



**GNP+, ICW, Y+ Global  
Recommendations based on Focus Group Discussions  
For the Community Delegations  
September 17<sup>th</sup>, 2020**

**Participants:** people living with HIV

**Countries:** Argentina, South Africa, Uganda, Kenya, Zambia, eSwatini, Mexico, Cameroon, Lebanon, United States, Canada, Indonesia, India, Nepal, Russian Federation, Kyrgyzstan, Malawi, Honduras, Zimbabwe, Ukraine, Trinidad and Tobago, Tunisia, Malaysia, China.

**The questions that guides these recommendations:**

What can the Global Fund do (or do differently) to better support communities to fight HIV, TB and malaria?

What can the Global Fund do to better promote and protect equity, human rights and gender equality through national, regional and community programs?

What can the Global Fund do to better support you in your work to fight the 3 diseases?

How do you think the partnership with communities is working? What can be strengthened to improve partnership with communities and strengthen impact?

What do you see as the biggest barriers to ending HIV, TB and malaria and achieving SDG3\* in the coming 10 years?

What can the Global Fund do to support the work of key and vulnerable populations in the fight of the 3 diseases?

What can the Global Fund do better or differently to improve the sustainability of programs\* or to better support countries transition from the Global Fund?

**1. Invest directly in our networks to amplify the power and successes of health programs and services that are conceptualized, implemented, and coordinated by people living with HIV.** Programs that are developed by communities often promote stronger health seeking behaviours because they are done in ways that deliver health services in practical and safe ways that fit various lifestyles. Community-led programs are unique in their ability to reach and engage the most marginalized in our societies. The Global Fund needs to ensure that young people, women, and key populations are systematically involved in and engaged in all Global Fund processes globally and in countries. At a national level, communities have the expertise to contribute to policy development, to program delivery and in monitoring quality. Invest in community-led networks and the movement will reap the benefits.

**2. Prioritize and increase investment to deliver comprehensive, integrated, rights-based health services that include sexual and reproductive health and rights and mental health.** We need to ensure that health

services and treatment is reliable and dependable. Universal health coverage must be a priority to ensure that all people regardless of country or status have access to quality health services and treatment.<sup>1</sup> We want to see more holistic programming and innovative ideas to tackle barriers to accessing health services. Ideas such as bicycle delivery services in rural communities, youth friendly one stop shops, and sexual health apps are examples of innovations that we have seen make a difference in communities.

**3. Increase screening and prevention health services for young women and girls.** In lower- and middle-income countries cervical cancer and female genital schistosomiasis (FGS) continue to highlight structural inequalities for women and girls. While both are preventable and treatable, over 300,000 women die of cervical cancer<sup>2</sup> and an estimated 56 million girls in Africa alone, are at risk of contracting FGS each year (FGS side effects include chronic pain, discharge, infertility and most notably and increase risk of HIV)<sup>3</sup>. Initiating treatment interventions for young women in their adolescent years greatly decreases and prevents complications. The Global Fund needs to prioritize young women's health by engaging and championing large scale roll outs of prevention programming to stop preventable diseases. We also want to see barriers removed such as parental consent for young people to access health care and sexual and reproductive health and rights in particular.

**4. Adequately address co-morbidities and side effects of HIV treatment.** We want not only treatment for people living with HIV, TB and malaria but the best quality of treatment with minimal side effects, especially those that are linked to a decrease in quality of life, such as metabolic distress, depression, liver and kidney damage, mobility issues, diabetes mellitus, reproductive health safety and overall pill burden. Research should be inclusive and document the diverse side effects that women<sup>4</sup>, youth and children experience. Research should also reflect on people with multiple co-morbidities: HIV-TB co-infection, HIV and cardiovascular diseases, HIV and diabetes, HIV and hepatitis. Evidence from implementation science and global guidelines must be enforced so that people have access to the best treatment options for HIV, TB, and malaria. Global Fund should push for increased research on treatment options and creation of new treatment and diagnosis technologies such as home testing kits and access to them; PrEP, PEP and their reimbursement; long lasting injectables and implantable solutions. Service continuum for people living with or affected by HIV, TB and malaria should include all spectrum of healthcare interventions in a stigma-free approach.

