



## Frontline AIDS Global fund strategy 2023-2027

1. The Global Fund's 2023-2027 strategy must demonstrate full-scale commitment to securing significant reductions in the number of new HIV infections. To achieve our common goal of ending AIDS by 2030, Global Fund leadership is necessary for the framing and implementation of HIV prevention strategies that include greater civil society participation in service delivery and governance; integration of community led data systems; and more localized and responsive technical assistance.
  2. Integrated people-centered approaches and investment in community leadership are central to the achievement of maximum impact in the fight against AIDS, TB and malaria and must be at the core of the next Global Fund strategy.
  3. Community system strengthening must be at the foundation of the strategy, one that envisions a responsible transition to public sector financing of resilient and sustainable systems for health that are inclusive, equitable and committed to the protection of human rights for all.
  4. Even within the context of sustainable and more resilient systems for health, it is our contention that the Global Fund's strength is its focus on the three most deadly communicable diseases that our modern world has ever known. We consider it critical that the Global Fund remains motivated by its original mandate and continues to lead the fight and marshal resources to achieve our common goal to end AIDS by 2030.
  5. Amid worldwide concern about health security and the shaping of the global health architecture to ensure improved pandemic preparedness, the Global Fund must demonstrate leadership in prioritizing the needs of the marginalized and vulnerable.
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1. Prevention of HIV infections must be prioritized as part of the 2023-2027 strategy to meet the target of ending AIDS by 2030

In 2019, there were a staggering 1.7 million new HIV infections recorded worldwide, with 62% of new adult HIV infections globally recorded among key populations and their sexual partners. Shadow reports released by Frontline AIDS in 2020 from seven countries – six in sub-Saharan Africa and one in Eastern Europe – reveal serious concerns about the impact of Covid-19 on prevention services and driving that number of new infections even higher.

Our shadow reports highlight significant disruption to HIV services, including HIV prevention and harm reduction – as well as threats to current and long term resourcing for HIV. They also highlight a surge of human rights violations perpetuated against people who use drugs, sex workers and LGBTQI+ people on suspect public health grounds, alongside a spike in gender-based violence resulting from lockdown.

These trends have dangerous implications for key populations and adolescent girls and young women, who remain among the most at risk worldwide for HIV infection and already face considerable barriers in accessing health services. More than ever we must ensure they are supported, protected and sustained in their right to live healthy and full lives.

For the world to achieve the Fast Track target of getting below 500,000 new infections each year and be on course to end AIDS by 2030, new momentum must be injected in global HIV prevention strategies. Evidence gathered from around the world clearly demonstrates that community expertise is a critical component of effective prevention campaigns. The Global Fund must play a leading role in drawing on that expertise to not only counter any reversal of the gains that have been made, but to also secure more significant reductions.

**Frontline AIDS wishes to highlight the following considerations:**

- We remain deeply concerned that investments focused on meeting the needs of marginalized populations are being left out or removed from proposals, or are funded so poorly that they are unable to achieve any impact.
- Continued barriers to meaningful and full participation in Global Fund governance structures by civil society actors who represent the communities living with and most affected by HIV, particularly at national level, have consequences for the quality, extent and impact of programming supported by the Global Fund. This limits the effectiveness of investments and ultimately prevents progress toward the goal of zero new HIV infections by 2030.
- The Technical Review Panel must be empowered to reject any concept note that does not include sizeable investments aimed at meeting the needs of key and vulnerable populations, strengthening their capacity to lead and fails to define a clear, substantial and meaningful role for civil society. CCMs that demonstrate an inability to meet these requirements must be provided with firm guidance and targeted technical assistance to evolve and change.
- It is incumbent on the Global Fund to apply greater rigor and discipline to the coordination of technical assistance. We strongly advocate a review of the current KPI framework for technical assistance to ensure it is timely, effective, responsive and contextual, drawing on local and indigenous knowledge vs defaulting time and again to global actors with limited local resources.
- As the biggest funder of key population and adolescent programming, the Global Fund must play a more substantive role in filling data gaps. It must also work harder to identify and understand the structural factors that drive new HIV infections – such as criminalization, human rights violations, stigma and discrimination, violence and harmful gender norms – and establish mechanisms to track progress toward lowering these barriers.

