

# NO STEPS BACKWARDS!

Action against AIDS Germany on the work of  
community activists from Indonesia, Botswana,  
India, Kenya, and Ghana



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## No steps backwards!

With this brochure, we publish portraits of community activists from Kenya, Botswana, Indonesia and India, which we have compiled for the preparation and follow-up of our conference for World Aids Day 2021 on the topic “Global Health Champion Germany?! From HIV to SARS-CoV-2. What have we (not) learned?”. Axel Schock wrote the texts. They were based on virtual interviews with the activists.

The very personal texts deal with the reality of the life of people with HIV, tuberculosis and malaria from different regions and communities. The texts describe very impressively the effects of Covid-19 on people, communities and Global Fund programs. Even before Covid-19, some countries were experiencing setbacks in their HIV, tuberculosis, and malaria work. Covid-19 has exacerbated this trend, and it could well be that what the Global Fund has achieved together with collaborating partners over the past decades will be undone. We must not allow this regression! Ultimately, it is about the survival of people and the structures they have created for themselves and the well-being of their communities.

We have learned a lot from our interview partners. We would like to thank Ani Herna Sari from Indonesia, Naomi Wanjiru from Kenya, Cindy Kelemi from Botswana, Joyce Ouma from Kenya and Gautam Yadav from India for their openness. We would also like to thank our Global Funds Advocates Network colleagues for making the contacts, Axel Schock for the portraits, and our filmmaker Alexej Stoljarow.

We attach four texts worth reading about our conference mentioned above to the portraits, produced by activists of global civil society. The aim was to reflect on the conference from the communities’ point of view. Many thanks also to Daniel Townsend, Canada; Shona Shonning, Vietnam; Jeffry Acaba, Thailand/Philippines and Bryan Teixeira from France.

Action against AIDS Germany

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Text based on an interview with Ani Herna Sari from Indonesia, in preparation for our conference “Global Health Champion Germany?! From HIV to SARS-CoV-2. What have we (not) learned?”

Text – Axel Schock  
Photos – Ani Herna Sari

Without international aid, Indonesia could not provide necessary drug supply

The Covid-19 pandemic has also made the treatment and care of people infected with tuberculosis in Indonesia so much more difficult that growing infection and mortality rates are to be expected again. The self-help organisation Perkumpulan Rekat Surabaya, in which Ani Herna Sari is active, has nevertheless found ways to support sick people despite the adversities.

## A phase of discrimination began

These were probably the two most terrible years that Ani Herna Sari had to endure. After she was initially misdiagnosed with tuberculosis in 2011, the misdiagnosis led to a multi-resistant form of the disease. To make matters worse, the therapy coincided with her pregnancy. The physical strain was enormous, the daily injections often associated with great pain, and this was perhaps also the reason why she went into labour a month early. But with the delivery, as Ani Herna Sari tells us, “a phase of discrimination began, the likes of which I could never have imagined”. At the hospital, she was kept isolated in a room that could be seen from all sides. “There was no privacy at all. It was just shameful.” The fact that her months of therapy had been successful and that her tuberculosis tests had already come back negative was simply ignored, says the communication scientist, who lives in Surabaya on the Indonesian main island of Java.

## Traumatic experiences in the maternity ward

Her child was also kept separate. Because the nurses wanted to avoid any touching, the newborn was not given a bottle, but only pressed close to her head.

When the baby was discharged from the hospital eight days later, the consequences of this brutal and insensitive treatment became apparent: the top of her skull was flattened by the milk bottle on one side of her head.

The experience was traumatic for Ani Herna Sari. “They were certainly special experiences I went through as a pregnant woman with tuberculosis, but it is still important for me to talk about it,” she explains. “I don’t want anything similar to happen to any mother or child.” And she does not only want to point out the abuses, but also to campaign for more support and investment in the fight against tuberculosis and especially in the Global Fund to Fight AIDS, Tuberculosis and Malaria. It is thanks to this fund that she survived the disease.

Ani Herna Sari, who is currently doing her doctorate at the University of Airlangga, first joined Perkumpulan Rekat Surabaya, a self-help organisation that helps people suffering from multidrug-resistant tuberculosis to successfully complete treatment. A small team educates people about the disease and treatment and helps them to get treatment. Clients who are unable to attend clinics due to physical limitations are provided with the necessary medication.

## Peer-to-peer help for others affected by the disease

In 2021, Ani Herna Sari became Vice Chairperson of Perhimpunan Organisasi Passion TB Indonesia, a national network of survivor organisations. In the meantime, her commitment also extends beyond the country's borders. For example, she also works for the newly founded organisation TB Women Global, a network of women whose agenda includes the promotion of gender equality and human rights in TB control.

The various fields in which Ani Herna Sari is involved in Indonesia for the rights and treatment of people with tuberculosis and HIV alone show how numerous and complex the obstacles and challenges that need to be overcome still are.

"There are still many people with tuberculosis or with HIV who are not on treatment. And without international aid, Indonesia would not be able to manage the supply of drugs to those infected," says Ani Herna Sari.

## The number of tuberculosis deaths is increasing worldwide

According to the World Health Organisation's Global Tuberculosis Report 2019, Indonesia ranks third in the world with 845,000 tuberculosis cases per year. This includes 21,000 HIV-tuberculosis co-infections and about 24,000 multidrug-resistant tuberculosis cases that are particularly difficult to treat. Of the more than 10,000 patients with known HIV status, only 4,000 had received antiretroviral therapy in 2019.

The Global Fund not only finances drugs for tuberculosis treatment until a complete cure is achieved, but also regular sputum and blood tests. The Global Fund also provides support so that people can return to work after years of treatment. For Ani Herna Sari, it is also very important that the Global Fund builds capacity in the communities, strengthens advocacy and implements practical prevention programmes.

"Tuberculosis mainly affects people in the lower income classes. They are effectively without income due to the disease," explains Hernasari. The Global Fund therefore also supports those in need directly with cash payments – for example, to cover the travel costs for regular visits to the clinic.

A fundamental problem, however, is still contact tracing.

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Global Tuberculosis Report 2019 – World Health Organization



Ani Herna Sari at work with her self-help organisation Perkumpulan Rekat Surabaya.

“Many infected people are ashamed when they receive their HIV or tuberculosis diagnosis,” Ani Herna Sari tells us. Stigmatisation and discrimination are still very high in Indonesia. Many therefore move to another district – and are then no longer accessible for health facilities or self-help organisations. There is also the danger that they will pass on the infection.

There are also still regions where people are very sceptical about the therapies and prefer to rely on traditional medicine. “We still have a lot of work ahead of us to educate people about the diseases, the ways they are transmitted and the possibilities for curing them,” says Ani Herna Sari.

## The Corona pandemic worsened the situation

Covid-19 has made an already difficult situation even more difficult, and drastically so.

In Indonesia, too, the Corona pandemic shut down social life, imposed contact restrictions. And for Ani Herna Sari, new tasks were added. Her organisation, Rekat Surabaya, works closely with the Surabaya administration’s health department to monitor and assess the Covid-19 situation in the province – and to inform the health department about the situation of those suffering from tuberculosis. Through the organisation’s social media platforms, Rekat Surabaya disseminates targeted information on Covid-19 prevention and safety measures for people affected by tuberculosis.

However, the measures to contain the Covid-19 pandemic also meant the loss of their jobs for many. However, there is no government support in such cases. The affected people therefore had to leave the cities and return to their home villages. There, however, their therapies are not continued. The impact of the pandemic on tuberculosis treatment is immense, worldwide. Two-thirds of all tuberculosis programmes have been interrupted, and laboratory diagnostic capacity has been used in many places for covid-19 instead of tuberculosis.

The World Health Organisation expects that the number of people dying from tuberculosis will also increase. Half a million people alone, it is estimated, will have died of tuberculosis in 2020 because they were not diagnosed.

However, these figures will only be reflected in the statistics to a limited extent, because in the pandemic the reporting system also collapsed in many countries.

And worldwide, about 1.4 million fewer people were treated for tuberculosis than in the previous year. The biggest drop, by 42 %, was in Indonesia.

Organisations like Rekat Surabaya have nevertheless found ways to ensure that the therapies can be continued as seamlessly as possible even under these difficult conditions.

Tuberculosis patients in Indonesia have to come to their clinic every day to take their medication. This is to ensure that the therapy is not interrupted. The side effects are sometimes very severe, explains Ani Herna Sari. The patients sometimes feel so sick that they cannot work and therefore avoid taking the medication. But due to the Corona pandemic, public transport was temporarily suspended, so clinic visits had to be organised with private vehicles. When weekly take-home delivery became possible, the Rekat Surabaya team delivered the tuberculosis drugs directly to the clients' homes. The clients were reminded daily with a WhatsApp video call and at the same time it was ensured that the medication intake was continued regularly and properly.

According to Ani Herna Sari, the Corona crisis has once again shown that diseases have different connotations in society.

## Tuberculosis, stigma and self-stigma

"Covid-19 sufferers can be sure of support. The state provides treatment and, if necessary, food," says Ani Herna Sari. Tuberculosis sufferers, on the other hand, are shunned for fear of infection. "This leads to de facto social isolation. My best friend is gay and HIV-infected, but he has not dared to tell his partner until today – out of shame – and I have to assume that he is also infected. The fear of stigmatisation makes talking about the infection impossible for many, even within a relationship.

Tuberculosis sufferers  
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infection. This leads to de  
facto social isolation.

"I completely withdrew from social life during the stages of the disease and ended up stigmatising myself," Ani Herna Sari openly admits. "I didn't want to infect anyone, of course. Fortunately, my family and also some friends were very supportive."

Although there are government programmes to reduce stigma and discrimination against HIV and tuberculosis patients, which also involve representatives of key groups, the community and religious communities, she believes that community-based programmes are just as important. However, in their opinion, community projects by and for people infected with HIV and tuberculosis are just as important.

In the tuberculosis groups, for example, other people with the disease and those who have recovered share their experiences, but also give each other tips on how to support recovery, for example through activities such as morning walks. "But the exchange is also important for the spiritual well-being, for example to encourage each other to get through the not always easy therapy to the end."

## I could not decide in which country I would be born

But without international help, these infrastructures cannot be further developed and maintained. Ani Herna Sari hopes that the richer countries of the world community, such as Germany, will provide the Global Fund with sufficient resources.

"I could not decide in which country I would be born and whether I would grow up in a rich or poor family," says Ani Herna Sari. "But I strongly believe that everyone has the right to be protected from diseases and to be able to breathe. That's why I hope we continue to get the support to be able to fight HIV, malaria and tuberculosis in Indonesia and elsewhere."





Cindy Kelemi from Botswana

Text based on an interview with Cindy Kelemi from Botswana, in preparation for our conference “Global Health Champion Germany? From HIV to SARS-CoV-2. What have we (not) learned?”

