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**The Global Fund Proving Impact Promoting Rights
Kaiser Family Foundation
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MICHEL KAZATCHKINE: - should do, and of course I look then forward to our discussion with you Raminta, Joanne and Morolake on this.

So impact, well when it comes to treatment and I'll just focus on AIDS here, all of you remember just 10 years ago in Durbin, many were actually skeptical that treatment or even should be provided to the developing world and had a long list of arguments against providing and expanding treatment.

People were saying drugs are too expensive, treatment is not cost effective; we don't know whether the patients will be actually compliant to the treatment. People were saying there's no infrastructures, there's no health care workforce. People were saying, if we rush too much introducing treatment at large scale, this will lead to resistance, in other words, all of the arguments saying it could not, or even should not be done. Now here we are, 10 years later, and seven years after the Global Fund was created and ultimately, clearly all of these claims proved wrong. And today it is 5.2 million people who are on treatment in low and middle income countries, of which 2.8 million are supported by the Global Fund.

The Global Fund currently supports around 50 or a little over 50-percent of all patients on antiretroviral treatment in Africa and close to 75-percent of all patients on antiretroviral treatment in Asia.

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And so, clearly we've made huge progress and we should acknowledge that and celebrate that. And that doesn't mean that we should be blind to the challenges ahead of us, but we have to acknowledge that, because that means that we have proved the feasibility of scaling up at large scale, something that people, again were clearly doubting.

But in addition to being a public health success to me the massive roll out of antiretroviral drugs is perhaps one of the major human rights victory that we have had in the first decade of the 21st century. And think again of Durbin, this was the context when access to treatment was put forward as access to a basic human right. And in that respect, again massive scale out of antiretroviral treatment in the developing world, is a also a major human rights victory.

And I would like to here congratulate all of you today and particularly my fellow panelists because I exactly know who they are and what they have been doing in the last few years. Congratulate all of you who've been champions on human rights and champions on treatment for these successes.

But we've also made huge progress in prevention. And don't forget the Global Fund is sometimes perceived as a fund for treatment and as not for funding prevention. We've made huge progress in prevention. The Global Fund has been the primary and Raminta, you would agree maybe the only, or almost the only funder of harm reduction in Eastern Europe for

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example, clearly at the global scale, by far the largest funder of harm reduction in the last years. It's the primary multilateral funder of preventing mother to child transmission of HIV and the impact of prevention at large, we're seeing in some of our really welcomed with you all of the news about decreasing incidents of HIV/AIDS, among the young population in Africa for example.

And then, and I know I'm speaking to a convinced audience here, I'm using this sort of artifact of talking about treatment and then prevention, but when we all know and we particularly realize at that conference how much treatment is also prevention and therefore I wouldn't like to in any way, to be seeming like going into the totally useless debate about treatment versus prevention. I'm just mentioning all of the areas that we're funding and how ultimately all of this is impacting.

But that funding, that is AIDS funding, as you know well has also be key funding for strengthening health systems. Many of the small clinics, many of the improvements in access to laboratory testing and structures, many of the health workforce in the developing world has been financed with this money going to AIDS, TB and Malaria.

So again, let's not oppose any way, on the one hand health system strengthening, on the other vertical funding for AIDS and/or TB and/or Malaria. We are very much in an

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integrated way of moving here. And it's for the countries to decide what they wish. And as I just said in another session, just before this one it's interesting to note that when it comes to HIV/AIDS and I look at our entire portfolio, worldwide, and that's over 120 countries, when it comes to HIV/AIDS, what the countries have requested is an average of one-third of their money going to treatment, one-third of their money going to prevention, at large and one-third of their money going to health system strengthening.

The same comment I would just briefly make around maternal and child health. Let's not again, pitch one against the other. How could maternal and child health be an issue considered separately from the issue of AIDS or Malaria when we know that over 50-percent of the deaths of women in childbearing age in Africa are due to HIV/AIDS when we've all read the Lancet Paper showing how much AIDS impact on maternal mortality in Africa. And we know that 90-percent of the deaths from Malaria occur in small children, below the age of four.

However, instead of building of these results, on these results, and the impact I just mentioned, what I have been hearing some of these days, is again some of the skeptics, the voices of the doubters and the skeptics, just as in year 2000. I talked in another session yesterday about some vicious sort of hostility there, again, let's be very careful not to

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listening to those voices that are just as in the year 2000, voices of the doubters and voices of the skeptics.

I'm certainly not one of those doubters or those skeptics. We have proven collectively that we can provide treatment to everyone in need. There isn't a country in the world now, even in some of the poorest countries and even in countries in conflict where somehow treatment and prevention isn't coming with Global Fund funding.

But we're of course, not saying that, I'm not in any way denying some of the current realities, including the economic crisis. But I don't want people to say that because there is an economic crisis we can't continue to scale up, at least not at the same pace as we have been scaling up in the same years.

Some other people are saying that the effort is unsustainable. Some other people are talking about a treatment mortgage that donor's will have to pay in the long-term, which I think is a truly very negative and inappropriate term when what we have done is actually to save lives and actually provided hopes to millions of people and when at a time when we should actually be celebrating our successes and building those successes to move further.

So there's clearly a backlash that I am seeing, witnessing a backlash, including at this conference and from some of the key speakers at this conference. There is a

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backlash on treatment and to me that backlash is also a backlash on human rights and we have to resist it.

Instead of turning people away from treatment centers or putting them on waiting lists, something that we know many of you have heard is already happening in too many places every day, we have to continue scaling up.

So again of course I realize donor countries face economic difficulties, but let's also think that and keep in mind that the poorest countries are the hardest hit by the crisis and even disproportionately more than the rich donor crisis. So we shouldn't allow this crisis to increase the inequities again and clearly unless we strongly act now, we really risk to undoing the progress that we have achieved since Durbin and since the Global Fund was created eight years ago.

And has actually become, I believe the world's most powerful vehicle to reduce the inequities between health, between the rich and the poor, between the north and the south and hence has become a powerful vehicle for the realization of human rights.

Let me just turn to human rights now, and as I said in the very beginning, talking about these three words; impact, Global Fund, human rights, or these three sets of word, I really think what the Global Fund does, what we do because I keep saying, and you've probably heard me already saying that the Global Fund is our Global Fund it's out collective

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instrument to fight the diseases. What we're doing with the Global Fund is all about promoting human rights.

So let me briefly go through a few key areas here in what the Global Fund is doing in terms of human rights. First as in too many countries and is recurrently being discussed at this conference, women, girls, continue to be subject to violence, denial of sexual and reproductive health services, property and inherited rights and the basic means to protect themselves from HIV. This must change and this is why the Global Fund has come with a gender equality strategy.

Gay men and other men having sex with men, transgender persons, sex workers all suffer from a wide range of human rights abuse and this is why the Global Fund has come with a gender identity strategy.

And the Global Fund is also focusing now on people who use drugs and on the Eastern European epidemics and this is why we recently launched an initiative to increase access to prevention and treatment for people who use drugs, including in prisons and in pre-detention trial centers.

