Civil Society in the HIV Response: Urging UNAIDS Action in the HIV Funding Crisis

30TH MEETING OF THE UNAIDS PROGRAMME COORDINATING BOARD

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The 2012 NGO Report to the Programme Coordinating Board focuses on the negative impact of reductions in funding for HIV on civil society. This includes people living with HIV and key populations, such as men who have sex with men, transgender people, people who use drugs and sex workers and their partners.

The NGO Report is based on a review of evidence, with case studies provided by constituents of the NGO Delegation throughout the world.
• This presentation is in three parts:
  • **Part 1** provides the context – briefly re-capping on the scale of the funding crisis, the critical role of civil society in the response to HIV and the commitments made by UNAIDS.

  • **Part 2** addresses the three areas of crisis in funding for HIV, with examples of what they mean for civil society. The areas are:
    • Crisis 1: Reductions in bilateral funding for HIV
    • Crisis 2: Reductions in multi-lateral funding for HIV
    • Crisis 3: Inadequate progress on national investment in HIV

  • **Part 3** provides recommendations and decision points for how UNAIDS can strengthen its leadership role in responding to the funding crisis and supporting civil society.
In terms of the context, we can see that:

- Funding for HIV is decreasing. UNAIDS documented that international funding reduced by 10% in 2010.

- The decrease is due to a number of factors. These include: the global economic downturn; changes in donor priorities; and limited progress by national governments to invest in their country’s response to HIV.

- The decrease comes at a time when international funding remains crucial. In Africa, for example, two thirds of expenditure on HIV still comes from external sources.

- The decrease also come when the response to HIV is far from over – for example, with 2.7 million new infections still occurring each year. Yet there is unprecedented opportunity. Since 2005, 2.5 million deaths have been averted through ART, while new developments – such as the HPTN research confirming the role of ART in reducing new HIV infections among sero-discordant couples – show significant potential for accelerating action.

- Funding is critical to the key processes and documents that have been developed to frame the next era of the global response to HIV. These include:
  - The Political Declaration on HIV/AIDS – with its goal of universal access to HIV prevention, treatment care and support and targets for 2015.
  - UNAIDS Strategic Investment Framework – and its promise to avert 12.2 million new HIV infections and 7.4 million AIDS-related deaths in 2011-2020, with a model that will require decreased funding by 2020.
• As evaluated (such as by the World Bank and the UK’s Department for International Development) civil society is central to effective action on HIV. According to UNAIDS, the sector’s value-added includes:
  • Being a watchdog of national responses to HIV
  • Advocating on human rights
  • Engaging people living with HIV and key populations (such as men who have sex with men, transgender people, people who inject drugs and sex workers and their partners) to improve policy development and resource allocation.

• The key frameworks for the next era of the global response to HIV can not be achieved without civil society. For example:
  • Civil society is key to addressing the gaps in current responses to HIV, including – as highlighted in the Political Declaration on HIV/AIDS – programmes for populations at higher risk of HIV infection.
  • Civil society is critical to the simplified, cost-efficient and ‘know your epidemic’ interventions – such as Treatment 2.0, combination prevention and targeted support to key populations – that are central to Getting to Zero: UNAIDS Strategy 2011-2015. Within the Technical Support Strategy and Partnership Strategy, UNAIDS commits to supporting and partnering with civil society, including for resource mobilisation and advocacy.
  • Civil society is also central to all of the programme activities and ‘critical enablers’ outlined in the UNAIDS Investment Framework. It is also pivotal to the fundamental shifts in programme delivery – such as to community-based treatment and testing – that are needed to achieve the ‘inflection point’ between investments and the epidemic.

• UNAIDS has committed to both addressing the funding crisis and, specifically, supporting the needs of civil society as reflected in:
  • The 25th PCB Meeting minutes, which called on UNAIDS to develop a comprehensive technical support package to support countries to contain and mitigate the impact of the funding crisis. The PCB also called on UNAIDS to use its convening power to bring HIV/AIDS funders together.
  • The revised Memorandum of Understanding with the Global Fund (approved by the 22nd PCB Meeting); and
  • The Guidance for Partnerships with Civil Society document
The crisis in funding for HIV takes three forms:

**Crisis 1: Reductions in bilateral funding for HIV**
- Bilateral funding still provides the majority of international resources for HIV (74% in 2010).
- Reductions in this area were the primary cause of the overall 10% decrease in funding for HIV in 2010.
- The reductions not only reflect the global downturn, but conscious changes by donors to their priorities and policies.