- The Global Fund must collaborate with other global health actors to jointly leverage their political and financial strength to challenge cultural and social norms, laws and policies that limit access to HIV prevention so as to hold duty bearers accountable to all communities – including the marginalized, criminalized and excluded.
2. Maximum impact against HIV is possible only with investment in people-centered approaches and in community leadership

Community leadership is integral to the principles of country ownership that the Global Fund seeks to impart as part of its annual investments in countries. In contexts where populations and behaviors are criminalized, funding for community responses and the systems to strengthen them are even more important. They must be managed and led by civil society and communities – not by governments that exclude them.

We remain deeply concerned by persistently low levels of Global Fund investment in community leadership thus far: a position validated by SR 2020. Interventions designed to address human rights violations, gender inequalities and violence remain underfunded and the number of civil society PRs is diminishing yearly – placing the commitment to dual track financing squarely in the rearview mirror.

Frontline AIDS endorses the call to action delivered as part of the UN political declaration on AIDS to commit 30% of funding to community-led programming as a first step in accelerating progress towards the end of AIDS.

Drawing on our extensive experience supporting HIV initiatives across the world, Frontline AIDS offers the following considerations to support the needed investment in community leadership and community responses to reach the most vulnerable populations:

- Frontline AIDS endorses and supports recommendations made by the Communities and Developing Country NGO delegations for a more deliberate commitment to dual track financing in the next strategy.
- The Global Fund partnership should consider endowing countries with longer-term awards for civil society grants that support skill building and capacity strengthening for leadership, outreach and advocacy, to ensure the sustainability of the HIV response
- The Global Fund should incentivize more systematic horizontal learning on lessons learned from high impact and proven interventions to enhance community ownership and engagement

3. Better resourced and stronger community systems must be at the center of stronger and more resilient systems for health

Community system strengthening must be at the foundation of any strategy for resilient and more sustainable systems for health. The Global Fund Secretariat and country coordinating mechanisms must do more to protect the rights of the people and communities most affected by the three diseases by demonstrating a consistent commitment to investing in and enhancing community systems. To ensure that communities are central to, and well resourced parts of, any public health system, we offer the following recommendations:

- CSS activities must be incorporated into all requests for matching funds or strategic initiatives
- The Global Fund partnership should provide more comprehensive normative guidance that is country-relevant, enhanced by timely and more comprehensive technical assistance on how to build robust CSS components and enhance community leadership, community outreach and advocacy and community-led monitoring more broadly
- Community system components must be better integrated into approaches to achieve improved equity, more visible commitments to human rights and greater gender sensitivity
- A new KPI framework for CSS must be incorporated into the next strategy, for timely and accurate reporting on the quality and funding level for CSS responses to improve transparency on allocation and absorption, and incorporating community-led monitoring into national reporting frameworks

4. The Global Fund must remain true to its original mandate and maintain its focus on the fight against AIDS, TB and malaria

The need to protect resources for the three diseases is more urgent than ever. The Covid-19 pandemic has exposed major gaps in systems for health and threatens to undermine hard-won gains in the fight to prevent new HIV infections as well as in ensuring adherence to treatment for people living with the disease.

Frontline AIDS rejects any expansion of the Global Fund mandate without a substantial increase to the funding it has at its disposal.

Nor can the Fund continue to ignore that in seeking to mobilize additional resources for an expanded mandate from donor governments, it may inadvertently be diverting ODA from bilateral HIV programmes, amid announcements of deep cuts to ODA from countries that are key donor partners of the Global Fund.

5. The Global Fund must demonstrate leadership in ensuring the most vulnerable are not left behind amid global health security moves

One needs only to look at the history of the global AIDS response as a demonstration of the danger of a nationalistic, health security approach. The lives lost because of an early unwillingness to champion solutions grounded in solidarity rather than protectionism haunt us still.

We are also deeply concerned about a global increase in human rights violations perpetuated against marginalized and criminalized populations committed in the name of pandemic response. We urge the Global Fund to leverage the full strength of its political and financial capital in service to its human rights principles and core values, resisting any temptation to conform to a health security approach that limits basic human rights.

As a role model to the international community, the Global Fund must use its global credibility and reputation to monitor and relentlessly denounce any response to Covid-19 that would repress or challenge human rights at the global, regional or national level.