And I hope when it comes to me particularly, I hope that you feel that you can count on me for that advocacy on human rights. Whether it's by signing the Vienna Declaration and encouraging others to do so, speaking at the rally yesterday, speaking to the President of Malawi a few weeks ago,

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or talking about drug detention centers this morning when I met with the Vice Premier of Vietnam and the Vietnamese delegation.

And finally let's be clear there's a lot we can do more and better. And I do recognize that the lack of support for programs that promote and support human rights is one of the key failures in the response to AIDS and that's one area where, as a major funder of AIDS, we can help improve the response. Rights based programming puts the needs of women and of the most marginalized populations at the center. It addresses not only their most immediate health needs but recognizes, for example that providing legal assistance, something again we discussed with some of you this morning, may be as important to a person who injects drug as a needle or as a condom.

We have included recently some guidance into some of our documents, for example for those of you who may know it, our fact sheet on services for people who inject drugs, and in our CCM Newsletter, but I know we must step up this effort and highlight the importance of human rights programming at each national strategy or plan.

And then let me just turn to you briefly Joanne about what you called and here let me quote, "the heard of the Global Funds human rights dilemma, which is espousing human rights principals while also being committed to allowing HIV responses to be primarily driven by countries." And indeed when it comes to the Global Fund it is firmly committed to both, to on the

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one hand human rights based programming and on the other hand to the very principle that responses must be driven and owned by countries rather than imposed by the funder, by donors. And that dual commitment admittedly to human rights and country ownership, sometimes poses challenges. Particularly when countries, of course, fail to implement human rights based policies and programs or have written policies that actually undermine these rights.

But one thing is very clear, and I would like to make very clear here, we do not support and will not support interventions that are not evidence based or that infringe human rights.

Finally let me say, and I'm sure we'll go further into that discussion in a few minutes. Finally let me say that a few weeks ago when I spoke in Toronto at the invitation of the Canadian Legal Network, HIVAs Legal Network, I said that we should use this conference, the Toronto Conference, to reinvigorate the AIDS movement as a human rights movement, just as the Durbin Conference did 10 years ago.

I said we need a new and strong and united call for human rights, for continued and ambitious scale up of treatment and prevention programs, now more than ever. And I think that last night with all of you that I saw the beginning of that, now we need to make it really happen and sustain it.

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I think this is one more key ten years after Durbin, one more key moment in the history of the AIDS response, where we can bring together the AIDS response and human rights. It would be a human rights and public health disaster to turn our backs on millions of people in need.

So, ours is a movement for health and justice. Ours is a movement for human rights and I'm glad to say I can hear that movement becoming vocal again and these were the few remarks I wanted to give before we enter into the debate. Thank you Morolake, thank you for your patience [applause].

MOROLAKE ODETOYINBO: Thank you very much Michel. Thank you. Thank you so much, forgive me because I know Michel so well, I think I just took it for granted that we all know him.

Michele is Executive Director of the Global Fund for AIDS, TB and Malaria, based in Geneva, Switzerland. And unfortunately today we are unable to have the Minister of Health from Ethiopia; he could not make it to Vienna. So his name is out there on the program but he sends his apologies, he's not in the country, he's not at the conference.

Next we have Joanne who is an Associate Professor at Columbia University's Mailman School of Public Health in New York. She was a founding director of the HIV/AIDS program at Human Rights Watch and was executive director of the Canadian

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HIV/AIDS Legal Network. She's worked on health and nutrition program for UNICEF for over 70 years. And --

JOANNE CSETE: Seven.

MOROLAKE ODETOYINBO: Seven years. No it can't be seventy.

MICHEL KAZATCHKINE: Seventy, seven zero.

MOROLAKE ODETOYINBO: No it can't be 70. No she's not 70 years old.

JOANNE CSETE: Almost though.

MOROLAKE ODETOYINBO: She definitely hasn't worked for 70 years. She's worked for over seven years and she's proud of the fact that she's lived in Africa for over 10 years, Joanne please.

JOANNE CSETE: Good afternoon everyone. I would like offer these remarks today in solidarity with our good colleagues, Dr's Arash and Kamiar Alaei who now have been incarcerated without good reason, unjustly for more than two years, linked partly to their work as pioneering AIDS physicians. I hope you all will get to know something about this case at the website, you're on, IranFreethDocs.org, and if you are so moved to join us in signing the petition.

The remarks that I will give today come from an analysis and reflection that I did on behalf of the Canadian HIV/AIDS Legal Network and the Open Society Institute and I

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thank my collaborators and reviewers and overseers and commenter's in this process.

Ladies and gentleman I have a dream, yes I know that's not as a rhetorical device very original so with apologies to Martin Luther King, this is, as you will see a remarkable likeness of me having a dream and it is a dream of money. Not money for me, though that's also quite a nice dream, but money for human rights based programs for HIV.

And my dream is of a big fat and I mean by that, well resourced, big, fat funder, with very much a global scope that is interested in HIV programs but is an unusual funder because it really understands what rights based programs mean. It understands that that doesn't just mean putting the word rights based in your mission statement, or is doesn't just mean inviting a sex worker now and then to a meeting. It means something deeper than that.

And in this dream, this funder actually invests in understanding what kinds of human rights violations stand in the way of good HIV programming, HIV prevention, care and treatment for everyone. And when the dream big, fat funder finds in country X for instance that it's impossible to involve sex workers in HIV programs because the police harass them so much and they are so hyper criminalize as an example, this big, fat ideal funder says, well country X, you know we're in a position to help you scale up your programs better than any

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funder out there can do, and we respect your sovereignty, but we have some principles about these things, about programs that we bring to scale.

At the very least, what you need to do in this case is to demonstrate to us in some way that you're at least on the way to addressing these problems that are standing in the way of rights based HIV programs and we expect that the actions that you'll be taking in any way are consistent with your human rights obligations that come from the human rights treaties that you've ratified.

And if you can't do that, well you know, maybe we're not, at least for the moment, so interested in being your funding partner but maybe we can help you work through these things in some way to remove these barriers.

So this, it's a pretty good dream you know. I think maybe, maybe dreams have no place in a serious discussion like this, but I think it may be legitimate for us in some way, to ask how close is the Global Fund to that dream or how close would the Global Fund like to be, or could it be to such a dream of that big, fat funder?

The question actually goes seriously to the heart of a central inquiry at this conference which is, what is the meaning of real commitment to confronting HIV in a human rights based way.

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In this analysis we looked at three aspects of the Global Funds work, the grant making processes, the grants themselves program content, and the advocacy that the Global Fund has done on human rights related issues of concern to HIV programming, which by any reckoning has become much more important in the Global Fund since Dr. Kazatchkine is there, and we are grateful to him for that.

We were, as he suggested, particularly interested in this balancing act of a kind that necessarily follows from this dual commitment, this potentially conflicting commitments of commitment to human rights and rights based programming on the one hand, and also commitment to country ownership, country driven process on the other.

The dilemma again, as he said is clear if countries driving the country driven processes are set upon ignoring or undermining human rights, rights centered programs will very likely be impossible.

I just want, because the time is short and we do want to have discussion to mention a few selected results from this reflection that we undertook.

