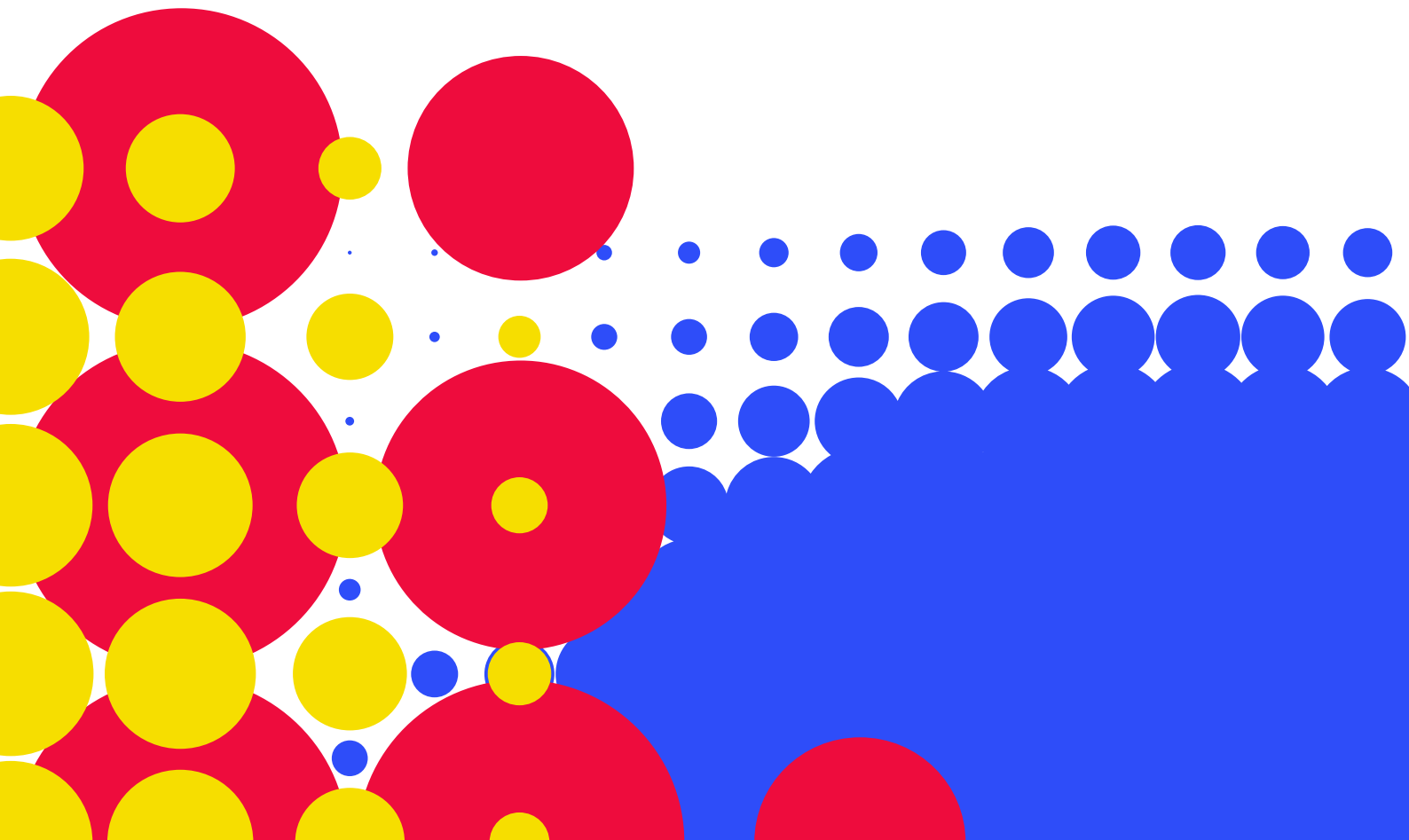




# Advocacy Roadmap 2023-2025

September 2023



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# 1. Why is this advocacy roadmap needed?

## 1.1 Introduction

This advocacy roadmap outlines concrete steps to sustain the advocacy ecosystem in support of the delivery of the core and contributive objectives set out in the Global Fund to Fight AIDS, Tuberculosis and Malaria (the Global Fund) Strategy for 2023-2028, Fighting Pandemics and Building a Healthier and More Equitable World. The **Political and Civil Society Advocacy (PCSA) Team** will lead the implementation of the roadmap, **in close collaboration with teams from across the Secretariat** will take to sustain the advocacy ecosystem in support of the delivery of the core and contributive objectives in the Global Fund to Fight AIDS, Tuberculosis and Malaria's 2023-2028 Strategy: Fighting Pandemics and Building a Healthier and More Equitable World.<sup>1</sup>

The Global Fund's Strategy, approved by the board in 2022, represents an ambitious plan to accelerate progress towards the organization's primary goal of ending HIV, tuberculosis (TB) and malaria as epidemics by 2030 and make progress towards the Sustainable Development Goals (SDGs). It recognizes that this goal can only be achieved if it:

- strengthens people-centered, integrated systems for health;
- maximizes the engagement and leadership of communities who are most affected by the three diseases;
- addresses the health inequities, gender inequalities, and human rights violations that increase vulnerabilities to HIV, TB and malaria; and
- mobilizes increased resources.

In response to the changing global health and development landscape, the Strategy also recognizes that the Global Fund should contribute to pandemic preparedness and response beyond the three diseases, as well as build links to climate change and other factors that impact the Global Fund's work.

Communities living with and impacted by the three diseases and civil society have been at the center of all the Global Fund's work since its inception. The Strategy recognizes that the key to the Global Fund's success is its partnerships with communities and civil society,

from the country level where they are key partners in the design, implementation, and accountability of programs, to the global level, where they advocate on behalf of the Global Fund with key decision-makers and donors. The strategy also acknowledges that communities and civil society are facing unique challenges such as closing civic space, ongoing difficulties raising sustainable funding to support their work, and increasing political attacks on and hostility toward the communities that are most affected by the three diseases. For example, those communities include gay men and other men who have sex with men, transgender people, sex workers, people who use drugs, prisoners, migrants and refugees, adolescents and young people, and women. In response, the Strategy recognizes that the Global Fund has a critical role to play in using its own resources, position, and diplomatic voice to strengthen and solidify political and financial support for communities and civil society.

This advocacy roadmap describes how the Global Fund will take action to sustain the advocacy ecosystem and deepen its partnerships with and support for communities and civil society in its own advocacy efforts to strengthen HIV, TB and malaria responses and mobilize resources to sustain lifesaving health programs, including through the Global Fund. It also describes how the Global Fund will use its diplomatic voice to advocate for supportive policies and funding that enable communities and civil society to do their work effectively, with a focus on addressing the harmful laws, policies, and practices that increase communities' vulnerability to the three diseases. It is intended to galvanize coordinated advocacy action across the Secretariat and in partnership with communities and civil society.



**The Global Fund's  
2023-2028 Strategy:  
Fighting Pandemics  
and Building a Healthier  
and More Equitable  
World.**

<sup>1</sup> The Global Fund to Fight AIDS, Tuberculosis and Malaria (2021). Fighting Pandemics and Building a Healthier and More Equitable World: Global Fund Strategy (2023-2028). Geneva, The Global Fund. Available at: [https://www.theglobalfund.org/media/11612/strategy\\_globalfund2023-2028\\_narrative\\_en.pdf](https://www.theglobalfund.org/media/11612/strategy_globalfund2023-2028_narrative_en.pdf) (accessed 2023-08-19).

## 1.2 Context

The Global Fund exists thanks to the activism by communities living with and affected by the three diseases, including key and vulnerable populations,<sup>2</sup> and civil society. These communities' efforts to ensure that all people, no matter where they live, could access and benefit from lifesaving prevention and treatment was the reason why governments, private foundations, the private sector, and multilateral partners worked together with them to establish this unique partnership in 2002. Since then, community-led and civil society organizations have been critical partners in the Global Fund's governance, implementation, accountability, and advocacy. The results of this partnership have been remarkable, with more than 50 million lives saved.<sup>3</sup>

Communities and civil society have been critical advocates for resource mobilization, powerfully demonstrating the Global Fund's impact and successfully persuading government leaders and donors to support its work. Most recently, their unprecedented mobilization—working in close concert with influential leaders and advocates, governments, and the Global Fund Secretariat—contributed to the Global Fund's most successful replenishment ever in 2022, raising US\$15.7 billion for the period 2023-2025. While a record-level achievement, the US\$15.7 billion fell short of the target of at least US\$18 billion that was set out in the Global Fund's Investment Case and is short of what is needed to beat the three diseases by 2030 in line with targets under SDG 3, to ensure healthy lives and promote well-being for all.

The Global Fund and its community and civil society partners face uncertainty ahead. The world is currently facing a confluence of crises due to conflict, climate change, the ongoing impact of COVID-19, and related global economic instability. As a result, the United Nations Development Programme (UNDP) notes that 90% of countries across the income spectrum saw

declines in their human development index value in 2020 or 2021.<sup>4</sup> These crises are contributing to increasing inequality and polarization within countries and shifting alliances between them. They have also set back progress in achieving the SDG targets, including those on health. A key driver of the Global Fund's success has been a commitment to global solidarity and recognition that cooperation between countries and between governments, civil society, and communities living with and affected by the diseases, including key and vulnerable populations, is needed to achieve the goal of ending HIV, TB and malaria as epidemics. In the face of these crises, it is this commitment to solidarity and partnership that must be safeguarded.

The war in Ukraine and strained relations between countries is driving a shift in geopolitical alliances and leading to a resurgence of a “cold-war driven mentality around foreign aid,” as countries seek to shore up power and influence.<sup>5</sup> Tensions around trade, climate change, and migration, among other issues, have made achieving consensus and taking bold action to address collective problems increasingly challenging.<sup>6</sup> This shift is calling into question the relevance and future of key political platforms like the G7, the G20, and even the United Nations. These forums have played an important role in building support for the Global Fund, thanks in part to robust advocacy by communities and civil society.

Countries across the income spectrum continue to face significant threats to their financial stability in the near term due to weak economic growth, inflation, and cost-of-living crises. This economic reality is increasing debt burdens in developing countries, and implementing governments are facing critical choices about where to invest their resources. In 2022, low- and middle-income countries spent on average a higher percentage of their Gross National Income (GNI) on debt servicing than they did on health in 2020, at the height of the COVID-19 pandemic.<sup>7</sup>

2 The roadmap uses the term “communities” to refer to communities living with and affected by the diseases, including key and vulnerable populations and community-led organizations to refer to the organizations that they lead.

