



Delegation

TO THE **UNAIDS** PCB



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

30TH MEETING OF THE UNAIDS PROGRAMME COORDINATING BOARD

GENEVA, SWITZERLAND

5-7 JUNE 2012

NGO Report 2012



Using desk research and case studies with constituents, the report focuses on the impact of **reductions in funding for HIV** on civil society.

Presentation



- **Part 1: The context**
- **Part 2: The crises and their impact on civil society**
 - Reductions in bilateral funding for HIV
 - Reductions in multi-lateral funding for HIV
 - Inadequate progress on national investment in HIV
- **Part 3: Recommendations**

PART 1: THE CONTEXT

The scale of the crisis and why it matters

- International funding for HIV **reduced by 10%** in 2010.
- **Key factors:** economic downturn; donor priorities; and limited investment by governments.
- International funding remains **crucial:**
 - In Africa, two thirds of HIV expenditure from external sources
 - Response to HIV not yet over, but unprecedented opportunity
- Funding critical to **key processes and documents** that frame the global response to HIV:
 - Political Declaration on HIV/AIDS
 - Getting to Zero: The UNAIDS Strategy 2011-2015
 - UNAIDS Strategic Investment Framework

Why the funding crisis matters to civil society



- Civil society evaluated as **central to effective action** on HIV and bringing **value-added**.
- **Key frameworks** for global response to HIV can not be achieved without civil society.
- UNAIDS has **committed** to addressing the funding crisis and, specifically, supporting civil society:
 - 25th PCB Meeting
 - Revised MoU with Global Fund
 - Guidance for Partnerships with Civil Society

PART 2: THE CRISES AND THEIR IMPACT ON CIVIL SOCIETY

- Crisis in funding for HIV takes **three forms**:
 - 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

- Crises **devastating - and worsening** - for civil society.
- Common **impacts** include civil society organizations:
 - Closing offices and organizations
 - 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 organizations

Case study 1: Democratic Republic of Congo

Context:

- HIV prevalence 1.5%.
- Coverage of ART and PMTCT 14% and 1%.
- 95% of HIV funding from international donors.
- Poor management of Global Fund grants and inappropriate government policy.
- Round 11 of Global Fund critical to scale up.
- Cancellation exacerbated by other changes in donor environment.

Impact:

- AMO Congo - one of largest NGOs, 80% of funds from Global Fund. ART adherence programme reached 11,000 people.
- Now not able to start new patients on ART.
- Shut down 13 of 15 clinics, with patients transferred to public sector.
- In 2010-2011, over 230 of 280 salaried staff had to leave.
- Struggling to maintain advocacy – in context of strong stigma and discrimination.

Case study 2: The Philippines



Context:

- One of fastest growing epidemics in region.
- Global Fund 80% of external funds ; Round 6 closes in November 2012; TFM only covers 'essential' costs.
- Reduced political commitment to HIV.
- Donors no longer fund NGOs directly. Health plans by Local Government Units fail to support costs of civil society activities for HIV.

Impact:

- Pinoy Plus - national network for PLHIV.
- Through Global Fund, provided services to PLHIV and led networking and advocacy.
- Funds have decreased – with cut-back of key services and reduced capacity as 'watchdog'.
- Among civil society: contracts going to larger NGOs; increased competition; and organisations working beyond remit.
- Impact will include lower adherence to ART and loss of patients in care system.

Case study 3: Eastern Caribbean



Context:

- HIV prevalence second highest in any region. Much higher levels among key populations.
- Organization of Eastern Caribbean States (OECS) Principal Recipient for Round 3, supporting 6 countries.
- Scaled-up comprehensive and accessible services – many by civil society, within concentrated epidemic & intense stigma.
- Global Fund grant ended 2011. World Bank loans also ended.
- Proposal to Round 11 ceased and OECS not eligible for TFM.
- OECS actively seeking funding, including domestic contributions.
- PEPFAR scheduled to end in 2013.

Impact:

- Civil society programmes scaled-back, salaries unpaid and staff leaving sector.
- *“The most significant impact is that we’re seeing more people dying. During the Global Fund grant, we achieved reductions in mortality. But now people are not adhering to their treatment because the social and nutritional support they need to do so is not there.”*
- Double challenge of less supportive political and financial environment.

Case study 4: Russian Federation



Context:

- Growing HIV epidemic – largely associated with injection drug use.
- Upper middle income country – bilateral donors leaving, government self-sufficient.
- Government does not recognise - or fund - harm reduction interventions.
- 4 grants from Global Fund. Most recent (Round 5) addressed comprehensive harm reduction.

Impact:

- ‘ESVERO’ (Russian Harm Reduction Network) – was Principal Recipient for Round 5, supporting 150,000 people who inject drugs.
- As grant ended, explored options – maintaining eligibility through ‘NGO rule’, but ineligible for TFM due to dates of disruptions to services.
- ESVERO advocated to Global Fund. Board granted exceptional permission to apply to TFM.
- Decision welcomed as life-line for harm reduction. But does not cover community systems strengthening and advocacy.

PART 3: RECOMMENDATIONS



Recommendation 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 be protected and expanded.

DECISION POINT 1



To fulfil this recommendation, the PCB should *request* UNAIDS, together with Member States, to advocate that existing funding mechanisms for civil society be protected and enhanced within the new Global Fund architecture.

Recommendation 2:

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.

Recommendation 2:

The approach should:

- i. Advocate for a maintenance or increase in bilateral support to HIV
- ii. Maintain adequate funding to middle income countries and low prevalence countries with concentrated epidemic
- iii. Support national governments to set targets and develop plans to increase their domestic funding for health and HIV
- iv. Encourage governments to develop innovative, long-term funding mechanisms
- v. Advocate for the removal of political and trade barriers to cost-efficient responses to HIV
- vi. Recognize the need for strategic information and in-country capacity development for generic drug production

DECISION POINT 2



To fulfil this recommendation, the PCB 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:

With urgency, develop ways forward for addressing the HIV funding crisis that specifically links back to UNAIDS Strategy, donor and global policies. UNAIDS should articulate how it will:

- i. Gather and provide strategic information
- ii. Give specific support to countries and civil society
- iii. Adapt the Technical Support Strategy
- 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.

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.