

# Global Fund Strategy 2023–2028:

*Fighting Pandemics and Building  
a Healthier and More Equitable World*



The Smart Sex Worker's Guide



**nswp** Global Network of Sex Work Projects  
Promoting Health and Human Rights



**Global Network of Sex Work Projects**  
Promoting Health and Human Rights

**SEX WORK IS WORK:**  
**Only Rights Can**  
**Stop the Wrongs**

**The Global Network of Sex Work Projects (NSWP) exists to uphold the voice of sex workers globally and connect regional networks advocating for the rights of female, male and transgender sex workers. It advocates for rights-based health and social services, freedom from abuse and discrimination and self-determination for sex workers.**

The Global Network of Sex Work Projects uses a methodology that highlights and shares the knowledge, strategies, and experiences of sex workers and sex worker-led organisations. Smart Guides are the result of desk research and a global e-consultation with NSWP member organisations, including case studies from some members.

The term 'sex workers' reflects the immense diversity within the sex worker community including but not limited to: female, male and transgender sex workers; lesbian, gay and bi-sexual sex workers; male sex workers who identify as heterosexual; sex workers living with HIV and other diseases; sex workers who use drugs; young adult sex workers (between the ages of 18 and 29 years old); documented and undocumented migrant sex workers, as well as and displaced persons and refugees; sex workers living in both urban and rural areas; disabled sex workers; and sex workers who have been detained or incarcerated.

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# Global Fund Strategy 2023–2028:

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## **THE STRATEGY VISION:**

A world free of the burden of AIDS, tuberculosis and malaria with better, equitable health for all

## **THE STRATEGY MISSION:**

To attract, leverage and invest additional resources to end the epidemics of HIV, tuberculosis and malaria, reduce health inequities and support attainment of the Sustainable Development Goals (SDGs).

# Introduction

**The 2023–2028 Global Fund Strategy<sup>1</sup> will guide Global Fund approaches, decision-making, and investment for the next 6 years in a 70-page document. It is important because it describes what the Global Fund will do and how it will do it. The Strategy will influence how investment will be disbursed at the country level, how and who will implement programmes, and how and who will be involved in making the decisions. The Strategy’s increased emphasis on community leadership, acknowledgement, and commitment to maximise use of community knowledge and experience, as well as its greater emphasis on equity, gender equality, and human rights, will make it an extremely useful tool to enhance the engagement of sex workers in all Global Fund processes.**

This Smart Guide tries to simplify two components of the Global Fund Strategy:

- 1 The Strategy Framework**, which provides a broad overview, and
- 2 The Strategy Narrative**, which is complex and goes into detail about how the Global Fund will implement the strategy.

Please Note: Texts in *italics* are NSW comments on different parts of the Global Fund Strategy narrative.

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1 The Global Fund, 2021, “[Fighting Pandemics and Building a Healthier and More Equitable World: Global Fund Strategy \(2023–2028\)](#).”

# Context

## **The Global Fund Strategy is informed by the 2030 Sustainable Development Goals (SDGs), especially the SDG 3 targets of ending AIDS, tuberculosis and malaria, and achieving Universal Health Coverage (UHC).<sup>2</sup>**

