

Background: The Global Fund to Fight AIDS Tuberculosis and Malaria (Global Fund) is developing a new strategy for 2017-2021. This strategy is the framework that will define the goals and objectives for the Global Fund at a critical time in the fight against the three diseases. Civil society should use its voice and power to help ensure this strategy is bold, accountable, and delivers the scale up of quality, evidence-based and human rights-based programs we need. We have the opportunity, through ambitious expansion, to achieve an end to the three epidemics by 2030. **But in order to achieve this target, we need political will from governments and all partners.**

The Global Fund's Board will approve the final strategy in 2016. But approval of the basic strategic objectives that will define the strategy will take place at the 34th Board Meeting of the Global Fund, 16-17 November 2015. The Partnership Forum consultations provide important opportunities for civil society to advocate for a strategy framed by an ambitious commitment to ending the epidemics—with all the policies and priorities that must accompany such a promise. **The views of communities directly affected by the Global Fund's policies and priorities should be heard loudly and clearly at the Partnership Forum.**

ENDING THE EPIDEMICS—NOT MERELY SUSTAINING THE GAINS

• ***The Global Fund must enable scale up to end the three epidemics by 2030 through accelerated scale up of quality, evidence based, and human rights based programs. All strategic objectives should support this fundamental goal.*** New evidence shows that a surge in spending for high impact prevention and treatment programs will mean massive benefits in terms of lives saved, infections prevented, and—ultimately—costs averted. For example, in the AIDS response, accelerated treatment and prevention scale up to end the epidemic by 2030 would result in an estimated 28 million new infections averted, and 21 million AIDS-related deaths averted between 2015 and 2030. \$24 billion in additional costs for HIV treatment would be averted through these efforts, with an estimated 15 fold return on investment.¹ **By contrast, continuing at the current pace of prevention and treatment scale up for the three diseases is not sustainable—new infections will continue to outpace the global response.**

• ***Ending the epidemics requires a sustained and sufficient response to the diseases—not a conservative definition of 'sustainability':*** Ultimately, Global Fund investments are unsustainable as long as new infections rise and disease progression continues. Some partners are emphasizing 'sustainability' as a strategic objective of the Global Fund; but too often, 'sustainability' is simply a code for 'lack of ambition.' Spending more now on high impact interventions will actually mean less money is needed in the future. The strategy should embrace this approach to sustainability.

• ***The Global Fund's funding model should support applicants in expressing their full demand—not merely what is reflected in their allocation. Strong, vibrant civil society engagement must be expanded at all points in the grantmaking life cycle.*** Full expression of demand, an incentive funding stream, and a register of unfunded quality demand are all needed in order to encourage ambition by countries, to support differential investment for impact by the Global Fund *outside* the allocation formula, and to spur ambition in resource mobilization.

THE GLOBAL FUND MUST DELIVER ON HUMAN RIGHTS

• ***Human rights-based programming must expand to deliver greater impact.*** The Global Fund strategy should support expanded investments in human rights based approaches—these are proven to provide the program quality and impact needed for an ambitious response. For example, treatment and prevention programs that also target stigma and discrimination, or investment in advocacy efforts to change harmful laws. When governments simply refuse to invest in human rights-based and harm reduction programs the Global Fund also need smart and strong policy measures, such as a dedicated channel of funding—to ensure communities and interventions are not left behind.

• ***Expand prevention and treatment programs to target the needs of women and girls, in particular young adolescent women.*** The Global Fund won't deliver on its commitment to end the epidemics unless it expands treatment and prevention programs that respond to the needs of women and girls, in particular young adolescent women, as a matter of priority. These programs must be designed to protect, promote and defend women's human rights and to address structural barriers through evidence based programming.

¹ UNAIDS Fast-Track World AIDS Day Report, p. 6

• **Expand evidence based programs for the marginalized and criminalized populations, in particular men who have sex with men, transgender people, sex workers, and people who inject drugs.**

Criminalization of key affected populations has intensified stigma and created huge barriers to quality care in many countries. The Global Fund strategy should support bold action to meet the unmet need for services in these populations.

KEEPING THE FUND GLOBAL—BECAUSE COUNTRY GDP IS NOT ENOUGH

• **The Global Fund will not defeat the diseases unless it invests in communities most in need—wherever they are.** The Global Fund must be global its funding. The majority of poor people live in Middle Income Countries (MICs), and most people with the three diseases live in MICs. Despite their relatively higher income levels, MICs include many countries where communities face rising disease incidence and mortality. These are countries that do not usually attract bilateral donor support. Often these are countries with governments that are unwilling or unable to scale up evidence based prevention and treatment programs. Since the adoption of the Global Fund’s New Funding Model, investments in programs in some MICs have reduced. As a result, funding for urgently needed, high impact programs such as harm reduction programs are contracting.² Country income level alone is not enough to guide investments, particularly for key populations that are criminalized and marginalized and are suffering concentrated epidemics, such as men who have sex with men, sex workers, and people who inject drugs.

• **Transition Global Fund support when communities are prepared, and when countries are ready.**

When countries become ineligible for Global Fund support, there is no requirement for responsible transition—in some countries, this has meant life saving programs have halted abruptly, with no safety net for communities and no effort by governments to take responsibility for continuation and scale up. The strategy should include a robust approach to responsible transition. In some countries, the Global Fund should be expanding funding for civil society advocacy years ahead of transition, in order to challenge governments to scale up direct domestic investments. The Global Fund’s approach should start with the right timelines, and ongoing tracking to ensure countries undertake the technical and political work to deliver a transition that is high quality and responsible.

• **Expanding the mandate of the Global Fund?** Without substantial and sustained additional investments by donors, a successful expansion of the mandate of the Global Fund to new health priorities beyond the unfinished work of ending HIV, tuberculosis and malaria does not seem possible. Expanding the mandate should not come without a concomitant expansion in donor funding. However technical partners and implementers should intensify efforts to ensure maximum positive benefit from disease specific investments, to related areas of health and community systems, for example in reproductive and maternal health; strengthening laboratory and procurement system capacity, and more.

KEEP THE GLOBAL FUND INNOVATIVE—STRIVING FOR GOLD STANDARDS OF CARE

• **Support country efforts to deliver access to quality medicines at lowest possible price.** The Global Fund already supports access to lower cost, generic versions of medicines to fight the three diseases. But newer medicines are often priced out of reach, particularly in MICs, and patent barriers can hinder generic competition. The Global Fund should actively support countries’ efforts to produce and supply generic versions of medicines, such as through public health flexibilities in national laws and international intellectual property agreements.³

• **Communities are at the heart of the Global Fund. All parts of the Global Fund partnership should reflect that.** Ensure community systems strengthening (CSS) and community driven responses are fully funded, so that programs have accountability and ownership among communities. This should be tracked and reported, with an appropriately ambitious goal.

• **Accelerate access to cutting edge standards of care—in medicines and in implementation strategies—for communities most in need.** Improvements in prevention and treatment often reach communities most in need, last—with years wasted investing in outmoded or substandard approaches or therapies. The Global Fund can ensure rapid access to game changing improvements in the standard of care developments for people most in need.

² Open Society Foundations, Undermining the Global Fight. <http://www.opensocietyfoundations.org/sites/default/files/undermining-global-fight-20141201.pdf>

³ This recommendation is consistent with agreed-upon Global Fund procurement guidelines, which state: “recipients will use their best efforts to apply national laws and applicable international obligations in the field of intellectual property including the flexibilities provided in the Trade-Related Aspects of Intellectual Property Rights (TRIPS) agreement and interpreted in the Doha declaration in a manner that achieves the lowest possible price for products of assured quality.”