

April 2018

Suspension of the Partnership with Heineken

The Global Fund had agreed a partnership with Heineken to utilise their expertise in supply chain management, and has since announced that it has withdrawn from this partnership over concerns about Heineken's use of female beer promoters.

The [Global Fund's statement](#) says that they have ended the partnership because of "the company's use of female beer promoters in ways that expose them to sexual exploitation and health risks."

NSWP supports the right of women to self-determine the work they do and not have morally motivated curtailment of their right to work in whatever industry they choose for themselves. Therefore, NSWP is not supportive of the Global Fund suspension of the partnership with Heineken on these grounds alone. Providing the women are of legal age and their rights as workers are protected, NSWP does not have a problem with women working to promote Heineken or any other products. The issue of the appropriateness of the partnership given the harm of excessive alcohol use is now being overshadowed; by a demand that will result in women losing their employment. This feedback has been given to the Communities Delegation on the Global Fund Board, who are developing their position to input into further discussions.

Changes to the Eligibility Policy

There have been many complex changes to the Eligibility Policy, and we have briefly outlined some of these below.

The Strategy Committee has approved a revised Eligibility Policy, which still needs to be approved by the full Global Fund Board. If the Board does not approve the revised policy, then the current eligibility policy will remain in place. Current rules mean that once a country reaches Upper Middle-Income Country (UMIC) level, it is no longer eligible for funding unless there is a 'high' disease burden. UMICs in the G20 are ineligible for funding unless the country's disease burden level is 'extreme'. That would mean that Indonesia would likely become ineligible for Global Fund HIV and Malaria funding, and left without transition funding, in one or two years when their GNI is expected to increase to UMIC level.

The following supported by the Civil Society and Communities Delegations during the Strategy Committee meeting in March 2018:

- The Delegations successfully advocated for the G20 rule to be removed from the revised Eligibility Policy. This will mean Indonesia HIV and Malaria components are "safe" (though this should be interpreted cautiously). The compromise that was reached was that countries that are currently ineligible under the G20 rule are prevented, through a grandfather clause, from becoming eligible due to the removal of G20 rule.
- The Delegations tabled a proposal to evolve the current NGO rule. At the moment, the NGO rule says that countries that are ineligible to receive a government grant due to their status as a member of the OECD Development Assistance Committee shall instead receive their grant through civil society and community-led organisations. The Delegations proposed that the NGO rule be expanded to also include countries that will soon be ineligible due to the

G20 clause mentioned above. This proposal was not approved. However, in the next Strategy Committee meeting there will be a discussion on the Fund's allocation methodology, which could result in a separate funding stream for communities in ineligible countries. This is a promising start towards a 'safety net' mechanism for communities likely to be impacted by Global Fund transition.

- The primary condition of the NGO rule is that countries can demonstrate there are "political barriers" to HIV, TB and Malaria programming. The definition of 'political barriers' is unclear, however in the past the Global Fund Secretariat has mostly focused on legislative criminalisation. This approach means Russia, excluded due to OECD DAC rule, can be eligible for funding due to their government's formal position on Opiate Substitution Treatment (OST) and Needle and Syringe Programmes (NSP). However, Romania and Bulgaria, who do not have explicit laws prohibiting OST or NSP, cannot prove the necessary 'political barriers' to be eligible for funding under the current rules. The delegations put forward a proposal to improve this language, and there have been improvements. It is still unclear whether Romania or Bulgaria will be eligible, as further assessment need to be made – however, the improved language will include "practices that restrict access of key populations to services".

CCM Evolution

As mentioned in previous updates, the Global Fund is reviewing the structures and operating procedures of CCMs, which it calls "CCM Evolution".

NSWP submitted comprehensive inputs to the online consultation to advocate for meaningful involvement of key populations. The final decision on CCMs will be considered and approved (or not) at the next Board Meeting, in Macedonia 9-10 May 2018.

It is proposed there will be 3 different models of CCMs, plus a Regional Coordination Mechanism (RCM). Assurances have been given that key population, people living with the three diseases and civil society representation will be maintained in all CCM models, but the final decision will be made at the Board meeting.

Pivotal CCMs: This model is for countries that have at least one disease burden that is 'severe' or 'extreme', and where the Global Fund finances a large part of the national response. This covers 25 countries.

Transitioning Countries: This model is for countries preparing for and currently transitioning away from Global Fund financing. This covers 60 countries.

CCMs in Challenging Contexts: This model is for countries subject to additional safeguarding under the Global Fund policies, not including those which are categorised as 'Chronic Instability' or 'Acute Emergency'¹. This covers 23 countries.

¹ **Chronic Instability** means a precarious security situation, with weak governance and localised conflicts; **Acute Emergency** are those with a humanitarian crisis due to armed conflict.