

STRATEGY 2023+ DEVELOPMENT

Ensuring Voices of Asia Pacific Affected Communities and Civil Society in the New Strategy

WHAT IS THE GLOBAL FUND¹ STRATEGY DEVELOPMENT PROCESS?

The Global Fund Strategy is a multiyear roadmap that shapes the partnership's future. The Strategy sets out priorities for how progress can be accelerated against HIV, TB and malaria, and improve global health; and also includes ambitious goals and targets to measure these progresses. The work of the Global Fund is guided by its current 2017-2022 Strategy.² As it is now over half way through its current Strategy, the Global Fund is starting the process of developing its next Strategy, which will be operational from 2023. Part of the process is an open consultation for stakeholders including civil society and communities to provide input and feedback that will shape and guide the next Global Fund Strategy (<https://www.theglobalfund.org/strategy-consultation/>).

WHAT DOES THE DATA SAY FOR THE REGION?

SNAPSHOT OF HIV IN ASIA AND THE PACIFIC

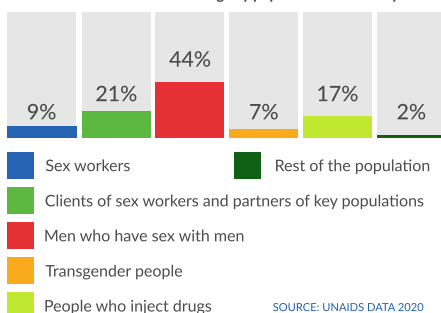
- ▶ UNAIDS³ latest report on the global AIDS epidemic shows highly unequal progress in Asia and the Pacific: HIV infections in the region have declined slightly, with reductions in Cambodia, Myanmar, Thailand, and Viet Nam offset by sharp increases in Pakistan and the Philippines.
- ▶ Key populations and their partners accounted for an estimated 98% of new HIV infections, and more than one quarter of new HIV infections were among young people (aged 15 to 24 years). An overall slowing in reductions in new HIV infections coincides with a decline in political and programmatic commitments, alongside punitive laws and policies and rising stigma and discrimination that block effective AIDS responses.

Challenges and Opportunities

- The 29% reduction in AIDS-related deaths since 2010 speaks to successful testing and treatment programmes in several countries. Late diagnosis and poor adherence to treatment are missed opportunities to prevent onward transmission and AIDS-related deaths.
- Key populations are insufficiently served by HIV prevention programmes. About half of key populations living with HIV are not aware of their HIV status, and assisted testing and self-testing could increase the rates of HIV diagnosis. Civil society and key population organizations are widely involved in HIV prevention programmes, but these community-led services are not available at sufficient scale.
- The role of key populations and civil society is widely recognised as essential in ending the AIDS epidemic and promoting human rights. However, the closing civic space is increasingly preventing communities and CSOs from fulfilling their roles in reaching people most affected by HIV and AIDS. Evidence⁴ shows that key populations, and the CSOs that represent them, face structural, institutional and social challenges, restrictions and violations which negatively affect their rights to assemble, associate and express themselves while responding to HIV and AIDS.
- Without a greater focus on protecting and promoting the human rights of key populations, including people living with HIV and AIDS and those most affected, the central pledge of the SDGs to leave no one behind will not be realised.

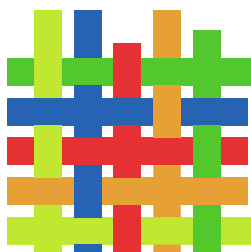
DISTRIBUTION OF NEW HIV INFECTIONS BY POPULATION, 2019

98% of new HIV infections among key populations and their partners



HIV IN ASIA AND THE PACIFIC: PROGRESS TOWARDS 90 90 90 TARGETS (ALL ADULTS)