3 The Global Fund to Fight AIDS, Tuberculosis and Malaria (2022). Results Report 2022. Geneva, The Global Fund. Available at: [https://www.theglobalfund.org/media/12265/corporate\\_2022resultsreport\\_report\\_en.pdf](https://www.theglobalfund.org/media/12265/corporate_2022resultsreport_report_en.pdf) (accessed 2023-08-19).

4 UNDP (2022a). Human Development Report 2020/2021. Uncertain Times, Unsettled Lives: Shaping our Future in a Transforming World. New York, UNDP. Available at: <https://www.undp.org/egypt/publications/human-development-report-2021-22-uncertain-times-unsettled-lives-shaping-our-future-transforming-world> (accessed 2023-08-19).

5 Kumar, R. (2023-01-05). From the Editor-in-Chief: Three Ways 2023 may define a new development era. New York, Devex. Available at: <https://www.devex.com/news/from-the-editor-in-chief-3-ways-2023-may-define-a-new-development-era-104723> (accessed 2023-02-24).

6 Council on Foreign Relations (2022-06-28). Where is the G7 headed? Available at: <https://www.devex.com/news/from-the-editor-in-chief-3-ways-2023-may-define-a-new-development-era-104723> (accessed 2023-02-24).

7 Stubbs T, Kentikelenis A, Gabor D, et al. (2023). The return of austerity imperils global health. *BMJ Global Health* 2023;8:e011620. doi:10.1136/bmjgh-2022-011620



**Increasingly, the Global Fund's emergency funding strategic initiative is being used to respond to the impact of climate-related disasters.**

At the same time, donor governments are pulling back and redirecting development assistance away from core development priorities toward urgent responses to humanitarian crises and in-country refugee costs.<sup>8</sup> This economic uncertainty has significant implications for health and development, potentially adding to setbacks in progress against the three diseases and, for the Global Fund, making it more difficult to raise additional funding in the future.<sup>9</sup>

Adding to these issues is the pervasive challenge of climate change. The World Health Organization (WHO) describes climate change as the “single biggest health threat facing humanity.” It is already having an impact by increasing death, ill-health, and violence due to climate-related natural disasters and extreme weather, disrupting access to services, and fueling increases in infectious diseases, including malaria.<sup>10</sup> Between 2030 and 2050, WHO estimates that climate change will cause an additional 250,000 deaths per year from preventable causes, including malaria, malnutrition, diarrhea and heat stress.<sup>11</sup> Increasingly, the Global Fund's emergency funding strategic initiative is being used to respond to the impact of climate-related disasters, such as catastrophic floods in Pakistan and drought-linked displacement in Somalia.<sup>12</sup>

Yet the linkages between climate change and health in policy, programming and funding are weak. Few of the Global Fund's traditional partners work at these intersections.

Across countries, these crises are being used to appeal to nationalism, close civic space, curtail community and civil society advocacy, and restrict human rights and fundamental freedoms.<sup>13</sup> Actions to restrict civic space and advocacy are taking place in both donor and implementing countries, including those where the Global Fund focuses its work.<sup>14</sup> In 2023, only 10 of the 126 countries where the Global Fund invests in programs were classified as ‘open’, meaning where civil society could operate freely. In 97 of the 126 countries, the community-led and civil society organizations the Global Fund relies on to increase its impact and effectiveness face various levels of risk, including of surveillance; intimidation by both state and powerful nonstate actors; bureaucratic harassment; deregistration; closure; and, in some cases, violence.<sup>15</sup> Organizations that have historically faced greater legal and administrative burdens and harassment, including those led by lesbian, gay, bisexual, transgender, queer, and intersex (LGBTQI+) communities, sex workers, people who use drugs, and other criminalized and marginalized populations, are being specifically targeted and face amplified risks in many countries. Feminist and youth-led organizations are also under increasing attack.<sup>16</sup> At the same time, community-led and civil society organizations working on the three diseases are finding it more difficult to attract sustainable funding, particularly for advocacy and core costs, even as they face the need to address intersecting and emerging crises.

8 Organization for Economic Cooperation and Development (2023). Development Cooperation Report 2023: Debating the Aid System. Paris, OECD. Available at: <https://www.oecd.org/dac/development-co-operation-report-2023-08-19/> (accessed 2023-08-19).

9 International Monetary Fund (January 2023). World Economic Outlook Update. Washington, D.C., IMF.

10 World Health Organization (2022a). Review of IPCC Evidence 2022: Climate change, health and wellbeing. Geneva, WHO.

11 World Health Organization (2021). Key Facts: Climate Change and Health. Available at: <https://www.who.int/news-room/fact-sheets/detail/climate-change-and-health> (accessed 2023-07-18).

12 The Global Fund to Fight AIDS, Tuberculosis and Malaria (30 Nov. 2022) Press Release: The Global Fund Commits to Over US\$21.9 Million in Emergency Funding for Families Living Through Climate Crises in Pakistan and Somalia. Available at: <https://www.theglobalfund.org/en/news/2022/2022-11-30-the-global-fund-commits-over-usd21-9-million-emergency-funding-families-living-through-climate-crises-pakistan-somalia/> (accessed 2023-07-18).

13 CIVICUS (2022). *People Power Under Attack 2021: A Report Based on Data from the Civicus Monitor*. Johannesburg, CIVICUS.

14 CIVICUS Monitor (2023) National Civic Space Ratings: 38 rated as Open, 42 rating as Narrowed, 40 rated as Obstructed, 50 rated as Repressed & 27 rated as Closed. Available at: [www.monitor.civicus.org](http://www.monitor.civicus.org) (Accessed: 2023-03-16).

15 CIVICUS Monitor (2023).

16 CIVICUS (2022); Rogeband, C. and Krizsán, A. (2020). Discussion Paper: Democratic Backsliding and the Backlash against Women's Rights: Understanding the Current Challenges for Feminist Politics. New York: UN Women; Global Network of Sex Work Projects (2022). Briefing Paper: The Impacts of Anti-Rights Movements on Sex Work. Edinburgh: NSWP; GATE (2023). Impact of Anti-Gender Opposition on TG and LGBTQI Movements: Global Report. New York: GATE. CIVICUS, PITCH, Aidsfonds, Frontline AIDS and BZ (2020). *Activism and AIDS: Protect civil society's space to end the epidemic*; International Center for Not-for-Profit Law (2018). Reinforcing Marginalization: The Impact of Closing Civic Space on HIV Response in Ethiopia, Kenya and Uganda. Washington, D.C., ICNL.

The changing geopolitical context, conflicts, ongoing financial crisis, the impact of climate change, shifts in the global health architecture, and the pressures facing its key advocates within civil society, mean that the Global Fund cannot rely on past success as a predictor of future success. The Global Fund now needs to take stock of the environment, its advocacy partners, and chart out a highly strategic course to solidify its position within the global health architecture and ensure ongoing financial and political support. To do so, sustaining and strengthening the advocacy ecosystem is paramount, including through ensuring deeper collaboration with and support for civil society and communities and the establishment of new partnerships. This advocacy roadmap will help the Global Fund to more effectively navigate this complex environment, take full advantage of the opportunities that lay ahead, and deliver on its 2023-2028 Strategy hand in hand with civil society and communities.

### 1.3 Scope of the Roadmap

This roadmap focuses on the work of the PCSA department, in collaboration with other teams across the Secretariat.

The PCSA department sits within the External Relations and Communications Division (ERCD), and works with communities, civil society and political leaders to strengthen and sustain political and financial support for the three diseases, and for the Global Fund's mission and Strategy. It aims to develop, strengthen, and diversify the leadership and engagement of community-led and civil society organizations within the advocacy ecosystem as they work to sustain the momentum for the responses to HIV, TB and malaria, to contribute to health systems strengthening and pandemic preparedness, and to create links between health, climate change and other factors that impact the Global Fund's work. The roadmap supports the meaningful engagement of and partnerships with communities and civil society in the Global Fund's resource mobilization and communications efforts. It aims to amplify the voices of these partners, in collaboration with Country Teams and the Community, Rights and Gender Department. It also leads engagement with heads of state and government, ministries of health and other key actors in implementing countries on replenishment and resource mobilization efforts.

The advocacy roadmap aims to lay out priorities and actions to sustain and strengthen the advocacy ecosystem, including through strengthening the meaningful engagement of communities and civil society primarily in regional and global advocacy to secure ongoing political and financial support for HIV, TB and malaria responses and the Global Fund's mission, and ensure that these issues are integrated within broader health and development responses. As such, it represents only a fraction of the work that the Global Fund does to put communities and civil society at the center of the responses for the three diseases.

To avoid duplication, this roadmap does not reflect other initiatives being led by the Secretariat to strengthen the engagement of community-led and civil society organizations within country coordination mechanisms (CCMs), support domestic resource mobilization, or to strengthen community-led implementation of programs, or increase investments in health equity, gender equality and human rights within Global Fund-supported programs.

### 1.4 Advocacy Roadmap Objectives

This advocacy roadmap aims to:

1. Strengthen the leadership, engagement and funding of communities and civil society within the Global Fund's advocacy ecosystem.
2. Mobilize increased financial support for HIV, TB and malaria responses and the Global Fund's mission in partnership with communities and civil society.
3. Increase political support for HIV, TB and malaria, while contributing to health system strengthening, pandemic preparedness and response, and other factors that impact the Global Fund's work, within the evolving global health and development landscape.
4. Leverage the Global Fund's diplomatic voice to protect and promote gender equality, human rights and equity, and challenge harmful and discriminatory laws, policies and practices.

These objectives are mutually reinforcing and must be implemented in concert to achieve the greatest impact. Combined, these objectives will contribute to a more robust advocacy ecosystem for HIV, TB and malaria, contribute to health systems strengthening and pandemic preparedness and response, and accelerate progress toward the Global Fund's goal of ending AIDS, TB and malaria as epidemics.

