Draft Summary of civil society priority 'asks' concerning the 2017-2021 Global Fund Strategy

This document produced by ICCS and ICASO provides a list of the key recommendations made during civil society consultations held to provide input into the development of the GF strategic plan 2017-21. The intention in preparing this summary is to ensure that the rich and diverse comments are documented and available to the Communities and NGO delegations in their deliberations on the strategy and to provide background for future consultations. Links to the full meeting reports are available in Annex A.

Middle Income Counties (MICs), Graduations and Transitions

ICAS0/ICSS April 29	Addis Pre Meeting to PF May 5-6	Delegations Apr-May	OFS April 13-14	Communities/GFAN May 26-27	BKK Pre Meeting to PF Jun 22-23	Communities/EHRN Moldova Jul 13-14	Buenos Aires PF Sept 1-4
• "no one is left behind": every effort should be made through country dialogues, transition support, regional approaches, non-CCM proposals, and other mechanisms to make ethical transitions • provide targeted and urgent organizational development to equip NGOs to court alternate funding sources when graduations and transitions are looming • articulate, in advance, a country-specific protocol to deal with situations where governments don't follow through on their transition commitments • provide technical support and funding to CS so they can participate in country dialogues for transition planning	• "leave no one behind": focus on people, not countries • controlling the epidemics is one of the key components of sustainability – stress the important role of CS and CSS in monitoring sustainability and transitions plans • GF should be prioritizing populations in need • GF should articulate fully what it means to support and accomplish "responsible" transitions • develop an effective plan and the necessary resources to manage situations whereby governments do not effectively deliver the right to health for key populations	• GF should leave no one behind • support countries to expand domestic investments and support them to maintain funding levels, post-transition • negotiate medium-to-long term transition plans between the GF and MICs • develop an approach to incentivize domestic investments prior to cutting GF investments at the point of exit • plan well in advance using a responsible time horizon	• it is unacceptable to abandon support for health programs abruptly when the action is likely to result in resurgent epidemics, no matter what the income level of the country • rights based transitions should be based on clear and transparent criteria and meaningful consultation with key populations • negotiations must address criminalization and other barriers used as excuses to not provide services to KPs and others	• GF must ensure responsible, long-term, and sustainable exit strategies for MICs, with a focus on CSS • ensure funding for key populations and vulnerable communities is included in transition plans • fund civil society advocacy for resource mobilization and engagement in monitoring efficiency and quality of investments	• "leave no one behind": focus on people, not countries • ensure responsible, long-term, and sustainable exit strategies for MICs, with a focus on CSS and community responses • fund civil society engagement and advocacy for resource mobilization in countries in transition • continue investing in key populations and youth in countries that lack the political will to do so • maintain engagement with post transition countries for advocacy and technical support	• re-consider eligibility criteria beyond epidemiological and economic averages; consider readiness and political will to invest in best practices for disease control • implement a strategy for responsible transition to domestic funding • source other funding for NGOs to continue working with KPs if countries are unable or unwilling to continue programming; ensure focus includes work to address legal barriers and CSS • safeguard continuity of services provisions of the GF; ensure KPs are not left out in national responses • consider transitions successful if they have a sustained national system in place	• the World Bank income classification criteria are not relevant • responsible transition strategies must involve communities and all key populations • graduation criteria and timelines should be tailored to country's readiness, and a safety net mechanism is needed for countries that fail to graduate/transition successfully • adopt a 'graduation in' and 'graduation out' approach so that when disease or human rights violations flare up funding eligibility can be reestablished • support policy dialogue and advocacy prior to, during' and after transition; both technical and financial support are needed

September 2015

International Civil Society Support
http://icssupport.org
http://www.globalfundadvocatesnetwork.org

