Hearing on the result and the impact of the Global Fund to Fight AIDS, Tuberculosis and Malaria

European Parliament, 28 November 2007

Recommendations by the International HIV/AIDS Alliance

Established in 1993, the International HIV/AIDS Alliance (the Alliance) is a global partnership of nationally-based organisations (linking organisations) working to support local non-governmental and community-based organisations to take action on AIDS. The Alliance believes that local **non-governmental and community-based organisations are particularly well placed to facilitate community responses**, as well as to bridge effectively the needs and capacities of poor people and poor communities with broader health and development efforts.

The Alliance focuses its work on integrated responses to HIV that combine preventing HIV infection, facilitating access to treatment, care and support, and lessening the impact of AIDS, with **a specific focus on people most likely to be infected or affected by HIV**, such as men who have sex with men, injecting drug users and sex workers.

The Alliance has a **strong partnership with the Global Fund**. Alliance linking organisations are **Principal Recipients** of Global Fund grants in three countries and sub-recipients in a further five. At a time when work with injecting drug users, men who have sex with men, and sex workers is under-funded (and even where it is funded, is often bound by constraints that can limit its effectiveness) the ability of Alliance organisations to effectively engage with the Global Fund means **grants will support work with civil society organisations who are best placed to reach these vulnerable and marginalised groups.**

The Global Fund: central to the achievement of Universal Access and the MDGs

The Global Fund is an **important and unique** financing mechanism within the global health architecture. Since its establishment in 2002, it has disbursed US$5.3 billion over 410 grants in 132 countries worldwide. Support from the Global Fund has enabled **770,000 people to access antiretroviral (ARV) treatment for HIV**; **two million people to receive tuberculosis treatment under Directly-Observed Treatment, Short-course (DOTS) and 18 million insecticide-treated bed nets being distributed to protect families from malaria.** As of the end of January 2007, the Global Fund is estimated to have **saved 1.6 million lives**. A further 9.4 million people have been

reached with HIV counselling and testing, 23 million malaria treatments delivered, 1.2 million orphans provided with basic care and support, 23 million people have been reached with community out reach services, and 3.6 million people have been trained to deliver related services.[1]

As such, the Global Fund is central **to achieving the MDGs and the commitment to achieve Universal Access to HIV prevention, treatment, care and support.**[2]

The Global Fund: central to aid effectiveness and health system strengthening

The Global Fund Board has formally endorsed the principles of the Paris Declaration on Aid Effectiveness, which is reflected in many key respects:[3]

- The Global Fund is **demand-driven** and bases its work on programmes that reflect national ownership and respect country-led processes. Proposals to the Fund are developed by national Country Coordinating Mechanisms (CCMs) that include representation from government, non-governmental organisations, people living with the diseases, the private sector and other relevant stakeholders.
- The Global Fund is committed to **transparency and accountability** from grant recipients and has become a leading proponent of performance-based and results-based funding.
- In making its funding decisions, the Global Fund aims to build on, complement and coordinate with existing regional and national programmes in support of national policies, priorities and partnerships, including Poverty Reduction Strategies and sector-wide approaches.

In addition, the Global Fund is responding to criticisms about the 'vertical nature' of its health financing (i.e. focusing large amounts of new funding on specific, relatively narrow programmes, leaving recipients little flexibility to reallocate monies to fund health system salaries) by its decision that a **Global Fund grant can be used to strengthen public, private or community health systems.**[4] This means that the Global Fund will become a **key player in financing health systems strengthening.**

The Global Fund: central to civil society participation and community systems strengthening

The Global Fund recognizes the unique and valuable contribution that communities make towards addressing HIV, TB and malaria, particularly as a funding mechanism that supports programmes **that reach vulnerable and highly stigmatized communities**. The Global Fund supports a truly multi-sectoral response to HIV and recognizes the important role of civil society and affected communities in any effective HIV response. The Global Fund is of key importance in the global architecture of HIV and health financing because of its innovative model and the value placed on inclusion and accountability at every level of activity.