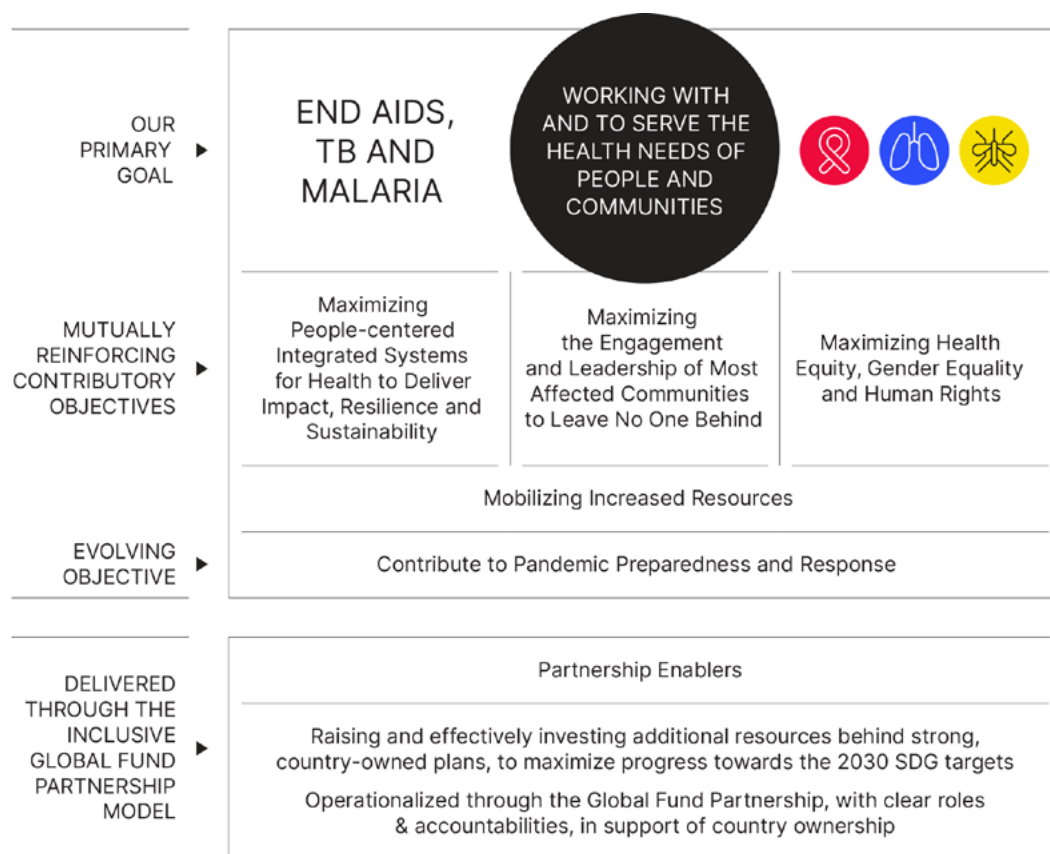
- Aligning the Global Fund with the United Nations Agenda for Sustainable Development adopted by all UN Member States should ensure that we are all aiming for the same thing. But it is also politically necessary, because the Global Fund cannot expect donors to contribute funding to an organisation that is not in line with international agreements. There are also other strategies and targets that inform and guide the Global Fund Strategy, including the UNAIDS Global AIDS Strategy 2021–2026: End Inequalities. End AIDS;<sup>3</sup> Stop TB Partnership Global Plan to End TB 2023–2030;<sup>4</sup> RBM Partnership to End Malaria Strategic Plan 2021–2025;<sup>5</sup> UN Political Declarations on HIV and AIDS (2021),<sup>6</sup> TB (2018), and UHC (2019); WHO Guidelines on HIV, Viral Hepatitis, and STIs, TB and Malaria; and the Greater Involvement of People Living with HIV/AIDS (GIPA) Principle. These have all been considered in the development of the Global Fund Strategy and may be useful to reference in your advocacy.

- All the strategies acknowledge that the world is off track to meet the 2030 SDG targets for HIV, tuberculosis and malaria. The Sustainable Development Goals Report 2022 reports incidence of HIV infections globally declined by 39% between 2010 and 2020, far less than the 75% target agreed by the UN General Assembly in 2016. The report also notes that TB treatment reached only half of the global target, and progress against malaria is off track by 40%.<sup>7</sup> UNAIDS reported that 65% of all new HIV infections worldwide in 2020 were among key populations and their sexual partners,<sup>8</sup> rising to 70% in 2021.<sup>9</sup> In 2020, there were an estimated 975,000 new HIV infections among key populations and their sexual partners, almost double the global target for all new infections, including 165,000 new HIV infections among sex workers in a single year.

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- 2 [“SDG 3: Ensure healthy lives and promote well-being for all at all ages,”](#) United Nations Department of Economic and Social Affairs Sustainable Development Goals.
  - 3 [Joint United Nations Programme on HIV/AIDS \(UNAIDS\), 2021, “Global AIDS Strategy 2021-2026: End Inequalities. End AIDS.”](#)
  - 4 [Stop TB Partnership, 2022, “The Global Plan to End TB 2023–2030.”](#)
  - 5 [RBM Partnership to End Malaria, United Nations Office for Project Services, 2020, “RBM Partnership Strategic Plan 2021–2025.”](#)
  - 6 [United Nations General Assembly, 2021, “Political Declaration on HIV and AIDS: Ending Inequalities and Getting on Track to End AIDS by 2030.”](#)
  - 7 [United Nations, 2022, “The Sustainable Development Goals Report 2022.”](#)
  - 8 [UNAIDS, 2021, “Global AIDS Update – Confronting inequalities – Lessons for pandemic responses from 40 years of AIDS.”](#)
  - 9 [UNAIDS, 2022, “In Danger: UNAIDS Global AIDS Update 2022.”](#)

In addition, COVID-19 has significantly impacted any progress made since the SDGs were adopted in 2015. The Global Fund Strategy 2023–2028 will be implemented in contexts where longstanding weaknesses in health systems and economic insecurities, as well as growing social and economic inequalities, political unrest, and conflict continue to hinder progress.