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www.icaso.org
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Women and Girls, Gender Equity	• increase understanding of human rights and gender equity that reflect specific country and community level challenges and promote strategies to improve well-being and better health outcomes	• move beyond bio-medical to understanding the impact of the three diseases on gender • ensure governments integrate effectively gender, health, and HIV policies • ensure access to quality and comprehensive services for women, young people, and key populations • collect the most appropriate indicators on gender and human rights (for example, more robust disaggregated data) • human rights, gender, and key populations should, in principle, stand alone for added visibility and attention rather than be merged in the strategy framework • develop corporate KPIs on gender and key populations • increase the evidence base to scale-up gender and human rights programming	• GF should gather gender and key population disaggregated data to understand who is accessing services	• elevate the gender dimension of human rights in the new strategy and express more clearly the link between the GF human rights strategy and issues such as gender based violence and women's property inheritance • develop a gender key performance indicator	• encourage a wider understanding of gender interventions to include diversity of gender identity and sexual orientation • increase investments in communities of women and girls, particularly in key affected women • make stronger links to sexual and reproductive health and rights (SRHR) • ensure that gender- and age-disaggregated data is collected through the right indicators to monitor the effectiveness of program outcomes for women and girls	• increase investments in communities of women and girls, particularly focusing on key affected women • strengthen links to sexual and reproductive health and rights (SRHR), and efforts to ensure that gender- and age-disaggregated data can be collected through the right indicators to monitor the effectiveness of programme outcomes for women and girls • clarify existing guidance, work with partners to raise awareness, and facilitate technical assistance on gender transformative programming • create incentives for funding of comprehensive gender programs for HIV, TB, and malaria • ensure dedicated expertise on gender transformative programming on CCMs	• strengthen national programs to prevent mother-to-child transmission of HIV • focus on supporting gender-oriented programs that document and address gender inequalities in access to services	• scale up and sustainability will only be achieved if we address the rights and needs of key populations and vulnerable groups, and the fundamental issues of gender inequality and human rights • GF should state a stronger position on the removal of punitive laws in the Caribbean and a stronger recognition of the impact of these laws • promote research and evidence to support removal of legal barriers • increase investment and scale up the support provided to key populations and vulnerable populations to meaningfully and effectively participate in all levels of GF processes, planning, implementation, and M&E

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Community Response and CSS	• confirm a strong commitment to encourage community-based responses, build capacity, and support the role of CS in advocacy, accountably, and implementation • expand targeted capacity building programs for CS to access GF programming through technical assistance channels such as the GF's special initiatives funds and Robert Carr Networking Fund (RCNF); strengthen human rights and gender equity capacity building through these mechanisms • work with CS, KP networks, and country partners to achieve a more coherent and consistent understanding of what is meant by a robust CS response and CSS • build the evidence to justify funding community responses and CSS • enhance community capacity to access the non-CCM funding mechanism, particularly in programming to address gaps in country proposals	• a standalone strategic objective to invest in and track funding for community systems strengthening is needed • merging HSS with CSS will weaken attention given to CSS, which does not have the same strong backing HSS has • develop a clearer definition and structure of CSS and define optimal budget allocations • develop a standalone strategic objective and KPI to track investment and impact of CSS • ask the GF to report on spending at the community level • consider asking for a spending target for community responses and CSS; (Note: UNAIDS Fast Track initiative that community-based service delivery will need to be ramped up to 30% of total spending on HIV; funding for advocacy and monitoring of access and quality will also be needed) • develop indicators and measurement for cross-cutting issues such as meaningful engagement and investing in communities	• proactively working to achieve scale-up of community service delivery approaches (including community systems strengthening) will be essential in reaching the unreached, improving outcomes, and ultimately achieving the GF's strategic goals	• a new strategic action related to CSS should be included in the strategic framework, given the importance of CS capacity to implementing human rights programs as part of maximizing the impact of GF investments	• explicitly support investments for CSS, with clear indicators for ensuring community engagement • support and engage in dialogues with governments to improve the legal and policy environments for key affected communities • meaningful participation of communities and civil society needs to be strengthened and clearly articulated in the new strategic framework	• sustain and expand investments in CSS through explicitly supporting investments for CSS/community responses, with clear indicators for measuring and ensuring community engagement that can lead to the empowerment and inclusion of key populations • strengthen the meaningful participation of TB and malaria communities and civil society as supported by the Key Populations Action Plan	• focus on development of CSS components as part of national and regional projects facilitate introduction of specific, qualitative CSS indicators at the national level • expand 'dual track' and 'NGO rule' funding to encourage involvement of CBOs and CS in advancing response among key affected populations, especially in countries where governments are reluctant to support such activities • avoid completing the transition from GF to domestic funding unless the meaningful involvement of NGOs is reflected in national responses • expand regional programs to increase capacity building for CBOs in the EECA countries • encourage more effective involvement of donors and technical partners in the provision of structured TS to CBOs to increase their capacity and foster further development	• gender, human rights, and key populations are most effectively addressed at the community level through increased investments in community responses and community systems strengthening • increase investments that go directly to CSS • align CS spending to 'fast track targets' • dedicate a specific % funding window to CS with lower bureaucratic overhead • CSS and HSS are complimentary; CSS must not be subsumed by the HSS • the GF should invest in and strengthen community systems by empowering the communities via direct delivery and control over services and supporting their capacity to engage in policy dialogue