**Crisis 2: Reductions in multi-lateral funding for HIV**
- In 2011, the Global Fund cancelled Round 11 – the result of donors reneging, delaying and/or reducing their pledges. There will be no new grants until at least 2014. The Transitional Funding Mechanism (TFM) will not fund many of the critical, life-saving interventions implemented by civil society.
- The Global Fund has also made major changes to its policies on eligibility, counterpart financing and prioritisation, as well as taking other efficiency measures. Alongside the TFM, these affect Phase 2 renewals and the negotiation of successful Round 10 grants.
- According to a UNAIDS survey, at least 55 countries planned to submit a proposal to Round 11. There would have been a particularly strong focus on interventions led by civil society, for example with 43% of countries likely to include programmes for men who have sex with men and 40% for sex workers.

**Crisis 3: Inadequate progress on national investment in HIV**
- The crises in bi and multi-lateral funding are exacerbated by governments in developing countries making painfully slow progress in allocating their own resources to health in general and HIV specifically.
- According to UNAIDS, Africa’s ‘AIDS dependency crisis’ highlights the urgent need for greater ‘shared ownership-shared responsibility’.
- Governments now also face unrealistic expectations to ‘fill the gap’ left by the Global Fund and bilateral donors. However, even where national or local governments have established funding mechanisms, these are often inappropriate or inaccessible to civil society (for example, due them working with ‘controversial’ or criminalised key populations).
All three crises, in different combinations and to different extents, have devastating – and worsening – effects on civil society.

- **Common impacts** include that civil society organisations are:
  - Closing offices and organisations
  - Closing or scaling down life-saving programmes
  - Spending a larger proportion of time on ‘survival’
  - Being less able to engage in advocacy

- **Impacts are hardest hitting among:***
  - Networks and advocacy platforms, including for people living with HIV
  - Organisations focused on key populations
  - Organisations working in fragile/highly challenging environments
  - Small, grassroots organisations

To date, the impacts have been **hardest hitting** among:

- Networks and advocacy platforms, including of people living with HIV – that play a unique watchdog role
- Organisations focused on key populations – especially those working in oppressive national contexts that had become dependent on the Global Fund
- Organisations working in fragile/highly challenging environments – such as post-conflict countries where resourcing civil society is vital for scaling-up weak existing national responses to HIV
- Small, grassroots organisations – that, for example, cannot compete with larger NGOs that (to secure their own survival) are applying for funding beyond their remit
To illustrate what the funding crisis means in practice for civil society, the presentation now focuses on four case studies from diverse countries and contexts. The first case study focuses on the Democratic Republic of Congo (DRC)

Here, the context is that:

- The DRC has HIV prevalence estimated at 1.5%.
- Coverage of ART and PMTCT is just 14% and 1% respectively, with lack of access to timely ART leading to higher morbidity and mortality.
- 95% of the country’s funding for HIV has come from international donors.
- Despite the major and urgent needs, poor management of existing Global Fund grants and inappropriate government policy has led to the scaling-down of treatment targets in current programmes.
- With the cancellation of Round 11 of the Global Fund, the country lost a critical opportunity to scale-up its response, especially for ART and PMTCT.
- The situation is exacerbated by changing priorities and processes among other donors. For example: the World Bank’s Multi-Country AIDS Programme has ended; PEPFAR support excludes ART, except for some pregnant women enrolled in PMTCT and only for a limited period of time; and UNITAID funding of paediatric ARVs and tests is due to end by December 2012

Impact:

- The impact of this situation is illustrated by AMO Congo - one of the DRC’s largest NGOs involved in HIV. It received 80% of its funds from the Global Fund and operated an ART adherence programme that reached 11,000 people - a third of all PLHIV receiving treatment in the country.
- Now – due to funding cuts and the cancellation of Round 11 – AMO Congo is not able to start any new patients on ART.
- As of the writing of this report, it has shut down 13 clinics, with just 2 still functioning. Many patients have been transferred to the public sector – where the quality of treatment cannot be assured.
- In 2010-2011, over 230 of AMO Congo’s 280 salaried staff had to leave.
- The NGO is also struggling to maintain its vital advocacy work – within a context where stigma and discrimination remain strong.
These are themes that repeat themselves across regions around the world – as is the case in the Philippines where funding to networks of people living with HIV has been decreased, significantly undermining constituency-led, community-base responses.
In the Eastern Caribbean, where civil society programmes are being scaled-back, salaries go unpaid and highly trained staff are leaving the sector.

In addition, civil society faces a double challenge. Having benefitted from the more supportive environment created by the Global Fund – where the sector, including key populations, had a ‘seat at the table’ – it now faces a more challenging political as well as financial context, which makes it more difficult to make its voice heard.
And in the Russian Federation, where coverage for community systems strengthening has been greatly restricted as a result of funding cuts.
The 2012 NGO Report has summarised the scale and nature of the reductions in funding for HIV and – through case studies – illustrated their worsening impact on civil society, especially on PLHIV and key populations such as men who have sex with men, transgender people, people who use drugs and sex workers. It has also noted commitments made by UNAIDS.