At the same time, structural barriers such as criminalisation, stigma and discrimination, gender inequality, and systemic racism have intensified, increasing sex workers’ and other key populations’ vulnerability to poor health outcomes and marginalisation.



Global Fund Strategy Framework 2023–2028

# What are the Key Points of the Strategy Framework?

**The Strategy Framework has a number of important commitments that can support advocacy for sex worker engagement in Global Fund processes and representation in important decision-making fora, such as CCMs.**

The Primary Goal of the Global Fund Strategy 2023–2028 is to end AIDS, TB and malaria. The Global Fund has made a clear statement that it will strive to achieve this by “working with and serving the health needs of people and communities.”

This acknowledges two important things:

- 1 That ending AIDS, TB and malaria is only possible with the full involvement of people and communities living with and affected by the diseases, *including sex workers*.
- 2 That the health needs of people and communities living with and affected by the diseases must be the focus of programmes, including criminalised communities such as sex workers.

This commitment is included in the Global Fund Strategy’s Mutually Reinforcing Contributory and Evolving Objectives, which the Global Fund view as essential for the Strategy to reach its goal of ending AIDS, TB and malaria. Although it is clear that the Global Fund seeks to ‘maximise’ engagement and outcomes, it is not yet clear how these objectives will be realised in practice.

Contributory Objectives: those that together will impact on the three diseases are:

- Maximising people-centred integrated Systems for Health;
- Maximising the engagement and leadership of most affected communities; Leave no one behind;
- Maximising health equity, gender equality and human rights.

Evolving Objective: will respond and develop to meet with the emerging needs of an effective pandemic response, either COVID-19 or a future pandemic:

- Contribute to Pandemic Preparedness and Response (PPR)



## **Mutually Reinforcing Contributory Objectives:**

### **Maximising people-centred integrated systems for health to deliver impact, resilience, and sustainability**

This continues on previous work around Resilient Sustainable Systems for Health (RSSH) and Health System Strengthening, which should include investment in Community System Strengthening (CSS) and support community-led programming. This will also enable the Global Fund to change the way it funds and supports programmes. It includes using Global Fund dollars to support integrating services across different providers (community, government, private sector); ensuring care is people-centred (one-stop shops where HIV testing, sexual and reproductive health and rights (SRHR) services, mental health services, etc. are available in one place); and tailoring services to the needs of sex workers (locations, operating hours, user-friendly providers, services that meet community priorities, etc.). Further focus will be on laboratory systems, improvements to supply chains, and better use of digital and secure data.

### **Maximising the engagement and leadership of most affected communities to leave no one behind**

This is a brave commitment from the Global Fund, but sex worker communities need to ensure it is honoured by the Global Fund and CCMs. Under this contributory objective, the Global Fund will try and create a more supportive environment and processes to enable community leadership to become a reality. They will focus on:

- Improving communities' inclusion on CCMs and in the oversight and evaluation of national programmes.
- Evolving the way that the Global Fund does its business in-country to be more accepting to community-led organisations as service providers, on oversight committees, and as technical expert advisers. They will do this through the provision of guidelines, tools, and practices to support this engagement.

Both these sub-objectives potentially open the doors for increased sex worker engagement and a recognition of the skills and knowledge that sex workers can bring to the fight against the three diseases. However, to take advantage of these commitments, you will need to reach out to the Fund Portfolio Manager (FPM) and country team, as well as the CCM Hub and CCM Evolution Teams. Sex worker-led organisations will need to continue to try and build relationships with CCMs and UN agencies, such as UNAIDS and WHO, who are technical partners, and other entities, such as National AIDS Commissions or parliamentarian groups, that may have influence in your country.

These commitments can support advocacy and hold the Global Fund, CCMs and decision-makers in-country accountable.

## **Maximising health equity, gender equality, and human rights**

This was a Core Objective in the previous Global Fund Strategy 2017–2022, but their own evaluation identified that they did not perform very well on this commitment, missing most of their own targets and having minimal impact.

This objective remains an essential component for effective disease responses. However significant barriers remain at country level, particularly for criminalised key populations such as sex workers, given that country ownership means that national laws, policies, and practices are prioritised above Global Fund objectives.

The new Global Fund Strategy 2023–2028 includes the following sub-objectives:

- Increased investment in programmes to remove human rights and gender-related barriers.
- Comprehensive SRHR programmes for women and their partners.
- Advancing youth-responsive programming.