Text – Axel Schock  
Photos – Cindy Kelemi, ITPC

# The Corona pandemic reveals a new divide between rich and poor

Botswana is one of the most HIV-affected countries in the world. Cindy Kelemi has been working for over 20 years to improve the situation for people living with HIV/Aids in her country. The Global Fund is essential to this.

Cindy Kelemi would have good reason to be depressed and disillusioned. She has been working for people with HIV and Aids in her home country for two decades. Since 2014, the renowned activist has headed the Botswana Network on Ethics, Law and HIV/Aids (BONELA). One of the fundamental tasks of her organization is still to inform people with HIV about the disease in the first place and to ensure a better understanding of the therapy in order to ensure adherence to the therapy. Another central focus is to provide access to health services and medicines for people with tuberculosis and HIV.

Yet despite all these years of effort, Botswana remains one of the most HIV-affected countries in the world. Around 360,000 of the 2.3 million inhabitants live with the virus. This corresponds to a prevalence of over 20 percent in the 15–49 age group.

## Making the world a better place

Cindy Kelemi is not discouraged by these figures. She sees her mission in life as “making the world a better place, especially for people living with HIV – and that includes me.”

Cindy Kelemi and her fellow campaigners have to struggle with a whole series of special challenges: there is the low level of knowledge among the population about HIV, the modes of transmission and treatment options, but also the great inequality in society. In addition, Botswana holds a sad record when it comes to sexual violence and rape.

The government pursues a uniform approach to HIV prevention, but this does not reach population groups particularly at risk of HIV infection, such as girls and young women, sex workers or men who have sex with men (MSM). In addition, criminal laws against marginalized groups and the unequal treatment hinder prevention. The fact that there are nevertheless target group-specific prevention programs is solely thanks to HIV organizations like BONELA.

“Our special focus is on marginalized and vulnerable groups, to whom we guarantee access to health services,” says Cindy Kelemi. These include sex workers, refugees, prison inmates, LGBTI people and MSM. In Botswana, miners who work far from home in the mines of Matabeleland South Province are a special group and are often infected by sex workers.

## Group-specific prevention is only possible through the Global Fund

The Botswana government has been quite successful in securing funding for HIV medicines, explains Cindy Kelemi. But because Botswana is perceived as a middle-income country, it is not interesting for many donor organizations, she says.

“Therefore, the Global Fund’s financial aid does not primarily flow into drugs, but is important for prevention, which is mainly carried out by communities,” emphasizes Cindy Kelemi. An essential task is to continue to provide the population with basic information on HIV, including information about transmission and treatment options, and to reach the particularly vulnerable groups with these messages.

Marginalized and vulnerable groups are now at the table to discuss effective interventions

“Through this, however, we also bring together the particular marginalized and vulnerable groups who are at high risk of HIV,” says Cindy Kelemi. “The Global Fund has facilitated the mobilization of these groups with the result that these communities are now at the table to discuss effective interventions that we can use to significantly change the situation in the country and eliminate HIV/Aids, malaria and tuberculosis.” PrEP programs can also only be realized

through Global Fund financing. No less important, however, are the side effects of this funding and the projects it makes possible: for example, removing barriers to access to health services or tackling gender inequality and the violation of human rights.

For example, BONELA was able to ensure that foreign prisoners in Botswana prisons are not denied HIV treatment.

## Community structures remained unused during the Corona pandemic

Cindy Kelemi is proud of the networks and institutions that have been built up in Botswana over the past 20 years, especially for and with people living with HIV and tuberculosis. And she is correspondingly disappointed that these structures were simply ignored in the Corona pandemic. “We have learned many crucial lessons just through HIV/Aids and we expected that

these experiences would be drawn upon.” For example, that it is important to mobilize the different communities in such an exceptional health situation, to address and involve them directly and very specifically – be it in disseminating information or through direct engagement.

“With HIV, we have succeeded in involving stakeholders who had never been involved in this area before. We got policy makers and civil society talking to each other, bringing representatives of community-owned projects to the table with government officials.” In her opinion, this could have been the right and effective response to Covid-19. Because even though Covid-19 is a pandemic that poses a problem for public health as a whole, says Cindy Kelemi, some population groups are still particularly at risk. “We need to look at why that is and how we can support them, i.e. reduce their vulnerability.”

## Solidarity is a key pillar of the Global Fund

However, Cindy is disappointed and concerned not only about the ignorance of the Botswana government, but also of the international community.

She recalls that global solidarity is one of the cornerstones of the Global Fund and was a necessary precondition for ensuring access to HIV treatment for the poorest countries in the Global South in the first place, thus stopping the further spread of the HIV epidemic.

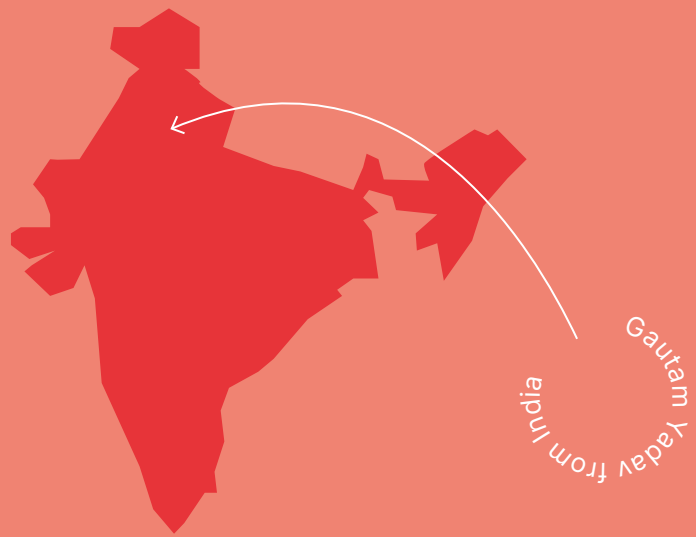
But in the international response to Covid-19, Cindy Kelemi sees a paradigm shift – and a clear divide between rich and poor countries. “Access to vaccines became a real challenge where poor countries became losers – simply because they lack the money. Some don’t even have access to the science.”

For her, closing oneself off as a state now is the wrong answer: “That just means shirking responsibility!” Because no country will stop this pandemic just for itself, because no country can exist completely isolated and there will always be exchanges between states. “It is therefore our duty as civil society organizations to call on all countries to face up to this responsibility and take a global perspective,” stresses Cindy Kelemi.

That is why a global approach is needed to respond to Covid-19. Vaccines, for example, need to be standardized globally, as do measures and programs.

Countries like Botswana also need support from the future “Global Health Champions” to make their health systems robust and efficient. “This is the only way to be prepared for epidemics of all kinds in the future – whether in this generation or the next.





Text based on an interview with Gautam Yadav from India, in preparation for our conference “Global Health Champion Germany? From HIV to SARS-CoV-2. What have we (not) learned?”

Text – Axel Schock  
Photos – Gautam Yadav

Many important projects could not have been realized without the support of the Global Fund

When Gautam Yadav was diagnosed with HIV at the age of 18, all optimism for life had left him. A few years later, he is not only one of India's best-known LGBT and HIV activists, but also an example of how important it is to build community projects.

As a teenager, Gautam would have desperately needed help, or at least a trustworthy person to whom he could have confided his needs. For example, his uncertainties and fears that accompanied him in his search for his sexual identity. But there was no one. Worse still, some in his school identified the gay classmate as the ideal bullying victim, making life even harder for Gautam than it already was for him. He saw no other way out than to drop out of school. He found his first contacts with other gay men via the internet – and tested HIV positive at the age of 18.

"It was difficult for me to accept my HIV status and deal with it because I didn't know who to turn to," Gautam Yadav, who grew up in New Delhi, remembers this time. He didn't dare tell his parents, and he couldn't expect acceptance or even support from his schoolmates anyway.

These experiences and above all the associated hopelessness had plunged Gautam Yadav into a depression at that time, from which he only found his way out again with the help of community organizations – and at the same time also gained new self-confidence and self-acceptance.

"These experiences were why I decided to dedicate myself to social work and do my bit to help others in a similar situation find the help they need," says Yadav.

"I don't want other Gautams to suffer like I did when I was 15 or 16. I want to help people understand their situation." And also that – unlike him – they are educated early on about HIV and how to protect themselves from infection. Gautam was 19 years old when he decided to become an advocate for other young people living with HIV. Now, over a decade later, his commitment has not waned.

## Advocate for LGBT rights and people living with HIV

Through his many interviews and public appearances, Gautam Yadav has not only become an example for people living with HIV and the LGBT community, but also a well-known advocate for their rights. Time and again, he has experienced the immediate impact he has on the lives of other queer or HIV-positive people. They contact him, for example, after watching a video with him or reading an interview, and find the courage to tell him their own story. Others seek advice or simply want to tell him that his confident, open occurrence made them feel less alone or bad.

Over the years, Gautam Yadav has taken on a number of responsible and im-

portant posts as part of his commitment, such as that of Program Officer of the Humsafar Trust, the oldest LGTIQ organization in India. He is also a board member of the UNAIDS Youth Advisory Forum and a member of the Global Fund Advocates Network (GFAN).

Many of the projects he has worked on could not have been implemented in this form and with this result without the support of the Global Fund, says Yadav – whether these are projects to prevent mother-to-child transmission or to minimize harm among drug users, or the first nationwide networking of LGBT organizations, through which the community and people living with HIV can better find counselling and support.

For Gautam Yadav, a central aspect of the work with the Global Fund is that the communities have the opportunity to implement projects more or less on their own.

This makes sense not only because the communities themselves know best what the problems are and what solutions are appropriate. It is also an enormously productive form of self-empowerment. “When people work for their own community and also become publicly visible as HIV-positive, this also empowers the community itself.”

## Human rights are part of the global fight against HIV/Aids

“Working for people with HIV is also automatically linked to working for basic human rights,” says Yadav. One result of this work was the Supreme Court of India’s decision in 2018 to repeal Section 377 of the Penal Code, which dates back to colonial times. Until then, “sexual acts against nature” could be punished with imprisonment. “It was only through the support of the Global Fund that we had the opportunity to fight for our rights,” explains Gautam Yadav.

The verdict has had far-reaching consequences for LGBTs in India: “Now they speak more openly about their sexuality, they dare to come out and no longer hide – and they take advantage of the opportunities for HIV testing.”

But as in many parts of the world, the Covid-19 pandemic has hampered, if not set back, the fight against other diseases such as HIV/Aids, malaria and tuberculosis in India.

The pandemic had caught Gautam Yadav by surprise in Nepal in 2019, where he was on a year-long exchange program. “I was dismayed and depressed,” he recalls.