The CCM mechanism itself, I don't need to tell you what it is, is already something of a human rights statement on the part of the Global Fund. It's a statement that said it didn't want to deal only with governments it wanted to deal with a structure that would include civil society, UN agencies and so

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on. And where this works, it's a very much important bit of progress in rights based programming, I think.

Where governments though still dominate CCMS and this really is still a problem in a lot of places, some of the same places where governments repress AIDS related civil society organizations, there needs to be some attention to that. And maybe it's in the form of great availability of non-CCM grants or something, but I know it's something that the Global Fund is concerned about.

On representation of people living with HIV, the Global Fund has a rule about that that is something where I guess the Global Fund felt strongly enough that this is something where countries, CCMS need to be challenged. There has to be somebody living with HIV on CCMS and indeed that has happened, and it's an important step very much reflecting the JEPAs victories over the years.

As for key affected populations, and I think we all know what those are but notably obviously people living in, people who use illicit drugs, sex workers, MSM transgender people, mobile populations and so on, the record is a little bit more mixed and indeed one has to be concerned that in places where there is hyper-criminalization of even minor drug crimes, of sex work, of transgenderism, of homosexuality, the organizations of those populations often cannot even be officially registered, how can they participate in CCM

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processes? They often can't get money; they often don't have the capacity to be able to do what you need to do as an active CCM member.

This is a real concern to us if we are serious about rights based programming.

Women's rights groups as well. There are a lot of accounts out there, from women's organizations that have had a lot of problems being taken seriously in the CCM and Dr. Kazatchkine spoke about how the Global Fund has addressed this, yet it remains a big challenge.

Another challenge that's related to that, that we think is worth highlighting is that many women's rights organizations and I can assure you that women's rights organizations have a hard time finding funding for HIV related work even though we know so well that subordination of women is a main driver of HIV. That women's rights organizations in CCM sometimes feel as though they are pushed into a service delivery mode, maybe because of the kinds of performance indicators that are used, rather than being able to do rights advocacy, if that's their specialty.

Scaling up controversial programs; there's very good evidence that through various kinds of suasion, interaction, whatever it might be the Global Fund has been influential in getting some countries to adopt things like Methadone therapy,

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absolutely crucial. Again Dr. Kazatchkine has been an important advocate in this regard.

There is also some concern that sometimes a tokenistic commitment to those programs appears kind of to keep people off their back or whatever it might be, and we need to be worried about scaling up these programs. We wonder if there's some way that the Global Fund might think about encouraging that kind of thing, strongly.

With the rest of these points I'd like to go ahead and say a few words. Again, I agree with Dr. Kazatchkine, his leadership, both as the President or the Chairman I guess of the first technical review panel of the Global Fund and in his current position has been crucial in setting the precedent for funding for needle exchange and opiate maintenance therapy.

The figures are here, it's an extraordinary achievement and yet we still have the concern about the participation of people who use drugs themselves in these processes and even organizations that represent their interests; harm reduction organizations. This really leads us to the concern, the more general concern, that I mentioned before of how one deals with these situations where it's clear that criminal law, whether it's in sex work, in drug law or whatever it might be, is standing in the way of being able to mount any kind of real rights based response to HIV.

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We wonder if this is an area where the Global Fund might be able to be a little bit more assertive or even directive than it is now. In the Global Funds gender strategy, which Dr. Kazatchkine referred to, there are for instance, rather detailed guidelines about how one does, how a CCM might do a gender analysis. Could that kind of thing for instance be required for thinking about how exactly criminal law stands in the way of first of all people's participation in CCM processes and secondly their representation of their interests and funded programs.

Could something on that order be done without challenging too much this idea of country driven programs? I am so delighted to hear that Dr. Kazatchkine was able to do, as it were, national level advocacy with the representative from Vietnam at this conference on the matter of detention centers for "drug treatment," very much in quotation marks. These are places, in case you haven't heard some of the seminars that have been given here about this terrible phenomenon where drug users are involuntarily detained, the treatment that is given really is in the form of forced labor, often with physical abuse and nothing that we would call scientifically sound or evidenced based treatment.

Dr. Kazatchkine has already spoken about this challenge, the challenge of learning I guess that the Global

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Fund money has gone into services in these institutions at some times and we appreciate his concern.

We do think that in addition to a very serious national level advocacy to close these institutions, because they really must be closed, the Global Fund may need some kind of clear policy to determine if it is going to continue to try to help the people who are in these centers. I have to say myself, that personally I find it hard to know how one does services in these centers without legitimizing them in a way that may be counterproductive.

Maybe there's a way to have a time bound plan toward closing them or something but we hope that the Global Fund will be working on this question as it thinks further through its strategies related to drug use and HIV.

I did not want to fail to say something about 100-percent condom use programs because I think not enough has been said about these. This is another category of programs that the Global Fund has supported in a number of countries. 100-percent CUP, as many of you I'm sure know, are programs that are meant essentially to make a commercial sex transactions without a condom illegal. That is to say, that all transactions and they especially usually target brothels and nightclubs and other entertainment venues must be transacted with a condom. And this usually involves the police, because again it's a matter of making unsafe encounters illegal, essentially.

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The problem that one has, from a human rights perspective here, is that these programs are generally completely top down, they are normally designed, as far as I know, all of the ones that are out there, have been designed without much in the way of meaningful participation of sex workers. The Global Network of Sex Work Projects, the Asia Pacific Network of Sex Workers, have all really denounced these programs, been very concerned about the human rights violations against sex workers that seem to have accompanied these programs.

We hope that again, in this case, when CCMs promote the use of Global Fund resources for such programs, there might be a way to get them to reflect, perhaps even as a requirement, on the kinds of human rights protections that might be possible and also we know that there are very much rights based alternatives to these programs, because we have seen the amazing achievements of sex worker run collectives, and we'll hear more about that, for those of you who are interested, from Meena Seeshu in tomorrow's plenary.

And here I will allow, in defense of the Global Fund that this is not an area where WHO has done its job in giving us good rights based technical guidance. We learned on the UN Advisory Group on sex work and HIV that I'm part of, that WHO will be revisiting guidelines in this area, but we don't know

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how long it will take and it's an area of great concern for programs in HIV and sex work.

We also know that from the beginning of this epidemic HIV positive women have been, in many cases, encouraged not to become pregnant. If they are pregnant have been coerced to have abortions. They have also undergone coercion to be sterilized against their will. In Namibia recently there have been document cases of involuntary sterilization in hospitals that were receiving Global Fund support for vertical transmission programs.

Obviously not something that anyone could foresee at the time those grant agreements were made. None the less a heinous human rights abuse and this is the kind of thing where one would hope there would be a kind of process for responding to the abuse being sure that there is an investigation, perhaps pushing CCMS to have writers in the grant agreements that talk about the rights involved an how to protect them.

Again, I won't take the time to talk about the gender strategy. I think it's great that the Global Fund has developed strategies with respect to women's equality as Dr. Kazatchkine said as well as with respect to what the Global Fund calls S-O-G-I, SOGI, Sexual Orientation and Gender Identity, which also includes concerns about sex workers.

