



nswp Global Network of Sex Work Projects
Promoting Health and Human Rights

BRIEFING NOTE:

Global Fund Strategy Development

Introduction

The Global Fund to Fight AIDS, Tuberculosis and Malaria (the Global Fund) has launched an [open consultation](#) on the development of the next Global Fund Strategy. The new strategy will take the Global Fund beyond 2023 and will most likely align with the 2030 deadline for achieving the Sustainable Development Goals¹ (SDGs). The strategy will be developed during 2020-21, prior to the replenishment of the Fund in 2022.

NSWP is encouraging member organisations to take part in the open consultation. This Briefing Note aims to provide some additional context and information, as well as some guidance for members on how they can play a role in the development of the future strategy.

Background to the strategy development

A number of emerging issues in the wider global health environment mean this is a particularly important consultation for sex workers.

As the Global Fund looks at its future role and priorities, there is pressure from some stakeholders to broaden the remit of the Fund to become a 'Global Fund for Health' and / or to fight a wider range of diseases. Governments around the world, anticipating a deepening economic crisis due to COVID-19, are already facing significant challenges in meeting the global health finance gap as well as their own domestic commitments required to implement the Universal Health Coverage (UHC) agenda.

The COVID-19 pandemic, as with other global health crises, has exposed existing inequities and has disproportionately and severely affected sex workers in all their diversity, who are already criminalised, marginalised and often in precarious financial situations, and yet are often excluded from social protection mechanisms. Sex workers all over the world are experiencing extreme hardship, a total loss of income and increased discrimination, harassment, and violence. The criminalisation of sex work in the majority of countries has magnified the already precarious situation of sex workers in the informal economy. Sex workers have been left unprotected, increasingly vulnerable, and unable to provide for themselves and their families.

NSWP and UNAIDS have drawn attention to the particular hardships and concerns facing sex workers globally, calling on countries to ensure the respect, protection and fulfilment of sex workers' human rights².

Meanwhile, UNAIDS latest report³ estimates that **62% of all new infections globally are among key populations** and their sexual partners. The report acknowledges that "progress towards ending AIDS as a public health threat by 2030 was already off-track before the COVID-19 outbreak." In addition, the global 90-90-90 milestones for 2020 have been missed. Globally, at the end of 2019, **81%** of people living with HIV knew their HIV status, only **67%** were on antiretroviral therapy, and under **59%** of people living with HIV had suppressed viral loads.

¹ "[Sustainable Development Goals](#)", United Nations.

² UNAIDS & NSWP, April 2019, "[Joint Statement: Sex Workers must not be left behind in the response to COVID-19](#)".

³ UNAIDS, 2020, "[Global AIDS Update: Seizing the Moment – Tackling entrenched inequalities to end epidemics](#)".



The UNAIDS press release⁴ for the report, as well as acknowledging progress in some countries, also notes:

- Missed targets have resulted in 3.5 million more HIV infections and 820,000 more AIDS-related deaths since 2015 than if the world was on track to meet the 2020 targets
- 690,000 people died of AIDS-related illnesses in 2019 and 12.6 million of the 38 million people living with HIV were not accessing the life-saving treatment
- Some 1.7 million people were newly infected with the virus, **more than three times** the global target
- Eastern Europe and Central Asia has seen a staggering 72% rise in new HIV infections since 2010.

Winnie Byanyima, UNAIDS Executive Director, in the foreword of the report notes:

“Modelling conducted on behalf of UNAIDS and the World Health Organization has shown that a six-month disruption to medical supplies could result in an additional 500,000 AIDS-related deaths in sub-Saharan Africa alone by the end of 2021.”

António Guterres, UN Secretary-General, said in his introduction to the report:

“the HIV epidemic remains enormous, unfinished business. Gender inequalities, gender-based violence and the criminalization and marginalization of vulnerable groups continue to drive HIV forward. This crisis is a wake-up call to do things differently. We need a recovery based on economic and social justice since response gaps in pandemics, whether HIV or COVID-19, lie along the fault lines of inequality.”