## 2. Strengthen leadership, participation and funding of communities and civil society within the Global Fund's advocacy ecosystem

### 2.1

#### Outcomes

- 1 Strengthened partnerships for advocacy with key community-led and civil society organizations, particularly those led by people living with and affected by the three diseases, key populations, young people, and women.
- 2 Bridges built between community-led and civil society organizations, including those working on other global health issues and on the health-climate nexus.
- 3 Community-led and civil society organizations within the Global Fund's advocacy ecosystem are sustainable and have the resources necessary to do their work.
- 4 Strengthened advocacy for laws, policies, and practices that protect civic space and support community-led and civil society organizations.

### 2.2

#### Rationale

Community-led, and civil society organizations are at the center of the Global Fund Strategy. However, increasing attacks on civic space, advocacy and limited access to funding are making it difficult for organizations to advocate for rights-based and equitable responses to the three diseases, resources for health, and accountability.

##### (a) Attacks on community and civil society advocacy

**Civic space** has been under increasing pressure for the last decade, with governments across the world enacting restrictions on the registration, funding, and operations of community-led and civil society organizations and suppressing rights to information, freedom of speech, and protest.<sup>17</sup> Between 2016 and 2021, the International Center for Not-for-Profit Law (ICNL) documented more than 265 legal and administrative measures impacting civic space in 91 countries,<sup>18</sup> including actions that:

- Restrict freedom of expression, assembly, and association;
- Use broader laws, such as those against terrorism, to stifle dissenting speech;

- Use digital technologies to increase surveillance of community-led and civil society organizations;
- Block their ability to challenge rights violations in national courts and access to other accountability mechanisms;
- Restrict funding from foreign sources and/or require organizations that receive foreign funding to register as "foreign agents," and
- Establish administrative measures that act as barriers to registration and functioning.

The countries where the threats to community and civil society advocacy are greatest coincide with the countries where the Global Fund focuses its work. Of the 129 countries where the Global Fund supports programs:

- 22 are classified as closed, mostly in the Middle East, North Africa, and Central and South Asia, where repression is extreme and any criticism of the state is met with severe penalties.
- 43 are classified as repressed, mostly in Africa, Asia, and Central America.
- 34 are classified as obstructed, mostly in Africa and Asia.

<sup>17</sup> CIVICUS Monitor (2023).

<sup>18</sup> UNDP (2022b). *Strengthening Civic Space and Civil Society Engagement in the HIV Response*. New York, UNDP. Available at: <https://www.undp.org/publications/strengthening-civic-space-and-civil-society-engagement-hiv-response> (accessed 2023-8-19).



- 20 are classified as narrowed, where targeted attacks on civil society do take place.
- Only 10 are classified as open, where civil society can operate freely.<sup>19</sup>

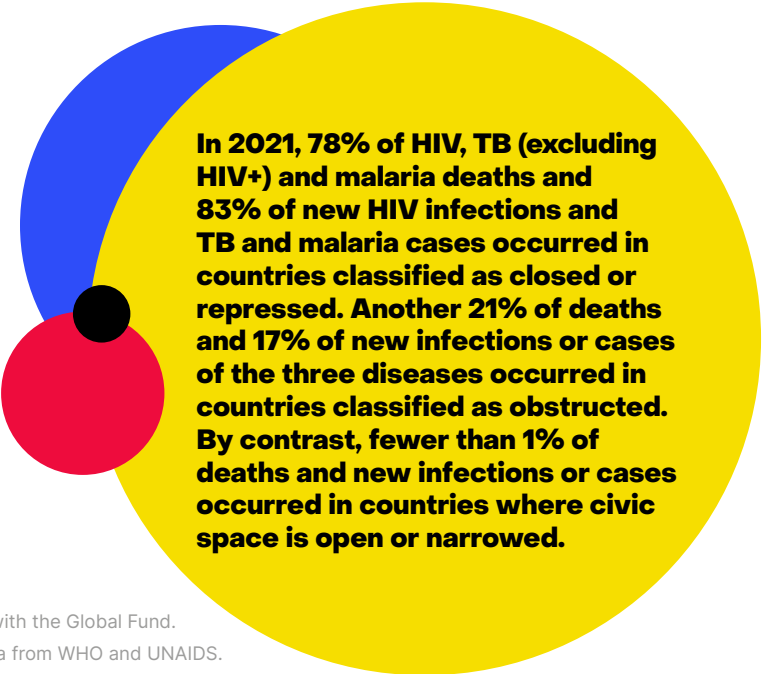
Countries where civic space is restricted account for a large share of the burden of the three diseases. In 2021, 78% of HIV, TB (excluding HIV+) and malaria deaths and 83% of new HIV infections and TB and malaria cases occurred in countries classified as closed or repressed. Another 21% of deaths and 17% of new infections or cases of the three diseases occurred in countries classified as obstructed. By contrast, fewer than 1% of deaths and new infections or cases occurred in countries where civic space is open or narrowed.<sup>20</sup>

The shrinking civil society space is not unique to implementing countries. This trend can also be seen in donor countries, in line with growing populism and extremism.<sup>21</sup> These trends are often accompanied by a tightening of national borders, restrictions on human rights and bodily autonomy, and an increased focus on national agendas to the detriment of global solidarity and cooperation.

The very communities that are most deeply affected by the three diseases, and those that advocate for them, are often the ones facing the greatest risks of government crack downs. LGBTQI+ organizations, sex worker-led organizations, harm reduction organizations and organizations led by people who use drugs have always faced significant legal and administrative challenges to their operation. Increasingly, feminist and women's rights organizations, and those working on human rights, the environment, and youth are also being targeted.<sup>22</sup> In many countries, these community-led and civil society organizations have been subject to harassment, forcibly closed, or denied registration, with negative consequences particularly for their work with key and vulnerable populations. In many cases, LGBTQI+ people, sex workers, and people who use drugs, and people associated with related

organizations have been arrested and prosecuted, subjected to violence, and in some cases, murdered.<sup>23</sup> In some countries, governments are working in cooperation with other non-state actors, including other civil society organizations and religious leaders and institutions, to target organizations working on gender equality and human rights.<sup>24</sup>

For many governments, the growing numbers of young people are viewed as a "problem to be solved and a threat to be contained," due to negative stereotypes which see them as sources of political upheaval or violence.<sup>25</sup> In many countries this perception has increased as young people have taken to the streets to protest on issues related to climate change, conflict, and inequalities which significantly impact on young people's ability to live healthy, safe, and productive lives.<sup>26</sup> Youth-led organizations, particularly those also serving young populations, face similar challenges to those experienced by other community-led and civil society organizations. However, gaps in capacity, limited experience, and weak networks with and connections to other community-led and civil society organizations make navigating administrative and legal burdens even more challenging these youth-led groups.



**In 2021, 78% of HIV, TB (excluding HIV+) and malaria deaths and 83% of new HIV infections and TB and malaria cases occurred in countries classified as closed or repressed. Another 21% of deaths and 17% of new infections or cases of the three diseases occurred in countries classified as obstructed. By contrast, fewer than 1% of deaths and new infections or cases occurred in countries where civic space is open or narrowed.**

19 CIVICUS Monitor (2023). Analysis of Global Fund countries on file with the Global Fund.

20 Analysis on file with the Global Fund, based on epidemiological data from WHO and UNAIDS.

21 CIVICUS Monitor (2023).

22 CIVICUS (2022).

23 CIVICUS, PITCH, Aidsfonds, Frontline AIDS and BZ (2020); International Center for Not-for-Profit Law (2018); Rogeband, C. and Krizsán, A. (2020); Global Network of Sex Work Projects (2022); GATE (2023); CIVICUS (2023), People Power Under Attack 2022: A report based on data from the CIVICUS Monitor. Johannesburg, CIVICUS.

24 CIVICUS, PITCH, Aidsfonds, Frontline AIDS and BZ (2020); Pousadela, I.M. and Perera, D.R. (2021), The Enemy Within? Anti-Rights Groups and Restrictions on Civil Society. *Glob Policy*, 12: 34-44. <https://doi.org/10.1111/1758-5899.12981>

25 UNFPA (2023). 8 Billion Lives, Infinite Possibilities: the case for rights and choices. New York: UNFPA.

26 UNFPA (2023).



The challenges that organizations face at the national level are also being reflected in other regional, international, and UN-led decision-making spaces, where governments control access and have used their power to block the participation of community-led and other civil society organizations working on LGBTQI+ rights, sex workers' rights, harm reduction and the rights of people who use drugs, sexual and reproductive health and rights, and other politically sensitive issues.<sup>27</sup>

### **(b) Decreasing funding for community and civil society advocacy**

Many of the Global Funds' community-led and civil society advocacy partners are operating on shoestring budgets, with limited flexibility to conduct advocacy.

Funding for advocacy is a particular challenge: most national governments prefer to fund community-led and civil society organizations to provide services, rather than advocacy activities that are aimed at changing laws or policies or holding political leaders accountable.<sup>28</sup> State-imposed restrictions on funding for community-led and civil society organizations, as discussed section 2.2(a) above, have a particular impact on organizations that conduct advocacy, especially on issues related to human rights and key populations.<sup>29</sup> Indeed, evidence demonstrates that community-led and civil society organizations are more likely to experience restrictions when "they promote democracy, good governance and human rights, or engage in advocacy, express dissent or attempt to exercise accountability, compared to when they function as agents of service delivery".<sup>30</sup>

At the same time donor governments and foundations that support human rights advocacy are more likely to fund organizations in developed countries for their work in implementing countries than locally-based organizations directly.<sup>31</sup> This trend is reflected in health funding more broadly: in 2020, just 7% of donor funding for health from members of the Organisation for Economic Cooperation and Development (OECD) went to community-led and civil society organizations in implementing countries, while 50% of private philanthropic funding for HIV, went to organizations in implementing countries.<sup>32</sup> While some funding for international and donor-country civil society organizations is then channeled to community-led and civil society organizations in implementing countries, the reality is that many of them have "little choice but to implement programmes with or on behalf of international CSOs that control both the funding and the programmatic priorities."<sup>33</sup>

Private philanthropies have historically been critical sources of support for advocacy, particularly for community-led and civil society organizations working on human rights, gender equality and the rights of key populations. However, the number of private philanthropies that fund advocacy in the fields of HIV, TB and malaria is shrinking. In 2020, just two donors—the Bill and Melinda Gates Foundation and Gilead—provide more than 67% of funding to community-led and civil society organizations working on HIV, and most of that funding was for service delivery.<sup>34</sup>

In addition, many community-led and civil society organizations face difficulties navigating burdensome and non-transparent processes for accessing and reporting on funds, meeting co-financing requirements or requirements related to budget size, or are limited

27 See for example, Devex (February 6, 2020), For many human rights NGOs, UN access remains out of reach. Available at: <https://www.devex.com/news/for-many-human-rights-ngos-un-access-remains-out-of-reach-96516> (accessed 2023-02-21); CIVICUS, PITCH, Aidsfonds, Frontline AIDS and BZ (2020).