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Community Response and CSS	• promote the role of communities as watchdogs of CCMs and GF processes, including building expertise in community-led monitoring and evaluation • develop a stronger feedback loop for communities experiencing challenges at the country level with CCMs to identify concerns and seek resolutions • develop better resources and tools to deepen country level expertise in community response and CSS							
Financing the Response – Funding Model	• GF funding targets should assess ambition at the country level to end the epidemics and reflect this ambition in the replenishment targets • funding target should take into account the costs to support residual demand in countries transitioning from low income (LIC) to middle income (MIC) – particularly the costs related to advocating for increased levels of domestic investment and putting in place contingency plans so no one is left behind	• improve communication, information sharing, consistency of messaging, re: the new funding model, and provide adequate time to engage communities in country dialogues • improve technical assistance to help CS be stronger on concept note drafting teams, etc. • clarify that the indicative country disease split is only a recommendation and countries can make decisions based on need and thus avoid disempowerment of communities	• GF should maximize its impact by reaching vulnerable people and communities most in need • GF should tailor its investments based on local priorities and opportunities for epidemiologic impact • sustainability definitions should not be based on a narrow framework of financial sustainability, but on a thorough understanding of epidemic control and how increased quality of lives and health can be sustained beyond GF grant cycles	• the idea of loan or credit instruments being facilitated by the GF to support countries transitioning from GF funding needs to be examined with caution to ensure that programming focusing on key populations is not left behind • consider eligibility criteria that are appropriate to the realities of people's needs, including programs led by affected communities		• consider revising eligibility criteria beyond disease burden and income, especially where services for key populations may not be sustained • support regional proposals where countries are no longer eligible (e.g. China) to address cross-border issues (e.g. malaria) and sensitive human rights issues		• it is not enough to sustain inadequate programs; if we want true sustainability we need to scale up programs now to end the epidemics • any changes in the GF allocation methodology should be made in a transparent manner with the input of government, CS, and multilateral stakeholders and not before there is robust data on the impact of the current methodology

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Financing the Response – Funding Model	• GF should devise and implement a resource mobilization plan that better coordinates and collaborates with other health financing initiatives such as GAVI, UNITAID, and the World Bank • GF should proactively engage with innovative financing mechanisms, such as the financial transaction tax (FTT) to help shape the future of innovative financing for health • GF should explore the cost of achieving other additional health benefits to address co-morbidities or co-infections for people living with any of the three diseases, and consider including these in the resource mobilization targets • support and expand 'regional approaches' to addressing vulnerable populations	• ensure that the full expression of demand is expressed in the concept notes • maintain and strengthen the incentive stream and other non allocation based approaches • consider specific funding modalities for key populations • analyze the GF allocation methodology to identify strengths and weaknesses • facilitate the development of health investment cases to demonstrate to governments the rationale for investing in health • develop mechanisms that can be used to facilitate increased South-South collaboration and investment • resource mobilization must be based on a full expression of demand by countries • GF should expand research into innovative financing mechanisms and show leadership in this area	• financial sustainability should not be a strategic goal in and of itself, but a means to eliminate and eradicate the diseases • sustainability requires assessment of critical human rights barriers affecting vulnerable populations • implementation of the funding model should encourage robust investment cases that include full expression of prioritized demand by countries, rather than applicants responding only to the envelope available • the allocation formula should be adjusted in order to learn lessons from the first three years; for example, place more emphasis on current indicators and need and less on prior programmatic performance • catalytic funding for high impact civil society advocacy in order to win increased domestic investments in health or to change legal environments will be more important in some country contexts than funding service delivery	• government co-financing must be carefully assessed before GF withdrawal to determine whether pledges are backed by willingness to pay and socially excluded groups are beneficiaries • expand regional funding windows with a mandate to increase human rights programming				• clearly define the term 'sustainability', including the role of the GF as a global mechanism to mobilize resources from non-traditional ways such as debt swaps and tax on financial transactions • reaching sustainability of HIV and TB responses and responsible transition to domestic funding of HIV and TB programs must be a strategic priority within the GF strategy • invest in partnerships between the GF, governments, and civil society

