

Undermining the Global Fight

The Disconnect Between the Global Fund's Strategy and the Real-life Implications of the New Funding Model

In its 2012-2016 strategy, the Global Fund has prioritized the promotion and protection of human rights, as well as efforts to reach key affected populations. It has also made strategic decisions about the ways it allocates financial resources under the New Funding Model, pulling away from middle-income countries. These two objectives are at odds. But does the global health community really understand the implications?

It's time to consider the consequences.

The Global Fund's withdrawal from middle income countries is leaving key populations behind.

Most poor people live in middle income countries:

70% of the world's poorest people—over a billion—live in countries classified as middle-income by the World Bank. (Chart 1)

Most people living with HIV live in middle-income countries:

By 2020 the proportion of people living with HIV who reside in low-income countries may be as small as 13%. (Chart 2)

Middle-income countries are home to concentrated epidemics among key populations:

In addition to stark income inequality within their borders, many countries classified as middle-income have concentrated HIV epidemics among socially excluded populations such as men who have sex with men, people who use drugs, and sex workers.

As concept notes are finalized under the New Funding Model, there are alarming signs that HIV funding for key populations will be slashed.

Chart 1: Percentage of the world's poor in middle-income countries

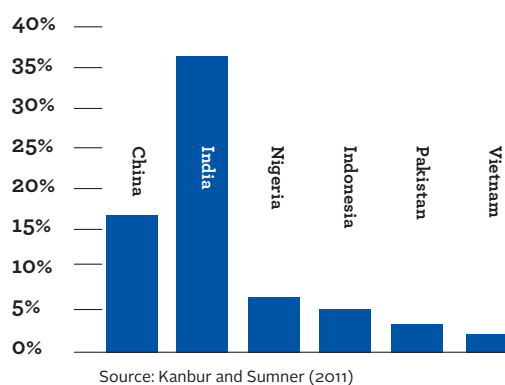
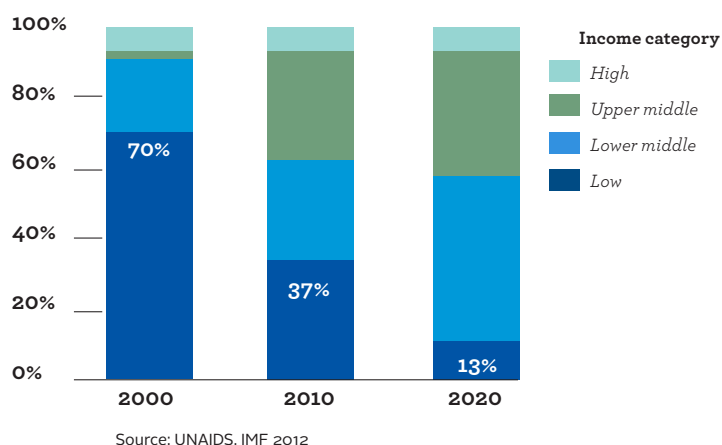


Chart 2: Proportion of people with HIV by country income status



Ukraine



Total Global Fund spending on HIV between 2014-2015

↓ 50%



National HIV prevention budget in 2014

↓ 71%

Ukraine: A troubling funding decrease

In Ukraine, where Global Fund support was used to scale up harm reduction services and reduce HIV incidence...

- Global Fund spending on HIV spending will drop by more than 50% between 2014 and 2015
- This includes reductions in unit cost spending for people who use drugs by 37%, for sex workers by 24%, and for men who have sex with men by 50%
- At the same time, in a period of conflict, political crisis, and currency devaluation, the national HIV prevention budget was slashed by 71% in 2014

Source: Briefing on harm reduction funding to the Communities Delegation of the Global Fund Board, INPUD/HRI/HIV/AIDS Alliance/OSF/IDPC. Date: October 18, 2014