Universal Health Coverage⁵ is also part of the SDGs for the year 2030. However the UHC political declaration⁶, agreed at the High-Level Meeting of the UN General Assembly in September 2019, does not mention of key populations, -gay and bisexual men and other men who have sex with men, people who use drugs, sex workers, and transgender people, nor does it address the impact of their criminalisation. They are ‘sanitised’ and made invisible, within vague language such as “vulnerable” and “marginalised” groups, leaving far too much latitude for governments to ignore their needs and fail to act. UHC will not be achieved unless the legal, political, and social determinants of health are addressed. UHC must take a human rights-based approach, that ensures equitable access to health services for all. To do this, we must put the last mile first, and ensure that sex workers and other key populations will not be left behind.

“If universal health coverage is to be truly universal it must encompass everyone, especially those who have the most difficulty accessing health services, such as migrants, rural populations, people in prison, LGBT community, sex workers, drug users, poor people #Healthforall”

- Tweet by Dr Tedros Adhanom Ghebreyesus, immediately after a side-meeting during 72nd World Health Assembly organised by GNP+, NSWP, and Aidsfonds⁷

What should the future of the Global Fund look like?

What is clear is that there are still ‘miles to go’ to achieve the global targets for HIV and address the health needs of sex workers. The Global Fund partnership has disbursed \$44.5 billion as of April 2020 and has been vital in achieving the gains made to date, saving 32 million lives. It provides 20% of all international financing for HIV. However, the aims of the Global Fund have not been fully achieved by any margin, and as noted in the UNAIDS 2020 Global AIDS Update⁸:

“In 2019, funding for HIV fell by 7% from 2017, to US\$ 18.6 billion. This setback means that funding is 30% short of the US\$ 26.2 billion needed to effectively respond to HIV in 2020.”

⁴ UNAIDS, 6 July 2020, “[Press Release](#)”.

⁵ NSWP, 2019, “[Briefing Note: Universal Health Coverage](#)”.

⁶ United Nations, July 2019, “[Political Declaration of the High-level Meeting on Universal Health Coverage](#)”.

⁷ Dr Tedros Adhanom Ghebreyesus, WHO Director-General, [Twitter, 24 May 2019](#).

⁸ UNAIDS, 6 July 2020, “[Press Release](#)”.



This is a critical point in the history of the HIV epidemic. NSWP believes that any changes in the Global Fund's Strategy must not jeopardise the gains already made or sacrifice the opportunity to achieve the goal to end AIDS by 2030 (SDG 3.3), which is already currently off-track. The Global Fund must continue to address health inequities faced by key populations and other vulnerable communities.

Increased investment, as well as political commitments, are needed at this time to reinvigorate the HIV response, which is already experiencing unprecedented financial reductions. If the Global Fund is to take on **any** new areas of responsibility, for example to tackle new and emerging global crises or expand its role to a more universal approach to health, then that **must** only be done if it is accompanied by appropriate and significant additional funding and resources.

NSWP would like to see a renewed commitment in the Global Fund strategy to:

- strengthen **community-led responses** and rights-based programming
- address the **structural barriers** that prevent access to health and a fulfilment of human rights
- address **health inequities** around the world and across key populations, including sex workers, in a person-centred approach
- **meaningful involvement** of sex workers and other key populations in the development, implementation, management and evaluation of policies and programming.

This is the opportunity to influence the future strategy and ensure that sex workers' needs are included, and health inequalities addressed.

What can sex workers do?

- Take part in the consultation. Guidance for member organisations is provided below
- For NSWP member organisations in high income countries this is an opportunity to lobby their governments to continue and increase contributions to a Global Fund that genuinely tackles health inequalities
- For NSWP member organisations in Global Fund eligible countries, this consultation is an important opportunity to influence the Global Fund strategy and raise the needs and priorities of sex workers. Many NSWP members have influence with their governments and country delegations, and some are members of Country Coordination Mechanisms (CCMs)
- Take part in the regional Partnership Forums that the Global Fund will organise on the strategy development.

Consultation process

The consultation questions have been set out by the Global Fund in an [online form](#) (in English, French, Russian, Spanish, Arabic & Portuguese) on the Strategy development [web page](#) (English & French), however responses can also be emailed in any of those languages directly to: strategydevelopment@theglobalfund.org.

The deadline for the first round of the consultation is **1 September 2020**.

All responses received will then be reviewed by the Global Fund Board's Strategy Committee in October 2020.