I would say that also the Global Fund has community system strengthening lines of funds and the so-called dual

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track financing policy which it seems to regard in its documents as a possible other ways to make up for, to increase civil society participation, and we hope that those programs as they are developed will be evaluated carefully with respect to the needs of key affected populations especially criminalized people.

Again, I don't have time to talk about advocacy; Dr. Kazatchkine has been an important advocate on many difficult human rights concerns. We need his voice as we are in a time, if you heard Ellen 't Hoen this morning, of yet more challenges in preserving the generic drug industry and preserving affordable right to treatment.

I think that there are a number of other area and some of them are listed here where we could use more advocacy.

So for us, I think it is, it's hard to reconcile this dilemma. We recognize that this is difficult. We think there may be possibilities for actually pushing CCMs more than they are pushed. We know that the Global Fund has the potential to provide groundbreaking leadership in situations where criminal law has been such an impediment. And that's laying a lot on the Global Fund, but that is the commitment that seems to be made and we hope that, that will stay firm.

The advocacy voice is important and also should we hasten to say that obviously UN agency representatives, others who aren't on CCMs should be working in this direction as well.

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Since I plagiarized Martin Luther King at the beginning, let me go on and to plagiarize him and remind you that he famously said that the arc of history tends toward justice. We have almost 30 years of an historical arc of country responses to HIV and I would suggest that those responses tend toward justice only when they are kicked pretty hard in that direction.

The Global Fund has not hesitated to intervene in country driven processes in cases of corruption or mismanagement of funds. As a practical matter it seems to me that the outcome of corruption is very similar from the point of view of rights based programs for HIV, to the criminalization of drug use or sex work or homosexuality or transgenderism. In both circumstances you really can't expect that rights based programs will work.

Of course none of this discussion is worth anything is the Global Fund doesn't have resources, so I join my voice with the thousands others here in favor of a hearty replenishment for the Global Fund including a contribution from a host country to make up for its lack of support in the past.

The question really is which human rights problems have the gravity to lead the Global Fund to step back and think about whether it wants to be putting fuel in this country driven vehicle or maybe to know a little bit more about where the vehicle is going before it fills up the tank.

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We think perhaps that there should be a wider range of such issues than there are now. It would indeed be a terrible setback for the world's confrontation with HIV for the considerable leadership, human and financial resources of the Global Fund, not to be brought to bear as much as possible in shaping exemplary rights based programs.

That any way is the dream and when we dream we should dream big, maybe even big and fat. Thanks [applause].

MOROLAKE ODETOYINBO: Thank you very much, thank you so much. Raminta, in addressing what we've heard and I'm sure you've listened to Michel and you've listened to Joanne, you're a senior advisor with the Eurasian Harm Reduction Network and the European AIDS Treatment Action Group, and you are also on the policy group co-chair for the EATG. Tell me, are you in any way linked with the Global Fund of the country original level?

RAMINTA STUIKYTE: I'm trying to be as less linked as possible directly, but my linkage is through advocacy work. Because many civil society groups, as John said, they became implementers, they became so much in the system that many groups are not able, John did not say that, but some groups are not able to speak about the issues to advocate to governments because they became the implementers. They became the implementers; they became who are delivering treatment, so how can they demand from government some treatment.

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And, on this, if you allow me to continue.

MOROLAKE ODETOYINBO: Please go ahead.

RAMINTA STIUKYTE: We've heard fantastic issues what the Global Fund has done. We have seen a lot of issues in Eastern Europe the impact. We've seen, for example, in Ukraine that possibility to introduce Methadone substitution or in many, most of Eastern European countries and Central Asia it was possible only because of the support of the Global Fund. Of course leadership on the ground, but it was mainly through that.

And we've seen in general human rights brought into discussions around HIV, the even sometimes without mentioning human rights, this is what Global Fund does, it says like, lets speak about evidence base, let's speak about services, let's speak where is HIV epidemics, so it managed to bring human rights even without talking about this.

But this progress and this impact is also fragile. So, Eastern Europe and also Middle East, North Africa, Latin America, and many other regions [applause] are very much affected by the recent processes that the Global Fund is not fully funded and those limited resources are so called prioritized to who needs the most.

So some regions become completely neglected. And it's not so say that we shouldn't focus on the countries where we have the major epidemic. What is the issue that in some

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countries we started very good work and as Michel said about harm reduction, often it's the only funder. It's the only funder in most of the countries. It's the only funder that brings human rights issues, that bring men that have sex with men in Middle East and North Africa or bring sex workers issues in Asia Pacific and we are basically losing it.

So what happened in round 10 is that there is a special reserve channel, so called for most at risk populations and that is the channel that indicates that you can apply there for serving most at risk populations.

So serving the human rights, providing services, providing essential services to people who are the most marginalized. But there is major ceilings for each of those funds, and there are very limited funds that are possible. So what was happening over the summer, because we all are rushing for the round 10 to submit applications is that many countries were counting, so how many applications could be supported?

Whose application will be first because of prioritization, new criteria, epidemic, etc, and countries have less epidemic they already are punished now, because they won't be able to get money from reserve funds, because it's only 15 grants if they request the maximum that will be supported and we have much, much more countries that will be applying for that.

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And this eligibility issue is something that of course is bouncing issue, depending on how much money we have. But it's the issue also related with donors.

Donor's wants to promote human rights. Donors wants evidenced based services and donors want the drug services for people in their home countries and that their borders, for example I'm from Eastern Europe so that your borders are sort of safe from HIV because there is major epidemic in Eastern Europe.

But on the other hand when we are asking donors what is the solution for countries that are becoming non-eligible, and we ask also European Commissions, DJ Development on Monday, they are saying we have to find some special solution. I am sorry but they are saying these things like for two last years at least. And they are never finding them. They are never sitting down with Russia, which is --

MOROLAKE ODETOYINBO: Let me ask, based on what you've said, what would be the specific policies or interventions or programs that you would like to see in place that will ensure the rights and promote the rights of marginalize groups? Specific policies, now?

RAMINTA STUIKYTE: One of the policies to keep those companies that are eligible still now, eligible [applause] and to fund them. And not to put the ceilings on demand, because what's happening now we are trying to say that, actually no we

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don't need so much money for HIV, this is what might happen. Because all countries are trying to say, oh we need only that amount of money and we won't see the amount. So the first issue is to eliminate for the next round most distressed populations, special reserve fund and to fully fund the Global Fund for all eligible.

MOROLAKE ODETOYINBO: Thank you very much, I mean it's boiled down to one reason, why are we going into eligibility and who should be funded and who should not be funded. Looks like everything boils down to this money problem and it's as if where money's concerned we begin to place and say, so which life is more important and which one should we be saving and I hear you in that.

Michel based on what do you have to say to this? You're Executive Director of the Global Fund, I know you're not the Chair of the Board but you are Executive Director and Raminta has said some amazing things, tell me what do you have to say?

MICHEL KAZATCHKINE: Well I'd like to be very clear on this and I hope everyone understands me and hears me at being very clear on this, I do not see how we could reasonably conceive a global fund, a global fund that would not be global.