“The borders were closed, everything went into lockdown. I thought: If I die of Covid-19 now, my body will stay in a foreign country. And if any of my friends or relatives die at home, I won’t be able to see them. This has put a lot of emotional stress on me.”



Gautam Yadav campaigns for human rights and the rights of the LGBT community in India – in 2018, after a court ruling, sexual orientation was removed from the penal code.

## Covid-19 pandemic has eclipsed HIV, tuberculosis and malaria

When he returned to India, he found a terrible situation: There was a lack of oxygen, people were suffering terrible agony and far too many people were dying because they simply could not be treated.

However, the situation – medically and for the communities affected by the pandemic in various ways – has improved considerably in the meantime. The Covid-19 Relief Fund of the Global Fund has also been a great help in this regard – even if, as Yadav complains, due to the complex bureaucratic process, the urgently needed aid only arrived with great delay. “Things went much better and faster with the second wave of Covid-19.”

However, the current trend in tuberculosis deaths is a cause for concern. As the WHO’s current Global Tuberculosis Report shows, their number rose again in 2020 for the first time in more than a decade, reaching up to 1.5 million. A trend that is expected to intensify in 2021. To make matters worse, only 5.8 million people were diagnosed and treated with tuberculosis in 2020. In the previous year, there were still 7.1 million.

Also in India the Covid-19 pandemic made treatment options much more difficult. As a result of the lockdown, day labourers in particular found little work and had to move back to their home villages or to other regions.

In India, the Covid-19 pandemic has made receiving tuberculosis treatment much more difficult.

As a result, explains Gautam Yadav, contact with migrant workers who were receiving tuberculosis treatment in Delhi was lost. The treatments were thus probably less or even completely discontinued. Nevertheless, those who came forward to the aid agencies were able to find the nearest treatment facility in their new place of

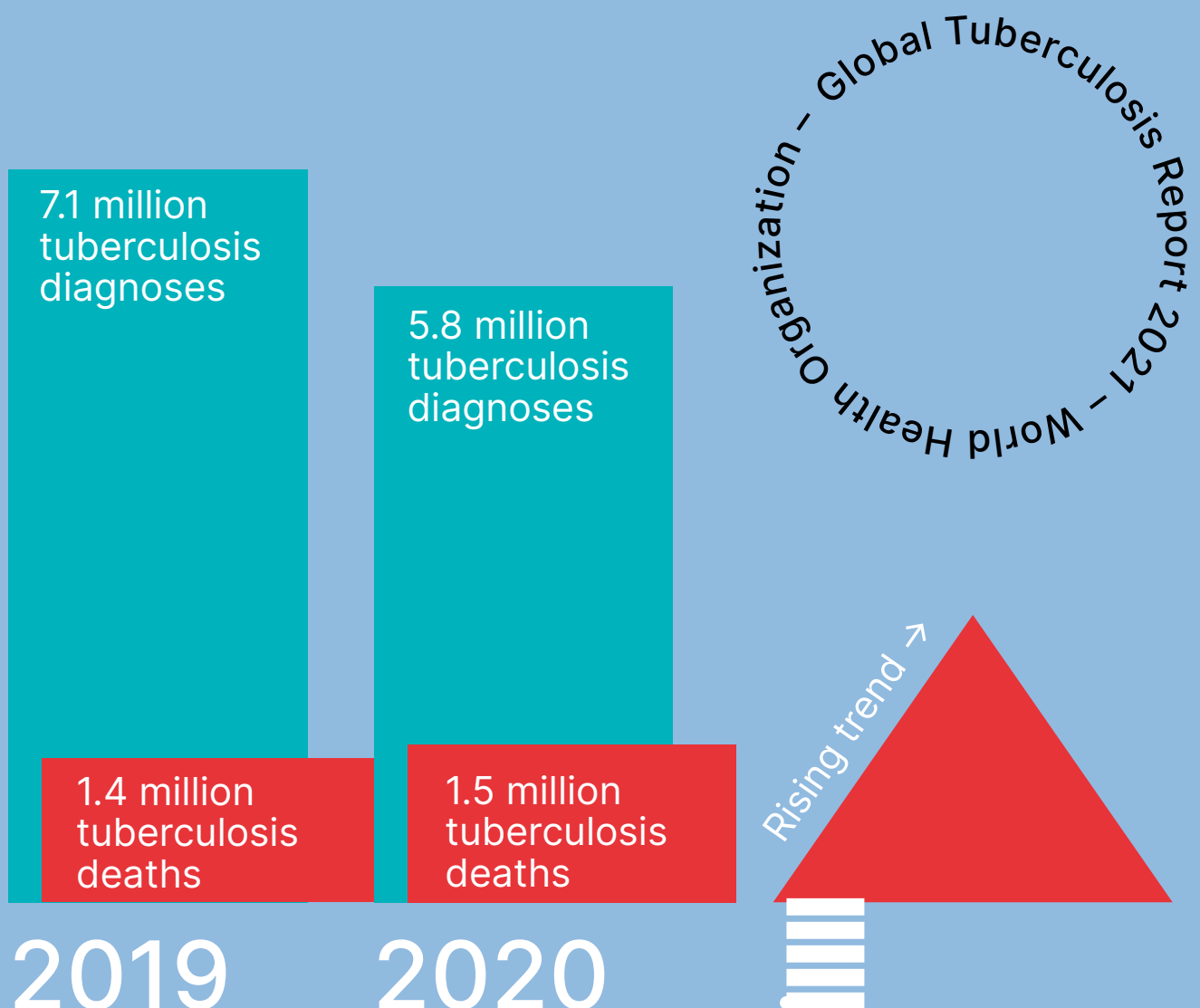
residence and helped to continue the treatment.

“The positive effect of this exceptional situation was that the individual communities, such as sex workers, LGBT or drug users, dedicated themselves to this great task together,” says Gautam Yadav.

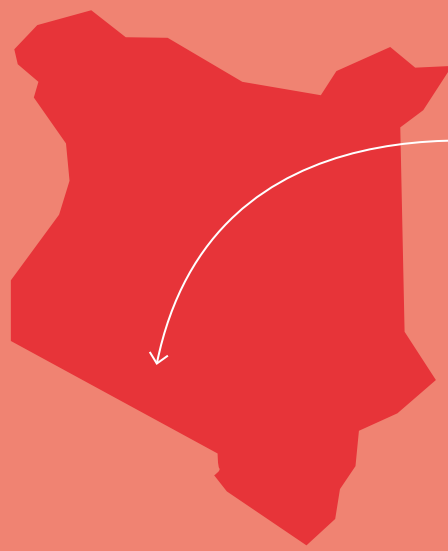
This was made possible not only by the commitment of many people in the organizations, but also by the structures and networks that proved themselves in this emergency. It was possible to develop this over the years, not at least thanks to the support of the Global Fund.



# Trends in tuberculosis diagnoses and deaths worldwide



As of 2021, WHO on global tuberculosis figures.



Joyce Ouma from Kenya

Text based on an interview with Joyce Ouma from Kenya, in preparation for our conference “Global Health Champion Germany? From HIV to SARS-CoV-2. What have we (not) learned?”

Text – Axel Schock  
Photos – Joyce Ouma

Everyone has a basic  
right to access essential  
health services

When Joyce Ouma received her HIV diagnosis shortly before graduating from school, she had to experience how friends and even relatives turned their backs on her. The 24-year-old wants to protect other young women in particular from such experiences and is therefore involved in various committees of the Global Fund.

What motivates her to get involved? Joyce Ouma answers this question succinctly and without thinking too long: “My passion and my experiences”. And the 24-year-old has indeed been working for several years with enormous energy and enthusiasm on a wide variety of levels to improve the situation for people with malaria, tuberculosis and especially HIV in her home country of Kenya – both medically and socially. She works for the National Empowerment Network of People Living with HIV and AIDS in Kenya (NEPHAK), is a member of the Global Fund Advocates Networks Speakers Bureau, the Global Fund Board and the Global Fund Youth Council. She is also active in the Women 4 Global Fund’s Strategy Working Group.

“HIV is a reality that affects us all, the virus does not make us different. This is one of the messages I want to take to society,” says Joyce Ouma. Part of her very personal mission, however, is to help ensure that young women living with HIV not only get treatment, but “basically get the highest quality of health care that the community and the government can give them.”

## The importance of support and of networks

Joyce knows from her own experience how important that support is, and how vital it is to survival. And also how difficult the situation still is, especially for girls and young women. “Due to the climate, Kenya has one of the highest incidences of malaria in the world,” explains Joyce Ouma. In addition, the East African country still has one of the highest HIV infection rates. And young women are particularly at risk.

Joyce was still a schoolgirl, just finishing secondary school at a boarding school, when she received her HIV diagnosis. Reactions ranged from pity to exclusion. Even some relatives broke off contact with her. It took several years before Joyce was able to free herself from this emotional low and regain control of her life.

In the meantime, she has built up an environment of people for whom the HIV infection is not a problem, but simply part of Ouma’s life. And even more important for her: They are people who support her in her commitment. Joyce Ouma had resolved to do her part to improve the situation for other women in a similar situation. For example, as a member of the Global Fund Advocates Network (GFAN), she uses access to advocates and platforms to advance her own NEPHAK agenda, as well as to raise funds for the Global Fund.

## Even simple tools like insect nets protect against malaria

Joyce Ouma says she owes a lot to the Global Fund, not least on a very personal level. “Through it, I, like so many other people living with HIV around the world, receive the HIV medications that are essential for life. And since I’ve been in therapy, I haven’t had to go without it for a single day. It’s probably saved my life.”

As for malaria control, one of the things the Global Fund has made possible is very simple but effective aid – namely, mosquito nets. “Today, no family has to sleep without this insect protection,” explains Joyce Ouma. For the treatment of tuberculosis, extensive investments were also made in medicines and hospital equipment.

For Ouma, however, what is of particular importance is the efforts that the Global Fund has made in Kenya to improve the living situation of people living with HIV or to reduce the HIV infection rate. About 1.7 million people with HIV live in Kenya, and nearly 80 percent of them are on treatment (as of 2020). “The number of Aids deaths has dropped significantly world-wide, and our country has played a visible part in this success,” says Joyce Ouma. “The Global Fund has made life a crucial bit better for us.”

## Transparency and trust

For Joyce Ouma, this meant receiving HIV medication and being able to take advantage of psychosocial services in Global Fund-financed projects. In the meantime, she has switched sides, so to speak, and works directly with the Global Fund as a community representative. She appreciates not only the transparency, but that the community is involved from the development of a project to its implementation.

“Above all, I’m also very happy that young women in particular are the focus of the Global Fund’s attention.”

The fact that initiatives by and for young people are now being specifically supported in so many sub-Saharan countries, and that so much trust is placed in them, is something she finds simply “sensational.” “There is probably no organization that can implement projects at such a pace.”