In addition to this, some stakeholders will also have the opportunity to participate in the one of three regional Partnership Forums that are being planned. These were originally to be held in Kyiv, Johannesburg, and Bangkok in the latter part of 2020. However, the COVID-19 pandemic, and concerns about holding face-to-face meetings, has meant the Global Fund Secretariat has postponed these meetings until the first quarter of 2021. The rapidly changing situation means it is difficult to be certain about specific dates, however a final strategy must be approved by the Global Fund Board by



the end of 2021, due to replenishment requirements. In September, the Global Fund Strategy Committee will confirm dates and venues and decide if these Partnership Forums will be held in person or virtually.

Strategy Questions and some suggestions for responses

The Strategy Consultation asks a number of pre-set questions, however respondents should not feel restricted to answering only these questions. If there are other contributions respondents wish to make that are not covered by the pre-set questions, it is important to email additional information directly.

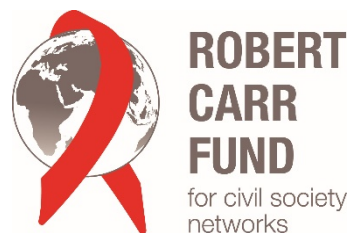
- **Questions 1-4** are optional (name, email, 'stakeholder group', and 'country, region or context'). Note that there is no option in the list of stakeholder groups for 'sex worker', so we suggest checking 'community' and also add 'sex worker' or 'key population' under 'other'.
- **Question 5** asks what the biggest barriers are to ending the three epidemics and achieving SDG 3. This is an opportunity to highlight issues such as: the criminalisation of key populations, including sex work; the lack of political will and commitment to address human rights and gender equality; and/or the low level of investment in proven responses such as harm reduction or sex worker-led programming.
- **Question 6** relates to the 4 strategic objectives in the current strategy: maximise impact against HIV, TB and malaria; build resilient and sustainable systems for health; promote and protect human rights and gender equality; and mobilise increased resources. It is unlikely these will change in the new strategy.
- **Question 7** asks what the Global Fund can do to better support programmes, including at community level. This could be an opportunity to include: an increased focus on health inequalities; addressing the structural barriers to human rights and access to health; ensuring the meaningful engagement of key populations; recognising the skills and knowledge of sex workers; giving these equal weight and status with other professionals; and having a separate funding stream for sex worker-led organisations.
- **Question 8** relates to resilient and sustainable health systems to improve outcomes for HIV, TB and malaria and to contribute to UHC. This is an opportunity to highlight the need for investment in strengthening community-led organisations and benefits of community empowerment and key population -led services. In terms of UHC, it is important to highlight the need to champion the addressing of health inequalities and to ensure sex workers and other key populations are not left behind.
- **Question 9** asks what the Global Fund can do to better promote and protect equity, human rights, and gender equality. A particular focus could be on how the Global Fund can and must do better on supporting communities to advocate for decriminalisation and the removal of punitive law, policies and practices that undermine the human rights of key populations and other vulnerable communities, including by supporting community-led para-legal and legal services, working to eliminate violence against sex workers and other key populations, and addressing stigma and discrimination.
- **Question 10** relates to the Global Fund's potential role in the COVID-19 response. This question is extremely important and reflects suggestions from some quarters that the Global Fund should broaden its role beyond the 3 diseases into supporting health systems more broadly. **This is a fundamental question relating to the future of the Global Fund. Please consider highlighting the risks of such a broadening of the role, the need for increased investments, and the need for renewed commitments, as outlined above.** NSW is very concerned about the pressure for the Global Fund to become a broader 'fund for health' and to fight a wider range of diseases. The focus of the Fund **must be on health inequalities**, as moving to a broader health response may divert attention away from key populations, human rights and gender equality, and there is a real danger that sex workers will be left behind.
- **Question 11** on transition countries is also very important, as there is little the Global Fund can do once a country no longer receives funding. It is important to reflect on what needs to be done



before transition to ensure rights-based key population and sex worker programmes continue after transitioning out of Global Fund financing.

- **Questions 12-17** are a mix of technical questions around support, partnership and how the Global Fund can use its leverage and power to improve outcomes.
- **Question 18** asks respondents to identify one thing that the Global Fund should do differently to have greater impact. NSWP recommends an increased focus on addressing the health inequalities and structural barriers facing sex workers and other key populations.

Project supported by:



NSWP is an alliance partner of Bridging the Gaps – health and rights for key populations. This unique programme addresses the common challenges faced by sex workers, people who use drugs and lesbian, gay, bisexual and transgender people in terms of human rights violations and accessing much-needed HIV and health services. Go to: www.hivgaps.org for more information.