According to the Global Fund Strategy, it will: “Catalyze a renewed partnership-wide commitment to confront the criminalization of communities most affected by the three diseases and support enabling legal and policy environments. We will leverage the partnership’s influence and resources to challenge laws, policies and practices that create barriers to effective responses to the three diseases and put the safety and security of affected communities at risk.”

The Global Fund Strategy also commits to “supporting investments in advocacy and the monitoring of reforms to harmful laws, policies and practices, including the criminalization of sex work, lesbian, gay, bisexual, transgender, queer and intersex (LGBTQI) communities, drug use, disease transmission, age-of-consent laws that limit access to HIV and SRHR services, restrictions on women’s health and rights, the denial of gender identity, and policies that limit civil society space.”

However, on the ground, significant challenges remain that will hinder meaningful sex worker engagement in these sub-objectives:

- *Criminalisation of any aspect of sex work creates barriers to effective responses to HIV, and to date, most Global Fund eligible countries have been reluctant to consider decriminalisation of sex work or invest in sex worker-led responses in their funding proposals.*
- *In some countries, legislation prevents providers from providing health services, including SRHR services, to women and young people under 18 without parental/guardian consent.*
- *Young people who sell sex (under age 18) are more likely to be excluded from rights-based services due to complex legal situations, despite being considered in international human rights treaties as ‘victims of commercial sexual exploitation.’*
- *Young people may be more hesitant to access services for fear of forced ‘rehabilitation,’ arbitrary detention, and/or criminal charges.*

It remains to be seen how effective the Global Fund will be, given their commitment to use their diplomatic voice to advocate with national governments. However, unless the Global Fund is prepared to withhold funding from countries who do not address equity, equality and human rights issues – which many are not – their diplomatic voice will have little or no impact.

## **Evolving Objective – Contribute to Pandemic Preparedness and Response (PPR)**

This has been included in the Global Fund Strategy:

- 1** To ensure the Global Fund is fit for purpose to respond to pandemics given the impact COVID-19 has had on Global Fund programmes and global health systems in general.
- 2** To position the Global Fund – a political decision – as the most efficient mechanism to manage financial and programmatic responses within the global health system, and therefore a key player in the on-going development of Pandemic Preparedness and Response.

It is currently unclear how this evolving objective will benefit sex workers, if at all, as its sub-objectives focus on: scaling up HIV, TB and malaria (HTM) investments; improving capacity for detection and rapid response; strengthening disease surveillance systems; and strengthening laboratory systems, supply chains and diagnostic capacity, with little focus on investment in community-led responses.

Two sub-objectives do have relevance for sex workers:

- Leveraging the Global Fund’s platform to build solidarity for equitable, gender-responsive and human rights-based approaches
- Championing community and civil society leadership and participation in pandemic preparedness and response planning, decision-making, and oversight.

However, there is no reference to increased investment in community-led responses in either sub-objective, and they are, at present, just words on paper.

There are two other sub-objectives around Global Fund advocacy towards prioritisation of health investments and the drive towards UHC, and a pandemic response partnership with communities to strengthen systems for health. Neither of these include sex workers. The first sub-objective is related to domestic finance and investment, and these decisions are made by governments. The second sub-objective creates an unrealistic expectation that sex workers would be included in a partnership to strengthen health systems. There is no evidence to support that this will be the case.

# Moving from the Strategy Framework to the Strategy Narrative

## What is different about the new strategy?

**A new strategy does not mean a new organisation. The primary goal of the Global Fund remains focused on ending AIDS, TB and malaria – although we need to be vigilant that this focus is not diluted with the increased attention on COVID-19 and emerging pandemics. The basic philosophy of working as a partnership and the continued emphasis on outcomes and results remain the same. The partnership model has not worked well for sex workers, because sex worker-led organisations are often left out of any partnerships, and although the continued focus on saving lives is welcomed, we must continue to advocate for sex worker-led organisations (and other criminalised key populations) to be included, so that ‘leave no one behind’ actually has meaning.**

Overall, the intention is for Global Fund partnerships, processes, staff, and systems, at the Secretariat and more importantly at the country level, to be more responsive to the data, evidence, and awareness that increased engagement of communities and key populations leads to more effective disease responses. There is also a commitment to address the structural barriers, such as the criminalisation of sex work and other key populations, human rights violations, and individual and institutional stigma and discrimination.

