

Statement of the Latin American Civil society on the Global Fund's new strategy to Fight AIDS, TB and Malaria (GF)

"The economic resources are available, but more funding is needed to meet goals in Latin America and the Caribbean; this is a global responsibility."

The Latin American HIV/AIDS networks, groups and non-governmental organizations of people living with HIV/AIDS, women living with HIV/AIDS, young people, gays and other MSMs, transgender people, female sex workers, and those working with drug users and other vulnerable populations, have agreed on the present statement in light of the consultations made by the GF regarding its new strategy.

The undersigned call upon all actors related to the GF, its board, its secretariat and technical partners, to give urgent attention to the following issues:

Funding the fight against diseases: Most PLHA live in middle-income countries. However, we are concerned that the GF and its donors (via its bilateral programmes) have been withdrawing their investment from the countries classified in this category by the World Bank. We consider that per capita income is not a parameter to measure the scourge of inequality, poverty and their consequences in most at risk populations, as it hides serious situations of the economic inequality. We consider that this biased reasoning is jeopardizing international investment in health, and with it, our capacity to respond effectively in most of the countries in Latin America. With the new strategy, the GF must clearly define how it plans to contribute to fight the diseases, instead of funding countries. And in the case of our region, it must consider the great burden of an HIV epidemic concentrated in key, vulnerable populations.

Don't punish commitment: Erratic approaches and systematic disinvestment by donors in middle-income countries in Latin America, the Caribbean, Asia and Eastern Europe have become a penalty for those countries that have taken up the response and increased their commitment, which translates into a larger budgetary allocation to health and the three diseases. There are differences in the timing of state budget commitment and the opening up of an approach to work with civil society. At present, in most of our countries, the legal and political conditions are not in place for governments to assume direct investment in civil society organizations and key vulnerable populations. The GF's new strategy must encourage and reward national investments, protecting those who can best provide a response to HIV/AIDS.

Protect the gains: The GF's abrupt and unpredictable exit as an investor in our countries' responses will only put at risk the achievements made in terms of better health systems, community systems, and progresses on epidemiological and health results. Far from being an orderly, strategic exit, we are witnesses to the arbitrary destruction of what has been invested so far,

without planning and an impact assessment at all levels. The GF must sort out its historic lack of an investment strategy in middle-income countries with highly concentrated epidemics, which has not helped to design national responses that are sustainable in the medium and long term. In this new strategic exercise, the GF must review and reflect on the importance of living up to its founding principles and values, and decide whether it is to focus its future efforts on achieving better health results or accommodating the agendas of its main donors. We urge the GF to promote the creation of non-traditional sources of non-traditional sustainable resources, such as promoting a system based on Financial Transaction Taxes. In 2001, we all came together in the creation of this fund to save lives and cure people, but this will not be done at the expense of the implementers' discomfort and stress –it rather requires like efforts and sustained commitment from the donors.

No one left behind: The GF must increase its investment in approaches and interventions related to structural barriers such as the promotion and defence of human rights, and the reduction of vulnerability, violence and discrimination against women, young people, girls, boys, orphans, transgender people, sex workers, drug users, Gays, other MSM and other key and vulnerable populations. To do so, not only must the GF adhere to the highest human rights standards in all its actions, but it must also continue to strengthen community systems and to promote the participation of the most affected populations in the design, execution and monitoring of its programmes. In the new strategy, the priority must not be focused solely on overcoming bottlenecks in GF programmes, such as only providing technical assistance, but it must also prioritize the development of a sustainable local capacity in the area of health and community systems with a longer lifespan than that of a grant.

Today we have more tools and experience to be able to meet the regional and global goals of 'the continuum of care', combined prevention and zero discrimination, but we must express our deep concern at the lack of funding for doing this. It is in this regard that we express our full support for the **Call to Action of the Second Latin American and Caribbean Forum on the Continuum of Care** made in the city of Rio de Janeiro in August 2015, as it reflects a shared vision of how to put an end to the AIDS epidemic in Latin America and the Caribbean.

The undersigned request that the points mentioned here be taken into consideration by all actors and partners in debating the forthcoming strategy, but we especially hope for the specific support of the delegation of LAC governments, of the NGOs and of the communities in the GF Board.

The following networks and regional organizations promote the statement:

- Aid for AIDS, Internacional.
- AIDS Healthcare Foundation – AHF.
- Alianza Latinoamericana y del Caribe en VIH y sida por los niños, niñas y adolescentes – ALACVIH.
- Coalición Internacional de Activistas en Tratamiento – CIAT.
- Comunidad Internacional de Mujeres que viven con VIH, ICW Latina.
- Consejo Latinoamericana y del Caribe de Organizaciones no gubernamentales con servicios den VIH/SIDA – LACCASO.
- Coordinadora de ONG’s de las Américas sobre sida, cárcel y encierro.
- International HIV/AIDS Alliance.
- ITPC LATCA – International Treatment Preparedness Coalition Latin America and Caribbean.
- Movimiento Latinoamericano y del Caribe de Mujeres positivas – MLM +.
- Red de Jóvenes Positivos de Latinoamérica y el Caribe - Red J+ LAC.
- Red Centroamericana de Personas que viven con VIH – RedCA+.
- Red Latinoamericana de Personas que viven con VIH – REDLA+.
- Red Latinoamericana y del Caribe de personas trans – REDLACTRANS.
- Red Latinoamericana de Reducción de Daños – RedLARD.
- Red de Trabajadoras Sexuales de Latinoamérica y el Caribe – RedTraSex.
- SomosGay / Delegación de ALC del PCB de ONUSIDA

To adhere to the statement:

Organizations and individuals interested in adhering to this document can leave their data until September 4th, in the following link: <http://bit.ly/adherirBA>