So we're dealing with global epidemics, we need a global response and to fund that global response we need a global fund that is indeed funding access to treatment, to

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prevention care and support, where ever it is needed in low and middle income countries. I can't be clearer than that.

That said, yes I have a voice as Executive Director of the Global Fund and I want to make that voice public. I have also a voice as a non-voting member of the board. All of you are voting members of the board, somehow, and please remember that. You're all represented on the board, several of you, and I welcome the message from the Mena Region here, you're represented on the board both regionally and with a board member who is representing the civil society organizations from the south.

We just need to build that critical advocacy. We need to do two things. First we need to build the advocacy so that the board doesn't become threatened by the financial issues in order to take decisions that would be key decisions when it come indeed to human rights and to the way we actually conduct the HIV response. I think the two matters should be kept separate.

The matter of financing is a key issue there, but the decision on keeping the Global Fund an instrument for all of those who need it in low and middle income countries together, to me is a question of principle around the Global Fund, and that decision should be taken independently of the economic and financial context.

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When it comes to the economic and financial context, there are two things we need to do. One of course is all of us to advocate and work hard, whoever we are, wherever we are, on having a Global Fund that is fully replenished.

But also we have to address the legitimate question of how countries that should have the financial means to respond to concentrated epidemics, if they were able to have the political will commitment. Why would those countries just receive money from the donors without actually somehow participating in that funding process?

So, I really wish that we work hard not on whether middle income countries should or should not be eligible. But how can they be eligible, that is find the right conditions for them to co-fund the programs, and personally what I advocate for is that the middle income countries are both beneficiary of Global Fund programs, and contributors to the Global Fund.

And this is what I am currently asking from some of the emerging economies, I was in China recently, going soon to India, and talking to Brazil, to Mexico, but actually I would like to address every single middle income country and ask them to have their share of the burden. If they do not show that share of the burden, it will be more and more difficult to dissociate the two debates. And under the pressure, our board and the donors may say okay in those conditions, let's prioritize.

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Although, you could also ask the question, and I have no answer to the question, how is a dollar better invested? Is it where it's most needed, or is it where it will be bringing the most leverage on the response?

MOROLAKE ODETOYINBO: Thank you Michel. Joanne, I'm going to ask you this question before I take this out to other people then have people be a part of this conversation. We've been having this conversations, tell me how can we really monitor the impact, the human rights impact of Global Fund grants? If we really, really show better outcomes, what are these indicators we should be looking for?

JOANNE CSETE: I should probably have said more about the fact that UNAIDS has identified a number of human rights interventions that it feels to be important in national responses to HIV especially in places where key effected populations are marginalized or criminalized. And those include things like access to legal services, stigma and discrimination programs, fighting violence against women, know your rights kinds of programs, there a number of other ones but, direct human rights interventions.

That is one way to look at how effective the message has gotten through about human rights based programs and as I think Dr. Kazatchkine said himself, it's somewhat disappointing to see how rarely those kinds of interventions show up as priority items in proposals from CCMs. I think though that

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perhaps the model of the gender strategies that the Global Fund has taken is one that we should be looking at carefully.

There hasn't been so much a spirit of requirements on CCMS, but a lot of encouragement to CCMS to do capacity building, to do gender analysis with a lot of guidance about what that analysis should be. Could we think of something like that with respect to the other areas where people have a very hard time getting some central human rights concerns of key effected populations into the process?

And I wonder in that regard, I would like to hear Dr. Kazatchkine's thoughts, could there be some kind of resource, I know you're not trying to build a big secretariat, but some kind of resource that would help countries settle disputes or get technical assistance or just have the reflection about how much criminal law, in the cases that we cited, is really standing in the way of good programming.

MOROLAKE ODETOYINBO: Thank you. Michel before you take that, I'm going to ask a volunteer from the group, I know your lips are sealed but, I need somebody to answer that question.

So, I'm playing the devil's advocates. We've just been told some middle income countries really need to put their money into the fund as well. I mean I've had donors talk about this on constant, how can China be getting money from the Global Fund? How can we have this country, so I'm playing

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devil's advocate, if you would use mic number two behind you, please answer that question. Yes, thank you.

MALE SPEAKER: Thank you Morolake. I understand the situation that it's not normal that people who have resources do not invest and rely completely on the Global Fund or other financial institutions.

However, we all know the situations in our countries, in Latin America, in Eastern Europe, in Middle East and North Africa. These countries who are effected with this question of eligibility criteria. Who can change the situation? Civil society.

If we do not invest in civil society, if we cut the funds for civil society, who will do the advocacy? We are not advocating only for rich countries to fund the fund, we are always in each meetings in our countries we are trying also to ask our governments to invest in money. We are living in different countries, this advocacy is very difficult to do, but it is going to be even more difficult to do, otherwise impossible to do if we kill today civil society organizations in our regions.

So those who are promoting the change of eligibility criteria, they are punishing success. The situation has completely changed from 2002 where the Global Fund has been changed. For us, the Global Fund is resources to put programs that are needed in our communities, communities that are

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discriminated, marginalized by our government, in Eastern Europe, in Latin America and Caribbean, and in Middle East and North Africa.

But the Global Fund is not only money, it's also a way to work countries who do not respect civil society, are obliged today to sit in the table with civil society in the CCMs.

So what we need today is to invest in civil society. The Global Fund must continue to support, we are here to support the Global Fund, to fully fund the fund from rich countries. We are also advocating so that our countries respects their commitments.

But if we cut the fund we are not going to punish the governments who do not invest in their population, we are going to punish mass at risk populations who are already marginalized and discriminated and the Global Fund is going to punish them.

There so changing the Global Fund eligibility criteria's is simply for me, punishing success. I like Michel Kazatchkine very much, but I hope that this is not the last time when I will call him Mr. the Executive Director of the Global Fund and that next time I will see him I won't tell him Mr. the Executive Director of the poor countries and high prevalence countries fund against AIDS, Tuberculosis, and Malaria.

MOROLAKE ODETOYINBO: Thank you very much [applause].

Thank you.

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I hear you, and like we've been told, who can make that difference? Who can ensure that these things happen? Who can ensure that whatever criteria is set, are those that are people friendly?

Rominta said something, she mentioned inability of civil society organization who do advocacy work to meaningfully engage with CMMs, because once you become a grantee, you become compromised. And you said you're trying to distance yourself from that.

Now, Offman [misspelled?] you've talked about if we need to fund civil society, so I need someone to help me. How do we fund civil society in this context, where the CCM is seen to be severely compromised? Where civil society members or groups on the CCM are seen to be compromised, how do we get this going?

Remembering that the Global Fund will not tell you what to do, it must be country driven. Global Fund will fund whatever comes from the country. If you can, there's different mic's. There's a mic here number three, there's a six, there's a two, a five. Number two? Okay, please, go ahead.

RICHARD ELLIOT: Thank you, Richard Elliot from the Canadian HIV/AIDS Legal Network. I think part of the question is perhaps already answered. There is in fact an ability to have non CCM funding from the Global Fund, that has been used on occasion to support civil society groups, especially in

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situations where the relations between civil society and government have been particularly troubling, and so it's not been realistic to rely upon governments including the broader spectrum of stakeholders in the process.