But for Joyce Ouma, it’s time to rethink the structures. “We all have a common mission, which is to eliminate HIV, malaria, tuberculosis and now Covid-19. Until now, this mainly meant that financial support only went to

governments and civil society was left out,” the activist explains. But now, she says, it’s time to do things a little differently. “Because in the meantime, forces and capacities have developed in civil society that enable the communities to take things into their own hands as well,” she is certain.

“In the meantime, forces and capacities have developed in civil society that enable the communities to take things into their own hands as well.”

Oumo emphasizes that the communities have long been doing “not insignificant and complementary work” to the assistance and services offered by the government. “The communities bear responsibility, they have the skills, the expertise – and we know from our own experience what it’s all about,” Joyce Ouma underlines her claim: “We know exactly what works and why.”

Young people’s networks in particular, she says, offer ideal conditions for implementing and realizing suitable programs, thus complementing existing programs, such as those for HIV prevention.

The two-track financing as practiced by the Global Fund sounds perfect, but only on paper, criticizes Joyce Ouma. “But when it comes down to the country level, such as application and funding processes, and finally the distribution of funds, the government always comes first and receives the largest share of funding.”

## The impact of Covid-19 on communities and the need for direct funding

The Corona pandemic has put more pressure on many of the community projects, and Joyce Ouma fears that Covid-19 will shift priorities worldwide – to the detriment of the other epidemics. “We have to be very careful that we don’t miss the targets set in the fight against malaria, tuberculosis and HIV.”

Covid-19 has also hit the poorest and already disadvantaged in Kenya particularly hard. As a result of the pandemic, many people, particularly in the capital Nairobi, have lost their jobs and had to return to their home villages. There, however, they can rarely continue their HIV or tuberculosis treatments. Others, because of their unemployment, cannot afford the fare to visit the clinic even within Nairobi.

Joyce Ouma reports that, due to the pandemic, group services such as those specifically for young people living with HIV have had to be

suspended because Corona regulations currently prevent such meetings. She cites another little-noticed consequence of the pandemic: whereas patients\* used to have almost unlimited time for counseling at care facilities, clinics have become so busy due to Covid-19 that medical appointments are tightly scheduled and no longer possible on a spontaneous basis. “As a result, there is hardly any time left for a detailed conversation,” Joyce Ouma regrets. “This is especially problematic in the case of mental illnesses, which we often see in young people with HIV.”

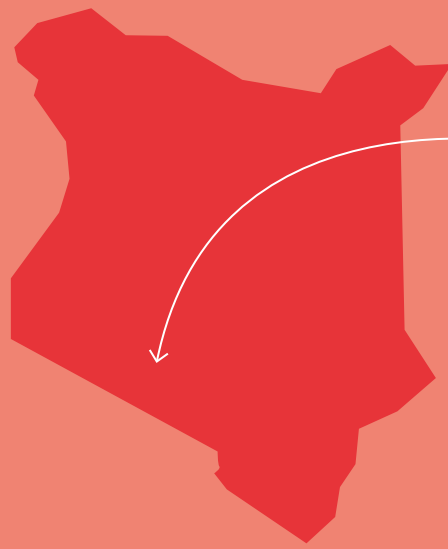
Covid-19, she says, caught Kenya completely off guard. Because of a lack of hospital beds, patients had to be cared for in tents. “This crisis has made it abundantly clear how poorly equipped our hospitals are and how necessary a resilient healthcare system is,” he said. However, Kenya, a country in transition, cannot meet this challenge financially on its own.

That is why Joyce Ouma will continue to work to improve this situation. Because, as she emphasizes, it’s a matter of basic human rights. “Everyone has a basic right to access essential health services, and that would naturally include HIV treatment and all aspects of sexual and reproductive health.”





“Everyone has a basic right to access essential health services” – Joyce Ouma



Naomi Wanjiru from Kenya

Text based on an interview with Naomi Wanjiru from Kenya, in preparation for our conference “Global Health Champion Germany? From HIV to SARS-CoV-2. What have we (not) learned?”

Text – Axel Schock  
Photos – Naomi Wanjiru

Malaria, HIV and tuberculosis have by no means disappeared just because Covid-19 has emerged

**Nurse and community activist Naomi Wanjiru from Kenya talks about her tuberculosis infection, stigma and discrimination associated with TB, poverty and treatment options in the Global South, and the role of the Global Fund, especially in supporting vulnerable communities, without whose help she would not have survived.**

Naomi Wanjiru's commitment to the fight against TB comes at a high personal cost: The nurse had become infected with the pathogen during her work and was seriously ill. But these experiences have strengthened her resolve to work even harder for better care and against the stigmatisation of the disease.

For twelve years now, Naomi Wanjiru has been working as a nurse in a Comprehensive Care Centre, and she continues to love her job. "It always inspires me to see a patient leave the hospital cured after months of treatment," says Naomi Wanjiru. The fact that she still works in a clinic specialised in HIV and tuberculosis and has not changed fields is not so self-evident. Barely a year after she started working there in 2009, she suffered from severe back pain that nothing could alleviate. Only after many months and numerous examinations – in the meantime, Naomi Wanjiru couldn't hardly walk anymore because of the pain – did an MRI scan lead to a diagnosis: she was suffering from so-called extrapulmonary tuberculosis. It did not affect the lungs as usual, but the inflammation had settled in the lumbar spine.

## A misdiagnosis and its consequences

It was difficult to understand why the cause of the disease was not found for so long in a clinic specialised in tuberculosis. For Naomi Wanjiru, however, a much more existential question arose: "How could I pay for treatment? When I was diagnosed, I was about to just give up on myself."

But she did not give up, she fought. More than two years of treatment eventually followed. Because, as it turned out after the completion of the first-line therapy, the pain had still not disappeared; the cause was multidrug-resistant tuberculosis.

The spine was finally so badly damaged that the affected vertebrae had to be removed and replaced with metal plates to support her back. The necessary operation could be carried out in India, made possible by a fundraising campaign initiated by friends and family members.

## Malaria, HIV and tuberculosis particularly affect the socially disadvantaged

But it was at least as important that her tuberculosis was treated first. “HIV, malaria and tuberculosis have hit our already economically weak country hard,” says Naomi Wanjiru. And people in the lower income bracket are particularly at risk, she says, i.e. those who cannot afford expensive health insurance and thus good health care. “I am only alive because of the Global Fund,” says Naomi Wanjiru unequivocally. “Millions of people in Kenya alone are like me. Because of the Global Fund’s support, we have been given a future again.”

The Global Fund has not only provided the drugs, but also the infrastructure for the treatment and care of tuberculosis sufferers. Financial support is given, for example, to psychosocial counselling centres, self-help groups and the provision of food for needy patients.

## Role model and encourager

Naomi Wanjiru uses her own example to illustrate the importance of such structures. “In the worst phase, I couldn’t even walk for over a year, and yet I didn’t miss a single dose of my medication because I was visited at home by the staff of a community facility.” This not only gave her the strength and hope to persevere and find her way back into life step by step, but also encouraged her to use her own experiences. “I survived and am a living

“I survived and am a living example that you can be cured even of severe tuberculosis”

example that you can be cured even of severe tuberculosis,” says Naomi Wanjiru. “This is a powerful argument to convince other people that it is important to seek help and take the medication, and to do so as prescribed and without interruption,” explains the mother of two.

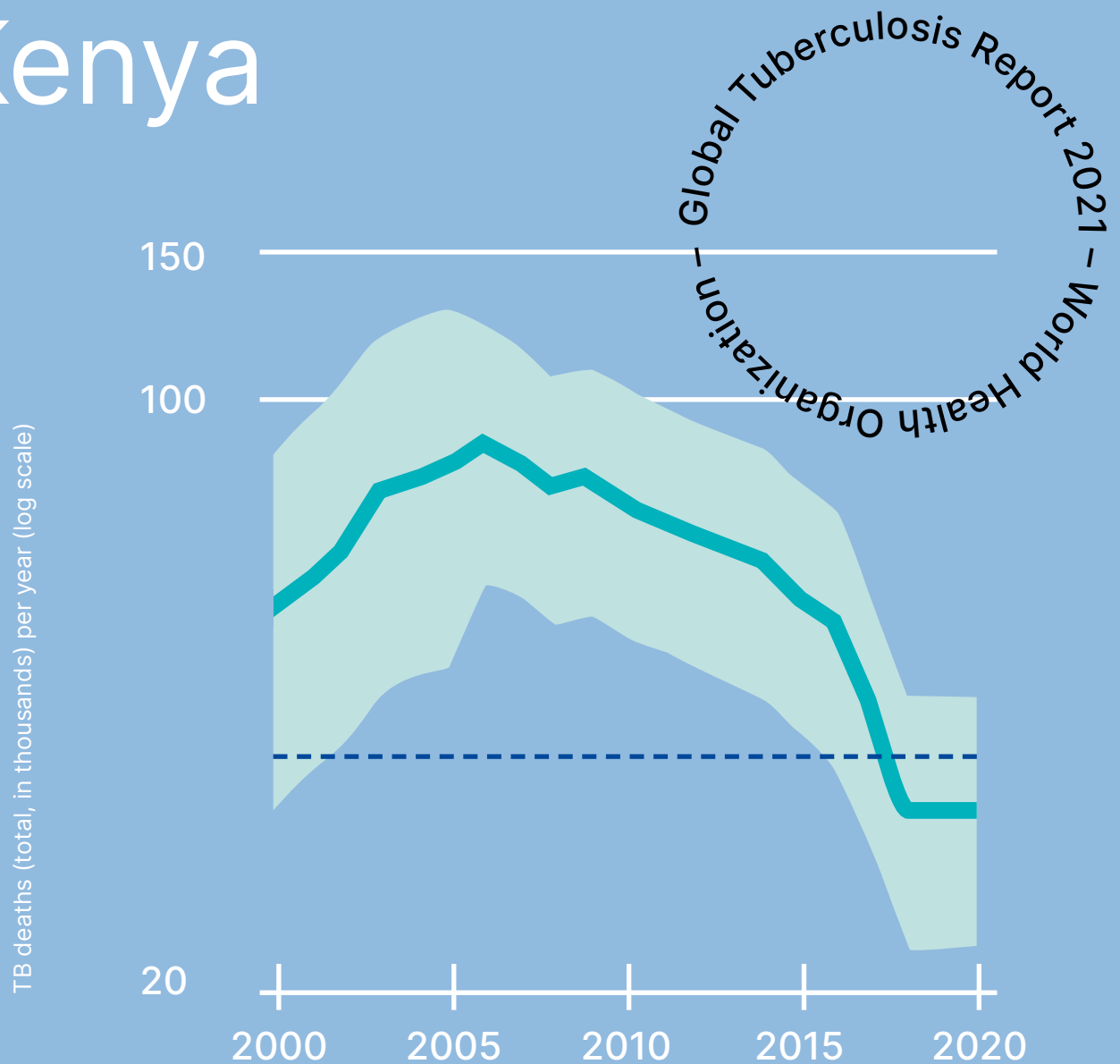
Naomi Wanjiru therefore also speaks openly about her own medical history to the patients in her clinic. But she also wants to inspire Kenyan society. On the one hand, so that more is done

against tuberculosis, but on the other hand also to fight stigmatisation. Here, too, Naomi Wanjiru speaks from experience. She has experienced that nursing services did not want to visit her at home because of her tuberculosis, so she had to give herself the injections. But she is also no stranger to self-stigmatisation. For a long time, she denied to other people that she had tuberculosis for fear of being ostracised. “We have to teach people that tuberculosis is a disease like many others,” says Naomi Wanjiru. This work of persuasion is at least as important as the treatment of sufferers themselves, she adds.