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Human Rights	• human rights and gender equity language should be embedded throughout the objectives, mission, and vision • increase understanding of human rights and gender equity that reflect specific country and community level challenges and promote strategies to improve well-being and better health outcomes	• increase human rights investments for key populations, women-led CSOs, and human rights organizations • explore non-traditional mechanisms whereby human rights and key populations programming can seek support in situations where they go unfunded through existing channels • ensure government compliance with human rights standards • develop clear indicators to measure human rights performance • interpretation of human rights wording in the current GF strategy has led to a narrow focus on KPs; the new strategy should broaden the understanding to include other populations facing rights abuses that increase their vulnerability, especially women • measure the overall impact of human rights work beyond removing legal barriers • increase technical experience on issues related to human rights and key populations among	• GF must ensure that countries not only promote, defend, and protect human rights, but also ensure that health programs are designed on a human rights based approach and create rights-based environments that sustain the investments and help to achieve the desired impacts • GF should increase investments in interventions that are driven by key populations and aimed at protecting the rights of their communities • GF should invest in responsible assessment of age, gender, and key populations disaggregated data in order to be able to understand the potential needs for services	• retain the current human rights objectives but add that human rights analysis needs to be integrated in the grant cycle as well as in all GF policies and policy making processes • develop policy guidance and support to promote non-CCM grants when needed to work reach excluded communities and populations • commission analysis to assess the HR initiatives needed in key countries and their cost; advocate with GF donors to ensure dedicated funding is available through channels such as the Robert Carr CS Networking Fund and others • develop monitoring procedures with respect to the five human rights provisions in grant agreements and proactively monitor them rather than rely on the complaints mechanism • enhance human rights capacity of and define roles and expectations for secretariat, TRP, LFA	• ensure that international human rights standards are upheld by the organization, and amongst its grantees • support interventions targeted at young people, especially those belonging to key communities	• ensure that international human rights standards are upheld internally by the organization, and amongst its grantees throughout the concept note development, grant-making, and implementation processes • scale up rights-based, community-led, gender-responsive prevention, treatment, care, and support interventions on the three diseases that is inclusive of key affected population and vulnerable communities, including women and girls, and young people from key populations • create incentives for greater investment in human rights and gender programming, as well as funding for key population programs; consider identifying mechanisms such as reserving a portion of total allocation for a country specifically for targeted programming or expanding the regional proposal option	• continue to improve GF policy on preventing human rights violations, including discrimination based on sexual orientation and gender identity • develop clear criteria and indicators for assessing the implementation of human rights component in GF-supported projects • focus on programs that reform or create enabling legal environments for working with vulnerable groups, and programs that address the criminalization of key populations • scale up support for community-based monitoring and protection of human rights and quality of services • prioritize programs working with law enforcement agencies to prevent police violence, stigma and discrimination against people living with HIV and representatives of key affected populations • make it mandatory for CCMs to monitor human rights	• the strategic objective on human rights must remain in the GF strategy but implementation must be significantly strengthened • critical attention must be paid to removing legal barriers and the impact of harmful socio-cultural norms • increase investment in human rights programming in order to scale up and sustain the response • decriminalization should be explicit in the strategic objective on human rights • develop a comprehensive definition of human rights that includes protecting, promoting, and ensuring human rights, including the removal of legal barriers • develop HRs indicators and evidence for why HRs matter in addressing the three diseases