28 European Union Agency for Fundamental Rights (2017). Challenges facing civil society organizations working on human rights in the EU. Luxembourg: EUFRA; Barr, D. and the National Health Advocacy Funding Coalition (2023). Internal Paper: The Case for Funding National Advocacy for Health by Civil Society. Available at: <http://fra.europa.eu/en/publication/2018/challenges-facing-civil-society-organisations-working-human-rights-eu> (accessed 2023-08-19).

29 CIVICUS, PITCH, Aidsfonds, Frontline AIDS and BZ (2020); International Center for Not-for-Profit Law (2018).

30 Aho, E. and J. Grinde (2017). Shrinking Space for Civil Society: Challenges in Implementing the 2030 Agenda. Stockholm: Forum Syd, quoted in Barr, D. and the National Health Advocacy Funding Coalition (2023).

31 Candid and the Human Rights Funders Network (2022). Advancing Human Rights: Annual Review of Global Foundation Grantmaking. New York, Candid.

32 Organization for Economic Cooperation and Development (2022). Aid for Civil Society Organizations: Statistics based on DAC Members' reporting to the Creditor Reporting System database (CRS), 2019-2020. Paris, OECD.; Funders Concerned About AIDS (2022).

33 Barr, D. and the National Health Advocacy Funding Coalition (2023).

34 Funders Concerned About AIDS (2022), Philanthropic support to address HIV and AIDS in 2020. Washington, D.C., FCAA. Available at: <https://www.fcaaid.org/wp-content/uploads/2022/05/Philanthropic-Support-to-Address-HIV-and-AIDS-in-2020-FINAL.pdf> (accessed 2023-08-19).

in their activities by donor restrictions on geographic locations where advocacy can take place or the types of advocacy activities they can conduct.<sup>35</sup> Youth organizations, particularly those led by young key populations, face additional challenges due to greater gaps in fund-raising capacity, limited access to donors, and expectations from others that their labor will be performed primarily through volunteers.<sup>36</sup>

As a result, funding for general operating support and advocacy is often hard for community-led and civil society organizations to mobilize and sustain, particularly in implementing countries. As the International Council of AIDS Service Organizations (ICASO) recently noted, in the face of increasing backlash on gender equality and human rights, including in particular against key populations, and at a time when progress on the three diseases is at risk, “civil society organizations leading advocacy, education, community health monitoring, frontline community service delivery, human rights monitoring, and engagement with donors need more funding and longer-term partnerships, not less.”<sup>37</sup>

## 2.3 Implications for the Global Fund

The Global Fund stands out for its engagement of community-led and civil society organizations, including those led by key populations, at all levels of decision-making. It is often pointed to by community-led and civil society organizations as an example that should be emulated by other health and development organizations. In many cases, it has opened doors for and strengthened community and civil society engagement in decision-making at the country level. The Global Fund is committed to ensure ongoing vigilance on civic space and use its diplomatic voice to help protect it where it is under threat.<sup>38</sup>

The Global Fund already has a strong base of support among organizations that work specifically on the three diseases, and the community-led organizations

that both drive and benefit from its impacts. These organizations are the ones that engage in day-to-day advocacy on the three diseases and related health issues and have the deepest levels of expertise and experience. The Global Fund’s longstanding partnerships cannot be taken for granted, however, especially in a context of closing civic space, attacks on key populations, and decreasing or flatlined funding. Strengthening support and enhanced partnerships to this base of organizations so that they can sustain and strengthen their advocacy for the Global Fund is a priority over the coming years to help ensure long-term success.

The Global Fund also needs to further strengthen partnerships with certain constituencies that have been less well represented, but who are powerful advocates, benefit directly from the Global Fund’s work and can attest to its impact—like organizations and networks led by sex workers, people who use drugs, men who have sex with men and transgender people, as well as women’s and youth organizations. This is even more important in the face of the attacks that many of these organizations are facing.

Similarly, organizations that are working on universal health coverage (UHC), and primary health care can also be critical allies. Their support in advocating for the effective integration of quality HIV, TB and malaria services in primary health care and UHC, while at the same time fostering strong community systems, will be important as countries work to build resilient and sustainable systems for health (RSSH). Their advocacy will be particularly critical to help ensure that UHC schemes and RSSH are designed and implemented to be inclusive and address the barriers that exclude many people from getting the care they need.<sup>39</sup>

Organizations that are working on issues such as climate justice, poverty, disabilities or mental health, which are both impacted by the pandemics and can increase vulnerability to the three diseases, can also be strong allies.

35 European Union Agency for Fundamental Rights (2017); Stacey, M., Hikuam, F., Chingore-Munazvo, N., Ofield-Kerr, A. & Armstrong, R. (2020). Expanding Needs, Diminishing Means, AIDS and Rights Alliance of Southern Africa (ARASA).

36 Development Alternative (2019). Towards a Thriving, Credible and Sustainable Youth Civil Society. Available at: <https://restlessdevelopment.org/wp-content/uploads/2020/07/Development-Alternative-Youth-Civil-Society-Report.pdf>

37 International Council of AIDS Service Organizations (16 May 2023). Defining a new AIDS activist agenda for a new era. Available at: <https://icaso.org/wp-content/uploads/2023/05/Statement-of-the-Board-of-Directors-of-ICASO.pdf> (accessed 2023-07-21).

38 Friends of the Global Fight Against AIDS, Tuberculosis and Malaria (January 2019). Issue Brief: Backing Civil Society to End the AIDS, Tuberculosis and Malaria Epidemics. Washington, D.C., FGF. Available at: [https://www.theglobalfight.org/wp-content/uploads/2019/01/190111-Civil-Society-Issue-Brief\\_digital.pdf](https://www.theglobalfight.org/wp-content/uploads/2019/01/190111-Civil-Society-Issue-Brief_digital.pdf) (accessed 2023-08-19).

39 Barr, D. and the National Health Advocacy Funding Coalition (2023).

In engaging new partners, the Global Fund will need to proactively act to build bridges between them and existing partners. Doing so will help to strengthen solidarity around linked causes, increasing the strength and impact of community and civil society advocacy, and ultimately the impact of the Global Fund.

## 2.4 Links to the Global Fund Strategy

Community-led and civil society organizations are central to the implementation of the Global Fund Strategy. The Strategy commits to specific actions to strengthen the engagement of communities and civil society in the implementation of HIV, TB and malaria programs, towards the goal of ending the three diseases.

It also includes three mutually reinforcing contributory objectives that put communities at the center maximizing the engagement and leadership of most affected communities to leave no one behind, maximizing people-centered integrated systems for health to deliver impact, resilience, and sustainability, and maximizing health equity, gender equality and human rights. Under these objectives the Global Fund commits, among other actions, to advocate for the protection and/or expansion of civic space, to support and strengthen community- and civil society-led advocacy, leadership and engagement in decision-making, implementation, and monitoring, and to expand partnerships with communities living with and affected by emerging and related health areas to support more inclusive, responsive, and effective systems for health.



## 2.5 Key Actions

### OUTCOME 1

**Strengthened partnerships for advocacy with key community-led and civil society organizations, particularly those led by people living with and affected by the three diseases, key populations, young people, and women.**

#### Actions

- a** Conduct a light mapping of PCSA advocacy partners, to identify strengths, weaknesses, and gaps in existing partnerships, including in relation to the 2023-2028 Strategy.
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- b** Participate in Global Fund Advocates Network (GFAN) standing meetings with communities and civil society and share updates, seek feedback, and jointly advance advocacy priorities.
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- c** Ensure that representatives of community-led organizations, including those led by key and vulnerable populations and young people, are actively engaged in key political and advocacy spaces.
- Routinely include them on panels and events organized by the Global Fund to present their own perspectives and advocacy priorities.
  - Use the Global Fund's diplomatic voice and access to decision-making spaces to advocate for and open space for their engagement and participation.
  - Bring them as partners, to meetings with key decision-makers, including government leaders, parliamentarians, and donors, to the extent it is safe and feasible to do so.
  - Provide funding, to the extent feasible, to facilitate participation and engagement in regional and global-level advocacy forums.
- 
- d** Collaborate with community-led organizations, including those led by key and vulnerable populations and young people, on Global Fund-led communications campaigns and messaging:
- Collaborate on messaging around key international days and events;
  - Document and disseminate stories about the impact of their advocacy and their role in designing, implementing, and monitoring Global Fund-supported programs; and
  - Amplify and share messages and campaigns from community-led organizations through the Global Fund's social media channels.

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**OUTCOME 2**
**Bridges built between community-led and civil society organizations, including those working on other global health issues and on the health-climate nexus.**


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**Actions**

- a** Organize one to two dialogues annually between community-led and civil society organizations working on the three diseases and organizations working on global health issues, such as RSSH, UHC, mental health, disabilities, or climate justice, to strengthen intersectional approaches to the three diseases, identify synergies, and opportunities for joint action.
- 
- b** Strengthen relationships between youth-led organizations and networks and other community-led and civil society organizations within the Global Fund's advocacy ecosystem.
- Encourage active engagement of and collaboration with youth-led organizations in GFAN spaces.
  - Facilitate opportunities for dialogue and exchange.
  - Facilitate opportunities for capacity building and mentoring, such as through joint projects or initiatives.
- 
- c** Organize public-facing events that promote intersectional approaches and examine the links between the three diseases and global health issues, including RSSH, UHC, Pandemic Preparedness and Response, mental health, disabilities, and climate justice.
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- d** In collaboration with communities and civil society organizations, develop media messaging and campaigns on the intersections between the three diseases and RSSH, UHC, PPR, mental health, disabilities, and climate justice.
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**OUTCOME 3**

**Community-led and civil society organizations within the Global Fund's advocacy ecosystem are sustainable and have the resources necessary to do their work.**

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**Actions**

- a** From the PCSA annual budget, and to the extent possible, allocate funding for community-led and civil society organizations, including those led by key and vulnerable populations and young people, to coordinate and lead advocacy on the three diseases and in support of the Global Fund's mission at the country, regional and global levels.
- 
- b** Incentivize and monitor investments in community-led and civil society organizations through Global Fund grants:
- Conduct a baseline assessment of Grant Cycle 7 (GC7) grants in a subset of key countries to analyze how much funding is being directed towards community-led and civil society organizations and the number of PRs that are community-led or civil society organizations.
  - Based on assessment and if relevant, review Global Fund policies and processes and use grantmaking tools to incentivize greater investments in community-led and civil society organizations.
  - Collect and report on data on the impact of investments in community and civil society in Global Fund grants.
- 
- c** Support community-led and civil society organizations to identify independent sources of funding and facilitate contact and dialogue between them and other donors, including multilateral organizations, governments, private sector, and private foundations, as feasible.
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**OUTCOME 4**
**Strengthened advocacy for laws, policies, and practices that protect civic space and support community-led and civil society organizations.**


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**Actions**

- a** Develop messaging on and consistently communicate the Global Fund's support for civic space and the importance of ensuring that community-led and civil society organizations can operate freely in social and traditional media and in Global Fund reports.