As a nurse, Naomi Wanjiru knows how essential it is to improve the infrastructure in the health care sector in order to secure local health care.

# Kenya



Kenya is estimated to have achieved the End TB Strategy 2020 milestone of a 35 % reduction in the absolute number of TB deaths between 2015 and 2020.

Shaded area represent uncertainty intervals. The horizontal dashed line shows the 2020 milestone of the End TB Strategy.

## Community projects as a decisive key

For her, a key to this is the empowerment of the particularly affected groups in society.

“The Global Fund provides drugs, but it must be ensured that they reach the people and communities in need,” warns Naomi Wanjiru, who is also involved in the Global Fund Advocates Network. “HIV, malaria and tuberculosis is not in the offices and administrations, but in the communities. That is where the people who need help meet those who can provide help.” That’s why the donations have to go there and be passed on directly to the people by grassroots organisations.

Especially in the wake of the Covid-19 pandemic, Naomi Wanjiru sees a danger that should not be underestimated, that the other diseases will be forgotten. “Malaria, HIV and tuberculosis have by no means disappeared just because Covid-19 has emerged.” Rather, in her view, these diseases need to be tackled equally and, above all, with equal priority. Anything else would lead to a new stigmatisation.

For Naomi Wanjiru, it would therefore be important for the Global Fund to have an emergency fund for surprising developments, as is the case with Covid-19, in order to be able to react quickly. “But also the infrastructure in the health sector, such as hospital equipment, must be built up to the extent that we are prepared for such situations.”





Report from a meeting with UNAIDS on the  
situation of queer communities in Ghana

**Text – Axel Schock**

# LGBTIQ activists in Ghana

## A wave of hate

## In Ghana, a proposed law threatens the LGBTIQ community and its supporters. Without international help, queer people will soon only have the choice between prison or forced “conversion therapy”.

It was a milestone for Ghana's queer community. On 31 January 2021, the first LGBTIQ center was inaugurated in the capital Accra. Representatives of the Australian and Danish embassies, but also EU officials were invited and participated and: many members from LGBTI communities.

For a long time, the queer community lived in complete secrecy, says Alex Kofi Donkor. If you were a queer person looking for advice and help, you would not find any supportive information, but only homophobic articles.

The organization LGBT+ Rights Ghana, co-founded by Donkor, wanted to change that. It used social networks to create virtual spaces where the community could exchange ideas, get to know each other, help and inform each other.

The next logical step was to establish a facility: a visible safe space where LGBTIQ people can actually meet. The model for this were LBGTI ("lesbian, gay, bisexual, transgender and intersex". The sometimes mentioned "q" stands for queer) community centers and counselling facilities in Germany, among others.

## Massive threats – and eviction soon afterwards

But the joy over this first community center lasted only for a short time. Soon after the pictures of the opening were published, the organization hit a wave of hatred in social media. They were threatened with burning down the center if the authorities did not close it.

Then, when Moses Foh-Amoaning, executive secretary of the evangelical National Coalition for Proper Human Sexual Rights and Family Values, fanned the flames of hatred and called for the arrest of all activists involved. The center was stormed by police, members of national security and the press, and was eventually evicted. It had existed for less than a month.

Donkor and his fellow activists, including the press officer of LGBT+ Rights Ghana Moh Abdul-Wadud, had to go into hiding. Even though today, months after the eviction of the center and the escalation in the media, it is difficult for them to remain calm.

## Media and Christian organizations call for a hunt against LGBTIQ people

Because the initiators of the center could not be “caught”, there was a public call to hunt LGBTIQ communities. Photographs of activists were published in the newspapers and were defamed as leaders of “perverted circles”. Homophobia, says Abdul-Wadud, is firmly inscribed in Ghanaian society, but in recent years, hatred of queer people has intensified. It is fueled by targeted campaigns, especially by Christian organizations. Ghana is a country is very religious, explains Abdul-Wadud. 96 percent of the population describe themselves as believers.

However, the fact that a profoundly reactionary idea of sexuality and the family could solidify is mainly due to the influence of groups such as the National Coalition for National Coalition for Proper Human Sexual Rights and Family Values. This organization not only has close ties to the government, but is also aggressively promoted from the from the USA by international Christian-right networks such as the World Congress of Families.

This ultra-conservative alliance has now achieved what is probably its most significant coup. The draft of a new anti-homosexuality law for Ghana with the telling title “The Promotion of Proper Human Sexual Rights and Ghanaian Family Values Bill” is said to have been co-written by this organization. In June, it was presented to parliament.

The bill would completely criminalize queer life in Ghana, in fact, queer life in Ghana would be effectively wiped out. LGBT people would be left with only two options, reports Alex Kofi Donkor: either they go to prison or they undergo forced “conversion therapy”.

Queer and other organizations that work for the rights of queer people, but also sympathizers who express solidarity or offer support, would be threatened with prison sentences of up to ten years. Even medical care for trans\* or inter\* people would be criminalized. The media – or users of social media – would also have to expect criminal prosecution, if they “propagate homosexuality”. And Ghanaian LGBTIQ people would not be immune from imprisonment even outside the country. Those seeking asylum abroad would be extradited to Ghana for prosecution.

## A law from colonial times criminalizes homosexuality

The law is still only a proposal, the voting process has not yet started and process has not yet begun and perhaps it can still be stopped. But time is pressing. The mood in the country has changed. In May, for example, 21 participants in a workshop on LGBTIQ rights were arrested. The police had declared the seminar an “unlawful assembly”, which promoted homosexual activities. The arrest was made possible by a rarely used law from colonial times.



Only one month after the opening of the center,  
it was stormed and had to be closed.

Moh Abdul-Wadud, Alex Kofi Donkor and three other activists from LGBT+ Rights Ghana, who were temporarily detained by invitation of the NGO Schwulenberatung Berlin as part of an EU programme for human rights defenders, are therefore looking for allies – in Germany, in Europe, internationally.

## LGBTIQ human rights are under threat

At an informal meeting with representatives of both governmental and non-governmental organizations, co-organized by Action against AIDS, representatives of governmental and non-governmental organizations, including the UN organization UNAIDS, the German AIDS Aid (DAH) and the Federal Ministry for Economic Cooperation and Development (BMZ), the Ghanaian activists gained a lot of understanding. But they could not find a concrete, tangible solution that would work on the ground. Denouncing the government of Ghana internationally is probably not enough.

According to Efraim Gómez of UNAIDS, it might be more important to make clear to indecisive MPs what the bill actually is: unconstitutional and a clear violation of human rights. And UNAIDS is also obliged to defend them, emphasized Gómez.

What diplomatic ways can now be found in cooperation with LGBT+ Rights Ghana to prevent the law will become clear in the coming weeks and months.

## Inclusion concept of German foreign policy envisages strengthening LGBTI rights

The fact that one's own noble goals are often difficult to implement in practice at ground level, and then only in part, is also known to Bernadette Kalz from the German Federal Ministry for Economic Cooperation and Economic Cooperation and Development (BMZ).

Since March 2021, the human rights of LGBTI persons must be consistently taken into account in German foreign policy and development cooperation. The so-called inclusion concept adopted by the Federal Government provides, among other things, strengthening of civil society organizations in the countries concerned, which work locally, regionally, nationally or internationally for human rights of LGBTI persons and discrimination on the basis of sexual orientation or gender identity. But the bureaucracy involved is only one reason, implementation is more difficult than hoped, Bernadette Kalz reports disillusionedly: "We are still in a learning process."

## Grassroots organizations easily fall through the cracks when it comes to funding

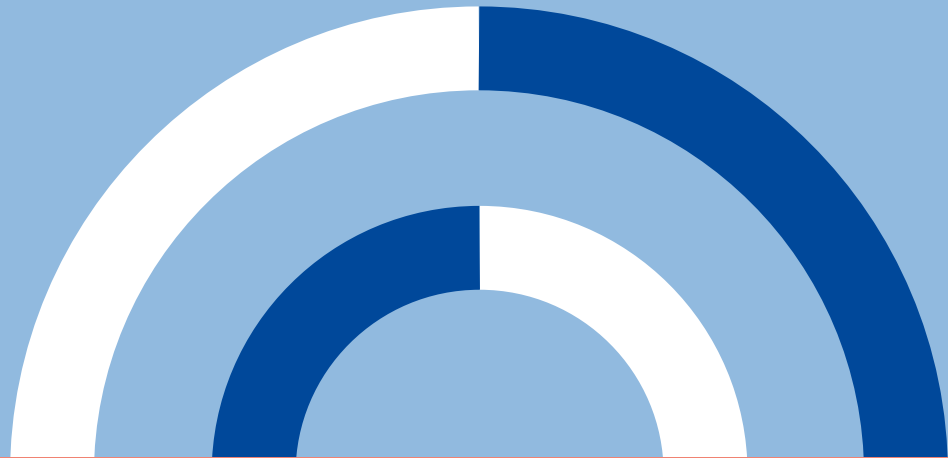
The BMZ, UNAIDS or organizations such as the Deutsche Gesellschaft für Internationale Zusammenarbeit GmbH (GIZ) and the DAH have ultimately set themselves similar goals: to promote the civil society engagement on the ground, to support marginalized and vulnerable groups in their commitment and to build up necessary structures.

However, they face very different challenges in doing so: How can we ensure that the communities are sufficiently involved? How can small organizations and marginalized groups make their voices heard? And how can it be ensured that funding does not only go to large, well-structured non-governmental organizations?

## Community projects would be ideal partners for Ghana's governmental HIV prevention

Moh Abdul-Wadud and Alex Kofi Donkor are also active in HIV prevention and illustrate this with their own experiences. Actually, the small community projects initiated by the most affected groups would be the ideal partners for Ghana's national AIDS commission to successfully carry out prevention. "The community is small and hermetic," Donkor explains. "We know the situation best and we know each other. But the Aids Commission does not accept us as an important partner." For him one of the fatal consequences of the institutionalized marginalization of LGBTIQ people. With the planned law, however, their persecution would not only be legalized, but actually become a reason of state's *raison d'être*.