Vietnam



Total Global Fund spending in HIV by 2016

↓ 70%



Cuts to national HIV prevention budget in 2014

↓ 65%

Vietnam: Funding decline by 2016

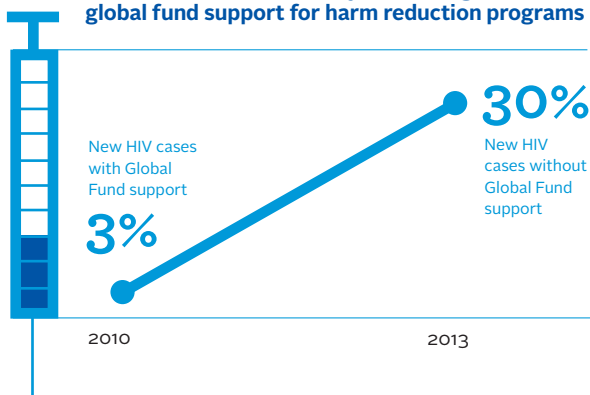
In Vietnam, where funding for harm reduction services from the Global Fund, PEPFAR, and DFID averted an estimated 31,000 cases of HIV...

- Total Global Fund spending on HIV likely to be reduced by 70% in 2016
- Between 2013 and 2014, the government budget for HIV programs was cut by 65%

Source: Briefing on harm reduction funding to the Communities Delegation of the Global Fund Board, INPUD/HRI/HIV/AIDS Alliance/OSF/IDPC. Date: October 18, 2014

Romania

New HIV cases linked to injection drug use and global fund support for harm reduction programs



Romania: A harbinger of disaster?

In Romania, there has been a spike in HIV infections among people who use drugs since the Global Fund departed in 2010...

- In 2013, about 30% of new HIV cases were linked to injection drug use vs. 3% in 2010
- Some observers see Romania as the harbinger of the first of many spikes in HIV epidemics likely to follow with Global Fund withdrawal from other Eastern European countries

Source: Government of Romania. Country progress report on AIDS, January-December 2013. Bucharest, 2014. At: <http://bit.ly/1sCyRhj>

A Funding Model at Odds with the Human Rights Strategy

The Global Fund's 2012-2016 strategy set out explicit human rights principles and goals. The abandonment of key populations in middle-income countries is inconsistent with a human rights strategy that seeks to "integrate human rights consideration throughout the grants cycle."

The main way that New Funding Model is at odds with human rights is that it abruptly curtails funding for the populations most systematically subject to human rights abuses. A failure to protect these groups from abuse will be disastrous for HIV program effectiveness, and also undermines years of Global Fund investments.

The Human Rights Strategy Needs to Direct Resources to Civil Society Organizations, Urgently

Organizations who lead on human rights programming that creates enabling environments for sustainable HIV and TB treatment, care, and prevention are struggling to stay afloat. Without human rights programming, investments in treatment and care are ineffective.

Human Rights Goals of the Global Fund 2012-2016 Strategy:

- 1) Integrate human rights considerations throughout the grant cycle;
- 2) Increase investments in programs that address human rights-related barriers to access;
- 3) Ensure that the Global Fund does not support programs that infringe human rights.

