

OBJECTIVE 1:

Strengthen leadership, participation and funding of communities and civil society within the Global Fund's advocacy ecosystem

1. Outcomes

- 1** Strengthened partnerships for advocacy with key community-led and civil society organizations, particularly those led by people living with and affected by the three diseases, key populations, young people and women.

- 2** Bridges built between community-led and civil society organizations, including those working on other global health issues and on the health-climate nexus.

- 3** Community-led and civil society organizations within the Global Fund's advocacy ecosystem are sustainable and have the resources necessary to do their work.

- 4** Strengthened advocacy for laws, policies, and practices that protect civic space and support community-led and civil society organizations.

2. Rationale

Community-led and civil society organizations are at the center of the Global Fund Strategy. However, increasing attacks on civic space, advocacy and limited access to funding are making it difficult for organizations to advocate for rights-based and equitable responses to the three diseases, resources for health, and accountability.

(a) Attacks on community and civil society advocacy

Civic space has been under increasing pressure for the last decade, with governments across the world enacting restrictions on the registration, funding and operations of community-led and civil society organizations and suppressing rights to information, freedom of speech and protest. The countries where the threats to community and civil society advocacy are greatest coincide with the countries where we focus our work. Of the 129 countries where the Global Fund supports programs:

- Twenty-two are classified as closed, mostly in the Middle East, North Africa, and Central and South Asia, where repression is extreme, and any criticism of the state is met with severe penalties.
- Forty-three are classified as repressed, mostly in Africa, Asia and Central America.
- Thirty-four are classified as obstructed, mostly in Africa and Asia.
- Twenty are classified as narrowed, where targeted attacks on civil society do take place.
- Only 10 are classified as open, where civil society can operate freely.

Countries where civic space is restricted account for a large share of the burden of the three diseases. In 2021, 78% of HIV, TB (excluding HIV+) and malaria deaths and 83% of new HIV

infections and TB and malaria cases occurred in countries classified as closed or repressed. Another 21% of deaths and 17% of new infections or cases of the three diseases occurred in countries classified as obstructed. By contrast, fewer than 1% of deaths and new infections or cases occurred in countries where civic space is open or narrowed. The very communities that are most deeply affected by the three diseases, and those that advocate for them, are often the ones facing the greatest risks of government crackdowns.

(b) Decreasing funding for community and civil society advocacy

Many of the Global Funds' community-led and civil society advocacy partners are operating on shoestring budgets, with limited flexibility to conduct advocacy. Funding for advocacy is a particular challenge: Most national governments prefer to fund community-led and civil society organizations to provide services, rather than advocacy activities that are aimed at changing laws or policies or holding political leaders accountable. State-imposed restrictions on funding for community-led and civil society organizations have a particular impact on organizations that conduct advocacy, especially on issues related to human rights and key populations. At the same time, donor governments and foundations that support human rights advocacy are more likely to fund organizations in developed countries for their work in implementing countries than locally based organizations directly.

Private philanthropies have historically been critical sources of support for advocacy, particularly for community-led and civil society organizations working on human rights, gender equality and the rights of key populations. However, the number of private philanthropies that fund advocacy in the fields of HIV, TB and malaria is also shrinking.

“...civil society organizations leading advocacy, education, community health monitoring, frontline community service delivery, human rights monitoring and engagement with donors need more funding and longer-term partnerships, not less.”

International Council of AIDS Service Organizations

3. Key Actions

Key actions include:

- Engaging representatives of community-led and civil society organizations in key political and advocacy spaces and collaborating with them on Global Fund communications campaigns and messaging.
- Organizing dialogues between community-led and civil society organizations working on the three diseases and those in other, linked sectors to strengthen intersectional approaches to the three diseases and identify synergies and opportunities for joint action.
- Providing direct funding, through the Political and Civil Society Advocacy (PCSA) budget, and facilitating opportunities for community-led and civil society organizations to identify and raise other sources of funding to coordinate and lead advocacy efforts.
- Strengthening the Global Fund's own advocacy for opening civic space at the country, regional and global levels.
- Dedicating time to meet with community-led and civil society organizations during country missions.