Fund in dealing with three pandemics and particularly the most important lesson that health responses that do not have human rights and the leadership of communities at their centre are bound to fail.

Further, **we want the Global Fund to institute plans within its overall strategy and to enable flexibilities within grants that allow for timely responses to emerging pandemics (focused on key and vulnerable communities).** We want to see emergency context response plans as requirements for Global Fund country funding.

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 context. We call on the donor community to sustain commitments and scale up funding to the Global Fund and for



implementing countries to increase their domestic investments in health, including CRG-oriented HIV, TB and malaria responses.

Going into its upcoming Replenishment 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 within countries **innovative financing for health needs 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 effectiveness and equity, we expect for these investments to go towards rights-based interventions that respond to the needs of marginalised and criminalised 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 and key populations in need even in countries and regions no longer eligible for Global Fund funding.** We further call on the Global Fund to more effectively address needs of affected communities across the life-cycle, with special attention to the needs of children and adolescents. This requires **mechanisms that differentiate service delivery measures catering to various age groups and earmarked funding allocation for country- and regional-level community and civil society engagement, mobilisation, advocacy, and peer support, beyond borders of country governments' eligibility to access Global Fund funding.**

We continue to call on the Global Fund to ensure availability, affordability and accessibility of life-saving medicines and diagnostics, including new tools and preventive therapies based on principles of human rights, meaningful community engagement, equitable and affordable access to tests, treatments, and vaccines, by addressing intellectual property (IP) and related barriers, including by supporting the application of full TRIPS flexibilities, and by supporting countries in reviewing and revising national patent laws, legislations and frameworks. Specifically, we want the Global Fund to fund community and civil society access to treatment advocacy efforts in country and regional grants.

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 rights protection and advancement of key populations and marginalised communities**, including the decriminalisation of punitive laws against key populations, setting up effective mechanisms and getting political will and action for governments to **fund community and civil society mobilisation, advocacy, and service(s)-provision**, amongst others.

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 statement is an outcome of a series of community and civil society consultations held from December 2020 through February 2021 on the Post-2022 Strategy of the Global Fund, led and supported by APCASO, host of APCRG and GFAN AP, in partnership with regional and country HIV, TB, and malaria community and civil society networks and organisations.

There were 14 consultations held in total with the participation of 330 individuals representing communities living with and/or affected by HIV, TB and malaria, or civil society organisations working on and across HIV, TB, and malaria. The Asia-Pacific statement on The Global Fund That We Still Want has tried to capture common ground/cross-countries/cross-disease themes and priorities raised in different consultations but it is not practical to incorporate in one document the nuances of all discussions or every country- or community-specific concern. For the latter, please refer to the documentation reports of the various consultations annexed and hyperlinked below:

- [All Asia-Pacific, across the three diseases community and civil society consultation](#) led by APCASO, host of APCRG, and GFAN AP (9 December 2020, virtual)
- [TB community regional consultation](#) led by ACT! AP and APCASO (12 February 2021, virtual)
- [PLHIV community regional consultation](#) led by APN+ (15 February 2021, virtual)
- [Greater Mekong Subregion \(GMS\) Malaria CSOs consultation](#) led by the Malaria CSOs Platform, GMS (15 February 2021, virtual)

- [Bhutan](#) country consultation of HIV key population network representatives led by Lhak-Sam, Bhutan Network of PLHIV (13 February 2021, in-person)
- [Cambodia](#) community and CS consultation across the three diseases led by Khmer HIV/AIDS NGO Alliance (KHANA) (12 February 2021, in-person)
- [India](#) community and CS consultation across the three diseases led by National Coalition of PLHIV (NCPI+) (3 and 4 February 2021, virtual)
- [Indonesia](#) community consultation of HIV and TB community led by Jaringan Indonesia Positif (JIP) (11 February 2021, virtual)
- [Nepal](#) community and CS consultation across the three diseases jointly led by Trisuli Plus & CCM Nepal (7 February 2021, in-person)
- [Pakistan](#) community and CS consultation across the three diseases led by Association of People Living with HIV (APLHIV) (3 and 11 February 2021, in-person)
- [The Philippines](#) community and CS consultation of HIV and TB community led by Action for Health Initiative, Inc. (ACHIEVE) (1 to 12 February 2021, series of individual and group virtual meetings and in-person interviews)
- [Papua New Guinea](#) community consultation across the three diseases led by the PNG KP Advocacy Consortium (15 and 17 February 2021, in-person)
- [Sri Lanka](#) community and CS consultation across the three diseases led by CARE Consortium (5 February 2021, virtual)
- [Viet Nam](#) community and CS consultation across the three diseases led by SCDI (February 2021, in-person)

In addition, the Statement is informed by the outcomes of regional discussions and processes facilitated by APCASO/APCRG over the recent years on or related to CRG and/or the Global Fund:

- [APCRG Partners' Learning Meeting on CRG Bottlenecks to Effective Global Fund Grant Implementation, 2019](#)
- [APCASO/APCRG & GFAN AP South-to-South Learning: Lessons Learnt From Virtual Country Dialogues for Global Fund Funding Request Development in the Asia-Pacific, Virtual, 19 August 2020](#)
- [APCASO CCM \(R\)Evolution Report: Lessons and Inspirations from Nepal, Pakistan, Papua New Guinea, and Sri Lanka, 2020](#)
- [About the APCASO-GIZ Backup Health Project on KP and CS Engagement in CCMs, a 5-minute video, 2020](#)
- [APCASO/APCRG and GFAN AP Report, "Asia-Pacific Rapid Assessment on Key and Emerging Issues of HIV, TB, and Malaria Affected Communities and Civil Society During the COVID-19 Pandemic, 2020](#)
- [APCASO Advocacy Brief - The UHC That We Want and Need - Before, During and Post-Pandemics](#)
- [An Asia-Pacific Series of Regional Community and Civil Society Dialogue on the UHC That We Want and Need - Before, During and Post-Pandemics.](#)

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For more information about the Global Fund Post-2022 Strategy Development process in the Asia-Pacific region, please see the [APCASO and Partners' Global Fund Post-2022 Strategy Engagement Roadmap](#).

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