



Aidspace

Independent observer  
of the Global Fund

## THE GLOBAL FUND MUST INCREASE ITS COMMITMENT TO HIV PREVENTION

The impact of the coronavirus disease 2019 (COVID-19) on countries across the world has demonstrated the devastating power that pandemics can have. For countries already burdened by the HIV, malaria and tuberculosis (TB) epidemics and their effects on existing weak health systems, the link between health and human development and economic issues has never been more obvious.

Before the outbreak of COVID-19, progress on reducing the annual number of new HIV infections had already stalled at 1.7 million. Due to the [significant disruption caused by COVID-19](#) to HIV prevention services, [it is feared that this number will rise](#), with significant impact on services to key and vulnerable populations.

It is necessary to reinvigorate the global battle to bring new HIV infections to zero. We look for leadership from institutions such as the Global Fund and see the development of its post-2022 strategy as a roadmap to recover from the interruptions in services and build back better.

A series of [Partnership Forums](#) will take place this year, designed to gather ideas, perspectives, and guidance from Global Fund partners and stakeholders to inform the forthcoming strategy. These virtual forums will provide communities and civil society organizations with an important [opportunity to influence Global Fund investments](#) and secure greater commitment and leadership on HIV prevention.

The Frontline AIDS Partnership believes that the Global Fund should focus its efforts on the following key areas:

## Prioritizing prevention

In December 2020, Frontline AIDS released a set of [Shadow Reports](#) analyzing the HIV prevention responses of seven countries: Kenya, Malawi, Mozambique, Nigeria, Uganda, Ukraine, and Zimbabwe. All seven reports highlighted an urgent need to strengthen political leadership to address policy, increase focus on prevention, legal and other human rights-related barriers, ensure adequate funding for HIV prevention for key and vulnerable populations, and tackle the failure to scale and replicate quality prevention programming.

The [fourth annual progress report](#) of the [Global HIV Prevention Coalition](#), published in November 2020, as well as the Global Fund's [Strategic Review 2020 \(SR2020\)](#), affirm these findings. The Prevention Coalition Report identified the difficulties that countries experience in addressing the underlying factors that hamper effective HIV prevention programs. It also called for stronger political will to fund and properly resource these programs, improve data gaps and remove the legal obstacles and policies that impede more rapid progress.

If we are to 'get back on track' to meet global targets, it is imperative that there is leadership and commitment from the Global Fund partnership to address the barriers to HIV prevention in the next strategy and to encourage governments to commit to greater domestic financing for their national response.

## People-centered approaches and community leadership

In countries where the behavior of key and vulnerable groups is criminalized, and where the populations most affected by HIV face stigma, discrimination, and even arrest, it is often only the community-led responses that can reach these populations. However, there is a lack of investment in community-led responses, and the Global Fund is no exception. The [SR2020](#) found that interventions designed to address community systems, rights violations, gender inequalities and violence remain severely underfunded. Alarming, according to the [Technical Review Panel's report detailing lessons learned for Window 2](#), the number of Global Fund civil society Principal Recipients is declining each year, which is a clear reversal of its commitment to dual-track financing.

The Prevention Coalition Report also reported that 'social contracting, government funding and other support for civil society implementers continue to be inadequate and inconsistent.' Slow progress on establishing social contracting mechanisms is due to a lack of political commitment and other barriers, including policy and regulatory hurdles, and diminishing civic space.

The current strategy development process represents a powerful opportunity for the Global Fund partnership to change course and recommit to ensuring that people-centered approaches and investment in community leadership are prioritized and well-resourced.

## Stronger community systems

The Global Fund must acknowledge that community-led systems are central to strong and resilient systems for health and prioritize their investment in them.

This would include greater investment to encourage community engagement in service delivery, support advocacy and governance, integrate community-led data systems, address human rights and gender related barriers, and increase access to more localized and responsive technical assistance. Investments would also support the responsible transition to public sector financing of resilient and sustainable systems for health that are inclusive, equitable, and committed to protecting human rights for all.

Finally, the Global Fund should modify the current key performance indicators to incorporate stronger and more responsive indicators to measure progress toward community system strengthening targets. A more holistic approach to measuring performance, including the impact of community system investments on performance, will yield more timely and accurate reporting on the quality of responses.

### Mitigating the impact of COVID-19 on the three diseases

Not only has COVID-19 exposed major gaps in our global health systems, but it is also threatening to undermine hard-won gains in the fight to prevent new HIV infections.

The Frontline AIDS' Shadow Reports from seven countries found a near-universal disruption to HIV prevention and harm reduction services. The pandemic has also slowed down, if not completely halted, national and sub-national decision-making processes that are crucial to implementing change. These processes include the development of new strategies and guidelines, drug policy reform, and comprehensive sexuality education rollouts. The reports also noted an increase in the persecution of people who use drugs, sex workers, and lesbian, gay, bisexual, transgender and intersex (LGBTI) people and a spike in gender-based violence during lockdowns, all of which are drivers of HIV infection.

In the three months after the onset of COVID-19, applications to our emergency Rapid Response Fund for marginalized groups tripled. We have supported sex workers who are unable to feed their families because they were being turned away from food aid, and we have provided funds to maintain needle and syringe programs and opioid-substitution therapy for people who use drugs. For countries already struggling to adequately fund existing disease prevention programming, the reports also highlight the risks to the public health system and civil society implementers if governments and donors reallocate funding to manage COVID-19.

While the Global Fund needs to continue supporting countries' COVID-19 responses and mitigate its impact on systems for health, and HIV, TB, and malaria programs, there must also be clarity on its role and the limitations of its engagement in the broader global health security agenda. This should be clearly articulated in its new strategy.

### Global leadership on prevention is needed now more than ever

Significant progress has been made by the Global Fund in tackling HIV worldwide and we are extremely proud to be a part of it. Yet despite an incredible 38 million lives having been saved since the Global Fund's inception, we are nowhere near the end of the AIDS epidemic.

With the number of new HIV infections barely declining for three successive years, global prevention has clearly stalled. Now, with the world's attention focused on COVID-19, prevention services and funding are threatened, while hard-won progress is in jeopardy of being reversed.

In responding to COVID-19, governments have shown that they can make unprecedented decisions when faced with a health crisis. While HIV is not a new pandemic, courage and leadership are needed now more than ever. We need donors and governments to increase resources and address the barriers to HIV prevention.

We at Frontline AIDS urge the Global Fund to put the needs of key, vulnerable and marginalized communities at the center of its post-2022 strategy to avert an HIV crisis. By refocusing its attention on its core mandate and bolstering its commitment to people-centered approaches, community-led systems, community leadership and decriminalization in the next strategy, the Global Fund can lead the way to achieve our common goal of ending AIDS by 2030.

Further reading:

- [The Global Fund Strategic Review 2020](#)
- Frontline AIDS, [HIV Prevention Shadow Reports](#), 30 November 2020
- Global HIV Prevention Coalition, [Fourth annual progress report of the HIV Prevention 2020 Road Map implementation](#), November 2020

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