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Human Rights		members of CCMs and national AIDS councils and concept note writing teams • link how human rights is reflected in the new strategy to the Sustainable Development Goals • ensure new strategy reflects the priorities of other UN agencies working on human rights • promote the rights for people living with disabilities • promote the alignment of law, policy, and strategy in relation to key populations		• consider developing MOUs with human rights technical partners (UNAIDS, WHO, UNAIDS, etc.) and support these agencies to carry out their in-country role to ensure greater focus on human rights programming in proposals and programming • state clearly that the GF understands access to medicines is a fundamental right			violations and discrimination of KPs in the context of GF programs • explicitly indicate a desire to improve access to HIV services for transgender people who are not acknowledged as a priority key population in EECA countries • support building a strong evidence base around HIV epidemiology among KPs who are ignored by national governments	
Other	• strengthen capacity to gather disaggregated data on vulnerable and key populations • include more explicit language about poverty, inequality, and inequities; those in need due to poverty, rights violations, or other obstacles are the GF's mandate • significant increase in funding is required if co-infection and co-morbidity (COIM) interventions are to be included in the GF mandate; if additional resources are available, the mandate of the GF could be expanded to support HCV	**Challenging Operating Environments** • what constitutes a challenging operating environment should be clearly articulated: are countries that criminalize key populations, such as men who have sex with men, meant to fall under this category? • define the skills needed in the secretariat to work in challenging operational environments **CCMs** • reinforce eligibility requirements for CCMs and hold them accountable if they do not comply	• focus first and foremost on accelerating progress in order to end the three diseases by 2030; all strategic objectives should emanate from this primary goal • GF investments should contribute to accelerated access to game changing developments for people most in need • GF should prioritize dramatically shortening the time between the emergence of new evidence-based interventions and access by communities most	• analyze procurement policies with a human rights lens – the Procurement for Impact (P4i) and e-marketplace initiatives may not lead to the lowest prices; they will concentrate procurement in the hands of the GF rather than build country level procurement capacity • GF should recommit to using all the tools at its disposal to ensure the lowest-priced quality medicine for all and re-commit to affordable medicine as a matter of human rights	• support mechanisms to ensure availability, affordability, and accessibility of treatment and diagnostics for the three diseases and co-infections by addressing intellectual property (IP)-related barriers and promoting implementation of full TRIPS flexibilities • ensure access to 2nd and 3rd line ART, medicines for drug-resistant TB and malaria, and Opioid Substitution Therapy (OST) • make sure that PReP and PEP are available and accessible	• ensure availability, affordability, and accessibility of treatment and diagnostics for the three diseases and co-infections, including by addressing IP-related barriers, implementation of full TRIPS flexibilities, and review and revision of national patent laws and legislation frameworks • address barriers to equitable access to medicines and technologies such as parental or spousal consent requirements; mobility-related barriers; and lack of affordable, accessible, quality SRHR services	• increase efforts with countries to advocate for reduced prices and ensure that countries are able to procure affordable quality drugs (especially the new and more effective medicines) after transitioning from GF support • support communities in price reduction negotiations • support countries to develop and introduce treatment protocols consistent with international WHO recommendations	• scaling up sustainability in middle- and upper middle-income countries requires aggressive efforts to keep the prices of quality, essential medicines down by using TRIPS flexibilities and addressing corruption • ensure there is uninterrupted access to treatment and services in countries facing transition • for countries that have already graduated due to ineligibility, or are currently implementing their

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Other	• GF should increase support for countries to take advantage of the flexibilities provided in the TRIPS agreement to support them to access lower drug prices • GF should increase its engagement in the access to treatment arena		in need, in order to maximize impact and deliver health justice • GF should support efforts to make quality medicines and other health commodities available at the lowest possible price, including the use of provisions in national laws and international intellectual property agreements for the production and supply of generic medicines • GF should increase investments in interventions that are driven by key populations	• increase transparency by re-establishing an independent advisory group on procurement mechanisms and policies • leave quality assurance of medicines to the WHO • support countries to access the least expensive quality medicines and avoid the eroding of generic competition	• eliminate co-infection and co-morbidity between diseases • address barriers to equitable access to medicines and technologies like parental or spousal consent requirements • oppose Free Trade Agreements (FTAs), including the Trans-Pacific Partnership Agreement (TPPA)	• ensure access to 2nd and 3rd line ART, medicines for drug resistant TB and malaria, and Opioid Substitution Therapy • ensure that PReP and PEP are available and accessible • eliminate co-infection and co-morbidity between diseases, including HIV, Hepatitis C, TB, and/or malaria • engage with efforts to promote access to medicines as part of Universal Health Coverage **Challenging Operating Environments** • Define the term 'challenging operating environments' – does this include countries that criminalize key populations, contexts where the environment towards civil society is unfavorable, such as organizations not being able to legally register or which are harassed/repressed by governments? • allocate special funding to countries in complex humanitarian emergencies where the healthcare of patients is immediately and directly affected	• facilitate procurement bids through international mechanisms (such as the Green Light Committee) to reduce costs and increase transparency • support countries to develop simplified drug registration procedures • support HCV prevention and treatment for PLHIV • support programming for persons without citizenship and migrants through GF special initiatives fund • develop a system of TB care, including non-medical care, to encourage and maintain adherence to treatment in order to reduce the rates of MDR-TB in EECA • support engagement of KPs and CS in monitoring procurement planning and implementation, particularly during transition to domestic funding for disease control	last grants, an emergency solution must be developed to assure their gains are not threatened due to lack of transition support and systems (fiscal, governance, or policy)