Conference report from the community perspective

—  
Opening panel

**Text and photo – Daniel Townsend**

# Global Health Champion Germany?! From HIV to SARS-CoV-2

This report from the opening panel was written on the occasion of our online conference “Global Health Champion Germany?! From HIV to SARS-CoV-2. What have we (not) learned?” held on World Aids Day 2021. We asked Daniel Townsend to write about his impressions from the panel with a particular focus on the perspective of communities living with HIV, TB and malaria. We have asked for no objective account of the discussions and proceedings of the session. We thank Daniel for his reflections!

## Executive Summary

This event was an annual event organized by Action against AIDS Germany in co-operation with partner organizations. It follows previous policy dialogues that seek to bring attention to essential communities based on the global response to the HIV epidemic and Germany's role as an accountable actor in global health dialogues. This is a report of the opening panel with keynote speeches from Peter Sands, Executive Director of the Global Fund; Winnie Byanyima, Executive Director of UNAIDS and Cindy Kelemi, Executive Director at Botswana Network on Ethics, Law and HIV/AIDS, as well as moderated discussion with Dianne Stewart, Deputy Director, External Relations, Global Fund and Matt Kavanagh, Special Advisor to the Executive Director on Policy, Advocacy and Knowledge Management UNAIDS. Rachel Ong, Global Fund Advocates Network Asia-Pacific Coordinator and Christine Stegling, Executive Director, Frontline AIDS, moderated the panel. The keynote speeches focused on providing an update on the impact of the Covid-19 pandemic, caused by SARS-CoV-2, on ending Aids, TB and Malaria. The subsequent moderated discussion was focused on the following questions:

- What are the main differences being a Global Health Champions nowadays compared to the situation 20 years ago?
- What experiences can be transferred from our history with HIV to SARS-CoV-2?
- How do we achieve the health-related Sustainable Development Goals (SDG3) and the goal of ending Aids by 2030, also with regard to the situation arising from SARS-CoV-2?
- What changes result from SARS-CoV-2, and how can we ensure that the basic principles of the Global Fund and UNAIDS with its mechanisms to ensure the participation of key populations based on human rights principles are strengthened instead of weakened?

The discussions in this panel were lively, with contributions from a wide range of participants. The purpose of this report is to summarise the main points made.

## Report of Keynote Speeches

“Where leaders are acting boldly and together bringing together cutting edge science, delivering services that meet all people’s needs, protecting human rights and sustaining adequate financing, Aids debts and new infections are becoming rare.”

### ↳ Winne Byanyima, Executive Director, UNAIDS

The panel was opened by Winnie Byanyima, Executive Director of the UNAIDS, who presented pertinent facts concerning the current state of the HIV epidemic, the impact of the Covid-19 pandemic and the need for urgent action through more significant investments to respond to colliding global health emergencies. She congratulated Germany, which stepped up its commitment and leadership in the global response to these emergencies.

While noting the successes and laudable actions demonstrated since the start of the COVID, she issued a stark warning that Aids remains a pandemic and continues to spread by social, political, and legal inequalities. In this regard, she urged leaders to address these inequalities urgently and adopt approaches that center their elimination. Noting that we are not bending the curve fast enough on our current trajectory, she urged governments to move more quickly on a set of concrete actions agreed by member states in the Sustainable Development Goals (SDGs) and to end Aids by 2030. A central part of this will be to ensure that community systems are resilient and community infrastructures are resourced as a part of a robust public health system underpinned by robust civil society accountability. This approach should also include the development of policies to ensure that new treatment and prevention technologies are accessible to key populations who are most affected by HIV.

She concluded her address by reiterating the importance of elevating the human rights of populations that are often marginalized in society but remain at the centre of the epidemic.

“It has been 40 years since the first cases of Aids were reported. In that time, more than 77 million people have become infected with HIV, and over 34 million have died from Aids-related illnesses. 20 years ago, HIV seemed unbeatable. But over two decades, thanks to unprecedented global activism and solidarity by many partners, extraordinary progress has been achieved ...

But Covid-19 now threatens to derail decades of progress for HIV and other diseases such as Tuberculosis and Malaria. The pandemic has put an additional burden on already overstretched health systems, and the socio-economic impact has been devastating for the poorest and most marginalized. For the first time in the Global Fund’s history, key programmatic results for HIV declined in 2020.”

### ↳ Peter Sands, Executive Director, Global Fund

The keynote by Peter Sands, Executive Director of the Global Fund, focused on the stark challenges the Covid-19 pandemic has brought to the fight against the HIV epidemic. He presented pertinent and worrying facts on the currents and the threat of reversing the progress made. Covid-19 has exposed the most vulnerable to even more significant risks as lock-downs and restrictions to curb the new pandemic, cut access to life-saving HIV treatments, tests, care and prevention services.

Against this background, he noted that in these unprecedented times, communities affected by HIV had demonstrated strong leadership and resilience by supporting those who need antiretroviral treatment, which saw an increase of 9 % over the same period. Following their lead, the Global Fund quickly supported essential health innovations such as rolling concurrent HIV and Covid-19 testing programs and adopting multi-month dispensing of life-saving antiretroviral medications.

In this regard, through the creation of the ACT-A accelerator, the Global Fund has been the primary channel for providing grant support to low- and middle-income countries for Covid-19 tests, treatments, including oxygen protective equipment and critical elements of health system strengthen-

ing. He underscored that the capabilities to prevent, detect and respond to diseases like Covid-19 and future pathogens are essentially the same capabilities needed to fight existing pandemics such as HIV. However, and importantly, he reiterated that there can be no global recovery from the pandemic if some communities and populations are still left behind. As we have learned from the HIV epidemic, pandemics thrive on and exacerbate inequities.

He ended his address cautioning that a central part of advancing an effective response lies in addressing structural and social inequality such as stigma, discrimination, and criminalization continue to fuel HIV infections and deaths. If we want to beat HIV, and if we're going to win Covid-19 and want to protect against future pathogens, we must recognize and tackle such inequities.

'It has taken us a long time to recognize that it is indeed important for us to address underlying inequalities that exacerbate or make people at risk and vulnerable to HIV infection. But we are grateful that at this point, it is the focus of our work, and we realize that it is indeed important for us to address inequalities for us to achieve epidemic control.'

↪ Cindy Kelemi, Executive Director at Botswana Network on Ethics, Law and HIV/AIDS

Cindy Kelemi delivered a strong community-focused keynote on the importance of centring human rights-based approaches to remove the inequalities which continue to fuel the HIV pandemic. She noted essential elements of global and domestic response to HIV are contingent on the ability of the communities, people, and groups most affected by HIV to live lives free from stigma, discrimination, and equal protection in the law. These communities need to claim their human rights and achieve equality. Without this, the lack of human rights and state-sanctioned discrimination will hinder public health approaches to reach them.

In this regard, a human rights-based approach must address issues related to vulnerability and marginalization, particularly those most affected or infected. She noted that throughout the HIV pandemic, we had seen good examples of what happens when a right-based approach drives the response. In cases where this has happened, there has been a marked reduction in HIV prevalence, and these communities can act as a measure of accountability.

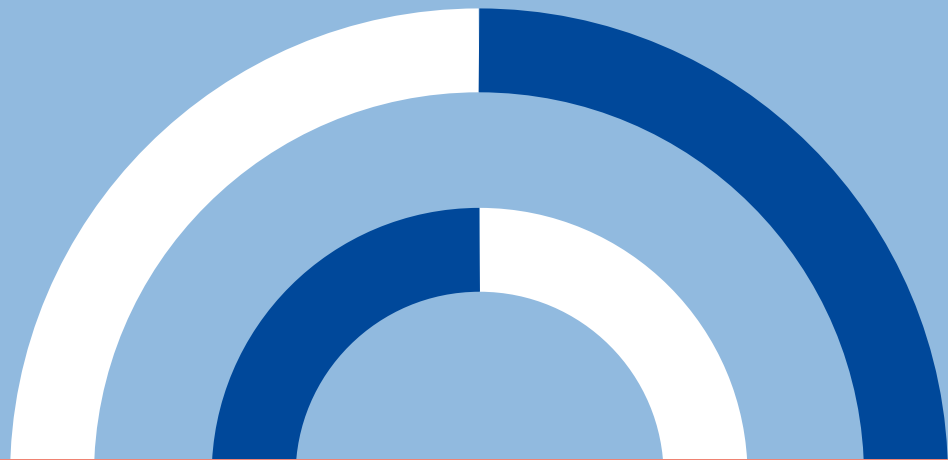
She further underscored human rights approaches must not be narrowly conceptualized. They must include sexual reproductive rights, children's rights, human rights literacy and the intersection of law and policy issues. She concluded her remarks were encouraging the HIV community to seek solidarity and build back to a robust community-centred approach to the global HIV response.

The panel discussed was led by Dianne Stewart and Matthew Kavanagh. They underscored the importance of civil society solidarity and elevated key population groups which was very active in the early days of the HIV epidemic. However, presently, the response has been coopted by national interests are winning out over global solidarity, which they view as unacceptable. Both panellists cautioned that we are repeating history, with many of the deaths in COVID being unavoidable, and we are failing to consider the lesson learnt from the HIV epidemic. Both panellists endorsed a global call action to urgently revisit the lessons learned in the HIV pandemic and apply those lessons to the present COVID pandemic.



**The author:**

Daniel Townsend is the Constituency Focal Point for Developed Country NGO Delegation. He has over 15 years of experience in global health policy and communications advocacy, with significant experience designing policy for populations and communities facing multi-dimensional and intersectional barriers to health.



Conference report from the community perspective

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First session

Text and photo – Shona Shonning, Vietnam

Communities, inequities,  
resilience, and  
opportunities: time for  
donors to step up

This article was written on the occasion of our online conference “Global Health Champion Germany?! From HIV to SARS-CoV-2. What have we (not) learned?” held on World Aids Day 2021. We asked Shona to report from the Session I “Covid-19: Communities in Action and where do we go from here,” hosted by the Global Fund Advocacy Network Asia Pacific (GFAN AP) and moderated by Peter Wiessner (Action against AIDS Germany) and Jennifer Ho (Asia Pacific Council of AIDS Service Organizations (APCASO)). We thank Shona for her reflections!

## Inequalities in health systems across Asia and Asia Pacific

Rodelyn M. Marte, Executive Director of the Asia Pacific Council of AIDS Service Organizations (APCASO), Asia Pacific which hosts the Global Fund Advocacy Network, Asia Pacific (GFAN) opened the session by pointing out how the Covid-19 pandemic had highlighted weaknesses and inequities in health systems that pre-existed the pandemic. Marginalized communities were both the most likely to get hit the hardest by Covid-19 and the least likely to access care and support. Many of the people who are key populations affected by HIV are dependent on daily income and the pandemic drove them into deeper poverty. Resources from programming for HIV was diverted away from HIV to address the Covid-19 poverty.