**5. Invest in gender transformative programs and interventions that integrate gender.** Gender inequality creates significant health disparities in the HIV response. People living with HIV need and deserve services that integrate issues such as gender-based violence, comprehensive sexual and reproductive health education, bodily autonomy among others. When sexual and reproductive health and rights are not addressed and gender is marginalized, many women, transgender women, young women and girls are left behind and there is a need specific investment in programmes that empower women and girls to advocate for their rights. The Global Fund should step up their guidance and monitoring of gender and ensure that health programmes are addressing gender inequality and injustices.

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<sup>1</sup> GNP+ (2019). Universal Health Coverage: Putting the last mile first. <https://www.gnpplus.net/universal-health-coverage-putting-the-last-mile-first/>

<sup>2</sup> UNAIDS (2016). HPV, HIV, and Cervical Cancer: Leveraging synergies to save women's lives. [https://www.unaids.org/sites/default/files/media\\_asset/JC2851\\_HP-V-HIV-cervicalcancer\\_en.pdf](https://www.unaids.org/sites/default/files/media_asset/JC2851_HP-V-HIV-cervicalcancer_en.pdf)

<sup>3</sup> UNAIDS (2019). No More Neglect: Female Genital Schistosomiasis and HIV. [https://www.unaids.org/sites/default/files/media\\_asset/female\\_genital\\_schistosomiasis\\_and\\_hiv\\_en.pdf](https://www.unaids.org/sites/default/files/media_asset/female_genital_schistosomiasis_and_hiv_en.pdf)

<sup>4</sup> ICW(2016). My Body My Story: Body Mapping HIV Treatment Side Effects. [https://b9787f34-af4e-4de5-a742-c9add66b069a.filesusr.com/ugd/836bb6\\_03b7fa76dfb94e6a8bfcaeb0555f85de.pdf](https://b9787f34-af4e-4de5-a742-c9add66b069a.filesusr.com/ugd/836bb6_03b7fa76dfb94e6a8bfcaeb0555f85de.pdf)

**6. Increase focus on human rights including through investing in infrastructure and capacity.** The elimination of punitive laws and policies, frequently fueled by societal misconceptions and ignorance, religious fundamentalism, harmful cultural norms, racism, classism, sexism, and so on, must also be prioritized in the future Global Fund strategy. The spectre of criminalization fuels stigma and discrimination and undermines the HIV response as well as individuals access to essential health services. The infrastructure required to respect, protect and fulfil human rights, including human rights surveillance and monitoring systems, and accountability for human rights violations must be mandated and invested in. In addition, we call for the increased investment in community-led monitoring of stigma, discrimination, and human rights violations, particularly by people living with or affected by HIV, TB, and malaria.

**7. Collect and share disaggregated data.** Data is at the core of understanding the nature of HIV epidemics and critical for developing evidence-based responses. Yet, so often data collection tools and efforts do not collect data in a way that can be disaggregated to provide meaningful information based on specific populations, or gender or age. It is critical to have access to data that can be disaggregated to reflect the experiences and challenges facing specific groups, particularly key populations and women and girls.

**8. Stronger dialogues with countries about investment in public health.** There is a disconnect between national, regional, and global priorities which is undermining the development and implementation of comprehensive HIV strategy and overarching health goals. For example, funding for treatment in many countries disproportionately comes from donors as there is a lack of domestic funding to sustain our critical health services and this is particularly important in countries transitioning away from Global Fund support.

**9. Maintain progress on HIV, TB, and Malaria alongside the COVID-19 response.** During the COVID-19 pandemic, it was our networks of people living with HIV around the world, including networks led by women and youth, that were on the front lines creating innovative solutions to the most pressing needs of people in our communities. Once again, we saw networks of people living with HIV stepping up on the front lines to respond to a public health crisis. But what our networks noted as a deep concern is that services for HIV, TB, malaria, hepatitis, mental health, NCDs, and sexual and reproductive health and rights have been deprioritized during COVID-19<sup>5</sup>. Our movement will not allow one epidemic to be pitted against another.

**10. Increase measures to protect health data and confidentiality.** Many of our networks are reporting problems of data not being kept confidential and the sharing of personal health information like one's HIV status which can have a serious impact on our health, well-being and safety. In addition, the surveillance and selling of biometric data to the state and countries where HIV is criminalized should be monitored and prohibited.

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<sup>5</sup> GNP+, ICW, and Y+ Global (2020). Living with HIV in the Time of COVID: Report from a survey of networks of people living with HIV. <https://www.gnpplus.net/resources/living-with-hiv-in-the-time-of-covid-19-report-from-a-survey-of-networks-of-people-living-with-hiv/>