



SURVIVING THE GLOBAL FUND CRISIS: WHAT NEXT FOR WOMEN?

SAVE THE GLOBAL FUND: HOLD ITS MANAGEMENT AND DONORS TO ACCOUNT. SIGN THE PETITION¹



10 years after the creation of the Global Fund to Fight AIDS, Tuberculosis and Malaria we have real hope about bringing an end to three of the world's most deadly infectious diseases.

The tragic irony is that just as a generation free of HIV is within sight, the Global Fund has stalled progress and is considering management changes which may limit access to decision-making for civil society organisations.

Engagement in decision-making around Global Fund grants among women's rights groups has been limited to date; and few options remain for continued and expanded funding for women, girls, gender equality and HIV.

The Global Fund made a commitment to encourage a positive bias towards women, girls and gender equality in their grant portfolio. We need to ensure that this happens despite recent funding setbacks and changes to the way grants are administered.

To help mitigate the impact of the suspension of Round 11 on gender equality interventions, country level partners and governments, should ensure that reprogramming of existing grants includes and maintains a focus on women and girls living with and affected by HIV.

Networks of women living with HIV and women's groups must continue to be supported to advocate for gender transformative HIV responses that accelerate social change for women and girls.

Women's groups and NGOs should be supported to engage with the iterative process of programme development in future rounds.

Increase the presence of women, including women living with HIV, within high level decision-making process at national level, on Country Coordinating Mechanisms and on the Global Fund Board."

SOURCE: 'Donor brief: The GFATM: Leveraging the commitment to gender equality in a time of change and austerity', The Global Coalition on Women and AIDS (forthcoming).

I want to have a baby and there would be no better time than now ... my health is better than ever. But, I live in Bolivia, a developing country that has not made the HIV epidemic a national priority. My government has not allocated resources for medication ... instead we have ARVs donated by the Global Fund. ... Since the Global Fund was implemented in Bolivia (2004), I stopped going to the cemetery as often as before.

If the Global Fund stops funding in countries like Bolivia, there is no hope for people living with HIV in these countries. How can I have a baby if the future seems so uncertain and bleak? What possibility of planning a life can I have if there are no medications for HIV?

Maybe my child will help bring hope for people living with HIV? Maybe my baby will grow up to invent the cure for HIV?

GRACIA VIOLETA ROSS, BOLIVIA

I became involved with the Global Fund because I wanted to help make it a different funding source – created, managed and served by those most affected by HIV – the people. Driven by the people and not by donors, businesses, political and religious interests, but by and for the people.

It has not turned out the way I thought it would or should, yet, it has truly accomplished a lot and these gains should not be reversed.

PHILIPPA LAWSON, USA (FOUNDING BOARD MEMBER FOR COMMUNITIES LIVING WITH HIV, TB AND MALARIA, 2002–2005)

The Global Fund cuts pose a huge threat to Romania's HIV population, not only because over the last years the country has been experiencing ongoing shortages of antiretrovirals (ARVs), but also because new TB and HIV numbers have dramatically risen. So, without funding those who are on treatment or newly diagnosed will soon have no access to their life-saving medication whatsoever, whilst any preventative methods and programmes will be simply unaffordable. The situation will be disastrous.

ANCA NITULESCU, ROMANIA

Care and support for women living with HIV in Tajikistan is minimal. The country cannot provide ART to 2020. Women do not have access to quality health care services because they do not have their own money. Support is aimed at injecting drug users – mainly men – and many women are denied. Women with HIV are in a difficult situation ... if the Global Fund will not support people living with HIV, women in particular will suffer and the death rate from AIDS will be even higher. ... If there is no support for lobbying the interests of women and children and especially pregnant women, the rate of babies born with HIV will be higher year on year. We need support in training and employment ... we need ARVs, PMTCT, advocacy and lobbying for the rights of women with HIV.