Harry Prabowo, Project Coordinator of the Asia Pacific Network of People Living with HIV and AIDS (APN+) echoed Marta’s message, reminding of inequitable access to Covid-19 technologies including vaccines. He also described the important work the organizations of PLHIV are doing push leaders to do the right thing – and address inequities. He reminded of the essential work that communities of PLHIV in Asia (as well as PLHIV unions all over the world) do in leading advocacy on programming to reduce inequities and to finance the Global fund is essential.

## Empowerment of Communities

Dr Khuat Thi Hai Oanh, Executive Director of the Supporting Community Development Initiatives (SCDI) Vietnam brought the session down to earth, showing how the community systems that were built to empower communities to respond effectively to HIV contributed to Vietnam’s resilience in the face of the Covid-19 epidemic. She told about how a group of people who use drugs mobilized volunteer efforts to co-operate with government to provide food and medicines to those in need during the epidemic. With support from the Global Fund, this community of people who used drugs (who are stigmatized in Vietnam as they are throughout the globe) came together in a spirit of solidarity and mutual assistance to enable access to HIV prevention, treatment and care. And, when the Covid-19 crisis hit, they were able to quickly spring into action when their broader community needed help.

Daxa Patel, President of the National Coalition of People Living with HIV in India

(NCPI+) told how communities in India were quick to respond to India's sudden lockdown by starting up a "war room" to plan how to respond to the crisis and began to interact with national HIV authorities to coordinate how the community would help by delivering food and medicines to those in need. They also were quick to apply their experience in "treatment literacy" education from the field of HIV to COVID, arranging for 257 webinars to teach people about COVID home care.

There are examples like this all over Asia Pacific (many of which are highlighted in APCASO's, Emerging Issues Of HIV, TB, and Malaria Affected Communities And Civil Society In Asia-Pacific During the Covid-19 Pandemic) and indeed, examples like this all over the world. These stories illustrate that the return on investment into community systems (by the Global Fund and other donors) is beyond its impact on HIV but has a broader impact on solidarity in society and resilience overall.

## Global AIDS Strategy: Ending inequalities

With the Global AIDS Strategy for 2021–2026 focused on "ending inequities," and with evidence of the importance of community systems in responding to crisis, it would seem logical that donors and governments would invest in programming to build up community systems but stigma, discrimination, and punitive policies continue to inhibit adequate investment.

The Global Fund shines as an exception to this tendency. In spite of the central importance that community systems have had in response to HIV and in spite of the heightened vulnerability experienced by key affected populations, stigma and financial strain inhibits governments from investing into.

## The role of communities in responding to HIV and Covid-19

The panel discussion engaged with representatives of countries including one of the Global Fund's largest contributors, Germany and one of the Global Fund's largest recipients, Indonesia, who, from different angles, emphasized the importance of continued support for the Global Fund and for Community Systems.

Daniel Marguari, Executive Director, Spiritia Foundation, Indonesia highlighted that the community systems supported by the Global Fund will

engage with the opportunity by Indonesia's upcoming presidency of the G20 to advocate for continued investment. It is increasingly important as the impacts of COVID are just beginning to be felt and considerable work to be done for equitable access to Covid-19 vaccines.

Alexander Freese, BMZ, Board member of the Global Fund Acknowledged the important role communities had in responding both to HIV and to COVID as well as their unique contribution to targeting the source of inequities by advocating changes to the legal environment that would alleviate dynamics that cause vulnerability and inequity in the first place. He was glad that Germany had been a major contributor to the Global Fund and praised its support for Community Systems strengthening.



In closing, Rachel Ong of the Global Fund Advocates Network called attention to the Power of More campaign and the upcoming Global Fund replenishment ([www.gfanasiapacific.org](http://www.gfanasiapacific.org)).

#### The author:

Shona Shonning has worked to promote health and rights for key populations since 2004. She currently lives in South East Asia though she spent most of her career in Eastern Europe and Central Asia. She believes firmly in the power of civil society groups and in particular groups of key populations to contribute to the creation of effective policy to promote health and rights. Shona has dedicated her work to empowering those communities. Before becoming a freelance consultant, Shona worked as a Programme Director for the Eurasian Harm Reduction Network and, before that, for the Russian Community of People Living with HIV.

She participates actively in a number of advocacy networks, currently as the Co-Chair of the European AIDS Treatment Group's, Policy Working Group and the Advisory Board of the Eurasian Network of People who Use Drugs. Shona's consultancy work often focuses on providing technical support for advocacy work including development of position papers, grant-writing, guideline development.

For ASAP, she provided assistance to the Eastern European and Central Asian Union of Organizations of PLHIV to develop a concept note for a regional advocacy proposal to the Global Fund to Fight AIDS, Tuberculosis and Malaria aimed at closing the gap in access to services for key populations

(Quelle: [www.asaplttd.com/2015/01/shona-schonning/](http://www.asaplttd.com/2015/01/shona-schonning/))



Conference report from the community perspective

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Second session

Text and photo – Jeffry Acaba, APCASO

What the world  
needs is a more  
accountable global  
health architecture

This article was written on the occasion of our online conference “Global Health Champion Germany?! From HIV to SARS-CoV-2. What have we (not) learned?” held on World Aids Day 2021. We asked Jeffry Acaba to write about his impressions of the second session of the conference, “Global health architecture is changing – Where are the champions?”, with a particular focus on the perspective of communities living with HIV, TB and malaria. We have asked for no objective account of the discussions and proceedings of the session. Many thanks to Jeffry for his reflections!

## The world is not ready for another global pandemic

The Covid-19 pandemic has proven that the world is not ready for another global pandemic. This is not to say that the Covid-19 has been the biggest challenge on health at this scale since the Second World War. Pandemics have continued to confront and break health systems prior to Covid-19, with malaria and tuberculosis affecting many of the low to middle-income countries across the globe since the past century.

These two pandemics have sustained the length of time but have been left unabated by many of the richer countries simply because its morbidities and mortalities were not felt. This all changed when HIV was first recorded in the early 1980s, which would then become the biggest pandemic in recent history. However, the approach to responding to HIV in the early days has been shrouded with prejudice, mainly because those who are taking a direct toll were sex workers, people who inject drugs, transgender populations, and men who have sex with men. We did learn from HIV that conscious negligence towards responding to these populations would eventually recoil, and four decades later, despite the tools and the science, HIV continues to spread globally.

Equally, it has been proven that the only way for pandemics like HIV can be overturned, if not delay its spread, is for national governments, political leaders, and multilateral organizations to come together and build a system that would facilitate joint action and consolidation of political and financial commitments. But to what extent and to how responsive this system is depends on the same actors that participate in shaping and re-shaping the structures that operate within this system, and how accountable this system is to those who are directly and gravely affected by these pandemics.

This discussion on the global health architecture has been the point of focus at the International Virtual Conference titled, “Global Health Champion Germany?! From HIV to SARS-CoV-2 – What have we (not) learned?”, held during this year’s World Aids Day 2021 and jointly organized by Action against AIDS Germany in cooperation with AIDS Action Europe, Deutsche Aidshilfe, and the Global Fund Advocates Network Asia-Pacific (GFAN AP).

## Responses to the new epidemic: established as time-limited global collaboration

When the world grappled with Covid-19 in the beginning of 2020, the World Health Organization immediately organized partnerships that sought to immediately respond to this new pandemic. It was called ACT-Accelerator partnership, or simply ACT-A, as referred to at the session by Dr. Christoph Benn, Director for Global Health Diplomacy at the Joep Lange Institute. It must be emphasized that ACT-A is a “time-limited global collaboration”<sup>1</sup>, designed to rapidly leverage existing global public health infrastructure and expertise towards equitable access to Covid-19 technologies including tests, treatments, and vaccines. Two years into the Covid-19 pandemic, however, we see new variants unfolding, which may again potentially challenge this current structure. Hence, I see why there is a ramping call for a pandemic preparedness treaty<sup>2</sup>, interestingly being called upon by governments mostly in the Global South.

Dr. Benn also rightfully underlined one of the shortcomings of such global collaboration such as ACT-A. In spite of its possibility has rapidly mobilize financial support and harness existing structures, dominantly donation-based financing limits countries and stakeholders participation in decision-making. While there is an intention to include civil society organizations in the decision-making tables, power dynamics tend to rely and become dependent towards those who have “higher” contributions (i.e. donations). In the case of COVAX for instance, the reliance from richer countries who have the capacity to purchase vaccines in advance took a while in donating their excess vaccines that the transparency and predictability of supplies have hampered the distribution of vaccines especially among recipient, low-income countries, making it difficult for them to plan with their vaccine campaigns.<sup>3</sup>

In order to respond to this gap, it would be important to recall that while global solidarity is important, leveraging health as a public good, which requires public investment, is instrumental. However, and in recognition of countries’ differing capacities, we can leverage the “common but differentiated responsibilities and respective capabilities” as being employed in climate finance<sup>4</sup>, making contributions to health as Party obligations while requiring other members to voluntarily contribute. This approach is not perfect, but it capitalizes on members’ obligations in taking health as a public good, while at the same time taking investment in global health as reflective of individual governments’ investment in publicly financing and improving financial capacity and sustainability of national health systems. This, then, builds on Parties’ obligations to closely monitor and be more accountable to every decision.

## The communities' perspective: accountability and community-led responses

A global health architecture will need to have clearly defined structures and strategies of community and civil society participation to be truly inclusive and accountable. Public participation is not new when it comes to global health. We see these structures already existing at the United Nations' Joint Programme on HIV/AIDS (UNAIDS) through the Programme Coordinating Board (PCB) as well as global health financing mechanisms such as the Global Fund wherein civil society organizations are participating proactively and leading on key strategic decisions of these bodies. Civil

- 1 / [https://www.who.int/publications/m/item/what-is-the-access-to-covid-19-tools-\(act\)-accelerator-how-is-it-structured-and-how-does-it-work](https://www.who.int/publications/m/item/what-is-the-access-to-covid-19-tools-(act)-accelerator-how-is-it-structured-and-how-does-it-work)
- 2 / <https://www.who.int/news-room/commentaries/detail/op-ed---covid-19-shows-why-united-action-is-needed-for-more-robust-international-health-architecture>
- 3 / <https://www.unicef.org/press-releases/joint-statement-dose-donations-covid-19-vaccines-african-countries>
- 4 / <https://unfccc.int/topics/climate-finance/the-big-picture/introduction-to-climate-finance/introduction-to-climate-finance#eq-4>



Discussion on opportunities towards a more accountable health architecture.