The Strategy Narrative highlights 10 key areas where the Global Fund say things will be different. Some areas are more relevant to sex workers than others. Six of the 10 key areas could benefit sex worker communities:

- 1 There will be an increased focus on prevention across all 3 diseases.** For HIV, this should result in addressing the gaps in HIV prevention coverage, speeding up access to and use of new HIV prevention options, and expanding the range of platforms for access to HIV prevention. Despite the ever-present desire for new HIV prevention options, it also highlights availability and access to condoms and lubricants, as well as harm reduction services, as essential, and opens up other options such as mobile clinics providing STI testing and treatment and needle and syringe exchange programmes.
- 2 There will be an increased focus on health system strengthening (RSSH)** which should align with and include community system strengthening (CSS).
- 3 A more systematic approach to supporting development of community systems strengthening (CSS).** It is clear that sex worker-led organisations and networks are an integral part of community systems. This commitment from the Global Fund means that CCMs should recognise this, along with support provided by Global Fund Country Team. This will hopefully lead to increased investment in community-led organisations.
- 4 A stronger role and voice for communities living with and affected by the diseases.** This includes a commitment to “put the most affected communities at the centre of everything we do.” The Communities Delegation (and others) fought hard for this to be included, but making it a reality will take a lot more work. Although some FPMs and Country Teams are already showing an increased willingness to engage directly with sex worker-led organisations, and the CRG Team are always supportive, there are still many departments and people in the Global Fund Secretariat, at country level, and within UN partners who consider themselves experts and do not recognise or value the expertise, knowledge and skills within sex worker communities. However, this is an important commitment that should be referred to when challenging institutions, systems, and people who try to exclude sex workers.

**5 Intensified action to address inequities, human rights, and gender-related barriers.**

This is another important commitment. The intention is to continue current activities, scaling up some of the programmes and raising the level of ambition. It is difficult to know if this will mean real change for sex workers, but it should make it easier to get inclusive human rights and gender programmes included in funding requests.

**8 Much greater emphasis on data-driven decision-making.** For sex workers, this highlights the importance of ensuring that data collection protects the safety and security of criminalised key populations and reinforces the need for community-led monitoring. If decisions are being made based on data, it is important that data collected by sex worker-led organisations is included. Therefore, this commitment should be viewed as an opportunity.

## **Primary Goal: End AIDS, TB and Malaria**

The Global Fund Strategy 2023–2028 narrative includes sections that cover its *Primary Goal: End AIDS, TB and Malaria* that focus on reducing disease incidence with increased attention to prevention and addressing structural barriers such as harmful laws, criminalisation of key populations, religious and cultural practices, political constraints, and other areas that cannot be addressed with bio-medical interventions. The general approach will encourage countries to better leverage Global Fund support throughout the grant cycle and strengthen partnerships with other sectors to achieve synergies and efficiencies. However, this section offers little encouragement to see sex workers and other key populations as central to the national response.

## End AIDS

There are 3 main areas where the Global Fund will look to improve its effectiveness: HIV prevention; HIV treatment and care; and reducing HIV-related stigma, discrimination, criminalisation, and other inequities.

Under **Prevention**, key points are: supporting national HIV programmes to address limited access to prevention commodities, including condoms and lubricants and harm reduction; an expectation that funding proposals will include programmes to address stigma, discrimination, violence, criminalisation, and gender-related barriers; and increased support for community-led responses. These can be used to support advocacy by sex worker-led organisations for evidence- and rights-based prevention responses and programmes.

Under **treatment and care**, the aim will be to scale up programmes to test, diagnose, and treat; ensure a reduction in treatment interruptions; and improve care pathways.

The Global Fund commits to strengthen efforts to eliminate **HIV-related stigma and discrimination** and focus and increase efforts to challenge the criminalisation of key populations. These are fine words, but unless the Global Fund will suspend funding as a consequence of non-compliance – which is not a current option – the Global Fund has overstated its influence. The expectation that the Global Fund will be able to influence domestic financing to support interventions that address human rights-related barriers for criminalised key populations is at best naïve.

## End TB

In many respects, this is more straightforward to achieve, and the proposed interventions reflect this: increase trace and treat; promotion of private sector engagement; scale up of TB prevention activities; improved access to TPT; and a new emphasis on supporting/co-financing social protection programmes. All the proposed interventions are practical and achievable with the right level of financing and commitment.

## End Malaria

This is the same as with the TB response. The proposed interventions simply need implementing, and there are very few obstacles to prevent this from happening.

That said, for both TB and malaria, the role of communities is underplayed. Although significantly improved from the previous strategy, this strategy does not reflect the contribution from communities that will be essential for disease responses to be effective.

Of course, all these commitments are dependent on how successful the replenishment is, how much funding is available, and how and where the money is allocated. Unless there is a commitment to ensure funding of key population-led organisations and networks, many of these commitments will not be effectively implemented.



## Mutually Reinforcing Contributory Objectives

These are the same objectives as mentioned earlier in the Smart Guide, however the narrative section goes into more detail about what the intention of these Contributory Objectives are.