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- b** Advocate for commitments that strengthen civic space and the meaningful engagement of community-led and civil society organizations in regional and global political forums.

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- c** Use the Global Fund's leverage to advocate with governments and other decision-makers to engage communities and civil society in other health decision-making bodies.
  - Share the Global Fund's experience as a best practice.
  - Use access the Global Fund may have to other health forums to open space for community-led and civil society organizations and amplify messaging from them.

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- d** During country missions by Global Fund leadership, Country Teams and Fund Portfolio Managers (FPMs), ensure dedicated time to meet with civil society and communities, as set out in the Strategy.

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- e** In countries where existing or proposed laws or regulations impact the engagement of community-led or civil society organizations in Global Fund processes and grants, work with affected organizations to understand the nature of the threat and support advocacy for change, including through use of the Global Fund's diplomatic voice.

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# 3. Mobilize increased financial support for the Global Fund and HIV, TB and malaria responses in partnership with community-led and civil society organizations

## 3.1

### Outcomes

- 1 Increased engagement of community-led and civil society organizations in advocacy for resource mobilization.
- 2 Strengthened coordination and collaboration between community-led and civil society organizations, private philanthropies, and the private sector in advocacy for resource mobilization.

## 3.2

### Rationale

As the world continues to recover from COVID-19, the International Monetary Fund continues to point to weaknesses in the global economy.<sup>40</sup> This economic uncertainty has significant implications for health and development, potentially leading to reductions in funding available for domestic health spending in implementing countries and Official Development Assistance (ODA) in developing countries. This, in turn, could add to setbacks in progress against the three diseases and, for the Global Fund, make it more difficult to raise additional funding in the future. In large part due to concerted and passionate advocacy from communities and civil society, in 2022 the Global Fund managed to overcome these challenges and raised US\$15.7 billion in its largest replenishment ever. However, its future growth is not assured.

The Global Fund Strategy aims to put “greater emphasis on programmatic and financial sustainability, to ensure the progress we achieve can withstand shocks and reversals, and that the momentum can be sustained.”<sup>41</sup> In the current context, achieving this goal will require ever increasing advocacy and new and innovative partnerships with civil society and other key stakeholders.

#### (a) Community and civil society advocacy are critical for the Global Fund’s successful replenishments

Civil society and communities advocate for the Global Fund’s replenishment because they know first-hand the impact the Global Fund has at the country level. The passion and the commitment that they bring to the process cannot be replicated by other actors and has a powerful influence on donors. It is critical to the Global Fund’s success.

Throughout the Seventh Replenishment campaign, the PCSA department, jointly with Donor Relations Department (DRD) and the Private Sector Engagement Department (PSED), played a leading role strengthening and diversifying relationships with community-led and civil society organizations; providing funding to support and sustain their efforts; and coordinating and strategizing with them to ensure maximum impact of both their advocacy and that of the Global Fund. The relationships nurtured by PCSA, DRD and PSED proved essential in opening doors across contexts and identifying and building champions for the Seventh Replenishment.

The scale and reach of civil society advocacy during the Seventh Replenishment campaign was unprecedented. Key global and regional networks mobilized community-led and civil society organizations and coordinated far-reaching campaigns. In key donor markets, community-led and civil society organizations played critical roles influencing decision-makers and ensuring that they

40 International Monetary Fund (January 2023). World Economic Outlook Update. Washington, D.C., IMF.

41 Approval of the Global Fund Strategy Narrative, Global Fund 46th Board meeting, 2021-11-08. Available at: [https://www.theglobalfund.org/media/11492/bm46\\_03-strategy-narrative\\_report\\_en.pdf](https://www.theglobalfund.org/media/11492/bm46_03-strategy-narrative_report_en.pdf) (accessed 2023-08-19).

knew that there was political and popular support for their investments in the Global Fund.

In addition, many grassroots community-led and civil society organizations engaged in replenishment advocacy efforts for the first time, highlighting the impacts of the Global Fund's work on the women and girls, key populations, young people, people living with HIV, and people with mental health conditions. Community-led organizations that are implementing Global Fund grants in countries like South Africa and Ukraine helped demonstrate how the Global Fund was saving and changing lives in very concrete and powerful ways.

Together, community-led and civil society networks and organizations developed and signed on to more than 550 letters to donor governments, participated in actions, added their voice to social media campaigns, met with their governments and donors, shared personal stories about the Global Fund's impact, and raised awareness of the Global Fund within their own communities. The coordination, connections, and collaborations between advocates at the global, regional, and country levels was particularly important in putting pressure on key donors at strategic moments during this campaign. Key decision-makers heard the demands for increased support from civil society organizations within their own countries. But they also heard the same demands directly from the communities that are most impacted by the Global Fund and its support. Hearing messages about the effectiveness of the Global Fund from multiple voices, coming from different perspectives and places of influence, provided a compelling reason for donors to increase their pledges.

However, the value of community and civil society advocacy does not come just during replenishment campaigns. It is the work that they do in the years in between to:

- Keep the Global Fund and HIV, TB and malaria on the agenda of parliamentarians and key governmental decision-makers;
- Influence policies on global health and development that enable donor countries to contribute to the Global Fund;
- Advocate for pledge conversion to realized funding;

- Ensure successful implementation of programs and engagement of civil society and communities at the country level;
- Advocate for implementing countries to increase domestic resources for health; and
- Build credibility and relationships that they can leverage when it is time to ask for renewed and increased funding.

The Global Fund's investments in sustaining these efforts will be key to the success of future replenishment efforts, as well as to the implementation of strong programs at the country level, especially given the challenges to domestic funding and development assistance outlined below.

### **(b) Many low- and middle-income countries are facing a debt crisis**

The Global Fund's investment case relies in part on leveraging increases in domestic resources for health in implementing countries. The reality is, however, that it might be increasingly difficult for developing countries to increase investments in health domestically, due to an emerging debt crisis. The United Nations Conference on Trade and Development (UNCTAD) now estimates that 46 developing countries are severely exposed to financial shocks, and another 48 are seriously exposed.<sup>42</sup> The impact on investments in health is significant: in 2022, low- and middle-income countries spent on average more of their GNI on debt servicing than they did on health.<sup>43</sup> Unless action is taken quickly, experts anticipate that the crisis could usher in a new era of austerity that would result in cuts to public spending, including health services, in favor of debt servicing.



**The Global Fund's investment case relies in part on leveraging increases in domestic resources for health in implementing countries.**

<sup>42</sup> United Nations Conference on Trade and Development (2023). Trade and Development Report 2022. Development Prospects in a Fractured World: Global disorder and regional responses. Geneva, UN. Available at: <https://unctad.org/tdr2022> (accessed 2022-08-19).

<sup>43</sup> Stubbs T, Kentikelenis A, Gabor D, et al. (2023).

### (c) Aid budgets are under threat

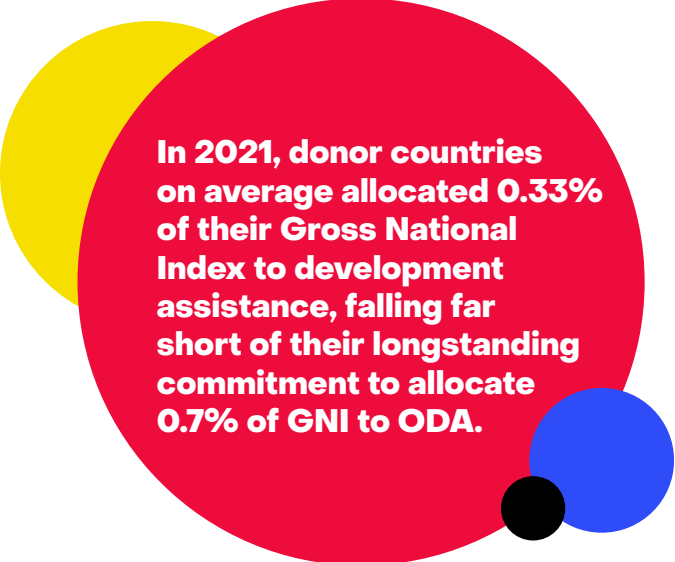
As an institution that raises most of its funding from traditional official development assistance (ODA) budgets, shifting trends in development assistance raises questions about Global Fund's future funding. In 2021, donor countries on average allocated 0.33% of their Gross National Index to development assistance, falling far short of their longstanding commitment to allocate 0.7% of GNI to ODA. Some countries have set targets to get to 0.7% by 2030 and are still on track. However, several countries have also announced intentions to reduce aid budgets, including important donors to the Global Fund.<sup>44</sup>

In a context where there is a lack of significant growth in aid budgets, donor governments are stretching aid budgets among multiple priorities, including new financing targets for climate change, as well as urgent responses to COVID-19, food insecurity, conflict, and humanitarian crises. For example, aid allocations to humanitarian crises and in-donor country refugee costs have increased by 111% and 242% respectively since 2010.<sup>45</sup> While funding for health has increased significantly over the past few years largely due to increased investments to respond to COVID-19, funding for HIV, TB and malaria has remained relatively flat for more than a decade.<sup>46</sup>

## 3.3 Implications for the Global Fund

Community-led and civil society organizations have historically played a key role in advocating for increased investments in health by their own governments. With the pressures on health and development budgets increasing, their role is even more crucial. Collaboration and coordination between community-led and civil society organizations in both implementing and donor countries in these efforts will be key, as is ensuring that they have the financial support needed for their advocacy.