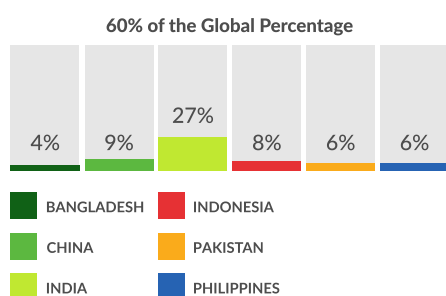




SNAPSHOT OF TB IN ASIA AND THE PACIFIC

▶ Globally, an estimated 10.0 million (range, 9.0–11.1 million) people fell ill with TB in 2018, a number that has been relatively stable in recent years.⁵ WHO regions of South-East Asia (44%) and the Western Pacific (18%) accounted for more than half of the global percentage of people who have had TB in 2018.

▶ Six countries from the region are in WHO's list of 30 high TB burden countries and account for 60% of the global percentage.



SOURCE: WORLD HEALTH ORGANIZATION (WHO)

▶ Despite improvements in testing and detection of MDR/RR-TB⁶ between 2017 and 2018, the number of people enrolled in treatment in 2018 was equivalent to only 1/3 of the approximately half a million people who developed MDR/RR-TB in 2018.

▶ Seven of the ten countries accounted for 75% of the global gap between treatment enrolments and the estimated number of new cases of MDR/RR-TB in 2018, and thus will have a strong influence on progress in closing this gap – China, India, Indonesia, Myanmar, Pakistan, the Philippines, and Viet Nam. China and India accounted for 43% of the global gap.

Challenges and Opportunities

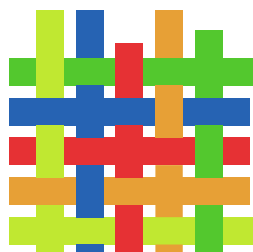
- Despite increases in TB notifications, there is still a large gap of 3 million people with TB who are not reported to be accessing quality care.
- Drug resistant TB remains a public health crisis with only one in three accessing treatment of the half million people who fell ill with it in 2018. Closing this wide gap requires one or more of the following to be increased: detection of TB cases, the proportion of TB cases bacteriologically confirmed, coverage of testing for drug resistance among bacteriologically confirmed cases and coverage of treatment for those diagnosed with MDR/RR-TB.
- Prevention efforts are expanding but need to be intensified. Only 27% of the estimated 1.3 million children under five years of age in TB-affected households were put on TB preventive treatment. Similarly, only less than half of people living with HIV have been provided by preventive therapy.
- Committed funding for TB diagnosis and care fell short by US\$ 3.3 billion in 2019. International donor funding led by the Global Fund and USAID remain critical, especially for low/income countries who are heavily dependent on donor funding.

COMMITMENTS TO ACTION

ACT!
ACTIVISTS' COALITION ON TB
ASIA-PACIFIC

The members of **ACT!AP**⁷ are committed to and have agreed to a set of “Commitments to Action” for ensuring a community-centred, rights-based, and gender-transformative TB programming in the region, as below:

- 1. WE WILL ACT** to give TB the political attention it deserves, matched with the resources needed to reach the global goal of ending TB by 2030.
- 2. WE WILL ACT** to present an alternative model to the prevailing biomedical approach to TB by advocating for a people-centred and meaningful community participation; that respects, protects, and advances human rights, and gender equity and gender transformative policies.
- 3. WE WILL ACT** to overcome barriers to TB treatment and diagnostics access.
- 4. WE WILL ACT** towards securing adequate and strategic investments for TB, making sure that these investments go to the right interventions, including by communities.
- 5. WE WILL ACT** to support a coordinated and capacitated TB community and activist movement.