WOMEN LIVING WITH HIV GROUP, TAJIKISTAN

... If the Global Fund reduces its support then there is no other option for women to continue their treatment in Nepal. Most of the women living with HIV are single mothers with children with and affected by HIV and they have no source of income to buy medicine, improve nutrition and get medical tests. It will reverse the work that has been done to make life longer and prevent HIV in new people. The Millennium Development Goal will remain on the agenda. It will revert to how it was in the early stages of HIV.

Programmes are not focused exclusively on women ... although ART is free, many women here are not accessing treatment due to transport costs and dependence on their family incomes.

SITA SHAHI, NEPAL

Many services, including funding resources for positive women's networks, are slowly diminishing because the Global Fund can no longer support positive women communities.

Just when many of us are living longer to see our children grow up or have a family, we are back to where we started. ... If there are stock-outs of ARVs, many of our positive women, including children, will develop resistance to the drugs. Stigma and discrimination will intensify ... women will have to travel again for days because the district 'treatment hubs' will have no more funding support. Donors are failing us, they need to keep their promise and stop playing God by deciding who should live and who shouldn't.

WAPN+, SOUTH EAST ASIA

The Global Fund must continue to invest in women's health because women still bear the brunt of the HIV epidemic. They take care of the sick and the percentage of women and girls getting HIV is still very high. Women still do not have access to information and services – some are forced to walk long distances to go to a health centre. The girl-child is still disadvantaged over the boy-child as her needs are given second priority.

In Zimbabwe, poverty and other socio-economic factors prevent significant numbers of women and children living with HIV from accessing treatment. Problems with purchasing ARVs, drug stock-outs and user fees prevent more women from accessing treatment. 51.6% of adults and children are still in need of treatment and women account for half of those.

TENDAYI WESTERHOF, ZIMBABWE

Just when everyone is working together to help – not only us HIV positive women but also the men and children – this is dawning on us. Just when people are starting to get their lives back on track, watching their children and their grandchildren grow, this is happening. Us – the mothers, wives, sisters and grandmothers – who are living with HIV and have not missed the birthdays, weddings, graduations, promotions of our loved ones so far. Now that the Global Fund is contemplating their withdrawal from providing our ARV treatments, we are not so sure that we might be around for the next birthday.

JOANA QEREQERETABUA, FIJI NETWORK FOR POSITIVE PEOPLE

50% of people with HIV globally are women.²

59% of people with HIV in sub-Saharan Africa are women.²

48% of all people on HIV treatment depend on the Global Fund to receive their medication.³

3 days of the US defence budget would plug the Global Fund's funding gap.⁴

I am alive and well because of the Global Fund grant to Jamaica, which is now excluded as an upper-middle income country ... and transitional funds seem to be fading from the light at the end of the tunnel. My self-serving desire is to have the Global Fund back to its glory days and to have more understanding of the realities of people in countries that are excluded from receiving grants.

OLIVE EDWARDS, JAMAICA

The Global Fund is broke because most donors either did not redeem their pledge or cancelled their funding. So while existing programmes will continue, not one new person will get the extended life I have gotten through access to treatment. Not one new baby will be saved, no new HIV averted and no new child prevented from being an orphan, all at a time when we are trying to 'Get to Zero'. I feel like we're at the wake of the AIDS movement and it breaks my heart to imagine what this means for African women. Our five minutes of fame is over and now we all must go wait on the side for a curtain call!

MOROLAKE ODETOYINBO, NIGERIA

1. http://www.womeneurope.net/index.php/page/Global_Fund_Petition_to_GF/en
2. Global HIV/AIDS Response. Progress Report 2011. WHO, UNAIDS, UNICEF (2011).
3. The Global Fund 2011.
4. Sisonke Msimang, 'Disease Busters Going Bust' (2012). www.project-syndicate.org
World map shows the Global Fund grant portfolio for people on ARV treatment. <http://portfolio.theglobalfund.org/en/Home/Index>. Accessed 04.02.2012.