



Joint Statement of Civil Society Organizations in advance to the Thirtieth Meeting of the Global Fund Board

6 November 2013

On the 7th – 8th November 2013, the Global Fund's Board will consider revisions to the Eligibility, Counterpart Financing and Prioritization Policy (ECP), based upon recommendations from its Strategy Impact and Investment Committee (SIIC). While some of these recommendations are positive; others, if adopted without changes, would have negative consequences for middle-income countries (MICs) and particularly regions with MICs such as Eastern Europe and Central Asia (EECA), Latin America and Caribbean (LAC) and the Middle East and North Africa (MENA).

We – the organizations representing civil society and including communities of people living with these diseases, i.e. key affected populations from different countries and regions - are deeply concerned about these recommendations and would like to share with Global Fund Board members our position on several critical issues that should be considered by the Board during its deliberations.

Allocation of funding for 60 “Band 4 countries” should remain at least 7%, not less

It is currently estimated that 7% of allocations are dedicated to Band 4 countries. The latest discussions and simulations around allocations on the new funding model (NFM) indicate that this amount could be substantially reduced (e.g. during the recent SIIC meeting the estimations articulated were that 60 countries from ‘Band 4’ would compete for 4-5% of uncommitted assets, if the current allocation methodology for countries in band 1-3 were applied). Such projections caused major concerns among civil society regarding the possible consequences for key affected populations and their access to HIV and TB treatment and prevention. The countries eligible for this band can only invest Global Fund money in high-impact interventions. Also, as economies develop, potentially more countries will move to this Band, thus even more countries will compete for reduced resources.

While the rest of the world has been observing annual decreases in the number of new HIV cases, the MENA region continues to see increases whilst the EECA region has the fastest growing HIV epidemic with significant increases in mortality from advanced HIV infection (AIDS). The majority of all new infections remain attributable to injecting drug use.

The rates of Multi Drug Resistant (MDR)-TB throughout EECA is most alarming with 20% of the global burden (81,000 MDR-TB prevalent cases). With its high rates of MDR-TB, increasing HIV prevalence and deplorable human rights environment, EECA needs a

significantly greater share of the available funding to ensure that even the basic needs of people living with / affected by HIV and TB are addressed. It is a public health and human right imperative that the Global Fund remains active in the EECA to maximize and sustain progress made against (MDR)-TB and HIV epidemics. Coordinated actions of EU Member States and the Commission on Combating HIV TB are required, with appropriate political support for the implementation of effective measures to combat epidemics.

Therefore, we call upon Global Fund Board members to assess the possible implications of their decisions in terms of the number of services which will cease to operate, the number of people who will lose access to these services, the number of new HIV infections and the number of lives that will be lost. In any case, an appropriate exit strategy should be developed which will appropriately mitigate these risks.

Reducing funding to Band 4, before the Global Fund regional HIV/AIDS and TB strategies for EECA, LAC and MENA (for the 2014 - 2019 period) are developed and approved is not ethical, justified, or logical!

The “NGO rule” should be preserved as it is

The current 2013 Global Fund Eligibility list includes 5 upper middle income (UMI) countries which are eligible to apply for funding under the “NGO rule” in 2013: Bulgaria, Latvia, Lithuania, Romania and the Russian Federation – all from the EECA region. However, since the World Bank reclassified Latvia, Lithuania and the Russian Federation as high-income countries in mid-2013, these three will become ineligible for Global Fund grants from 2014.

Needless to say, the HIV/AIDS epidemic in Russia is at a critical point with increasing prevalence and political barriers to the introduction of effective, evidence-based prevention measures. Russia is one of the (very) few countries in the EECA region that opposes needle and syringe exchange programs (NSP) and legally prohibits opioid substitution treatment (OST). This has made the environment for NGO’s operations’ much more difficult, together with legislation on foreign agents and the departure of USAID, which was a major donor for human rights and accountability work. The Global Fund harm reduction projects are currently the only investments saving lives through evidence-based and human rights supported interventions — all thanks to the NGO rule and a relatively small investment if compared with other HIV country grants.

Lithuania and Latvia have never benefitted from Global Fund support. However, they’ve been eligible to apply for grants using the NGO rule; i.e. an HIV grant and TB grant since 2011 and 2012 respectively - Due to concentrated HIV epidemics and severe MDR-TB levels. Funding levels for HIV prevention have decreased since 2010 - 2011.

