

A group of people wearing white protective suits and hoods are sitting on a concrete ledge in front of a building. The image is overlaid with a purple tint. The text is in white and yellow.

THE BATTLE FOR HEALTH JUSTICE:

ADDRESSING RISING EXTREMISM AND THE EROSION OF HUMAN RIGHTS

BETTER
HEALTH

THRIVING
COMMUNITIES

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Introduction

We are currently facing a deeply concerning situation: anti-minority movements are gaining ground, extremism is on the rise, and isolationist attitudes are increasing. Violence and the rejection of the other are becoming commonplace, human rights are being gradually eroded, and inequalities are growing. The rise of reactionary ideologies threatens international solidarity.

Against this backdrop, the fight against HIV, tuberculosis, and malaria is not merely a public health issue. It is a battle for equality, dignity, and for a world where access to healthcare is not determined by identity or origin. The [Global Fund to fight HIV/AIDS, tuberculosis, and malaria](#) embodies this vision. However today, this initiative, which is one of the most powerful instruments for health justice, is under threat.

The Global Fund is one of the few international initiatives that effectively combats injustice by providing support to community-based organisations dedicated to the health of all populations, particularly the most vulnerable and discriminated. Reactionary movements oppose this approach. If the Global Fund is not fully replenished in 2025, not only would health outcomes worsen, but human rights would also be further endangered. The consequences of weakening global health commitments are well known, but risks are being ignored. This represents an unacceptable double injustice.

To provide an accurate picture of the reality on the ground, we have gathered testimonies and expertise from those whose daily job is promoting equitable access to healthcare. They highlight the everyday challenges faced by patients in complex national contexts, and emphasise their concerns about current world trends. They remind us that the progress achieved in recent decades is the result of relentless struggle, made possible by medical innovations and, crucially, by placing human rights at the core of these efforts. Our goal is to leave no one behind, as this is the only way to effectively fight against epidemics.

We call for a strong commitment from the European Commission to defend the right to health for all. There can be no compromise on this fundamental right. No one should be deprived of the right to health because of their sexual orientation, sex, gender identity, origin, beliefs, or any other reason. At a time when disengagement is growing, the European Commission has a duty to protect human rights and stand on the right side of history.

1.

Abandoning International Solidarity: A Serious Political Error with Disastrous Consequences

Since February, the Trump administration's decision to [freeze financial aid for international solidarity](#) has had serious consequences for global health. This reactionary isolationist political wave threatens to undo years of progress in the fight against epidemics. Political inaction costs lives; and lost lives cannot be recovered.

The severe, almost complete, reduction in US funding came suddenly, without allowing international and local health services any time to plan for a transition. These ill-considered decisions, made by political leaders detached from the realities on the ground, are [depriving millions of people of essential access to life-saving treatments](#). [The US alone provides 73% of all donor funding to HIV efforts](#). The epidemics in question are deadly, and we are dealing with humanitarian crises. All those who do not (or no longer) have access to treatment will die, and the estimated human cost is already immense.

"To stop funding global health is a crime against humanity."



LONSI TSAKOU Laura
PRAJ+AOC Cameroon Network

Regarding HIV, [The Lancet recently estimated](#) that current budget cuts (beyond the US) could lead to between 4.43 and 10.75 million new infections and between 770,000 and 2.93 million additional deaths by 2030. Halting or reducing funding is an irreversible mistake: lives lost cannot be regained. These figures represent the impact of the US withdrawal alone, within a single year. The already enormous losses will increase even further if other donor countries follow suit.

"Just as in climate change, where every degree matters, in global health, every resource counts. Every euro saves lives."



Dr. Dinesh Mahalingam Harry
Public Health & Occupational Health Physician,
SP Care Group, Malaysia

Progress and Success must not be confused: Towards a Resurgence of Epidemics


Since the emergence of HIV in the 1980s, the number of HIV-related deaths has steadily increased, peaking in 2004 at [2 million deaths](#) worldwide. In 2000, tuberculosis caused 1.7 million deaths, and nearly a million people died from malaria.