In implementing countries, advocacy by community-led and civil society organizations encouraged implementing governments to both directly contribute to the Global Fund and increase investments in their own health and community systems. Given that the



**In 2021, donor countries on average allocated 0.33% of their Gross National Index to development assistance, falling far short of their longstanding commitment to allocate 0.7% of GNI to ODA.**

debt crisis is likely to lead to increasingly restricted space for investments in public services like health, the Global Fund, in partnership with community-led and civil society organizations has a key role to play pushing back against measures that could undermine progress within countries and advocating for changes in policies and practices within international and regional financing institutions to protect public spending on health. Community-led and civil society organizations will be also critical in this moment to monitor how the debt crisis is impacting domestic resource mobilization in implementing countries and its effects.

In donor countries, community-led and civil society organizations will need support to increase efforts to ensure that ODA and the Global Fund remains a political priority for their governments. Their role in educating them about the Global Fund's impact, ensuring that decision-makers understand how it has helped to transform the responses to the three diseases, and holding them to account for commitments to address the three diseases will be critical. They also play a key role in giving credit and visibility where governments are demonstrating strong commitment. Given that community-led and civil society organizations in donor countries are often impacted directly by ODA cuts, ensuring that they have the resources needed to conduct advocacy on these issues may be a particular challenge, where joined up efforts between the Global Fund and partners will be important.

<sup>44</sup> OECD (2023).

<sup>45</sup> OECD (2023).

<sup>46</sup> World Health Organization (2022b). International donor funding for tuberculosis: an analysis of donor reports to the Organisation for Economic Co-operation and Development. Available at: <https://www.who.int/teams/global-tuberculosis-programme/tb-reports/global-tuberculosis-report-2022/featured-topics/international-funding> (accessed 2023-03-28).

### 3.4 Links to the Global Fund Strategy

Mobilizing increased resources is one of four mutually reinforcing contributory objectives in the Global Fund Strategy, recognizing that the Global Fund's contributions towards the goals of ending AIDS, TB and malaria as public health threats is dependent on its ability sustain and increase financial support from a wide range of donors. The Strategy calls for a multi-faceted approach that involves sustaining engagement with major public donors, attracting and retaining new and more recent public donors including non-OECD Development Assistant Committee (DAC) countries,

increasing resources mobilized through the private sector, and using innovative mechanisms. It also recognizes the importance of increasing the allocation of domestic resources for health in implementing countries, and increasing the effectiveness and impact of resources that are deployed. In the implementation of each of these actions, the Strategy emphasizes the critical role of communities and civil society in building political and public support and holding governments accountable for financing HIV, TB and malaria responses.

### 3.5 Key actions

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#### OUTCOME 1

**Increased engagement of community-led and civil society organizations in advocacy for resource mobilization.**

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#### Actions

- a** Leverage GFAN, the Friends of the Global Fund family, and other key partners in resource mobilization efforts, sharing tactical information and updates to facilitate joint strategizing and mutually reinforcing advocacy efforts, as appropriate.

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- b** Continue to engage with and support community-led and civil society organizations on an ongoing basis between replenishment campaigns, to position the Global Fund within critical conversations on laws, budgets, policies related to foreign assistance and health and to advocate for pledge conversion.

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- c** Collaborate with community-led and civil society organizations to secure hosts for the replenishment preparatory meeting and pledging conference and coordinate closely with organizations in host countries throughout the replenishment campaign.

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- d** Ensure the meaningful engagement of community-led and civil society organizations in replenishment-related events, including the Pledging Conference.

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**OUTCOME 2**
**Strengthened coordination and collaboration between community-led and civil society organizations, private philanthropies, and the private sector in advocacy for resource mobilization.**


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**Actions**

- a** Actively support GFAN, GFAN-Asia-Pacific and GFAN-Africa to play a strong coordination role among community-led and civil society organizations, as well as other key advocates and leaders. Work with them to:
- Set clear expectations about the nature of the Global Fund Secretariat's engagement in GFAN meetings and processes at the global and regional levels over the next two years, including around strategy setting, information sharing, media and communications strategies at various levels.
  - Map and track interactions with parliamentarians who are willing to speak in support of the Global Fund and domestic resource mobilization, or take other related actions, particularly in lead up to the Eighth Replenishment.
  - Allocate resources and mobilize additional resources to sustain their advocacy and coordination, based on an analysis of risk and return on investment.
  - Identify opportunities to broaden engagement with community-led and civil society organizations and collaborate with organizations working on linked issues, including mental health, disabilities, and climate justice.
- 
- b** Support and strengthen the Friends of the Global Fund family.
- Jointly identify opportunities for strengthening collaboration with and across the Friends of the Global Fund family;
  - Identify and support opportunities to strengthen collaboration between the Friends of the Global Fund and other stakeholders, including civil society and communities, high level leaders, the private sector, faith-based organizations, and other key advocates.
- 
- c** Convene two to three dialogues between civil society and communities, private sector and private foundation partners to strategize on opportunities to sustain the advocacy ecosystem and enhance funding opportunities, including through innovative funding.
- 
- d** Strategize on coordinated approaches to replenishment advocacy to leverage the strengths of various constituencies, strengthen collaboration, and together demonstrate the impact of the Global Fund's work, including by:
- Identifying shared priorities and tactics for private sector replenishment advocacy; and
  - Identifying opportunities for engaging community-led and civil society organizations in outreach to and advocacy with potential private sector donors.
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# 4. Increase political support for HIV, TB and malaria, while contributing to climate change, pandemic preparedness and response, and other factors that impact the Global Fund's work, within the evolving global health and development landscape

## 4.1

### Outcomes

- 1 HIV, TB and malaria responses continue to be prioritized in political commitments on global health and development, including in evolving conversations on health and climate change.
- 2 The links between HIV, TB and malaria and pandemic preparedness and response, as well as climate change, are consistently recognized and acted upon.

## 4.2

### Rationale

The shifting geopolitical landscape and the confluence of crises that the world is currently facing are resulting in reevaluations of the global health and development architecture and a sharpened focus on addressing climate change.

There are several critical discussions on development, development financing, and global health that have important implications for the Global Fund over the coming three years, including negotiations on a pandemic accord, high level meetings on pandemic preparedness and response, TB and universal health coverage, as well as a new summit on financing for development and the UN Summit of the Future. These forums will be important moments for the Global Fund to work with community and civil society partners to strengthen political support for the Global Fund, as well as support for its model that centers the role of communities and civil society as advocates, implementers of health programs and services, and agents for accountability.

Climate change is one of the single biggest threats to health globally, with a disproportionate impact on the most marginalized communities. However, health has not been a significant focus of climate-focused political discussions or funding initiatives. The Global

Fund is already responding to climate-related threats by supporting countries to respond to changes in the range of malaria vectors and with additional, emergency funding to minimize disruptions to HIV, TB and malaria programs in the face of climate-related disasters. In the years ahead, it will be necessary to strengthen political commitments to ensure that health is a centered within climate change responses.

#### (a) The evolving global health landscape

Three years after the start of the global COVID-19 pandemic, the global health landscape has changed considerably. Countries mobilized quickly to respond to the pandemic, creating COVAX and the ACT-Accelerator, and using mechanisms such as the Global Fund to drive resources where they were most needed. The Global Fund played a critical leadership role, mobilizing, reprogramming, and disbursing funds to countries to meet urgent needs at an unprecedented rate.

Since then, a new Pandemic Fund was developed, with broad support from members of the G20 and beyond, housed at the World Bank and designed to support developing countries to strengthen their capacity to prevent and respond to future pandemics. The Pandemic Fund issued its first call for funding, with an envelope of US\$300 million, in January 2023.<sup>47</sup> At the same time, the 194 member states of the WHO have

47 World Bank (2023). The Pandemic Fund. Available at <https://www.worldbank.org/en/programs/financial-intermediary-fund-for-pandemic-prevention-preparedness-and-response-ppr-fif> (accessed 2023-02-24).

been engaged in discussions about a new international accord on pandemic prevention, preparedness, and response. While drafts of the accord do not limit applicability to new/emerging pandemics, it is also not clear how it will apply to existing ones still in need of similar, coordinated action, such as HIV, TB and malaria. It is anticipated that the accord will be discussed within the intergovernmental negotiating body over the next 12-15 months, with the goal of presenting a draft text of the accord for consideration to the World Health Assembly in 2024.<sup>48</sup>

In addition to the discussion on the pandemic accord and the Pandemic Fund, other key political conversations are taking place over the next year that are of direct relevance to the Global Fund and its civil society partners. The G7 and G20 continue to be important platforms to solidify long-term investments in health and development. The United Nations also continues to play a key role in championing global health issues. In September 2023 the UN General Assembly will hold three health-focused high-level meetings on pandemic response and preparedness, TB and UHC. The TB meeting will likely sound the alarm on how off-track the world is in meeting global TB targets and seek renewed political and financial commitments to address it. The UHC meeting is expected to take stock of the changes in the global health landscape, identify additional priorities, and seek increased political and financial support to achieve UHC by 2030. In addition, a summit involving heads of state and government will take stock of progress towards the SDGs. The outcomes of these meetings will shape the priorities of donor and implementing countries in the years ahead, including in relation to the Global Fund. These high-level meetings provide an opportunity for the Global Fund to amplify its work, its impact, and the benefits of its partnership model in driving sustained impact.

### **(b) Rethinking development assistance**

The shifting economic and development landscape has also prompted calls for the need to rethink approaches to development assistance. Many actors, particularly government leaders and civil society from the Global South, have begun calling for reforms to development assistance and the global finance and aid architecture to address imbalances in power and access that

disadvantage developing countries and increase their dependence. Some are calling for decision-making on aid to take place closer to home, through regional mechanisms, such as regional development banks or the newly established African Centers for Disease Control, rather than global ones. Other global leaders, from the UN, some governments, and civil society, are calling for deeper investments in civil society, communities, and other non-governmental actors to drive accountability and increase action that is more responsive to communities. The OECD's 2023 Development Cooperation Report, for example, presents a variety of opinions, experiences, and recommendations on how development assistance might be rethought, kicking off an essential conversation that is likely to gain traction.<sup>49</sup>

Over the next two years, several key international meetings will take place that have the potential to take some of these conversations further and lead to some meaningful changes in the overall aid architecture. These include the 2023 UN General Assembly High-level Meeting on the SDGs, to take stock of progress at its midpoint; the 2024 Summit of the Future; and the 2025 International Conference on Financing for Development. Working in partnership with civil society and communities that are active in these spaces will be important to ensure that the responses to HIV, TB and malaria, as well as the Global Fund, continue to be a global priority.

