

Working Document: 27 September 2021

COMMUNITIES AND DEVELOPING NGO POSITION PAPER ON THE GLOBAL FUND NEW STRATEGY DEVELOPMENT

On behalf of hundreds of TB community and civil society organizations currently working worldwide towards the global target of ending TB by 2030, we, as representatives of the TB community and developing country NGO delegations on the Board of the Stop TB Partnership,

Recognising the Global Fund's leadership in financing of TB responses in developing countries and also on Communities, Rights and Gender (CRG) on TB, and continued support to community and broader civil society groups in TB response;

Acknowledging the steadfast progress despite COVID-19 challenges and financial commitments made by the Global Fund, which have reaffirmed the Fund's commitment to ending TB and achieving the TB UNHLM targets which are key to achieving the goal of ending TB by 2030;

Drawing attention to the urgent need to prioritise communities who carry most of the burden of TB due to socio-economic challenges; including children, people living with HIV (PLHIV), health care workers, people who use drugs, women, indigenous populations, prisoners, migrants and refugees, miners as well as urban and rural poor; who often face stigma and discrimination and a lack of people centered care when accessing TB services;

Being alarmed that in 2015, TB surpassed HIV as the number one infectious killer globally, and presently TB accounts for over 60% of deaths caused by the three diseases covered by the Global Fund, while only receiving 18% of the Global Fund's allocation;

Underscoring the ultimate importance of research and development of new diagnostic tools, medicines and a vaccine to ending TB by 2030, which is hindered severely by continuous underfunding of TB research and development (R&D);

strongly recommend that Global Fund partnership to accelerate progress to achieve the global target of ending TB by 2030, by including the following points in its Strategy:

1. **Revise the disease split to reflect principles of equity, social justice and human rights.**
People affected by TB deserve no less than **33%** of the Global Fund disease split.
2. **Recognize the progress since 2018:** TB CRG has realized significant progress in the years since the UNHLM on TB. This is very much a result of the efforts of TB affected community and civil society partners, and through the support of the Stop TB Partnership. This progress is not acknowledged in the current draft of the Strategy.
3. **Consistency and specificity:** TB CRG has to be included in both the TB and the CRG areas of the Strategy. The TB CRG specifics should reflect the urgent need to scale up investments, utilization of CRG tools, and advancement of TB CRG monitoring and evaluation key performance indicators by the Global Fund.

4. A **Deadly Divide** between commitments and realities: In 2020, a global report was released by TB affected communities and civil society. This report ([A Deadly Divide: TB Commitments vs TB Realities](#)) features 6 calls to action. We expect these calls to action to be explicitly operationalized with Global Fund Support.
5. **Invest to build strong and sustainable TB Community Systems for human rights:** The strengthening of TB community systems, including grassroots TB affected community networks and organizations, has been historically neglected. In TB, the **Challenge Facility for Civil Society** – a unique, flexible funding mechanism to successfully enable TB CRG work and the building of TB community systems. The new Strategy must explicitly enable the Global Fund to significantly scale up its investments in the Challenge Facility for Civil Society (CFCS) mechanism (USAID is currently the primary supporter of CFCS) to ensure a sustainable, community-driven TB response.
6. **Utilization of TB CRG Tools:** There has been significant progress in the development / utilization of TB CRG tools, including TB CRG Assessments, Stigma Measurement Assessments. While 21 countries have completed TB CRG Assessments, there are almost 30 countries on the TB, TB/HIV, and MDR TB high burden list that have not. Conducting these assessments, and developing costed TB CRG Action Plans must be a pre-requisite for TB country grants in TB, TB/HIV and MDR TB high burden country settings.
7. **Community-Led Monitoring:** TB CRG CLM providing real time data, must be integrated into all TB grants. It should be the tool for measuring “quality of services” from the perspective of the user in the Strategy which can be done by implementing OneImpact Community-Led Monitoring Framework. These initiatives must move beyond collection of data alone and include routine data usage for M&E. This must feature as a KPI.
8. **CRG, Drugs, Diagnostics and Vaccines:** Newer, more effective, safer drugs and diagnostics for TB are on the market, yet remain unavailable for many people affected by TB. This cannot continue. It is a human rights issue and must be incorporated in the Strategy as such. As we look forward to a safe and effective TB vaccine, equitable access to a TB vaccine must be a priority.
9. **Social Protections:** Mental health, nutrition support, transportation support, income support and legal aid often are de-prioritized in Global Fund grant making. These are a priority for TB affected communities and the new Strategy must invest in these areas. Social protections as well as all services must be available for all, with a particular focus on marginalized groups and TB key and vulnerable populations.
10. **Gender:** Investments in women and girls have resulted in significant impact for HIV programs. The Global Fund must now include investments specifically for women and girls affected by TB in these initiatives. And, a series of KPIs on TB gender responsiveness must feature as part of the new Global Fund Strategy.

As TB affected communities and civil society, we look forward to ongoing dialogue with the Global Fund Board and Secretariat to ensure that these priorities feature in the new Global Fund

Working Document: 27 September 2021

Strategy and operating arrangements to build on the TB CRG momentum and bring about meaningful and sustainable change.