I think the question perhaps more is, what sorts of things could we and should we be funding through those mechanisms to address the human rights issues that are often at the root of the problem and that make --

MICHEL KAZATCHINKINE: Sorry, Richard. Let me direct here --

RICHARD ELLIOT: The Global Fund investments in different areas less effective.

MICHEL KAZATCHINKINE: Sorry Richard, I don't want to interrupt. But let's be very clear, yes indeed Global Fund can fund directly to civil society outside the CCM, but in the eligible countries only.

So if we lose on eligibility, countries that would lose eligibility would not be countries where we would be able to fund directly to civil society. I just want to make that clear for everyone. Sorry.

RICHARD ELLIOT: No, you're absolutely right. And I'm speaking not so much to the question that was just being addressed about which countries are eligible, but more the question that was just being posed about how do we make sure

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that civil society can be involved. Obviously that's an issue for countries about eligibility as well.

Can we look then to possibility where, let's set aside the moment for the debate about which countries are eligible, let's assume that we resolve that and that in fact at the end of the day, as we've just heard those countries do remain eligible.

Where there is eligibility for civil society groups to seek funding, could we look at some specific initiatives that actually fund those groups to document the kinds of human rights abuses that we don't want to see when we say that the Global Fund will not fund programs that are not evidence based, but also that violate human rights.

How do we make sure that that happens? One of the ways is to fund the groups that are in a position to document some of those things and then bring those to the attention of a funder like the Global Fund.

Groups that can document the impact that these kinds of repressive, impeditive laws have on the ability to do effective HIV prevention and treatment with these populations.

MOROLAKE ODETOYINBO: Thank you.

RICHARD ELLIOT: Can there be some specific initiatives there that would actually help us achieve that goal?

MOROLAKE ODETOYINBO: Thank you very much. So I'm going to go to mic number three, and remember what we're talking

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about. What I need to know is, how do we do this in the context of where the Global Fund is right now?

So there is around, we have around ten proposals been waiting. Looking at human rights how do we ensure that civil society is supported, advocacy work is supported, and that we are able to get this work done? Mic number three.

AMIR RESOMORATI: Hello, Morolake, Michel, Joanne.

MOROLAKE ODETOYINBO: Sorry please tell me your name and your affiliation.

AMIR RESOMORATI: Yes, my name is Amir Resomorati [misspelled?] I'm from Iran. I'm a member of the CCM, also a national AIDS committee and I'm a representative in the community allegation to the Global Fund. Regarding, I'll get back to your question, but regarding the eligibility criteria in our region, Middle East, North Africa --

MOROLAKE ODETOYINBO: Sorry. I'm sorry, I'm going to have to, that particular one. No, let's do the eligibility criteria now, let's try and answer this immediate question.

How do we ensure that's human right programs are formed have funded? If civil society, the part of the CCM responsible for bringing forth the proposal as seen as compromised. And I'm happy you sit on the CCM and you are from civil society. How can we get this done?

AMIR RESOMORATI: Well I think, especially in our region, Middle East, North Africa, and as my colleague Offman

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mentioned the situation regarding civil society, we might be middle income but we're poor in civil society regarding the fundings available to us.

I think Global Fund should look into more in the CCMs and do a performance indicators. I'll give you an example for Iran, last year we only had two meetings for the CCM.

As much as the Global Fund is pushing for more seats available for non-governmental organizations in the CCM, the government somehow is trying to have limited meetings, so they still have the control in a country which all the settings is governmental run, basically the service providings.

So I think we need CCM performance indicators, clearly, and one of the indicators could clearly be a number of meetings in each year, and how the civil society performed in that. But getting back to, please allow me to tell this regarding eligibility crisis.

MORLAKE ODETOYINBO: If you are going to do eligibility, I'm going to give you one minute for eligibility.

AMIR RESOMORATI: I don't need one minute, it'll take less than one minute.

MORLAKE ODETOYINBO: Okay, all right.

AMIR RESOMORATI: I think we shouldn't just look on national income. In our specific region we should look into the percentage of that national income being spent on health issues. So, health spenditure in our countries, Middle East and

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North Africa, is a very great indicator to see how much of the nationalist income is being spent on the people. So, that's something to.

MOROLAKE ODETOYINBO: Thank you very much. And I'm going to, I'm going back to [applause] mic number six. Before I go to mic number six, Raminta want to say something very quickly.

RAMINTA STUIKYTE: I want to say actually four at least things that already taking place, and that could be some good practices that could be done even more.

So on one hand, we have civil society groups that manage to balance advocacy and service implementation role. We have those examples, the same Ukraine where legislation was changed with leadership of civil society and legislation not on something like simple, but on drug policy. And that was civil society that was implementer, they were, in a way, also forced to do that because otherwise they wouldn't achieve what they committed to achieve.

We have also examples of regional proposals from networks. Which are too few, because it's so hard to get funding for regional proposal, too hard to build a proposal, too hard to manage it and the procedures of course have to be lowered down, but this is something that we have to keep in mind and to encourage that.

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MOROLAKE ODETOYINBO: Are you talking regional civil society proposals?

RAMINTA STUIKYTE: Regional civil society proposal specifically on marginalized groups. Because now it's a little bit complex where and how they could receive support, and probably this is answer in a way only.

Also to Middle East, North Africa, we saw in that Latin America, Central America, and hopefully at some point we will see also in Eastern Europe and some other regions.

And then also monitoring and evaluation is one of the key tools that Global Fund manages to do with services. To make principle recipient, CCM, but also principle recipient to be legally responsible for implementation of some indicators, and why don't we include indicators on legislation around marginalized groups? Or about human rights programming or how many human rights violations are reported into that? Into bigger, greater accountability mechanism, and [applause] in addition to that, to have national funding criteria as Michel indicated.

And national funding criteria and also colleague, I think from Iran, was making the point on that. National funding, not just for general HIV, because what's happening in Eastern Europe, I don't know about other regions, is that this national funding that is shown as co-funding is usually for what? For hospitals, for doctors, for doctor's salaries, but

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almost never, I think never, for marginalized groups, so something maybe to ask them as co-funding for human rights is also some possibility.

MOROLAKE ODETOYINBO: Okay Michel, I hope you were listening. Because I mean, on a list we're asking ourselves, how come, we make this more effective.

So, microphone six, the sixth mic, permits me to tweak this question a bit. Tell me, I don't know, are you familiar with what is called the surrogate strategy session [inaudible] gender identity that the Global Fund --

DAVID TRADER: I am, yes.

MOROLAKE ODETOYINBO: Okay, so tell me how do you think that we can bring in the surrogate strategy into countries where we can't even begin to talk about sexual orientation and gender identity where it is a taboo and it's against the law? Yet, we are talking human right. How do you imagine that this can happen? Your name, your affiliation.

DAVID TRADER: Okay, it's David Trader [misspelled?] I'm with the communities delegation to the Global Fund and from Australia and Morolake, I'm afraid you've caught on me on the hop, I haven't prepared for that question. But I actually have a question for Michel, which is broader and may actually to some extent, answer that.