### **(c) Climate change and health**

WHO describes climate change as the “single biggest health threat facing humanity.” It is already having an impact, by increasing death, ill-health, and violence due to climate-related natural disasters and extreme weather; food insecurity, hunger and malnutrition; zoonoses and water- and vector-borne diseases; adverse impacts on mental health; and undermining social determinants of health, including access to clean water and sanitation, livelihoods, and social support structures.<sup>50</sup> In direct relevance to the Global Fund, the Intergovernmental Panel on Climate Change (IPCC) Sixth Assessment Report (AR6) noted that increases in the occurrence of malaria and the range and reproduction of vectors are already occurring in east and southern Africa and predicts with very high confidence that malaria will increase across

48 World Health Organization (2023-02-24). Pandemic prevention, preparedness and response accord: Q&A. Available at <https://www.who.int/news-room/questions-and-answers/item/pandemic-prevention--preparedness-and-response-accord> (accessed 2023-02-24).

49 OECD (2023).

50 World Health Organization (2021), Climate Change and Health: Key Facts. Available at <https://www.who.int/news-room/fact-sheets/detail/climate-change-and-health> (accessed 2023-02-24).


three regions in the years to come.<sup>51</sup> Displacement that arises as a result of humanitarian crises can also disrupt access to services, increase drivers of the three diseases, such as gender-based violence or overcrowding in refugee settlements, and undermine progress on the three diseases.

Despite the evidence, the impact of climate change on health has not been high on the agenda of the member states that are party to the UN Framework Convention on Climate Change or the Paris Agreement, nor does it feature prominently within the agreements themselves.<sup>52</sup> Annual Conferences of Parties (COPs), where stocktaking on implementation of the two agreements take place and additional political and financial commitments are agreed, have had limited agenda space dedicated to health, limiting the ability of global health actors to influence political outcomes. WHO notes that because the Intergovernmental Panel on Climate Change (IPCC) has taken up the issue, there could be additional room to advocate for the inclusion of strategies to address malaria in national action plans on climate change.<sup>53</sup> There may also be entry points in discussions related to loss and damage, where after years of fraught negotiations, governments agreed in November 2022 to establish a new loss and damage fund.<sup>54</sup>

Many of the traditional civil society partners that the Global Fund works with are not actively engaged in political processes linked to climate change, though there are a few global development and health partners who are accredited.<sup>55</sup> No organizations that work primarily on malaria are accredited, pointing to the urgent need to build bridges across communities and disciplines.

#### **(d) Conflict and challenging operating environments**

The war in Ukraine provides an illustration of the challenges conflict poses for the sustainability and resilience of programs to fight the three diseases, strengthen health and community systems respond



**The war in Ukraine provides an illustration of the challenges conflict poses for the sustainability and resilience of programs to fight the three diseases.**

to new pandemics. The Global Fund's partnerships with community-led and civil society organizations in this instance is critical in adapting program responses and ensuring the continuity of life-saving services. However, Ukraine is not unique: 39 countries that receive support from the Global Fund are considered to have challenging operating environments (COEs).<sup>56</sup>

Despite having less than 14% of the world's population, COEs account for approximately one-third of the global disease burden for the three diseases.<sup>57</sup> Conflict and instability within and between countries amplifies the risks faced by key and vulnerable populations, including adolescent girls and young women, children, the elderly, gay men and other men who have sex with men, transgender people, sex workers, and people who use drugs, among others. They are more likely to be subjected to human rights abuses, such as summary executions, rape, and other war crimes, and cut off from life-saving services.<sup>58</sup> Community-led and civil society advocacy in these contexts becomes even more difficult.

The Global Fund is already aligning with the Humanitarian-Development-Peace Nexus and collaborating with the Nexus Academy of the United Nations/International Network on Conflict and Fragility to ensure collaboration and coordination with key partners in emergency responses. Ensuring that the voices of communities help shape Nexus approaches at the country level will be key, as is ensuring deeper collaboration with community-led and civil society organizations that advocate on peace and development in key global and regional political forums.

51 World Health Organization (2022a). Review of IPCC Evidence 2022: Climate change, health and wellbeing. Geneva, WHO.

52 WHO (2022a).

53 WHO (2022a).

54 United Nations Climate Change (2022-11-20). COP27 Reaches Breakthrough Agreement on New "Loss and Damage" Fund for Vulnerable Countries. <https://unfccc.int/news/cop27-reaches-breakthrough-agreement-on-new-loss-and-damage-fund-for-vulnerable-countries>

55 United Nations Climate Change (2023). Admitted NGOs. Available at <https://unfccc.int/process/parties-non-party-stakeholders/non-party-stakeholders/admitted-ngos/list-of-admitted-ngos> (accessed 2023-02-24).

56 The Global Fund to Fight AIDS, Tuberculosis and Malaria (April 2022). Conflicts, Crises and Displaced People: How the Global Fund Works in Challenging Operating Environments. Geneva: The Global Fund.

57 Ibid.

58 Ibid.

### 4.3 Implications for the Global Fund

The outcomes of these critical discussions on health, climate change, conflict and development will shape the priorities of donor and implementing countries in the years ahead, including in relation to the Global Fund.

The Global Fund has always played a critical role in preparedness: an analysis of investments in ten countries since 2014 found that at least 30% of the Global Fund's investments contributed directly to health security, by supporting countries to strengthen their capacities to prevent, detect and respond to infectious diseases and other public health emergencies. With the COVID-19 Response Mechanism (C19RM), the Global Fund has invested more than US\$5 billion to reinforce national COVID-19 responses, mitigate the impact of COVID-19 on HIV, TB and malaria programs, and improve health and community systems. It is therefore key that the Global Fund is collaborating closely and is well aligned with international efforts on pandemic preparedness and response, and the communities and civil society working on them.

The Global Fund is also investing increasing amounts of funding to mitigate the impact of climate-related emergencies on HIV, TB and malaria programs and health and community systems, more broadly. In 2022, for example, the Global Fund allocated more than US\$33 million in emergency funding to respond to the impacts of floods in Pakistan, drought in Somalia, and tropical cyclones in Mozambique and Malawi.<sup>59</sup>

Working in partnership with civil society and communities that are active in pandemic preparedness and response, climate justice and peacebuilding spaces will be important to ensure that the responses to the three diseases, the Global Fund, and similar organizations, continue to be a global priority. While some of the Global Fund's existing partners are active in these forums to different degrees, this may require establishing new partnerships with organizations and networks that are more deeply engaged in these spaces.

In reflections on the Seventh Replenishment, most community and civil society partners recognized that ODA will likely remain the mainstay of Global Fund funding for the near future. However, they also emphasized that there was an urgent need to develop a longer-term strategy focused on raising sustainable funding beyond ODA.<sup>60</sup> Civil society partners are urging the Global Fund to create space for conversations with key actors—including governments, civil society and communities, philanthropies, and the private sector—about the future of global aid and the Global Fund's relevance and role within the global health and development architecture.

### 4.4 Links to the Global Fund Strategy

The Global Fund has a mandate to engage in these discussions: its Strategy has an evolving objective on pandemic preparedness and response, with the goal of ensuring that it can “bring our partnership expertise and inclusive model to this new imperative, and in doing so help protect progress” on the three diseases.

The Strategy also recognizes that it will need to “leverage relevant political platforms and visibility opportunities and build alliances and partnerships” to ensure that it continues to be a political priority for governments and other key global actors in the years ahead.

The Global Fund Strategy commits to address the impacts of climate change in two key areas: by taking action to mitigate the impact of climate change on malaria responses, and by encouraging climate and environmentally responsive approaches to health. The Strategy notes the impact of climate disasters on HIV, TB and malaria responses, by displacing populations and disrupting access to critical services. It commits, among other actions, to work with countries and communities to develop climate-responsive disease programs and health systems. It further recognizes the potential role of climate change in contributing to new health threats and future pandemics.

<sup>59</sup> The Global Fund to Fight AIDS, Tuberculosis and Malaria (30 Nov. 2022); The Global Fund to Fight AIDS, Tuberculosis and Malaria (20 Sept. 2022). Press Release: Global Fund Approves Emergency Funding to Help Maintain Essential Health Services in Pakistan. Available at: <https://www.theglobalfund.org/en/news/2022/2022-09-20-global-fund-approves-emergency-funding-to-maintain-essential-health-services-in-pakistan/> (accessed 2023-07-20); The Global Fund to Fight AIDS, Tuberculosis and Malaria (10 Mar. 2022). Press Release: Global Fund Approves Emergency Funding to Maintain Essential HIV and TB Services in Ukraine. Available at: <https://www.theglobalfund.org/en/news/2022/2022-03-10-global-fund-approves-emergency-funding-to-maintain-essential-hiv-and-tb-services-in-ukraine/> (accessed 2023-07-20).

<sup>60</sup> The Global Fund (2023).

## 4.5 Key actions

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### OUTCOME 1

**HIV, TB and malaria responses continue to be prioritized in political commitments on global health and development.**

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#### Actions

- a** Monitor global conversations about the future of development assistance led by the OECD and other key actors, and identify opportunities for engaging in them.
    - Develop 1-2 thought pieces, such as op-eds or journal articles, that reflect on the Global Fund's model and role in a changing development landscape.
    - Monitor discussions and negotiations on the UN Summit of the Future and, to the extent that it is relevant and offers opportunity, develop an advocacy strategy to influence outcomes in coordination with communities and civil society organizations.
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### OUTCOME 2

**The links between HIV, TB, malaria and pandemic preparedness and response are consistently recognized and acted upon.**

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#### Actions

- a** Position the response to the three diseases, and the Global Fund, as critical within pandemic preparedness and response, and advocate for enhanced engagement of civil society and communities in human rights-based, gender-transformative and equity-oriented approaches to pandemic preparedness and response, in line with the Global Fund Strategy:
    - Support community-led and civil society organizations to develop coordinated approaches to and capacity for advocacy on pandemic preparedness and response.
    - Develop a clear set of advocacy asks and use them to inform outreach with governments and other key decision-makers, in statements and speeches by Global Fund leaders, as well as in social and traditional media.
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# 5. Leverage the Global Fund's diplomatic voice to advance gender equality, human rights, and equity and challenge laws, policies and practices that limit impact on HIV, TB and malaria

## 5.1 Outcomes

- 1 Strengthened advocacy for human rights, gender equality, and health equity.

