

Friends of the Global Fund Europe Event
Brussels, 11th April 2011
Vanessa López's intervention

Distinguished Minister, Commissioners, former Ministers, Parliamentarians, Professor Kazatchkine, colleagues from civil society and the rest of the audience; it is a pleasure for me to participate in this session and I would like to congratulate "Friends of the Global Fund Europe" for organizing such a special event and also thank them for inviting me to be here today.

The organization I represent, Salud por Derecho, takes part in the Developed Country NGO Delegation at the Global Fund Board and although I am not representing this Delegation, probably some of my colleagues present here also share some of the thoughts I am going to express.

Civil society representatives working with the Global Fund is varied. There are affected communities by HIV/AIDS, tuberculosis and malaria; advocates from implementing countries and activists and organizations working in donor countries. Our expertise, roles and priorities regarding the Global Fund are different as well, however all of us share a common goal: to achieve a fully funding global fund that allow us to have the resources needed to reach the universal access for HIV/AIDS, tuberculosis and malaria.

A well known AIDS activist from Latin America, Javier Hourcade, once said that the creation of the Global Fund have meant a real possibility to make in to reality the dream of universal access for HIV/AIDS. He made this statement in 2009, when the financial crisis had just started to impact the international aid budget. Then, our colleague Javier also mentioned that this situation could not pull away that collective dream. This is the dream, extended to malaria and TB, shared by all the organizations and activists working with the Global Fund. But more important, this dream is the hope, the right of people and communities affected, as well as the aspiration of the States in the South, that need the solidarity and the responsibility from the international community to be able to fulfill their responsibilities with their citizens.

Civil Society has had a crucial role in the Global Fund from the beginning and with governments, international institutions, and private sector, civil society are represented at all levels of the Global Fund architecture: Board, Country Coordination Mechanisms and as Principal Recipient.

There are three civil society delegations at the Global Fund Board: the Developing Country NGO, the Communities living with HIV, TB and affected by Malaria and the Developed Country NGO Delegation. These constituencies hold three seats at the Board and their participation is unique, since it allows civil society to have decision-making power and voting rights alongside traditional stakeholders such as governments and donors.

At the country-level, civil society is considered to be a partner taking part in the Country Coordination Mechanisms that put forward new country proposals to the Global Fund and oversee existing Global Fund grants.

Civil Society organizations also can be direct recipients of grant money in a country – either as a Principal Recipient or a Sub-recipient, and most of them are involved as implementers of Global Fund programs and deliverers of key services to the most vulnerable groups. And last but not least, Civil society also play a key role in mobilizing governments to commit their resources to the Global Fund in response to the urgent need to provide prevention, treatment and care.

The Global Fund has become the most critical funding mechanism in supporting civil society that, as implementer, is best suited to serve the hard-to-reach vulnerable and marginalized populations. So far, civil society is proving to get higher ratings than government implementers in this regard. I considerer specially important to remark this here, in the context of the European Union, since the European Commission and also lately some other European countries, are prioritizing budget support instrument, where often civil society is not represented and national plans and policies supported by bilateral aid do not plan intervention for this populations or even such policies undermine their rights.

Two months ago, Civil society around the world joint for a meeting in Amsterdam, hosted by the NGO International Civil Society Support, agreed the vision that we needed to build a global movement around health and the Global Fund to achieve “a fully funded Global Fund based in a global solidarity principle”. In my understanding, this principle of global solidarity is broader than what a lot of donor countries like to use when they refer to the need of implementing countries to increase their investment on health and social services. For me and for my organization it means that both, implementing and donors countries comply, with their shared responsibility, in an equity way and based to their economic capacity. That means for the Global Fund that all high income countries, including those which are not donors at this moment, would have to contribute properly, so according to their wealth. These are not unknown principles for the European Union. We all know how the progress has been possible in many European countries, thanks to the principle of european solidarity and although we are still far of a global solidarity system, of a global cohesion road map, we need to start thinking such a model is achievable.

We need a scale up of the Global Fund financial resources to be able to face the current HIV/AIDS, TB and malaria plans and goals. It is crucial to mobilize additional resources. The eleven point seven (11.7) billion dollars pledged by donors in the last replenishment it may seem as a huge amount, but it is a stand still and IT'S NOT ENOUGH TO KEEP PROGRESSING. If we want to achieve the MDGs we still need to increase dramatically the resources and we must be realistic, if donors do not maintain the commitment, the Global Fund can not be expected to keep reaching such as impressive results as has been doing until now.

However, some donor countries are freezing temporary their contributions because the corruption cases identified by the Global Fund. Let me point out that civil society strongly support the zero tolerance policy for fraud, but we need to find a balance in how to deal with those risks without harming the rest of the programs, thus the Global Fund's core mission is to work in risky environments.

Of course a fraud of one dollar is threatening lives, but, suspending contributions is ALSO threatening lives!

My country, Spain, has been one of these donor countries, together with the European Commission, Germany and other that decided to freeze the contribution. The Spanish Secretary of State for Development announced the intention to freeze its contribution after the news published in the media. In consequence, the most important networks working on HIV/AIDS in the country asked the Government not to use this situation as an excuse to delay even more the pending announcement of the pledge or use it to justify an eventual drastic cut. We also urged the Spanish government to establish a productive dialogue with the Global Fund and the Board. Our message has been clear to the Spanish Government: what is not compromised can not be frozen.

The Global Fund was founded to save lives and it is working. In eight years it has saved six million lives. People that otherwise would have died. Even though the Global Fund's capacity to mobilise money has been enormous, it has never achieved the resources needed. Donor governments have to be accountable with an instrument that they created to finance their own commitments and aspirations on AIDS, TB and malaria. The Global Fund is being crucial to cover saving-lives treatment and prevention for AIDS in general population, but overall, for those vulnerable and marginalized groups often neglected in national or bilateral program. The equity and efficacy agenda of the European Union and European Commission must have this into consideration, moreover when the recent EU global health policy has not preserve, at least on paper, the position that the Global Fund deserves on this regard.

We know that if the Global Fund reach the money needed for the next three – five years, it would be possible to eliminate vertical transmission from mother to child of HIV by 2015, malaria could be eliminated as a public health problem in x countries and multi resistant TB could be controlled in high prevalence countries.

Yes, we know the problem is the money. But let me tell you that actually the key is the political will and the change of priorities; Otherwise how can be explained that never in the history have been such amount of richness in the world as now, and that even though, is right now when it said to us that there is no money to invest in people?.

THANK YOU.