

**Joint Position Statement on the Global Fund Strategy 2017 – 2021  
of regional civil society organizations and networks  
from Eastern Europe and Central Asia  
in advance of the 3<sup>rd</sup> Partnership Forum of the Global Fund  
3 – 4 September 2015, Buenos Aires**

Since its launch in 2002, the Global Fund to Fight AIDS, Tuberculosis, and Malaria has played a unique and indispensable role in responding to the HIV epidemic in Eastern Europe and Central Asia (EECA). Between 2002 and 2012, the Global Fund approved an estimated \$1.8 billion dollars for programs across the region. Unlike traditional “top-down” funding models, it took a country-driven approach, asking governments to work in collaboration with those most affected by the diseases to determine the best responses for their contexts. But the shift of the focus of Global Fund’s 2012-2016 Strategy and investments towards “highest-impact countries” resulted in decreased support to middle-income countries which greatly impacted EECA region in terms of availability of funding to fight the three diseases.

While the Global Fund develops its 2017 - 2021 Strategy, we would like to state our position on a range of themes and issues that in our opinion should be reflected in the new Strategy and to call on the Global Fund to take it into account together with the results of the 3rd Partnership Forum.

This document is based on key themes and positions defined during the ‘Communities and Civil Society Consultation on the Global Fund Strategy 2017–2021’ held on 12 and 13 July in Chisinau (Moldova)<sup>1</sup> and “Technical consultation on transition to domestic funding of HIV and TB responses and their programmatic sustainability on EECA” which took place in Istanbul (Turkey) on 21 and 22 July 2015.

*Middle Income Countries*

- *About three quarters (75%) of the world's poorest people live in just five countries, all of which are currently classified as middle income<sup>2</sup>*
- *Of the top 10 countries by contribution to global poverty, only four are low income<sup>3</sup>*
- *The burden of the three diseases is concentrated in MICs, with approximately 57% of AIDS, 72% of TB, and 54% of malaria in MICs<sup>4</sup>*
- *Three of the top five countries with the highest HIV burdens are middle income and eight of the ten countries with the highest TB burdens are middle income<sup>3</sup>*
- *Only 30 percent of HIV-positive people lived in LICs in 2009<sup>3</sup>*
- *About 60% of worldwide cases of multi drug-resistant TB (MDR-TB) are in just four countries, all of which are MICs: India, China, Russia and South Africa<sup>5</sup>*

## **1. Transition to Domestic Funding & Global Fund Investments in MICs**

- Many MICs are not ready yet for successful and sustainable transition from Global Fund support to domestic funding and will be not ready until at least one more allocation period. Making them ineligible is not equal to ensuring their successful graduation from Global Fund support. That is why it is essential that the Global Fund re-considers its criteria for countries to be eligible to apply for Global Fund resources. More sensitive criteria should be developed to go beyond epidemiological and economic indicators and consider such

<sup>1</sup> Convened and organised by the Communities Delegation on the Board of the Global Fund on 12<sup>th</sup> & 13<sup>th</sup> July in Chisinau, Moldova, co-organised by the Eurasian Harm Reduction Network (EHRN), and hosted by Positive Initiative, Moldova

<sup>2</sup> [Summers, T \(2012\). Where Did All the Poor People Go? As cited on the website of the Global Health Policy Center of the Center for Strategic and International Studies \(CSIS\)](#). According to Summers, “Half the world's poor live in India and China (mainly India), a quarter live in other MICs (especially Pakistan, Nigeria, and Indonesia), and the remaining quarter live in low-income countries (LICs).”

<sup>3</sup> Glassman, A et al (2011). Global Health and the New Bottom Billion: What Do Shifts in Global Poverty and the Global Disease Burden Mean for GAVI and the Global Fund? CGD Working Paper 270. Washington, D.C.: Center for Global Development, p. 2

<sup>4</sup> “Evolving the Global Fund for Greater Impact in a Changing Global Landscape”. Report of the Development Continuum Working Group, 2015-03-17.

<sup>5</sup> [World Health Organization, Global Tuberculosis Report 2012](#)

factors as countries' willingness to invest in the implementation of best practices for disease control, and ability to do so.