## 5.2 Rationale

Women's rights, LGBTQI+, sex workers', and drug user's organizations, and those working on other politically and socially sensitive issues, such as human rights, harm reduction, and youth have been targets of restrictions in many of countries, including those countries where the Global Fund supports programs.<sup>61</sup>

In some countries, it is other non-state actors, including civil society organizations and religious leaders and institutions, that are working in cooperation with governments, to target organizations working on gender equality or the rights of LGBTQI+ people, sex workers and people who use drugs, while increasing protections for "religious freedom", traditional families, and biologically-determined sex roles.<sup>62, 63</sup> These "anti-gender" or "anti-rights" movements mobilize against reproductive rights including but not limited to comprehensive sexuality education (CSE), laws and policies to address gender-based violence, the use of the term gender in laws and policies, as well as sex work and drug use. In an increasing number of countries, they have worked with parliamentarians to introduce legislation that further entrenches the criminalization of homosexuality, sex work and/or drug use and restricts advocacy on behalf of those communities, resulting in increasingly

hostile environments for advocacy organizations and individuals who identify as LGBTQI+, sex workers or people who use drugs.<sup>64</sup> While they have been particularly successful in rolling back rights in Eastern Europe, they are also prominent in Latin America, the Caribbean, the Middle East and North Africa, and sub-Saharan Africa, particularly where populist leaders have seen opportunity in anti-rights rhetoric to accelerate democratic backsliding.<sup>65</sup>

Consequently, in many places, community-led organizations have been subject to harassment, forcibly closed, denied registration, or otherwise been significantly curtailed in their ability to operate.<sup>66</sup> Individuals and activists have been arrested, subjected to violence, and in some cases killed. Online abuse and harassment towards these communities is also increasing, forcing advocates into the shadows.<sup>67</sup> Marginalized groups of women, such as sex workers, women who use drugs, or transgender women, have been impacted by dangerous alliances between some feminist organizations that oppose both sex work and recognition of and protections for the rights of transgender women.<sup>68</sup> Gay and bisexual men are increasingly being targeted for violence and harassment.

61 CIVICUS (2022). *People Power Under Attack 2021: A Report Based on Data from the Civicus Monitor*. Johannesburg, CIVICUS.

62 Rogeband, C. and Krizsán, A. (2020).

63 CIVICUS, PITCH, Aidsfonds, Frontline AIDS and BZ (2020); Pousadela, I.M. and Perera, D.R. (2021), The Enemy Within? Anti-Rights Groups and Restrictions on Civil Society. *Glob Policy*, 12: 34-44. <https://doi.org/10.1111/1758-5899.12981>

64 Human Rights Watch (March 22, 2023). *Uganda's Parliament Passes Extreme Anti-LGBT Bill*. Available at: <https://www.hrw.org/news/2023/03/22/ugandan-parliament-passes-extreme-anti-lgbt-bill> (access March 25, 2023).

65 Rogeband, C. and Krizsán, A. (2020).

66 CIVICUS, PITCH, Aidsfonds, Frontline AIDS and BZ (2020); International Center for Not-for-Profit Law (2018).

67 Digital Health and Rights Project Consortium. (2022) Digital health and human rights of young adults in Ghana, Kenya, and Vietnam: Final project report. Geneva: Graduate Institute of International and Development Studies

68 Global Network of Sex Work Projects (2022); GATE (2023).



### 5.3 Implications for the Global Fund

Given the current context, the need has never been greater for the Global Fund to fulfil its commitment to challenge harmful laws, policies, and practices that undermine the responses to the three diseases. Communities that are most affected by these policies are looking to the Global Fund to demonstrate that it stands in solidarity with them and will act to advance the human rights of key populations, gender equality, and health equity through its funding and advocacy. Doing so is not only a matter of justice; programs that are not human rights-based, gender-responsive or equity-oriented are less effective in meeting the needs of key and vulnerable populations and threaten progress towards ending the three diseases.

### 5.4 Links to the Global Fund Strategy

The Global Fund's Strategy notes that "having people and communities at the center means solidarity; in particular, solidarity and action in confronting and taking a stand against the laws, policies and practices that put their health, safety and security at risk and obstruct progress in the fight against" HIV, TB and malaria. The Global Fund will not stay silent: it needs to proactively use its diplomatic voice to advocate for the rights of women and girls, including women and girls in key populations, the LGBTQI+ community, sex workers, people who use drugs, and other key populations, and push back against regressive laws, policies, and other actions that harm them.

## 5.5 Key Actions

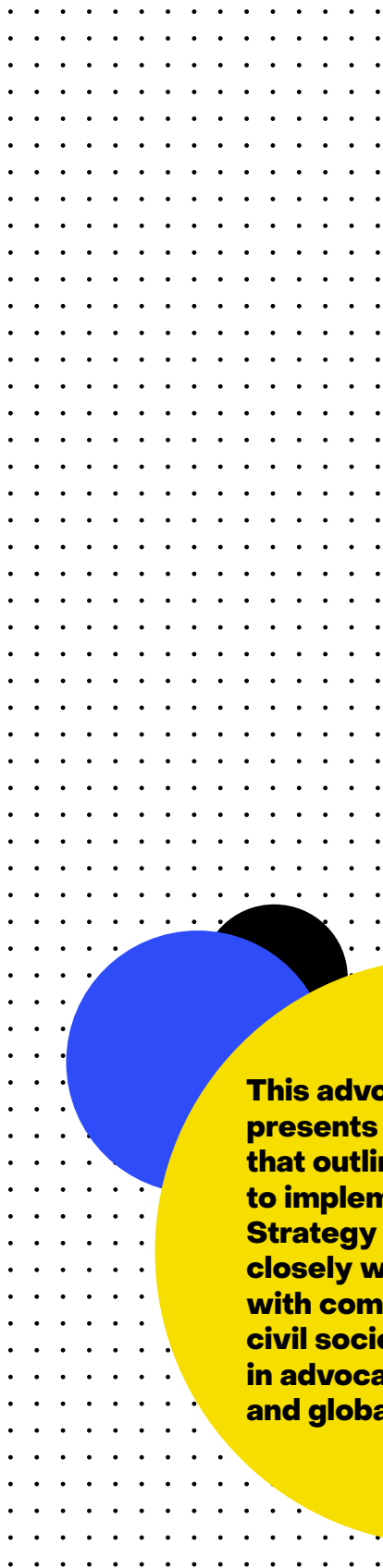
### OUTCOME 1

#### Strengthened advocacy for human rights, gender equality, and health equity.

##### Actions

- a Clearly and consistently communicate the Global Fund's values and support for human rights, gender equality, and health equity.
- b Highlight best practices on human rights, gender equality, and health equity in Global Fund-supported programs in communications materials.
- c In collaboration with community-led and civil society organizations, develop and consistently use messaging on the impacts of harmful laws, policies, and practices in media campaigns, in a manner consistent with the "do no harm" principle.
- d Report publicly on actions taken to advance human rights, gender equality, and equity and oppose harmful laws, policies, and practices, while safeguarding confidentiality and in a manner consistent with the "do no harm" principle.
- e Support community-led organizations, particularly those led by criminalized and marginalized communities, and civil society organizations to document the impacts of harmful laws and policies on HIV, TB and malaria responses.
- f In global and regional political forums, advocate in partnership with communities and civil society for strong commitments to gender equality, human rights, and health equity, and for the elimination of harmful laws, policies, and practices, in a manner consistent with the "do no harm" principle.

# 6. Accountability and looking ahead



The Global Fund recognizes that it is accountable to both the community-led and civil society organizations that it partners with and serves, as well as its board and other stakeholders, in implementing its Strategy. This advocacy roadmap presents a set of key actions, that outlines how it intends to implement elements of the Strategy that are linked most closely with its partnerships with community-led and civil society organizations in advocacy at the regional and global levels.

The PCSA Department led the development of this roadmap, consulting closely with other departments within the Global Fund who are responsible for implementing elements of the specific actions outlined herein. These departments include Donor Relations, Communications, Private Sector Engagement, Community, Rights and Gender, the Strategy and Policy Hub, the CCM Hub, along with the Grants Management Division. PCSA will coordinate with and support these departments in their implementation of these activities, as appropriate.

Civil society partners, including the delegations to the Global Fund Board representing Communities, Developing Country NGOs and Developed Country NGOs, were also consulted on the development of the roadmap and will continue to be engaged throughout its implementation, as appropriate.

PCSA will provide updates on the implementation of the roadmap annually and as requested. In addition, PCSA will hold an annual virtual briefing with community and civil society partners to update them on implementation and identify areas where additional work or adjustments may be necessary based on the changing geopolitical context or because of new and emerging opportunities.

**This advocacy roadmap presents a set of key actions, that outlines how it intends to implement elements of the Strategy that are linked most closely with its partnerships with community-led and civil society organizations in advocacy at the regional and global levels.**

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## Acronyms:

**COE:**

Challenging Operating Environment

**DAC:**

Development Assistance Committee at the OECD

**DRD:**

Donor Relations Department

**FPM:**

Fund Portfolio Manager

**GFAN:**

Global Fund Advocates Network

**IPCC:**

Intergovernmental Panel on Climate Change

**LGBTQI+:**

Lesbian, gay, bisexual, transgender, queer and intersex people.

**OECD:**

Organisation for Economic Cooperation and Development

**ODA:**

Official Development Assistance

**PCSA:**

The Political and Civil Society Advocacy Team at the Global Fund

**PPR:**

Pandemic Preparedness and Response

**PSED:**

Private Sector Engagement Department

**RSSH:**

Resilient and Sustainable Systems for Health

**UHC:**

Universal Health Coverage

**UNDP:**

United Nations Development Programme

**WHO:**

World Health Organization



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**About the Global Fund**

In 2022, the Global Fund invested US\$5.2 billion to defeat HIV, TB and malaria and ensure a healthier, safer, equitable future for all. We unite the world to find solutions that have the most impact, and we take them to scale worldwide. It's working. Together, we have saved 59 million lives. We won't stop until the job is finished.