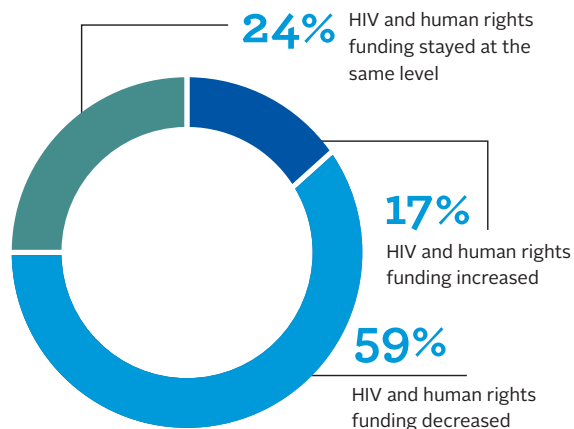
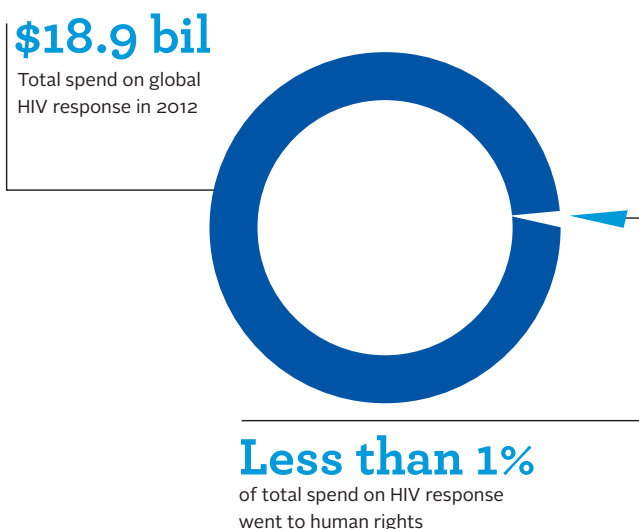
"Today the future of the Treatment Action Campaign, South Africa's most iconic and successful post-apartheid health and human rights movement, is at threat. Yet at the same time we are seeing huge new challenges that face the response to HIV in South Africa with medicine stockouts, weakening health systems, growing evidence of poor adherence to treatment, and the spread of drug-resistant tuberculosis." - Archbishop Desmond Tutu, November 4, 2014

Source: <http://bit.ly/1EtRnzb>

Funding for the Human Rights Response to HIV is Miniscule: The Global Fund Can Fill the Gap

→ In 2012, an estimated 137 million USD was spent on the human rights response to HIV. This represents less than 1% of the total 18.9 billion USD spent that year on the global HIV response

→ A survey of 123 civil society organizations working to lead the global human rights response to HIV, revealed that the majority experienced a decrease in funding



Source: UNAIDS Discussion Paper: Sustaining the Human Rights Response to HIV, 2014

Support for Rights Programming

In 2014, \$15 million USD was allocated by the Global Fund for technical assistance to civil society groups attempting to get human rights, community mobilization, and gender programming included in national HIV plans and Global Fund concept notes. But it is unrealistic to think that this modest amount of money will lead to the dramatic increase in Global Fund-supported human rights programming that is required to sustain all other aspects of the HIV response.

The Next 5-Year Global Fund Strategy: An Opportunity for a Course Correction

The Global Fund, together with civil society leaders, should consider the following questions as it embarks on discussions of the “development continuum” and “equitable access” for the development of its new strategy.

- 1 Will the retreat from middle-income countries create gaps in coverage for key populations, keeping us from reaching global goals to beat the epidemic?
- 2 The Global Fund must base further strategic shifts on real data. How is the Global Fund assessing the impact of the current withdrawal from middle-income countries, including monitoring cuts to life-saving services and plans to respond to urgent shortfalls?
- 3 Can measures of poverty and disease burden be refined so that they take into consideration the impacts of epidemics concentrated among key populations, and the documented inaction of the governments that criminalize them? (Box 1)
- 4 Will human rights be sufficiently prominent, staffed, and funded across all Global Fund programs over the next five years?
- 5 Can ambitious funding targets for human rights work—consistent with the seven key human rights programs UNAIDS recommends to reduce stigma and increase access to justice (Box 2)—be prioritized in national HIV responses, and costed appropriately?

Box 1: The Global Fund's Allocation Methodology is a Blunt Tool

The new funding model uses a measure of disease burden and poverty (Gross National Income) to pre-determine allocations to countries for their fight against AIDS, TB, and malaria. In addition to belying its founding goal of responding to country-driven demand, this formula ignores the latest global data and projections about where people living with HIV, people most at risk of HIV and TB, and poor people live.

Box 2: UNAIDS' Seven Key Programs to Reduce Stigma and Discrimination and Increase Access to Justice in National HIV Responses

1. Stigma and discrimination reduction
2. HIV-related legal services
3. Monitoring and reforming laws, regulations and policies relating to HIV
4. Legal literacy (“know your rights”)
5. Sensitization of law-makers and law enforcement agents
6. Training for health care providers on human rights and medical ethics related to HIV
7. Reducing discrimination against women in the context of HIV

Source: <http://bit.ly/1pRcfiG>