

Civil Society Joint Statement in advance to the 52d Meeting of the Global Fund Board

16 October 2024

In advance of the upcoming Global Fund Board meeting we, the organisations representing civil society, key populations and communities of people living with and affected by HIV from different countries and regions, would like to draw the attention of Board members and their constituencies to issues of major concern to us which are expected to be discussed at this meeting.

Allocation Methodology

As the Global Fund Board is discussing possible changes in the Allocation Methodology, we call upon the Board to ensure funding for Upper Middle-Income (UMIC) and Upper Lower-Middle Income countries (ULMIC). As the Global Fund is the main, and sometimes only, donor of treatment and prevention services for key and affected populations in UMICs and ULMICs, we are very concerned that a potential decrease of funding from the Global Fund will have a negative impact on access to such services by key affected populations (KAPs).

Evidence demonstrates that in UMICs where the Global Fund has already transitioned out, governments did not automatically step up and fund life-saving services for criminalized, stigmatized and marginalised populations¹. People who inject drugs, men who have sex with men, transgender persons, sex workers, migrants, the homeless and other key populations in such countries are being left behind, with limited-to-no access to health services and support.

Gross National Income (GNI) per capita – which is used by the Global Fund as one of the key eligibility criteria – is a poor measure of a country's wealth since it masks internal income inequality in countries, with key and vulnerable populations disproportionately experiencing high levels of poverty in UMICs. Additionally, the GNI per capita parameter sheds no light on how much of the income goes to health and responses to the three diseases in particular, nor to social inequalities and injustice.

According to UNAIDS (2024) and WHO (2023), 24% of HIV/AIDS-related deaths and 18% of TB related deaths occur in UMICs (versus 26% and 13% for Low-Income Countries), although these countries already receive less Global Fund support than LICs. As an example, in the region of Eastern Europe and Central Asia (EECA), there are no LICs (according to the Global Fund's Eligibility List 2024²). At the same time, 94% of new HIV infections are among people from key populations and their sex partners (UNAIDS, 2022³), only 50% of people living with HIV (PLH) are covered with treatment (UNAIDS, 2023⁴) and the majority of prevention services among KAPs are still supported by the Global Fund. A decrease in funding available from the Global Fund for UMICs and ULMICs in the region could be considered as a one-sided element of unprepared transition without any guarantees that the governments of these

¹ Bridge, J., Hunter, B. M., Albers, E., Cook, C., Guarinieri, M., Lazarus, J., ... Wolfe, D. (2016). The Global Fund to Fight AIDS, Tuberculosis and Malaria's investments in harm reduction through the rounds-based funding model (2002-2014). *International Journal of Drug Policy*, 27, 132-137. <https://doi.org/10.1016/j.drugpo.2015.08.001>

² The Global Fund. Eligibility List 2024. Published: 20 March 2024. Updated: 3 July 2024.

³ Eastern Europe and Central Asia. UNAIDS Regional Profile 2024. https://www.unaids.org/sites/default/files/media_asset/2024-unaidsglobal-aids-update-eeca_en.pdf

⁴ Ibid.

countries will be willing, ready or able to step in to sustain HIV and TB responses by replacing the needed funding. Before deciding on any revisions to the allocation methodology or adjustments to the country economic capacity curve in favour of LICs, an independent evaluation of the potential consequences of such “accelerated” transition in UMICs and ULMICs should be conducted and its results should be used to inform such a decision.

Additionally, there is an apparent worldwide trend being observed, no matter what the GNI of a country, that is hampering non-governmental organisations (NGOs) through laws targeting funding sources, imperiling health care and stigmatizing the work of NGOs targeting KAPs. In the EECA region in 2024, “foreign agent” laws were introduced in Georgia and Kyrgyzstan, copying that of Russia, which imposes a great threat to the implementation of the Global Fund supported HIV and TB programmes by NGOs in these countries. Decreasing the funding available for such countries by the Global Fund will not contribute to maintaining sustainability in such countries of disease responses. Countries where civic space is restricted account for a large share of the burden of the three diseases focused upon by the Global Fund. In 2021, 78% of HIV, TB (excluding HIV-positive cases) and malaria-related deaths occurred in countries classified as closed or repressed, along with 83% of new HIV, TB and malaria cases (Lancet, 2024⁵).

Changing the global disease split

While we support the drive for more funds to be allocated for the TB component, this should not come at the expense of the sustainability of HIV responses, particularly for KAPs, in implementing countries. We urge the Board to request, consider and discuss full information of the impact that any decision may have on the HIV response. Analysis of potential consequences of such alterations to the disease split needs to be undertaken, its results have to become publicly available and discussed, and certain risk management measures need to be developed and taken before the decision on the revision of the disease split is to be made. Also, additional analysis should be undertaken on how the aim to allocate more funding for the TB component will correlate with the goal to decrease the funding for UMICs and ULMICs, taking into account that more than 40% of MDR/RR-TB countries are from among UMICs and ULMICs (WHO, 2021)⁶.

Additionally, this discussion - and any decision - should not lead to inflaming the unhealthy competition for the limited financial resources between partners in implementing countries, especially those from among civil society and communities, working with a focus on different disease components.

Preserving funds for catalytic investments

No matter how the Allocation Methodology itself is revised, the Catalytic Investments must be protected and possibly increased, particularly for the Multi-country Funds and Strategic Initiatives (SI). Continuation of implementation of the Community Engagement (CE) SI to support and strengthen engagement of communities and civil society in Global Fund and related national processes is of

⁵ Ed Holt. NGOs seek novel funding sources amid global crackdown. The Lancet. Volume 404, Issue 10461p1390-1391 October 12, 2024.

⁶ WHO global lists of high burden countries for tuberculosis (TB), TB/HIV and multidrug/rifampicin-resistant TB (MDR/RR-TB), 2021–2025 <https://www.who.int/news/item/17-06-2021-who-releases-new-global-lists-of-high-burden-countries-for-tb-hiv-associated-tb-and-drug-resistant-tb>

particular importance. Not only should the preservation of the CE SI be ensured within GC8 by setting aside funds for it, but the amount of these funds should not be less than that within GC7.

We hope our position on these issues will be taken into account by the Delegations to the Global Fund Board and their leaderships when formulating their positions on relevant decisions, especially by those representing our regions as well as civil society and affected communities on the Board.

Yours sincerely,

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