IWHC March 14

Women and Girls, Gender Equity

- develop staff-level performance indicators on gender equality
- increase the visibility of gender equality and women and girls in GF communications and advocacy materials
- increase investments in programs that address barriers women and girls face in accessing information, education, support services
- invest in programs that transform harmful gender norms and address unequal power in relationships
- support the meaningful participation of women's groups in country-level mechanisms and processes through sustained funding and TA

Community response and CSS

- ensure appropriate and equitable gender-responsive programming in funded CSS and HSS approaches
- require gender-responsive capacity-building in M&E, accountability, and research in CSS strategies and programs
- require programs to train health care providers and influence infrastructure to be community and gender responsive in HSS strategies

Human Rights

- increase investments, competencies, and delivery of activities to address and remove human rights and gender related barriers to access
- meaningfully integrate human rights and gender equality throughout the grant cycle
- do not provide money to programs that infringe on human rights (with monitoring and evaluation throughout the life cycle of the grant that goes beyond the current complaint mechanism)
- integrate the human rights of women and girls in all their diversity as key considerations throughout the grant cycle

W4GF advocacy brief on the GF strategy includes the following recommendations

Women and Girls, Gender Equity

- ensure meaningful engagement and representation at all levels
- support communities in need
- increase investment in communities of women and girls
- support the right programmes
- address structural issues
- foster stronger links to Sexual and Reproductive Health and Rights
- collect the right data through the right indicators

Community Response and CSS

- address the gap in the understanding of what CSS is, and what it means for organizations of women and girls

Human Rights

- spell out the issues on human rights from key populations, so that the messaging does not get lost; human rights cuts across all three diseases and all populations, communities, and vulnerable groups

Free Space Process: Observation, concerns, and recommendations for the Global Fund board to consider in the new Global Fund Strategy development process

1. Scale-up is essential – It's unequivocally clear that the mission to end the diseases cannot be achieved without scaled investments in quality services that reach communities. The ambition to scale up must be reflected in all Strategic Objectives of the Strategic Framework.

2. The Global Fund urgently needs a sustainability and transition policy – The Global Fund should develop a sustainability and transitions policy that clarifies the GF's responsibilities regarding sustainability of programming. This policy should guide the GF's deliberations on the Equitable Access Initiative and future funding allocation model (and not vice versa). The GF must assess the willingness of governments to address the needs of key and vulnerable populations.

3. Strategic objectives must lead to increased funding – We need KPIs that specifically measure progress in achieving the strategic objectives with respect to human rights and key and vulnerable populations as well as the corresponding actual investments. It would also be helpful to link the strategic objectives that are related to human rights and key and vulnerable populations with the grant management KPIs.

4. Capacity needs to be strengthened – Increase investments in capacity building for key population engagement. Invest in the CRG team and other Secretariat divisions to better support the community response.

5. Better and safe data collection – strengthen the use and gathering of better, disaggregated data (across the diseases and by key population, age, gender and gender identity, acknowledging transgender people as separate from MSM)

6. Access to medicine and diagnostics – GF should strengthen its support to countries to exercise full use of TRIPS flexibilities.

7. A call on technical partners – GF's technical partners should support the GF in setting ambitious targets in relation to key and vulnerable populations, and drive enhanced investments in Community Systems Strengthening.

Statement of the Latin American Civil society on the Global Fund's new strategy to Fight AIDS, TB and Malaria (GF) Call to Action Second Latin American and Caribbean Forum on the Continuum of HIV Care: 'Enhancing Combination HIV Prevention to Strengthen the Continuum of Prevention and Care' Rio de Janeiro, Brazil, 18-20 August 2015.