The NGO Delegation is highly concerned that - in this time of unprecedented crisis - the PCB is failing to fulfil its leadership role, especially as it relates to leveraging UNAIDS’ unique position as a convener capable of driving a more systematic and coordinated response, one that fully realizes the important role civil society can play.

As such, the NGO Delegation calls on the PCB to:

1. Take all steps within its means this year to ensure a fully funded and functional Global Fund - as a critical mechanism to support the unique work of civil society, especially with PLHIV and key populations. This includes:

   i. Meeting the commitments made in its MOU with the Global Fund;

   ii. Advocating to donor governments to: make, fulfil or enhance pledges to the Global Fund; and cover critical, urgent gaps in HIV funding, including for civil society;

   iii. Work to ensure that existing funding mechanisms designed to support civil society for example, dual track funding, community systems strengthening among others, be protected and expanded.
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Recommendation 2 is that the PCB should, **with urgency, reinvigorate and expand country-level approaches for addressing the impact of the funding crisis on HIV, in particular in relation to civil society.** This should maximize the ‘value added’ of both the UNAIDS Programme as a whole and the Secretariat, Co-Sponsors and Member States individually.
The approach should:

i. **Advocate for a maintenance or increase in bilateral support to HIV.** As appropriate, revisit and revise policies and processes that have led to decreased resources for HIV, including for civil society.

ii. **Maintain adequate funding to middle income countries and low prevalence countries with concentrated epidemic,** recognizing that in many countries, civil society is the only responder for key affected populations.

iii. **Support national governments to set targets and develop plans to increase their domestic funding for health and HIV.** Within this, ensure that national resources are appropriate and accessible to civil society, including those working with key affected, marginalised and criminalised groups.

iv. **Encourage governments to develop innovative, long-term funding mechanisms,** including a Financial Transaction Tax, designed to raise additional and regular funding for HIV and other global health priorities.

v. **Advocate for the removal of political and trade barriers to cost-efficient responses to HIV.** This includes involving national stakeholders, key government sectors, bi- and multi-lateral agencies to ensure that their strategy does not compromise the manner in which countries are able to utilize TRIPS flexibilities; and that middle and upper-middle income countries, despite the restrictive conditions of the negotiated voluntary licenses, have access to essential drugs.

vi. **Recognize the need for strategic information and in-country capacity development for generic drug production as fundamental for guaranteeing treatment for all in need.**
To fulfil recommendation 2, the Programme Coordinating Board is invited to request UNAIDS, in partnership with Member States, to support and expand civil society advocacy capacity (i.e., knowledge and leadership development), focused on HIV funding and barriers to cost-efficient responses to HIV, including those related to trade and intellectual property policies.
Recommendation 3 is that the PCB should, develop ways forward for addressing the HIV funding crisis that specifically links back to the UNAIDS Strategy (Getting to Zero), donor and global policies. These include: financial global commitments related to gender and human rights; the UNAIDS Technical Support Strategy and work of the Technical Support Facilities; UNAIDS Guidance for Partnership with Civil Society; the Strategic Investment Framework; and other strategies used by key donors (such as the Global Fund’s SOGI Strategy and guidance documents issued to the Country Coordinating Mechanisms and PEPFAR’s Country Operational Plans). The Strategy should articulate how UNAIDS will:

i. **Gather and provide strategic information**, including mapping funding gaps for civil society, documenting disruptions to civil society services and monitoring the roll-out of both Phase 2 renewals and the TFM, to ensure inclusion of and support to key populations and communities during this process;

ii. **Give specific support to countries and civil society** and provide tools and competence building to do national financial gaps analyses, national costed health plans for targeted interventions and budget tracking and monitoring.

iii. **Adapt the Technical Support Strategy** to ensure that it is ‘fit for purpose’ to address the changing needs of governments and civil society to, for example, re-programme Global Fund grants, implement TFM requirements and adapt to mobilise resources.

iv. **Actively promote and fulfil the civil society focus of the UNAIDS Strategic Investment Framework.** This should include:

   * Ensuring that both Member States and civil society are fully involved in the future development and roll-out of the Investment Framework.

   * Emphasising the centrality of civil society to evidence-based and cost-efficient responses to HIV.

v. **Ensuring that both Member States and civil society are fully involved** in the future development and roll-out of the Investment Framework.

vi. **Emphasising the centrality of civil society to evidence-based and cost-efficient responses to HIV** that target those most vulnerable (including key populations) with proven interventions and provide value for money.
## DECISION POINT 3

To fulfil this recommendation, the PCB is invited to *request* UNAIDS to propose ways forward to address the funding crisis and UNAIDS’, Member States’ and civil society’s capability to meet the goals laid out in the 2011 Political Declaration on HIV/AIDS.

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