Michel, I was wondering whether you could answer for me, it's my understanding that under the current co-sharing

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criteria within the eligibility policy that lower middle income and middle income countries are required to focus their programs on key effected populations, or most vulnerable populations.

How is the Global Fund monitoring this? How can the Global Fund improve its monitoring of these obligations and can it actually be mandated that some of this investment actually goes to strengthening communities, and particularly advocacy around decriminalization?

MOROLAKE ODETOYINBO: Thank you. Mic number two?

KATHERINE SAVERO: Yes, I'm Katherine Savero [misspelled?] from the Grant Management Solutions project. Since January, there is a new opportunity to enable civil society organizations to participate more actively in country-coordinating mechanisms for the governance side, not just for the implementation side.

Because under the new Global Fund funding policy for CCMs, more of CCM budgets can be devoted to mobilizing civil society constituencies and enabling them to meet to provide input to CCM activities, including oversight of global fund grants. And I would just hope that CCMs are seizing that opportunity to actually finance civil society consultation, finance civil society participation and proposal development, and finance communication toward the population.

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Now, if they are also including civil society members actively in over-site activities, this will enable civil society to include in over-site, these very issues that are concerning us right now. So in the round ten screening of CCMs, I hope that the Global Fund will really pay particular attention to looking at those over site plans and those CCM budgets to see if those civil society activities are included.

MOROLAKE ODETOYINBO: Thank you. Mic number three?

LOUIE ADEMA: Yes. Thank you very much moderator. My name is Louie Adema [misspelled?] from Nigeria. I'd like share my young experience with the group, as concerning more of the participation of civil society in a Global Fund activity.

Like in Nigeria, the civil society have been able to put them self together, put their acts together, thereby finding themselves in the role of sub recipients, in implementation of round five.

And now, even as I speak in the approve grant of round nine, the civil society had been able to come together, put their acts together, their [inaudible] together, to come up as a principle recipient. This principle recipient we as the civil society can really come to the center stage and see themselves participating in Global Fund activity. And that's the case in Nigeria now.

The civil society of the selected as a principal recipient participant to the round nine. And that's a great

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effort on their part to assume that to participate fully in the Global Fund implementation. And also for then getting funding to carry on their civil right activities then.

So that's what explains, that's one thing I think this group also can, lesson they can learn from.

MOROLAKE ODETOYINBO: Thank you.

DAVID TRADER: From Nigerian experience. We as a civil society have been able to come together.

MOROLAKE ODETOYINBO: Thank you.

DAVID TRADER: And we have to put their acts together and bringing, put meaningful contribution in the Global Fund.

MOROLAKE ODETOYINBO: Thank you very much. Mic number two.

ANDRE CLEPIC: Thank you. Andre Clepic [misspelled?] of International HIV/AIDS Advance, Ukraine. International AIDS conference set an agenda, a topic for the next two years. And what I am hearing during this days is test and treat slogan or approach. I think this approach is very risky to take without deep thinking, especially in our region. It's based on just a mathematical motto, it's mostly relates to generalized epidemic.

But this conference, we are having mostly related to Eastern Europe and Central Asia context, and there is a huge risk that this message will be taken by our government officials back home, applied for around ten application and

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thus necessary prevention element, including harm reduction, Methadone based substitution treatment can be cut off at all.

In this context and anticipatance at risk, it's very important that you and Professor Kazatchkine and especially reinforce importance of the prevention. Because one of the messages we would like to back home, from this conference that actually focus prevention works.

Ukraine is, the country I am from, is a very proof example of this. And it's done mostly with the Global Fund support. As Raminta said, this success is fragile, so it's really needed to be supported in Ukraine and in entire region to demonstrate its full success, thank you.

MOROLAKE ODETOYINBO: Okay so I'm going to say the last comments to from that mic number two, then come back here.

BRENAN RIVERS: Yes, hi my name's Brenan Rivers [misspelled?] I run AIDS Span which is a watch dog of the Global Fund and we produce the newsletter, Global Fund Observer, we're based in Kenya.

When the Global Fund started the CCM was a very bold experiment and a very exciting experiment and a very difficult experiment. And one of the biggest difficulties was conflict of interest by governmental members of the CCM. You had cases where a minister of health, or a permanent secretary from the ministry of health would be both the principle recipient and the chair of the CCM, and everyone recognized the need to

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confront this conflict of interest, I'm not sure that it was handled very well but at least the conflict was recognized.

At that time, civil society organizations in those countries, this is several years ago, had very little expectation of getting Global Fund money.

So they provided actually a very health role on the CCMs. They were watch dogs, they were advocates, advocates for doing what's right and for not doing what's wrong. Then along came the dual track funding concept, where it became much more easy for civil society organizations to receive money from the global fund. That was fantastic. I fought for it, I endorsed it, I applauded it.

But the result is that you now have civil society members of CCMs, whose first priority is fighting to become sub-recipients or in a few cases principle recipients. And the watch dogging, and the advocacy for what's right and the advocacy against what's wrong is happening much less. CCMs are now a hot bed of conflict and of politics and of fighting for the money. And I think this needs to be recognized, I think many of us who are fighting for dual track didn't see this coming, I certainly didn't. And I think civil society needs to now, at some level, whether it's the board or within the individual CCMs, work out a conflict of interest policy for themselves, where they can actually provide a good example to the governmental members.

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A conflict of interest policy where they say that on certain issues, certain organizations either should not be on the CCM or should not vote on certain issues.

I think if this issue of conflict of interest among the civil society CCM members is not acknowledged and confronted head on, the CCMs are going to become even more chaotic, and I used that term deliberately, than they are at present. Thank you [applause].

MOROLAKE ODETOYINBO: Thank you very much Brennan. I am with you 101-percent on that. We need to have a CCM, not just a reform, we need to have a revolution on that CCM. Because it looks as if that's the easiest place to get your interest served.

How on earth can you be responsible for a grant you write, you pull the proposal, you are the primary recipient, you are the one doing the money [inaudible] evaluation, you are the one doing all of these things, and you expect some kind of accountability. Which means we must have clear rules.

If you are a sub or primary recipient, you have no business on the CCM. Let the CCM be exactly what it was meant to do. So I'm going to, we've had questions, we've had comments, is there somebody there? One minute, one minute, one minute.

MALE SPEAKER: Sorry Morolake, one minute. I just want to ask Michel Kazatchkine, that people from Middle East and

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North Africa, Latin America and the Caribbean, and Eastern Europe want him to speak publically about the eventual consequences, that if these countries cannot eligible.

Because the public opinion doesn't understand for them where it's middle income countries, so then they have to invest. But they don't know the question of human rights that this money goes to most at risk groups, etcetera.

So we expect for him, we need when we ask him that publically during the following weeks and months to speak about this. Because the public opinion doesn't understand this issue, and thank you, and sorry.

MOROLAKE ODETOYINBO: Thank you very much [applause].
Okay, so let's wrap this up.

There two things clearly that I'd like for us to take out of this. What needs to be done in order to make. Sorry, what's the value of integrated human rights into the Global Fund thinking process; the grant making, the advocacy by the secretariat? What are the things we need to see to scale up on HIV prevention, care, and treatment? And then what do we need to do in order to make human rights happen routinely? Not something that we have to fight and scream, that should be part of the systemic things we have in the fund.