In Romania the international funding that was maintaining NSPs and OST ceased, with no substitution from the national budget at the end of June this year. The 10-fold HIV infection increase among people who inject drugs coincided with the closure of the Global Fund’s support for HIV in 2011. Since 2011 and up until now, the EU has been instrumental in keeping HIV on the EU-level agenda, although no EU-based solutions have been found for any of these 3 countries.

Based on this, we request that the Global Fund Board preserve the “NGO rule” and revise it to allow funding for NGOs from countries (including those recently transitioned to the high income category) not on the OECD-DAC list with (at least) a high HIV burden to be eligible for funding, regardless previous history of Global Fund grants.

We assert that the Global Fund should not restrict the continuation of the “NGO rule” based on either time-limited transition periods or on restricting eligibility exclusively to the continuation of existing grants funded under the NGO rule. Such restrictions are unhelpful given the urgent need to reduce incidence and increase program coverage in this region. It is



important to ensure the sustainability of the response to the HIV epidemic in transitioning countries and to support the critical role of civil society in these processes. Moreover, the NGO rule will not have major financial implications for the Global Fund as there are only 5 eligible countries which could apply within a pre-defined budget ceiling of up to US\$ 5 million for the first two years (according to the current ECFP).

Transition period and means for newly ineligible countries should be introduced

A range of MICs from around the world, particularly in EECA, LAC and MENA are becoming ineligible. In the future, an increasing number will not qualify, including countries which have succeeded in preserving a low HIV prevalence or, like Serbia, reducing HIV prevalence with the Global Fund's support. The experience of sustaining AIDS responses in the countries that transitioned away from receiving Global Fund support, such as Croatia, Estonia and Romania, shows that grant transition was particularly unsuccessful during an economic crisis (e.g. in Romania) and was most successful when economies were growing - where that growth was invested in health and social programs (as in Estonia and to some extent Croatia). As a result of these experiences, the transition period for newly ineligible countries should be extended, using the previous experience of a 'grace period'.

The countries benefitting from transitional period funding should be encouraged to develop and implement sustainability plans including, but not limited to, establishing social contracting or other mechanisms to fund services for key populations. *Civil society advocacy for national funding of the response could be part of the Global Fund grant, as already foreseen in the Global Fund's community systems strengthening policy.* The sustainability issue is of utmost importance - taking account of the new Global Fund Strategy on HIV/AIDS for EECA, which aims to stimulate countries to significantly increase the level of national HIV funding over the next few years. As a decision – this transitional period funding could be a part of funding allocated to the “Set-Aside Pool” within the New Funding Model.

Revision to existing eligibility rules for regional and multi-country applicants

According to current Global Fund policies: “a regional funding request shall only be eligible for funding where the majority of countries (at least 51%) included in the funding request would be eligible to submit their own request for funding for the same component through a single-country application”. This allows non-eligible countries, including high income countries, to receive direct funding support within regional/multi-country applications.

We believe that this approach should not be revised and as such, this policy should be retained as it is. *Newly ineligible high income and upper middle-income countries should continue to be eligible for participating in regional and multi-country applications (so long as these countries meet the eligibility threshold and all other requirements) and in that, they should also be able to receive direct funding support from Global Fund.*

Regional proposals give opportunities for sharing experiences and building stronger support networks for MARPs in countries that have common cultural, linguistic and historic values regardless of their income. At the same time, the regional projects targeted on advocacy provide opportunities for CSOs to coordinate efforts, build coalitions, and engage a range of external stakeholders in activities that are otherwise difficult to implement at a national level where governments are reluctant to increase funding for working with MARPs. High-income countries could benefit favorably from such projects, as it is not a secret that income status does not influence the willingness of certain governments to pay for services targeted in MARPs.

In addition to this, the Eurasian Harm Reduction Network (EHRN), which is registered in Lithuania where drug policy is not harsh (relatively speaking), was invited to pilot the new funding model. However, it will become ineligible to receive funding as of 2014 due to the changed classification of its host country, while most of countries covered within its regional application remain eligible.

To conclude, we hope that, when Global Fund Board members are making decisions on the afore-mentioned issues, they will take our position into account, especially because it is in line with the objectives and principles of the Global Fund Strategy – to keep the Global Fund global and to achieve this by introducing a differentiated investment approach whereby funding decisions are guided by consideration of potential for impact. We share that commitment to ensuring the Global Fund can achieve high impact in responding to AIDS, TB and malaria in EECA, MENA and LAC regions and we strongly believe that our proposals help us all advance that shared goal.

Yours sincerely,

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