

## PRESS-RELEASE

**Health advocates from 67 civil society organizations in 24 countries call on the Global Fund's continued support to countries with growing HIV, TB and malaria epidemics**

***Majority of people living with HIV and TB burden is now in middle-income countries, however health often does not benefit from improved economies***

**Friday, 8 November, 2013, (Vilnius, Lithuania)** - Sixty-seven civil society groups from 24 countries have in a formal statement called on the Global Fund to fight AIDS, TB and Malaria to continue smart investments in transition economies, where most of the HIV and TB burden exist and which would be essential for cross-border malaria efforts. The Global Fund's Board is currently meeting in Geneva (7th – 8th November).

Concerns center on the three regions of Eastern Europe and Central Asia, Latin America and Caribbean and the Middle East and North Africa where more and more economies are being rated by the World Bank as upper-middle income or even high-income but where at the same time government funding of both health programs and civil society groups in these economies remains largely absent.

The statement calls on the Global Fund to afford opportunities for NGOs from countries not on the OECD-DAC<sup>1</sup> list with (at least) a high HIV burden like Romania and Bulgaria (and including those recently transitioned to the high income category such as Russia, Latvia and Lithuania) to be eligible for HIV funding.

*“We are standing at a public health precipice in a growing number of middle income countries that has no point of return unless Global Fund money continues to fund life saving harm reduction programs and interventions“*, said Serge Votyagov, Executive Director of the Eurasian Harm Reduction Network.

In 2011 Romania, due to its new middle income status, ceased to be eligible for Global Fund money that funded needle exchange programs. In the past few years Romania has experienced a 10-fold HIV infection increase among people who inject drugs in the unfortunate context of new psychoactive substances (legal highs) boom in the country, when syringe exchange services were most needed.

*“We call upon Global Fund Board members to assess the possible implications of their decisions in terms of the number of services which will cease to operate, the number of people who will lose access to these services, the number of new HIV infections and the*

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<sup>1</sup> OECD = Organisation for Economic Cooperation and Development; DAC = Development Assistance Committee; ODA = official development assistance.

*number of lives that will be lost*”, says Valentin Simionov, the Executive Director of the Romanian Harm Reduction Network.

Since 2008, the national HIV budget in Russia has received zero funding for key public health interventions such as needle/syringe programs and condom distribution.

*“Under these conditions the Global Fund Programs in Russia being implemented by NGOs the only source of funding of these essential harm reduction services, which save lives and produce measurable impacts at the HIV epidemic,”* said Pavel Aksenov, the Executive Director of Non-Profit Partnership "ESVERO" from Russia. Also a legislative ban on opioid substitution therapy still exists in Russia.

Civil society is also worried about the percentage of total funding available to be allocated for the 60 “higher income and low burden” countries within the Global Fund New Funding Model for next three years. There is concern that less than seven per cent of funding will be available for these countries in 2014 which many say will have devastating consequences for public health in the remaining higher income/low burden countries.

There is further concern that high income and upper middle-income countries could become non-eligible to receive direct funding support within Global Fund regional and multi-country applications.

*“Regional proposals give opportunities for sharing experiences and building stronger support networks for most at risk populations (MARPs) in countries that have common cultural, linguistic and historic values regardless of their income,”* said Sergey Votyagov Executive Director of the Eurasian Harm Reduction Network. *“High-income countries could benefit favorably from such projects, as it is not a secret that income status does not influence the willingness of certain governments to pay for services targeted in MARPs”.*

And such projections caused major concerns among civil society regarding the possible consequences for key affected populations and their access to HIV and TB treatment and prevention.

The full text of the statement available [through this link](#)

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