SNAPSHOT OF MALARIA IN ASIA AND THE PACIFIC

► *The World Malaria Report 2019⁸ shows a global decline in the incidence rate of malaria between 2010 and 2018, from 71 to 57 cases per 1000 population at risk. However, from 2014 to 2018, the rate of change slowed dramatically, reducing to 57 in 2014 and remaining at similar levels through to 2018.*

► *An estimated 1.61 billion people in the WHO South-East Asia Region⁹ are at risk of malaria. The disease is endemic in 9 out of 11 countries of the region, accounting for 50% of the burden outside the WHO African Region. In 2018, the region had almost 8 million estimated cases and about 11,600 estimated deaths – reductions of 69% and 70%, respectively, compared with 2010 – representing the largest decline among all regions. All countries are on target to achieve a more than 40% reduction in case incidence by 2020, and all have strategic plans that aim for malaria elimination by 2030 at the latest.*

► *For the WHO Western Pacific Region,¹⁰ about 762 million people in ten countries are at risk of malaria. In 2018, the region had almost 2 million malaria cases and about 3,500 estimated deaths – an 8% increase and a 9% decrease compared with 2010, respectively. Most of the cases were in Papua New Guinea (80%); when taken together with Cambodia and Solomon Islands, the three countries comprise 98% of the estimated cases.*

Challenges and Opportunities

- Insufficient levels of funding for malaria control – the amount invested in 2018 falls short of the US\$ 5.0 billion estimated to be required globally to stay on track towards the GTS.¹¹
- Multiple ACT treatment failures in the countries of the GMS and vector resistance to pyrethroids (especially in Cambodia, Lao People's Democratic Republic, Philippines, and Viet Nam)
- Resurgence of malaria in Cambodia and Solomon Islands, and sustained high levels of malaria in Papua New Guinea due to health system strengthening challenges.
- Recent efforts are underway to improve access to services and case-based surveillance to accelerate elimination in Cambodia, Lao People's Democratic Republic, Malaysia, the Philippines, Republic of Korea, Vanuatu, and Viet Nam.
- Efforts are underway to strengthen surveillance and to enhance reporting from private sector and non-governmental organizations (where relevant), and case-based surveillance and response to accelerate towards elimination.

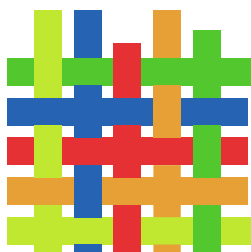
PROGRESS OF THE GREATER MEKONG SUBREGION (GMS)¹²

- Countries of the GMS have achieved remarkable progress toward malaria elimination in the face of an ongoing but manageable drug resistance problem. Between 2012 and 2018, the number of malaria cases in the six GMS countries fell by 74%; malaria deaths fell by 95% over the same period.
- Cases are now highly concentrated in a few remaining areas of the Subregion. Most cases are reported among forest goers and mobile and migrant populations.
- Key interventions such as the use of mobile malaria workers and malaria posts are helping to reach at-risk populations living in remote areas. Targeted action and sustained commitment from countries, partners and WHO are essential to reach the goal of malaria elimination in the Subregion by 2030.

GLOBAL FUND'S STRATEGIC OBJECTIVE 3 (SO3)

"Promoting and protecting human rights and gender equality" is Strategic Objective 3 (SO3) in the Global Fund's new Strategy 2017-2022: Investing to End Epidemics.¹³ With regards to malaria, this objective commits the Global Fund to:¹⁴

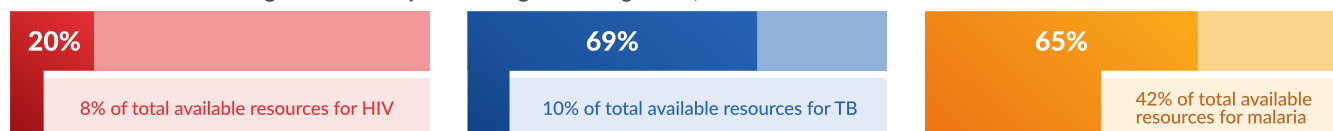
- Scale up** programs to support women and girls, including programs to advance sexual and reproductive health and rights;
- Invest** to reduce health inequities, including gender- and age-related disparities;
- Introduce** and scale up programs that remove human rights barriers to accessing services;
- Integrate** human rights considerations throughout the grant cycle and in policies and policymaking processes;
- Support** the meaningful engagement of key and vulnerable populations and networks in Global Fund-related processes.