- If Global Fund is aimed to transition out of MICs, before that it needs to ensure their responsible and successful transition to domestic funding. For that the Global Fund has to develop and introduce a Sustainability & Transition Strategy and its implementation plan clearly identifying the following:
  - definition of “sustainability” and “transition” to domestic funding (taking into account a vision of a broad range of partners, including civil society);
  - “graduation or transition criteria” (informed by the work of Equitable Access Initiative) together with “transition readiness assessment” tool to monitor and evaluate country’s readiness to transition (prior to the end of grant) or to assess why a country failed to transition;
  - guidance to navigate all transition stages and processes successfully which will include requirement for meaningful community participation;
  - key technical support needs of countries for different stages of transition planning and implementation, and providing access to such technical support;
  - predictability of transition timeline on a country-by-country basis and levels of available funding from the Global Fund and other donors to secure successful transition;
  - approaches to transition differentiated depending of Global Fund’s challenging operating environment categorization.
- The Global Fund needs to improve the existing - and/or introduce additional - mechanisms to encourage countries to remain adherent to the commitments made and reflected in their concept notes to co-fund Global Fund-supported programs, and to implement the agreed sustainability plans to ensure the continuation of supported programs and medical activities beyond the termination of Global Fund grants.
- The Global Fund needs to provide openings for meaningful involvement of key affected populations and other civil society representatives at all stages of the strategic planning and project development/implementation processes, as well as in sustainability planning for successful transition to domestic funding to end the three diseases.
- For those countries where governments are able, but not willing, to support programs for key populations, the Global Fund needs to either expand the implementation of ‘the NGO rule’ or develop and enforce other appropriate funding mechanisms to allow NGOs to continue their work with key populations. These funding mechanisms should focus not only on services, but also on solidifying the Community Systems Strengthening components and reducing legal barriers. Increase of the role of regional grants could be one of the solutions.

#### *KEY FACTS: Eastern Europe and Central Asia*

##### *HIV/AIDS<sup>6</sup>*

- *EECA is the only region where HIV prevalence continues to grow, including most significantly, in the Russian Federation, Ukraine and Uzbekistan.*
- *Two countries, the Russian Federation and Ukraine, account for over 85% of the people living with HIV in the region.*
- *The region now has 3% of the global number of adults living with HIV.*
- *Although HIV in this region is concentrated predominantly among people who inject drugs only 4% of those living with HIV are currently receiving antiretroviral therapy.*

##### *Tuberculosis*

- *15 out of the 27 high MDR-TB burden countries in the world are in the EECA region<sup>7</sup>*
- *WHO reported an estimated 74,000 cases of multi-drug resistant TB in the European Region in 2012, which accounts for almost a quarter of the global burden.<sup>8</sup>*
- *EECA have some of the world’s highest rates of new TB patients with MDR-TB, with many reporting 20% of new cases having MDR-TB<sup>9</sup>*
- *The WHO European region has the lowest treatment success rate for MDR-TB*

<sup>6</sup> UNAIDS GAP Report 2014

<sup>7</sup> Tuberculosis in the WHO European region: WHO Fact Sheet 2012.

<sup>8</sup> World Health Organisation, ‘Global Tuberculosis Report 2013’, Geneva, 2013.

<sup>9</sup> European Centre for Disease Prevention and Control, ‘Tuberculosis surveillance and monitoring in Europe 2014’, 2014.

## **2. Continuum of HIV and TB Services for Key Affected Populations**

Transition from Global Fund resources to domestic funding requires efforts to ensure the continuity of services currently supported by the Global Fund, and any such transition can only be recognized as successful if the sustainability requirement has been met, notably for programs that serve the groups that are most vulnerable to the epidemic, such as people who use drugs, men who have sex with men, sex workers, etc. – programs that many governments are reluctant or unwilling to support.

It should also be noted that the current level of support for HIV/AIDS and TB responses in EECA is not sufficient to ensure the sustainable and balanced continuum of services. To enable successful transition from Global Fund finances, it is necessary not only to safeguard the continuity of services that are currently operating through support of the Global Fund, but also to improve the quality, quantity and access to those services, especially for key populations that are often ignored in national responses – in particular, transgender people, men who have sex with men, people who use drugs, migrants, prisoners and sex workers. At the same time, it is important to support not just best practices, but also innovative approaches and methods of work. Transition to domestic funding can only happen if the continuum of services is likely to be sustainable in the long-term.

## **3. Treatment for TB, HIV, conditions caused by long-term ART, co-infections and access to medicines**

The new Strategy should aim to remove barriers to accessing medicines and prevention, diagnosis and treatment services for all people affected by the three diseases, including by means of:

- consolidating efforts with Global Fund recipient countries to advocate for reduced prices for medicines through registering them in countries - so that, following transition, the governments are able procure the necessary amounts of affordable quality drugs and ensure the coverage all those people in need for treatment;
- strengthening national programs to prevent mother-to-child transmission of HIV;
- strengthening the quality of national voluntary counselling and testing programs;
- controlling prices of purchased drugs, especially the new and more effective medicines, and supporting communities in price reduction negotiations;
- supporting countries to develop and introduce treatment protocols consistent with the international WHO recommendations;
- facilitating procurement bids through international mechanisms (such as the Green Light Committee initiative for TB, UNICEF and MSF for HIV) that reduce the cost of treatment and increase the transparency of procurement procedures;
- strengthening national capacities in planning and organization of procurement (also with the purpose of reforming the current legal framework) and develop and introduce a simplified drug registration procedure for medicines purchased within Global Fund projects;
- stepping-up support for HCV prevention and treatment as part of programs for people living with HIV;
- providing funding to targeted treatment programs for migrants and persons without citizenship, also through joint purchases under the Global Fund's Special Initiatives Budget;
- focusing on the development of a system of TB care, including non-medical care to encourage and maintain adherence to treatment in order to reduce the rates of MDR-TB in EECA.
- supporting engagement of key populations and civil society in monitoring procurement planning and implementation, particularly during transition to domestic funding for disease control.