### A. Maximizing People-Centred Activities

'People-centred quality services' means very little for sex worker communities in reality. Although the Global Fund may challenge this assertion, the whole section offers very little that is practical, realistic, or will make a difference to sex workers. It is full of text that can be found in almost all UN system documents, and which in reality has failed to improve services offered to criminalised key populations, including sex workers. However, it is worth focusing on the next 2 sections.

### B. Maximising the Engagement and Leadership of Most Affected Communities to Leave No One Behind

The section starts with a strong statement about the role of communities in the founding and development of the Global Fund, and goes on to commit to "reinforcing the engagement and leadership of most affected communities as experts in decision-making, service delivery and oversight." This is a very strong and clear commitment that sex worker-led organisations can use in advocacy for greater recognition and engagement in Global Fund processes.

The Global Fund Strategy approaches the aim of maximising engagement and leadership of communities through 3 broad areas of focus:

- 1 Facilitating inclusive Country Coordinating Mechanisms (CCMs) processes.** The Global Fund states it will do this by: strengthening the capacity of CCMs to facilitate inclusive processes, formalising CCM sub-committees for key populations, and annual reviews of CCM composition and representation. These commitments should support meaningful involvement of key populations, including sex workers. However, CCMs should *already* be facilitating inclusive processes. Key populations sub-committees *must not* be a substitution for representation on the CCM. What will be the point of annual reviews unless the Global Fund *requires* implementation of its own policies? The strategy narrative also highlights increased access to and use of data, as well as greater access to technology and virtual tools, including as an opportunity to mitigate unequal power dynamics. This is unrealistic without resources being provided to sex worker-led organisations, and shows little understanding of the realities of sex worker communities on the ground. While the intent to improve matters is evident, there is little understanding of the realities of criminalised key populations in countries.

- 2 Evolving Global Fund processes and guidelines to support community-led service delivery.** The intention here is to assess and revise existing Global Fund policies to better ensure that funding reaches community-led organisations. The intention is also then to strengthen Secretariat and PR capacity to track and report on investments made through community-led organisations. This should open up opportunities for sex worker-led organisations to be considered and supported as sub-recipients, and to address existing barriers to this.
- 3 Expanding community partnerships in support of more inclusive, responsive, and sustainable HTM responses and systems for health.** This includes a commitment to elevate the expertise of communities to inform technical discussions and advance programme quality. However, the strategy narrative is not very clear on how this will be achieved. It mentions promoting engagement of communities as providers of technical support and the recognition of Community Led Monitoring (CLM) as a critical source of data for decision-making. This is to be welcomed, especially as it implies recognition of the expertise of sex worker-led organisations. What it does not do, however, is acknowledge that this also requires changes in attitude within the Secretariat and at country level with decision-makers. This will require ongoing advocacy, which can be supported by the Global Fund's own commitment in the Strategy.

Other commitments in the strategy narrative are primarily related to COVID-19 and pandemic preparedness and response, which do not offer any significant changes or improvements for sex workers.

For sex worker communities, the intent in the Strategy to improve engagement, recognise the skills and knowledge of communities, and improve representation on CCMs, in decision-making, and leadership and evaluation of programmes is clear. Sex workers (and not others) should be the ones to do this. All of these intentions are positive changes that can be used by sex worker-led organisations to gain visibility, respect, and representation in Global Fund processes.

What is less clear is the level of understanding within the Global Fund of what will be required to make these ambitious words a reality, and how these commitments will be implemented.

### **C. Maximising Health Equity, Gender Equality, and Human Rights**

This section starts with a strong acknowledgement of the inequities that exist, and that human rights and gender-related barriers, stigma, discrimination, and criminalisation increase vulnerability to HIV, TB and malaria (HTM) and limit access to services. To address these issues, the Global Fund will focus on scaling up programmes and approaches to remove human rights and gender-related barriers and leverage the Global Fund's diplomatic voice for more equitable, gender-responsive and rights-based responses.

## What does this actually mean?

Achieving this objective requires many areas of change and increased efforts:

- Adopting a portfolio-wide differentiated approach – which means responding to every country context differently, and using different levers such as finance and policy to incentivise investment to address stigma, discrimination, and gender-related barriers.
- Strengthening country ownership and building on lessons from Breaking Down Barriers and trying to ensure programmes are sustained and embedded in national responses.
- Addressing the criminalisation of key populations – this means using resources to challenge laws, policies, and practices, and to fund advocacy as well as the monitoring of reforms to harmful laws, policies, and practices – *including challenging the criminalisation of sex work.*
- Initiating a partnership-wide focus on supporting gender transformative programming – *expressions used in the Strategy such as “increased support; promoting the role; supporting integration; more proactively engaging; and establishing innovative partnerships” are not well defined and do little to encourage confidence that this will make a difference.*
- Strengthened support for SRHR programmes – *this should increase sex workers’ access to SRHR services.*