From left to right: Mareike Haase; Bread for the World, Heike Baehrens, SPD; Brigit Pickel, Federal Ministry for Economic Cooperation and Development; Paul Zubeil, Federal Ministry of Health; Sasha Volgina, GNP+ Global Network of People living with HIV; Dr. Christoph Benn, Director for Global Health at the Joep Lange Institute, Ferenc Bagyinszky, AIDS Action Europe (Dec. 2021).

society participation in these spaces have redefined health governance, putting more focus to gaps that are often neglected, and putting money where more efforts are required. Many other multilateral agencies have called for the adoption of these same approaches, but without increased and sustained funding to support civil society and community-led organizations and the work that we do at various levels, these pronouncements are only as good as how they were printed on papers. As Sasha Volgina from the Global Network of People living with HIV (GNP+) has said, “community-led responses ... improves trust, and gets (communities) involved in planning and ensuring accountability”. For a global health architecture to be accountable to the needs of the people, it must find a way to resource community-led responses.

## The role of Germany and other Governments in shaping the global health architecture

This is where countries like Germany can champion in shaping a global health architecture that is more accountable to the needs of the people globally, especially those who are mostly left behind. I have heard favorable conversations during the moderated discussion composed of Heike Baehrens from the German Parliament, Paul Zubeil from the Federal Ministry of Health, and Brigit Pickel from the Federal Ministry for Economic Cooperation and Development (BMZ) in support of One Health and strengthening national health systems, and I seriously think that Germany will play a major role in advancing issues such as human rights, gender equality, and civil society participation, especially in countries wherein these fundamental issues are being reduced as a partisan concern.

At the same time, Germany will also need to make bolder steps to ensure that the current technologies to respond to Covid-19, including vaccines, are easily and widely accessible – easing pathways for drug and vaccine developments to take place especially in places where the rollout of Covid-19 responses remain low.

## Not the same mistakes again!

Two years since Covid-19 has been discovered, we continue to re-learn from the same mistakes that we keep on doing in HIV: having the tools to end a pandemic is not enough. We need to share these tools as timely as we can. We need to ensure that we are funding interventions that are led by populations most affected to respond to the needs of those who are also most affected; and that our voices have a huge stake in dealing with global pandemics. Whether or not the current global health architecture will be redefined or reset due to the ongoing Covid-19 pandemic, what the world needs is an architecture that is more accountable, especially to those who are mostly left behind.



### The author:

Jeffrey Acaba currently work as Senior Programme Officer with APCASO, which advocates for better inclusion and prioritization of community, gender, and human rights (CRG) programming and policy in Global Fund grants in Asia and the Pacific, as well as empowers communities to respond to issues of human rights in the context of health. Jeffrey is a gay Filipino migrant living with HIV and has 15 years of experience in health governance, policy advocacy, and programme management, and training and capacity-building, and research and documentation.



Conference report from the community perspective

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Third session

Text and photo – Bryan Teixeira

# Championing a world without Aids

This article was written on the occasion of our online conference “Global Health Champion Germany?! From HIV to SARS-CoV-2. What have we (not) learned?” held on World Aids Day 2021. We asked Bryan Teixeira to write about his impressions of the final session of the conference, “Investing in a World Without Aids, Tuberculosis and Malaria”, with a particular focus on the perspective of communities living with HIV, TB and malaria. We have asked for no objective account of the discussions and proceedings of the session. We thank Bryan for his reflections!

## Arguments for global health financing

What are the right arguments to maximise Germany's investment in the 7th replenishment of the Global Fund to Fight Aids, Tuberculosis and Malaria (GFATM)? That all depends on what we mean by 'right' arguments. Are we referring to what is most fair, equitable, ethical, principled? Or are we referring to what is do-able, feasible, realistic? In addition, there is the question of 'right' according to whom, e.g. the German government, German civil society, GFATM, people living with and affected by Aids?

A key element of any successful argument is ensuring that it takes into account the audience to which it is addressed: what does this specific audience need in order to be convinced? A key audience as far as the German decision on the 7th replenishment is the incoming 'traffic light coalition' government. No doubt, some government legislators are well informed and aware of GFATM and global health needs relative to Aids: they don't need much argumentation. Others may need how-to information, e.g. how to deliver Germany's part in the investment case proposed by GFATM. But perhaps the majority will also need varying degrees of evidence or proof that GFATM is a good investment, e.g. their funding model works and can be shown to be successful. And some few may never be convinced, no matter what the argument.

## Importance of strong health systems

One of the learnings from the current Covid-19 pandemic is that the weaker the health system, the bigger the negative impacts are likely to be. For example, countries with weaker health systems or who have in the recent past disinvested or not kept adequately funding their health systems are struggling to respond to the need for hospital and intensive care beds and trained staff. Even as significant new funding has attempted to respond to Covid-19 once it was already established globally,

major gaps are being exposed in our health systems. We have fallen behind in addressing mother-to-child transmission of HIV as well as in the number of people initiating HIV treatment and accessing TB treatment; work on fighting malaria has stagnated; and human rights violations have increased relative to men who have sex with men, protecting health workers, and assuring global access to affordable vaccines.

In her message on World Aids Day 2021, the UNAIDS Executive Director Winnie Byanyima stated:

“On our current trajectory, we aren’t bending the curve fast enough and risk an Aids pandemic lasting decades. We have to move faster on a set of concrete actions agreed by United Nations Member States to address the inequalities that are driving HIV.”

## Putting investments on the right track

If we don’t get our investment levels right, then we can look forward to decades more of the HIV pandemic rather than seeing the end of Aids as a public health threat by the current agreed horizon of 2030. So far, since the start of the Aids pandemic, the global Aids death toll is just under 40 million lives. Not fully funding GFATM’s 7th replenishment means allowing the continuation and possible increase in lives lost.

In addition, if Germany does not fully fund the 7th replenishment, it will be damaging its international reputation as a leader in global health. The German Parliament has been a long-standing supporter of GFATM and UNAIDS, including its rights-based, anti-stigma and community-led approaches. Along with other members of the UN General Assembly, Germany is committed to the UN’s 17 Sustainable Development Goals which underpin the drive to end the epidemics of Aids, tuberculosis and malaria by 2030 (SDG 3.3).



## Session III – How can we invest in a world without Aids, tuberculosis and malaria? Discussed by:

From left to right: Katy Kydd Wright, Director, Global Fund Advocates Network; Sergius Seebohm, Friends of the Global Fund; Jaime Atienza Azcona, Chief Health Financing, UNAIDS; Dianne Stewart, Deputy Director, External Relations, Global Fund; Tilman Rüppel, Political Advocacy Officer, Würzburg Missionary Medical Institute; Hermann Gröhe, Member of the German Bundestag; Melanie Otto, Action against AIDS Germany; Bryan Teixeira, independent scientist and activist, France (Dec. 2021)

Germany was one of 165 members of the UN General Assembly that voted for the Political Declaration on HIV and Aids in June 2021; four countries (Belarus, Nicaragua, Russian Federation, and Syria) voted against this Declaration and there were no abstentions. The Declaration includes a commitment to fully funding the HIV and Aids response to US \$29 billion by 2025; it also acknowledges renewed commitments from bilateral and multi-lateral donors, of which GFATM is one of only two specifically mentioned, ...

... to fund remaining resource needs, especially for HIV responses in countries with limited fiscal ability, and those whose economies have been severely affected by the Covid-19 pandemic, with due attention to the financing of services for populations being left behind, peer-led HIV responses and societal enablers. (66b)

The coalition agreement of the new German government makes some reference to patient rights and involvement, at least within the area of regulating pharmaceuticals and medical devices. The agreement also refers to cross-government systems strengthening, specifically relative to digital innovation and infrastructure. So there is reason to hope that the new government will build on the successes of the past and at least continue if not increase its support and leadership relative to GFATM. Fully funding the 7th replenishment is in effect an opportunity for the new government to demonstrate its vision of global health as well as the strong political and financial leadership needed to deliver Germany's commitments to ending Aids by 2030.

## Support for communities as key of a successful HIV response

Fully funding the 7th replenishment makes good sense. GFATM's funding model works: it has a proven successful track record. It is dedicated to ending the epidemics of Aids, tuberculosis and malaria. To date, GFATM has saved about 44 million lives and halved HIV infections. Its return on investment is sizeable. GFATM knows from experience that weak community responses to the Aids pandemic lead to overall weakness in a nation's Aids response. As a result, GFATM focuses on activities in communities, e.g. collaboration on the ground between locals, community-led interventions, expanding community spaces, rights-based approaches that fight inequality, and strengthening community-led health systems. For over 15 years, there has been the goal of 'Health in All Policies' (HiAP) in Europe:

the intention to integrate health considerations into policymaking across all sectors of governments in order to improve the health of all communities and people. It took Covid-19 to leapfrog European nations into HiAP. After spending trillions on the Covid-19 response, there is little question now about the relevance and value of prioritizing health budgets. The Covid-19 pandemic continues to be a strong reminder that health investments are 'hard' investments that bring benefits across the policy field and specifically relative to supporting stable and prosperous economies. This reality was not lost on GFATM that raised and spent an additional US \$4 billion for the Covid-19 response.

In conclusion, the 'right' arguments to maximize its investment in the next GFATM replenishment need to be varied and targeted if they are to resonate with the diverse concerns and perspectives of the members of the German Parliament. Fundamentally, they need to be political arguments. The 'right' arguments will demonstrate which actions hold the most risk and potential for loss, and which actions demonstrate the strongest chances for success. Not fully funding the 7th replenishment is a recipe for failure: there will be significant loss of life and increase in HIV infections beyond the global target of 2030. On the other hand, full funding saves lives and strengthens Germany's leadership as a global health champion in ending inequalities and Aids.



#### About the author:

Bryan has over 25 years' experience working at a senior level in NGOs in Europe and Canada almost exclusively among marginalised communities and mainly in the fields of sexual and mental health. Prior to becoming a full-time freelance consultant in 2012, he was the CEO of NAZ (London) for 11 years, one of the foremost UK organisations focused on the sexual health needs of migrants and ethnic minorities from a diverse range of sexual identities. He served for 3 years on the NGO Delegation on the Coordinating Board of the Joint UN Programme on HIV/AIDS (UNAIDS) as Delegate for Europe, bringing the voice of marginalised communities to that body. And for 10 years he was the UK National Focal Point for the EU project: AIDS and Mobility Europe which focused on migrant and mobile populations in Europe. As a senior consultant working with European NGOs, he focuses on organisational effectiveness and change, partnership and collaborative working, user involvement, strategy planning, and policy development. He holds a PhD in psychology with specialisation in organisational development. Bryan is originally from Guyana and now lives in France.



No steps  
backwards –  
on the way  
to a world  
without Aids,  
tuberculosis  
and malaria.

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