So in addition to, I'm sure we have comments and answers from the floor. I'm going to start with you Joanne.

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JOANNE CSETE: Well I think Michel has been asked a wide range of question and probably we don't have much time, probably should get the chance to speak.

I guess I would come back again to this idea of how seriously do we take human rights violations that stand in the way of responding effectively to this epidemic? This is what this conference is all about.

Again, not meaning to put everything on the shoulders of the Global Fund, it's the most important mechanism that's out there for certain kinds of programs, especially ones that are politically unpopular. That does put a huge responsibility on the institution. And I hope that after a hearty replenishment it will be a big priority for the Global Fund to think carefully about guidelines that maybe become in some cases more than guidelines and requirements of institutions that clearly are not getting it.

That serious structural barriers, criminal law, social marginalization, complete disdain for the people most affected by HIV are all standing in the way of programming in the same way that corruption does in some places. And those are not necessarily mutually exclusive.

And being active even assertive, in dealing with those issues, and also in a transparent way. And I think that that means also that the Global Fund will need to engage with civil

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society on the ground in ways that will help make those responses be reality based and lead to good programming.

MOROLAKE ODETOYINBO: Thank you. Raminta? Two minutes.

RAMINTA STUIKYTE: So, what human rights gives to all of us is sustainability. If we implemented human rights and if we managed to get national governments to start implementing that, it's actually something that is sustainable. Much more sustainable than just providing services, and we would see major impact.

And we have seen that, for example in Estonia, where now human rights are, which were supported when it was still eligible, which was supported by the Global Fund, and where we see that human rights situation now is changing. It's completely changing.

And I wanted to answer a little bit, if Michel's is not against, on the issue of conflict of interest in CCMs. This sounds like small issue, but it's big issue in terms of that we have civil society that is implementing and we have also watch dog functions, and I agree a lot with that.

And the way how it could be address, there was one discussion very recently in Kirgizstan where civil society discuss that there could be and should be implementers, but they want one at least civil society organization that does not receive any money from the Global Fund. But it's not always

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possible, because in many our countries, it's very hard for civil society to get any funding. There are not many donors.

MOROLAKE ODETOYINBO: Thank you very much. Michel.

MICHEL KAZATCHKINE: Thank you. There are indeed a number of questions and I apologize because of time, my answers will be succinct, but let me first turn again to this issue of eligibility and let me say again that to me a Global Fund has to be global, that's very clear.

We also have to work all together to find the best conditions under which that message can be understood by our board. But you're giving me a huge responsibility. I'm ready to speak publically, but before we go to the general public opinion, we have to focus on our board, and our board is you also, all of you. Through again, I repeat the civil society delegations, your regional delegations, you are represented also in the current working group that is defining and discussing this eligibility criteria. It's not the national press somewhere that we do it. It is that group and that board.

Second, when it comes to co-funding issues from in middle income countries, you're absolutely right. Middle income countries are funded by the Global Fund to primarily address the issues of the most marginalized and vulnerable populations. They're asked to show that they co-funded activities, but as Raminta said, that what they show is money that somewhere then disappears in hospitals and in other things that are not

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actually focusing on the very interventions and the very activities where we need them. I would however hesitate, someone said whether we should, some of that co-funding, whether we should something should be mandated, or countries mandated to focus on. Really, I don't want the global fund to be an institution, a donor, a funder that engages with countries based on conditionalities and mandatory requirements.

The Global Fund is supporting the countries. The weight must be on the countries in the way they manage, decide, and struggle to manage and decide. But the times when it's for the donor somehow to put the rules on the others, I think these times in general in development aid should be over.

Thank you for the comments on the CCMs, I think that's a very interesting discussion. I was going actually to say what you just said Rominta, that I fully agree that those policies of conflict of interest should be clear, we should clearly have civil society representation.

That is not civil society implementers on the CCM, just as you said Bernard that we're now facing the same sort of conflict of interest as the one we were denouncing when minister's of health, were both chairing CCMs and the principle recipients of many grants. But that is not always easy, and then I would really turn to Joanne maybe for one more additional comment.

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Because conflicts of interest is about ethics, and ethics is not providing a set of rules or solutions, ethics is about debating the difficult issues and perhaps you could help us move in this difficult area, of how can you be both a member of the CCM sometimes, or an interested party, and an implementer?

I think Richard Elliot has opened a number of avenues on how to think further on having human rights in the funded programs by the Global Fund. I really, Joanne, appreciated the analogy you gave with corruption and that has really opened the, my thinking and I really think we should perhaps think more along these lines than think about more conventional lines of putting human right related indicators in what we ask people to report on.

Because all of you who sort of applauded, saying we should have more indicators and indicators on human rights, are also the same people who keep saying to the Global Fund, please less, less indicator, less reporting, less bureaucracy. And so we have a tension and a dilemma there that we have to address.

And finally for our colleague from Ukraine, I fully take your point, you're absolutely right. Let's be very clear, what the message from this conference about treatment is prevention is, is that when you treat a large population in a generalized epidemic, indeed you deplete the reservoir of the virus, therefore you decrease the transmissibility, therefore

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you will impact on the epidemic, and that's documented in models and is now being documented in the real field.

But Ukraine and some of the concentrated epidemics are clearly demonstrating that if we focus on the right population, for example without addressing harm reduction at large scale in a country where 70-percent of the epidemic is driven by IV drug users, then indeed we can impact the enormously on the epidemic. And this is the reason why all of us are so sad about the current situation in Russia.

MOROLAKE ODETOYINBO: Thank you very much. Okay, thank you very much and it's already four o'clock? Past four. The session, unfortunately is over, because it's four o'clock, and we really must wrap this up. The session ends at four right? Yes. So let's, I'm very sorry, I really am sorry, it's four, I apologize, please do forgive me.

Let's remember who funds what the country calls illegal. What is not illegal in the context of that context of that country, but needs to be addressed. How does it get funded? CSO composition of the Global Fund, who really of the civil society members sitting on the CCM, apart from the sexy, easy-to-work with networks do we have sex workers on the CCM? Do we have IV users on the CCM? Do you have MSMs on the CCM?

Especially in countries where these groups are criminalized, who is speaking for them?

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So when we talk about CSO, composition of the Global Fund, who really are these people and what do they speak for?

Finally, let me put off my hat as a moderator and put on my hat as the alternate board member for communities living with HTB and Malaria on the Global Fund.

I do want to be eligible, unfortunately, we are the only group where we do not have the luxury of being regional, so we're not a region, we really must represent everybody infected and affected across the globe.

And which means that for us as a community delegation, it is important that everybody has access. So this is an ongoing theme, and once again please for those of us are really interested in these things, can we go find our regional groups? Can we find civil society on the Global Fund and engage with those groups? Because that's the only way our voices can be brought to the Global Fund.

Thank you very much Michel, thank you Joanne, thank you Raminta, and everybody thank you very much for spending your time with us. Thank you.

[END RECORDING]

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