- Targeted GBV prevention – *this should include investment in prevention and response interventions, including resources for sex worker-led responses given the disproportionate levels of violence experienced by sex workers.*
- A commitment to use both quantitative and qualitative data to identify drivers of inequity and inform responses.
- A commitment to proactively advocate and challenge discriminatory laws, policies, and practices – *while this is an admirable commitment, it does not have any value in real terms, based on the Global Fund’s inability to date to ensure that CCMs adhere to their policies and guidelines about involving key populations. Therefore, a commitment to influencing laws, policies, and practices at an even higher level seems unlikely to succeed.*

While there are also 3 commitments targeting adolescent girls and young women, none are inclusive and/or relevant to young people selling sex (under 18) or young sex workers (18+).

The commitment to this objective is genuine and is demonstrated throughout the development of the strategy. However, for the objective to be realised, it will take all of the above considerations to be fully implemented across the Global Fund Secretariat and all country portfolios. Its likelihood of success would be greatly enhanced by a dedicated funding stream for key population-led organisations that not only builds organisational capacity, but supports increased advocacy required to achieve the changes necessary for success.

## Other sections of the strategy

### D. Mobilising Increased Resources

This section describes how the Global Fund will continue to raise sufficient funding to sustain its support for HIV, TB and malaria programmes, as well as the on-going COVID-19 response.

Although it is clear that this is a critical element of Global Fund work, and sex workers will benefit from a fully funded Global Fund, it is difficult to see how or where sex worker-led organisations can contribute. The daily challenges faced by sex workers, alongside challenges around engagement in Global Fund processes, take up considerable time and energy, so this section is probably best left to those working on global and national resource mobilisation.

## Evolving Objective: Contribute to Pandemic Preparedness and Response (PPR)

Having this evolving objective in the strategy introduces a new aspect to the focus of the Global Fund. This has both positive and negative consequences, and was the subject of intense debate during the development of the strategy. Driven by the Executive Director and the Secretariat, its stated intention is to “help the world address COVID-19 and seek to protect HTM gains and build RSSH, while engaging in ongoing global discussions with partners and the G7/G20 about future roles, responsibilities and how to build a better system to prepare for and respond to pandemics.” This can be viewed positively, and makes sense from both a political and global health perspective. However, there is a concern that the focus on this evolving objective will have a negative impact on HIV, TB and malaria responses, because the strategy narrative also states “...but more and additional funds will be required if we are to fully deliver on this evolving objective and avoid diluting our work to fight HTM.” The unspoken concern is that this evolving objective may become more of a priority than HIV, TB and malaria, and that funding will be diverted to ensure that the evolving objective is delivered.

There are 8 interventions described under this objective, and few provide opportunities for increased involvement of sex worker-led organisations:

- **Scale up investments that build resilience of HIV, TB and malaria programmes to current and future threats.** The intention is to strengthen delivery of HIV, TB and malaria services, and includes an increased use of people-centred, differentiated service models and more support for community/home-based service models. In reality, it means that the Global Fund will continue their approach but will try to do things better with an eye on potential future impacts of another pandemic. For sex workers, nothing will change.
- **Build frontline capacity for detection and rapid response.** The focus here appears to be on strengthening the role of community health workers (CHW) with no acknowledgement of the frontline work implemented by key population-led organisations.
- **Scale up and integration of community systems capacity for detection and response.** This should provide an opportunity for sex worker-led organisations to have an increased role in providing data and intelligence about new outbreaks. However, given the limited impact of C19RM, when very little funding was allocated to sex worker-led organisations, despite them providing frontline services, it is difficult to feel confident that this will make a difference for sex worker communities.
- **Strengthen disease surveillance systems and use of real-time digital data and detection capacity.** This approach effectively excludes sex workers and other key populations who do not have the equipment, resources, or training for digital data collection. Regretfully, only CHWs are identified for disease surveillance training.
- **Strengthen laboratory systems, supply chains and diagnostic capacity, etc.** This is necessary, but not something in which sex worker communities are directly involved.
- **Address drug and insecticide resistance.** This is also necessary, but not something in which sex worker communities will likely be involved.
- **Leverage the Global Fund platform to build solidarity for equitable, gender- responsive and human rights-based approaches.** In terms of this evolving objective, there is nothing new to add that is not included in the Maximising Health Equity, Gender Equality and Human Rights objective.
- **Champion community and civil society leadership and participation in PPR planning, decision-making and oversight.** This is an admirable intervention. The strategy narrative says all the right things, however it is also very naïve and simply does not reflect the reality on the ground for criminalised key populations.