[1] Global Fund, Partners In Impact Results Report, 2007
[2] See article 49 of the UN General Assembly Political Declaration on HIV/AIDS, June 2006
[3] Letter from the Global Fund to the UK Secretary of State for International Development, 3 September 2007
[4] Global Fund Observer, Issue 80, Main Decisions Made at November Board Meeting, 14 November 2007

- The Global Fund is **country focused** (rather than government focused) with funding proposals submitted from all sectors of society, including programmes to support highly stigmatized and vulnerable groups, such as men who have sex with men and injecting drug users. The Global Fund is also seeking to increase the effective representation and **meaningful participation of key populations** on Country Coordinating Mechanisms (CCMs).[5]

- The Global Fund will increase civil society participation through the routine inclusion, in proposals for Global Fund financing, of both government and non-governmental Principal Recipients (PRs) for Global Fund grants (**"dual-track financing**)".[6] The Global Fund found that, on average, civil society organisations are essential, successful and high-performing implementers of Global Fund grants and that direct financing to civil society PRs can improve the speed of finance and add additional capacity.[7] Civil society is also much better positioned to address some of the underlying causes of the three diseases, such as stigma, discrimination and gender inequalities. Some of the Alliance's linking organisations are already successfully performing the role of Principal Recipients of the Global Fund.

- The Global Fund will increasingly contribute to community systems strengthening through the routine inclusion in proposals of measures to strengthen the community systems necessary for the effective implementation of Global Fund grants.[8] Community systems are often more flexible in reaching key populations than government led programmes. The Alliance's extensive experience with working with communities and groups key to the dynamics of the epidemic (such as sex workers, injecting drug users and men who have sex with men) clearly proves that **communities are able to tailor services to the specific needs of a vulnerable population or community, ensuring greater effectiveness and impact**. In addition, community systems strengthening complements health systems strengthening through integrating community responses into the overall health system.

The Global Fund: recommendations to Members of the European Parliament

In the light of the above, the Alliance urges Members of the European Parliament:

- To recognize the **key role the Global Fund plays in supporting partner countries in achieving Universal Access** and to remind EU Member State governments of their commitments made at the United Nations General Assembly Special Session on HIV/AIDS in 2006.[9]

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[5] Global Fund Observer, Issue 80, Main Decisions Made at November Board Meeting, 14 November 2007
[6] Global Fund Observer, Issue 80, Main Decisions Made at November Board Meeting, 14 November 2007
[7] Global Fund, Partners In Impact Results Report, 2007
[8] Global Fund Observer, Issue 80, Main Decisions Made at November Board Meeting, 14 November 2007
[9] See Article 41 and article 49 of the UN General Assembly Political Declaration on HIV/AIDS, June 2006.
Article 41: *Commit ourselves to supporting and strengthening existing and financial mechanisms, including the Global Fund to Fight AIDS, Tuberculosis and Malaria…..*
Article 49: *Commit ourselves to setting, in 2006, through inclusive, transparent processes, ambitious national targets, including interim targets for 2008 in accordance with the core indicators recommended by the Joint United Nations Programme on HIV/AIDS, that reflect the commitment of the present Declaration*

- To ensure that the European Commission, according to the pledge made on 31 May 2007, keeps its commitment of contributing **at least €400 million** to the Global Fund over a period of four years (2007 – 2010).[10]

- To ensure that the EC budget for 2008 and beyond includes **a separate budget line for the Global Fund**[11], to guarantee **long term and increased funding** for the Global Fund from the European Commission as well as the necessary funding for other health priorities.

- To push the European Commission to contribute its **fair share** to the fourfold increase of the size of the Global Fund, which the Fund aims to achieve by 2010.[12]

- To underline that in order to achieve Universal Access and the MDGs, **all mechanisms**, whether horizontal or vertical, whether general budget support or Global Health Partnerships such as the Global Fund, should be utilised at the country level, and in so doing ensure that civil society is empowered **to monitor and track government spending and its impact particularly on vulnerable groups and key populations** and that community-based organisations continue to receive **direct access to funding**.

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and the urgent need to scale up significantly towards the goal of universal access to comprehensive prevention programmes, treatment, care and support by 2010…..

[10] See EC Press release: Stepping up the fight against HIV/AIDS – President Barroso announces substantial EC contribution to the Global Fund for the period 2007 to 2010. (http://europa.eu/rapid/pressReleasesAction.do?reference=IP/07/736&format=HTML&aged=1&language=EN&guiLanguage=en)

[11] In line with the amendment adopted in the European Parliament resolution of 25 October 2007 on the draft general budget of the European Union for the financial year 2008, Section III - Commission (C6-0287/2007 – 2007/2019(BUD))

[12] In April 2007, the Global Fund's Board recognized that demand for Global Fund grants will grow from approximately $2 billion a year currently to as much as $4 billion for 2008, $6 billion for 2009 and $8 billion per year by 2010[12] , thus a total of $18 billion over the next three years. This figure represents the Global Fund's share of total resources needed to achieve the health MDGs.