

21/07/21

## Communities at the Centre: from Rhetoric to Reality

On behalf of the Love Alliance, seven organizations representing community organisations working with Aidsfonds and the Global Network of People Living with HIV (GNP+), and endorsed by the Communities Delegation, we submit the below priorities ahead of the Extraordinary Board Meeting on the Strategic Framework for the Global Fund's Strategic Framework for 2023-2028. We build our comments on the paper that the Love Alliance submitted with the Communities delegation ahead of the 15th Strategy Committee in March 2021 called [Mission Critical](#).

There are four key priorities for the Strategic Framework as the Board votes on this critical decision, including the central role of communities, community leadership, funding for communities and community-led services and maximising human rights and gender equality.

### 1. Communities at the centre:

Love Alliance is pleased to see that the primary goal to end the three diseases 'working with and to serve the health needs of people and communities' has been retained, and that at least visually, communities are at the centre of the Strategic Framework. Community leadership, community-led services and community systems strengthening are priorities for us, and we believe essential if the Global Fund wants to meet its primary goal of ending AIDS, TB and malaria.

We ask that the Global Fund clearly define who the people and communities being referred to are. We insist that in a people-centred HIV, TB and malaria response, it is the most vulnerable and marginalised that need to be prioritised, as we are bearing the brunt of the epidemics, with for example, 62% of new HIV infections being in key populations, including sex workers, drug users, transgender people and men who have sex with men. To reach global ambitious goals, the Global Fund must put the last mile first and focus on the most marginalised and vulnerable.

Placing communities at the centre means more than creating services for communities that are tailored to their needs: it requires community-led service provision, community systems strengthening and funding specifically for communities, including key populations.

### 2. Community leadership:

We are very supportive of the mutually reinforcing contributory objective on Maximising the Engagement and Leadership of Most Affected Communities to Leave No One Behind. In order for this to be realised in reality we must move away from tokenism and maximizing the engagement and leadership of the most affected communities, particularly at the country-level. It is crucial to remember what a game-changer it was when people living with HIV came together to demand, organise, channel and implement investment in a global response based on their lived experience. This is precisely what has made the Global Fund unique within the overall



21/07/21

global health architecture, however, especially at the country level, we see that often communities particularly key populations and young people are marginalised in the decision-making processes and their involvement is a tick-box exercise. What will this Strategy include that is different in the way communities are deliberately included in decision-making, especially at country-level?

### **3. Funding for communities and community-led services:**

A designated community/KP funding stream includes investing directly in key population-led organizations. After years of building their capacity, it is long past time for the Global Fund to trust the expertise and ability of communities to manage programmes, rather than continually giving that power to international NGOs who can pack up and leave when it suits them. Having a separate and clearly tracked stream directly for KP-led/community-led (as opposed to community-based) organizations would help reach the groups and communities who need it most. We call on the Global Fund's Strategy to align with the commitments made in the 2021 Political Declaration on HIV and AIDS (par 64 (e)) to "Increasing the proportion of HIV services delivered by communities, including by ensuring that, by 2025, community-led organizations deliver, as appropriate in the context of national programmes:

- 30 % of testing and treatment services, with a focus on HIV testing, linkage to treatment, adherence and retention support, and treatment literacy;
- 80 % of HIV prevention services for populations at high risk of HIV infection, including for women within those populations;
- 60 % of programmes to support the achievement of societal enablers."

To invest in this stream in a meaningful way, the Global Fund needs to directly target some funding/resources towards organizational strengthening and technical assistance, in particular for administration and internal controls and finances. This would also help to address the current power inequalities within Country Coordinating Mechanisms (CCMs), where community/KP representatives often seem to have "a seat at the table but not a say". Indeed, far from facilitating KPs' and communities' access to funding, CCMs have themselves often acted as the prime barriers or gatekeepers preventing such access.

### **4. Maximising Health Equity, Gender Equality and Human Rights**

This is one of the four pillars of the Global Fund's current Strategy. Up until now, this area has performed sub-optimally as highlighted by internal Global Fund reports, showing that in the new Strategy, things will have to be done differently. By far the biggest barrier to ending the three diseases lies in the ongoing human rights violations against, and criminalization of, sex workers, men who have sex with men, trans and gender diverse people and people who use drugs. Despite the political challenges involved, the Global Fund needs to take a much stronger position on this and directly fund human rights work, including gender justice and anti-criminalization efforts. Unless it actively confronts systemic legal inequalities and human rights violations, the Global Fund will never achieve its mandate. Accountability for CRG cannot be limited to just one department or portfolio. In concrete practical terms, this means substantially scaling up the capacity and resources devoted to CRG issues across the



21/07/21

Global Fund – both in absolute terms and as a proportion of total expenditure – to match the critical role these issues play in fulfilling the Global Fund's core mission.

We also call on the Global Fund to align itself with the Global AIDS Strategy which calls for commitments on societal enablers that:

- Less than 10% of countries have punitive legal and policy environments that lead to the denial or limitation of access to services.
- Less than 10% of people living with HIV and key populations experience stigma and discrimination.
- Less than 10% of women, girls, people living with HIV and key populations experience gender-based inequalities and all forms of gender-based violence.

Love Alliance calls for the above, not in our own interest, but because community-led services and leadership are the only way we will reach our goals in the HIV, TB and malaria responses.