## Partnership Enablers: How we work

The narrative simply states what the role of each entity of the Global Fund partnership is, and naturally presents this in a positive way.

This Smart Sex Worker's Guide presents a more realistic interpretation of the Global Fund partnership family given previous experiences of sex worker-led organisations.

- **Country ownership:** *can be problematic for sex worker and other key population communities who are routinely criminalised in eligible countries;*
- **Technical Partners:** *can be problematic, particularly at country level where they too often side with governments and can be antagonistic towards key populations;*
- **Implementer governments:** *can be problematic, as many have track records of being anti-key populations and fail to allocate Global Fund resources to rights-based key population responses;*
- **CCMs:** *can be problematic, as despite Global Fund policies, too many have excluded meaningful key population representation;*
- **Communities and civil society:** *could contribute more if they were provided with appropriate resources;*
- **PRs:** *can be problematic as many too often 'play safe' or 'play politics' in their selection of sub-recipients;*
- **Development partners, including donors:** *can be problematic, as they each have their own agendas that do not always align with community priorities;*
- **Private sector, including Foundations:** *can be problematic, as it is often difficult to know what they think;*
- **TRP and GAC:** *can be problematic, as both have made very questionable decisions on key population programmes that are included (or not present) in grants;*
- **Local Fund Agents:** *get a lot of money for very little output;*
- **Office of Inspector General:** *have sought to engage sex worker and other key population communities, but are not being utilised by key population-led networks;*
- **Secretariat:** *populated by too many people who do not understand the daily realities faced by criminalised key populations; and finally*
- **The Board:** *whose members are often too focused on their own agendas and are often not willing to have difficult, but honest, discussions.*

While this may be considered a harsh assessment of the Global Fund partnership model, it is based on the experiences of sex worker communities to date. We sincerely hope this can change. The strategy narrative sets out an ideal vision. It describes a world that does not exist, and which will not exist for the benefit of sex worker and other criminalised key population communities, unless there is real commitment to action and significant change.

## **Implementation, performance, and a call to action**

The strategy narrative states: “This new Strategy for the Global Fund partnership is designed to recover our progress toward our primary mission of ending AIDS, TB and malaria, address new pandemic challenges, and deepen our commitment to equitably improving the health of people and communities. The success of this Strategy will be determined by the quality of its implementation over the quality of its text.”

This last sentence is hugely important. The Global Fund must be held accountable for the full and effective implementation of its new 2023–2028 Strategy. As sex worker-led organisations, we have a responsibility to watchdog the Global Fund and the implementation of the new strategy in countries and ensure commitments are met, as well as call them out when they leave sex worker communities behind.



# Conclusion

**While this Smart Guide includes criticism of the Global Fund Strategy 2023–2028, this strategy is a significant improvement on the previous strategy. It is more ambitious and nuanced, and calls for communities, including sex worker communities, to have an enhanced role in decision-making and national processes.**

The new Strategy offers a number of opportunities to strengthen the role sex worker-led organisations in Global Fund processes: strengthening CCMs to facilitate an inclusive process; increasing focus on maximising engagement and leadership of affected communities and the commitment to leave no-one behind; maximising health equity, gender equality and human rights; and the overall intention to place communities at the centre. All of these have the potential to increase opportunities for sex worker-led organisations to be heard and to influence decision-making within Global Fund processes for the benefit of sex worker communities. The new strategy can and should be used to hold the Global Fund, national processes, and governments to account. Sex worker communities will need to remain vigilant and follow how the strategy is being reflected and implemented at the country level so that they can decide if it is making a difference.

This new strategy offers hope for change, but as always, time will tell if the Global Fund Strategy 2023–2028 is strong enough to overcome the challenges sex workers face on a daily basis. The Global Fund has been effective in supporting disease responses. However, the question remains: will this strategy enable the Global Fund to do better for sex worker communities?







**nswp**

**Global Network of Sex Work Projects**  
Promoting Health and Human Rights

## **SOLIDARITY IN ACTION**

**Even before the HIV epidemic, sex workers were organising themselves. NSWP, as a global network of sex worker-led organisations, has strong regional and national networks across five regions: Africa; Asia-Pacific; Europe (including Eastern Europe and Central Asia); Latin America; and North America and the Caribbean.**

NSWP has a global Secretariat in Scotland, UK, with staff to carry out a programme of advocacy, capacity building and communications. Its members are local, national or regional sex worker-led organisations and networks committed to amplifying the voices of sex workers.



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