• Fund the fight against the three diseases – Per capita income is not a parameter to measure the scourge of inequality, poverty and their consequences in most at risk populations, as it hides serious situations of the economic inequality and human rights violations. GF must clearly define how it plans to contribute to fight the diseases, instead of funding countries.

• Don't punish commitment – Disinvestment by donors in middle-income countries penalizes those that have taken up the response and increased their funding levels. Legal and political conditions are not in place for governments to assume direct investment in civil society organizations and key vulnerable populations. The GF's new strategy must encourage and reward national investments.

• Protect the gains – The GF's abrupt and unpredictable exit as an investor in middle income countries' responses puts at risk the achievements made to date. The GF should promote non-traditional sources of non-traditional sustainable resources, such as financial transaction taxes.

• No one left behind – The GF must increase its investment in approaches and interventions related to structural barriers. The GF must adhere to the highest human rights standards and continue to strengthen community systems and to promote the participation of the most affected populations in the design, execution, and monitoring of its programs.

Meeting reports and other relevant links

ICASO/ICSS
CS input into GF strategy development: Summary report of recommendations from April 29 kick off meeting, Amsterdam, ICAS0/ICSS – April 29 2015
http://www.icaso.org/files/cs-input-into-global-fund-strategy-development-summary-report-of-recommendations-from-april-29-meeting-amsterdam

The Global Fund
Summary Report: Pre-Meeting of the Community and Civil Society Constituency, Addis Ababa Partnership Forum, May 5-9 2015
http://www.globalfundadvocatesnetwork.org/wp-content/uploads/2015/04/Summary-Report-Pre-Meeting-Addis-04-6-Final-Version.pdf

Communities Delegation, the Developing and the Developed Countries NGO delegations
Priorities in discussing the new Global Fund 2017-2021 Strategy
http://www.globalfundadvocatesnetwork.org/wp-content/uploads/2015/04/Position-Paper-Strategy-Development-6-May-2015.pdf

Women 4 The GF
Advocacy Brief Prioritizing Gender in the Global Fund strategy 2017-2012
http://women4gf.org/2015/05/advocacy-brief-on-women-and-girls-for-the-new-global-fund-strategy-2017-2021/

Open Society Foundations (OSF)
Solidarity Sidelined: Is there a future for human rights-driven development assistance for health at the Global Fund? Briefing Paper #1
http://www.opensocietyfoundations.org/briefing-papers/solidarity-sidelined

Access to Medicines and the Global Fund Briefing Paper #2
http://www.opensocietyfoundations.org/briefing-papers/access-medicines-and-global-fund

The Global Fund at a Crossroads: Informing advocacy on Global Fund efforts in human rights, support to middle-income countries, and access to medicines – Meeting Report
http://www.opensocietyfoundations.org/briefing-papers/global-fund-crossroads

Communities Delegation and Eurasian Harm Reduction Network
Report on Key themes and positions on the Global Fund Strategy 2017–2021 as stated by civil society representatives from Eastern Europe and Central Asia Moldova July 13-14, 2015
http://www.harm-reduction.org/library/key-themes-and-positions-global-fund-strategy-2017%E2%80%932021-stated-civil-society-representatives

Communities Delegation of the Board
The Global Fund That We Want
www.globalfundadvocatesnetwork.org/wp-content/uploads/2015/04/Final-Communities-Delegation-and-GFAN-AP-Statement-on-Global-Fund-Strategy-15.06.2015.pdf

Eurasian Coalition on Male Health
ECOM's Position Statement in relation to the Strategic Priorities of the Global Fund to Fight AIDS, Tuberculosis and Malaria for 2017-2021
http://ecom.ngo/ecom-position-global-fund-new-strategy/

International Women's Health Coalition
Community Consultation on Gender Equality and the Global Fund to Fight AIDS, Tuberculosis and Malaria June 2015

Free space process
Observation, concerns and recommendations for the Global Fund Board considerations in the new Global Fund Strategy development process, September 2015

Other:
Statement of the Latin American Civil society on the Global Fund´s new strategy to Fight AIDS, TB and Malaria (GF)

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Make The Global Fund money work for young key populations in Asia and the Pacific

A Joint Statement of youth-led and youth-serving organizations working with and for young key populations in Asia and the Pacific