## **4. Human rights, gender equality and vulnerable groups**

It is essential that the Global Fund continues to improve its policy on preventing human rights violations, including discrimination based on sexual orientation and gender identity, through:

- development of clear criteria and indicators for assessing the implementation of human rights component in Global Fund-supported projects in the context of responses to the epidemics; and
- guarding against financing programs that directly or indirectly support human rights violations, and improving the system of monitoring and direct responses to any of such violations.

To prevent human rights violations, criminalization and persecution of the representatives of key affected populations, such as transgender people, sex workers, men who have sex with men, people who use drugs and people living with HIV, in its new Strategy the Global Fund needs to:

- focus more on the development of programs that are tasked with reforming / creating enabling legal environments for working with vulnerable groups, and programs that address the criminalization, stigma and discrimination of key populations, including inner-community stigma which is an essential barrier for the effective prevention measures;
- scale-up support for community based monitoring and protection of human rights in the context of the three diseases, as well as for community based monitoring of the quality of services; the program indicators and increase in coverage should not be achieved at the expense of the quality of services which affects their sustainability;
- prioritize programs working with law enforcement agencies to prevent police violence, stigma and discrimination against people living with HIV and representatives of key affected populations; and
- make it mandatory for Country Coordination Mechanisms to monitor human rights violations and discrimination of key populations in the context of Global Fund programs.

Besides that, the Global Fund should focus its new Strategy on supporting gender-oriented programs that document and address gender inequalities in access to services.

The Global Fund needs to be especially specific about improving access to HIV services for transgender people who are not acknowledged as a priority key population in any EECA country and are basically excluded from HIV/AIDS programs, both supported by the Global Fund and by governments.

It is essential that the Global Fund provides targeted support to building a strong evidence base around HIV epidemiology among key populations who are ignored by national governments, i.e. transgender people, men who have sex with men, sex workers, drug users and migrants.

## **5. Community systems strengthening**

It is expected that the Global Fund will develop its responses through acknowledging, developing and strengthening community engagement in programs designed to end the three diseases. To achieve this within the framework of its new Strategy, the Global Fund needs to:

- focus more on the development of CSS components as part of national and regional projects;
- facilitate the introduction of clear and specific CSS indicators at the national level, including qualitative ones;
- expand funding mechanisms such as the 'dual track funding' or 'the NGO rule' to encourage involvement of community-based organizations and civil society in advancing responses to the epidemics among key affected populations, building their capacity to provide services and act as watchdog, especially in countries where governments are reluctant to support such activities;
- avoid completing the transition from Global Fund to domestic funding unless the meaningful involvement of NGOs, including community-based organizations, is reflected in national responses to the three diseases. Any transition should only be considered successful if a country has a sustained national system in place (e.g. governmental and/or municipal social contract mechanisms, government grants and/or taxation benefits for businesses and individuals) to support NGOs providing services to vulnerable groups, including prevention, testing, care and support, addressing stigma and discrimination, etc., through national investment;
- expand regional programs to increase capacity building for community-based organizations in the EECA countries;
- under the CSS component, encourage larger-scale and more effective involvement of donors and technical partners in the provision of structured technical support to community-based organizations in order to increase their capacity and foster further development.

We want the Global Fund within its new 2017–2021 Strategy to remain committed to supporting, protecting, promoting, and advancing the principles of human rights; gender equality; Community Systems Strengthening;

equitable access for all needed regardless of the income classification of their country to diagnostics, medicines, prevention and treatment technologies and commodities.

## ***#theglobalfundthatwewant***

**Eurasian Harm Reduction Network (EHRN)**  
**East Europe and Central Asia Union of PLWH (ECUO)**  
**Eurasian Coalition on Male Health (ECOM)**  
**Eurasian Network of People Who Use Drugs (ENPUD)**  
**Sex Workers' Rights Advocacy Network (SWAN)**  
**TB Europe Coalition**  
**Eurasian Women's Network on AIDS (EWNA)**

*For more information, please contact Mr Ivan Varentsov, Global Fund Advocacy Advisor (EHRN) at [ivan@harm-reduction.org](mailto:ivan@harm-reduction.org), or Ms. Rachel Ong, Communications Focal Point, Communities Delegation<sup>10</sup> at [rachel.ong@globalfundcommunitiesdelegation.org](mailto:rachel.ong@globalfundcommunitiesdelegation.org).*

---

<sup>10</sup> ***The role of the Communities living with HIV, and affected by Tuberculosis (TB) and malaria Delegation (Communities Delegation)*** is to advocate, influence and shape the decisions on the Board of the Global Fund to Fight AIDS, TB and Malaria (Global Fund). This is so that communities living with HIV, TB and malaria can gain equitable access to quality services and support needed to prevent, treat and/or live with these infections within a conducive environment that respects human rights. [www.globalfundcommunitiesdelegation.org](http://www.globalfundcommunitiesdelegation.org)