The Global Fund STRATEGY 2023+ DEVELOPMENT

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The Global Fund is a leading international provider of grants to fight HIV, TB and Malaria



SOURCE: THE GLOBAL FUND 2020

WHAT CAN COMMUNITIES DO TO PARTICIPATE?

Communities are encouraged to contribute to Global Fund's open consultation (<https://www.theglobalfund.org/strategy-consultation/>) by identifying the most pressing challenges and opportunities in the fight against the three diseases in:

- ▶ **Building** resilient and sustainable systems for health (RSSH)
- ▶ **Promoting and protecting** equity, human rights and gender
- ▶ **Mobilizing** resources and increasing funding for health

Keeping in mind broader changes in the health and development landscape such as:

- ▶ Demographic shifts
- ▶ Shifts in burden of disease
- ▶ Displacement, fragility, and instability
- ▶ Climate and environment
- ▶ Global health security (including Covid-19 pandemic)



APCASO is a regional network of community and civil society organisations on HIV, health, and social justice working to advance the rights of communities most in need, and as the host of the Asia-Pacific Community, Rights, and Gender (APCRG) communication and coordination platform for the Global Fund – is taking the lead in supporting effective community and civil society engagement and input in the strategy development process from the region. The regional engagement plan and regular updates can be found at: <https://apcaso.org/ensuring-voices-in-the-global-fund-strategy-development/>

ENDNOTES:

- 1 The Global Fund is a partnership designed to accelerate the end of AIDS, tuberculosis and malaria as epidemics. As an international organization, the Global Fund mobilizes and invests more than US\$4 billion a year to support programs run by local experts in more than 100 countries. It works in partnership with governments, civil society, technical agencies, the private sector and people affected by the diseases (<https://www.theglobalfund.org/en/>).
- 2 https://www.theglobalfund.org/media/2531/core_globalfundstrategy2017-2022_strategy_en.pdf.
- 3 <https://aids2020.unaids.org/report/>.
- 4 https://aidsfonds.org/assets/resource/file/HIV%20Report%20final_0.pdf.
- 5 https://www.who.int/tb/publications/global_report/en/.
- 6 MDR: Multidrug-resistant TB; RR-TB: Rifampicin-resistant TB
- 7 The Activists' Coalition on TB Asia-Pacific (ACT! AP) is a regional coalition of individuals and community and civil society groups working for effective, people-centred, rights-based, and sufficiently and strategically resourced TB responses. The coalition is currently hosted by APCASO. For more information, visit <https://apcaso.org/new-asia-pacific-coalition-of-tb-activists-launched/>
- 8 <https://www.who.int/malaria/publications/world-malaria-report-2019/en/>.
- 9 WHO South East Asia Region consist of Indonesia, Sri Lanka, Thailand, Timor-Leste, Bangladesh, Bhutan, Democratic People's Republic of Korea, India, Maldives, Myanmar, and Nepal
- 10 WHO Western Pacific region consist of Australia, Brunei, Japan, New Zealand, Singapore, Cambodia, China, Cook Islands, Fiji, Kiribati, Lao, Malaysia, Marshall Islands, Micronesia, Mongolia, Nauru, Niue, Palau, Papua New Guinea, Philippines, Republic of Korea, Samoa, Solomon Islands, Tonga, Tuvalu, Vanuatu, and Viet Nam
- 11 The Global Technical Strategy for Malaria 2016–2030 (GTS) calls for reducing malaria cases and deaths by at least 40% by 2020, at least 75% by 2025 and at least 90% by 2030
- 12 <https://www.who.int/publications/i/item/countries-of-the-greater-mekong-zero-in-on-falciparum-malaria>.
- 13 The Global Fund Strategy 2017-2022: Investing to End Epidemics.
- 14 https://cs4me.org/wp-content/uploads/2019/02/core_malariagenderhumanrights_technicalbrief_en.pdf