[Significant progress](#) has been made thanks to international solidarity. In countries where the Global Fund invests, in 2022, AIDS-related deaths had fallen by 73% compared to 2002, malaria deaths by 28%, and tuberculosis cases had also decreased by 38%.

However, as John N. Nkengasong, Global AIDS Coordinator and senior official in the US Office of Global Health Security and Diplomacy, [notes](#), the disease eradication targets set by the international community are not being met. It is essential that we do not confuse progress with success.

To withdraw support now would be to throw away hard-won progress and abandon the goal of eradicating these diseases. This would be a severe setback, inevitably leading to a rapid and uncontrollable resurgence of epidemics.

"The results are very fragile. They depend heavily on international funding. It's the sustained support and continuous attention that make a difference."



Dr. Amira HERDOIZA
Medical Specialist in Public Health,
Executive Director of the Kimirina Corporation

Budget cuts are hindering the activities of local community organisations, which are central to the fight against exclusion and stigmatisation. In addition to supporting patients throughout their treatment, these organisations actively advocate towards their governments to defend the rights of the most vulnerable. Often composed of patients, former patients, and marginalised individuals, these organisations are best placed to address the specific challenges faced by these communities. All those interviewed emphasised that their work in raising awareness, advocacy, and support is crucial for ensuring access to care and effective prevention. Yet today, these organisations are threatened with being shut down. Without them, much social progress will be lost, and access to treatment will be severely compromised.

"All these communities that have been strengthened, that have been able to assert themselves and contribute to improving access to care, are going to collapse."



Dr. Bintou DEMBELE
Vice-President of the Board of Directors of Coalition Plus, Executive Director of ARCAD Santé PLUS

Effective epidemic control systems, which combine the procurement of preventive tools, tests, and treatments with human rights programmes are essential for guaranteeing access. The destruction of these systems will lead to a dramatic increase in mortality rates and the number of infected individuals.

"The human rights approach is not only the right thing to do, or an altruistic action to take, but it is essential to any investment in healthcare."



Alexandrina Iovita,
Human Rights Expert, Global Fund

In addition to the development of new infections, several experts interviewed pointed out that the withdrawal of support would encourage the emergence of disease mutations and the development of resistance to current treatments, rendering them ineffective and jeopardising medical advancements. This scenario would pave the way for new global health crises, more serious and unpredictable than previous ones. It would trigger an uncontrollable chain reaction, with devastating human consequences and severe economic repercussions.

2.

When Human Rights are at risk, Global Health is at risk

Given the limited financial resources, a competition could arise between vulnerable populations to determine investment priorities. This problematic approach undermines the principles of universality and indivisibility of human rights, leading to competition between vulnerable populations to decide who deserves to live. This is an utterly unacceptable situation that will disproportionately harm communities furthest from access to healthcare.

Stigma, Discrimination, and Prejudice: Major Barriers to Access to Care

Due to deeply ingrained popular beliefs and a lack of awareness, patients are often stigmatised, blamed, or even accused of being responsible for their condition because of “bad morals.” Laura, a member of the RAJ+AOC network in Cameroon who lives with HIV, was harassed throughout her teenage years. Kennie, a member of the Grandir Ensemble network in Burundi who was born with HIV, was forbidden to share even a glass of water with other children. Dieu-donné, a member of the Grandir Ensemble network in Togo, was no longer allowed to speak in class when his teacher suspected his HIV status. This stigmatisation generates shame and fear, creating a psychological burden that leads those affected by HIV to hide, avoid screening, or simply forgo treatment.

“The more discrimination there is, the more people stray from treatment, and the higher the number of new infections.”



Kény-Néilla ISHIMWE
Réseau Grandir Ensemble Burundi

“A man lost everything because he had tuberculosis. He was exiled from his village and his family, his wife left him and took the children with her.”



Ani HERNA SARI
GFAN Speaker, President of the
Rekat Peduli Indonesia Foundation,
a TB Survivor organization

Relatives of those affected can also experience indirect discrimination and be singled out, especially among young girls and women, as Fanta, an advocacy officer for the Grandir Ensemble network in Mali, explained to us. This indirect discrimination leads to even more exclusion of those affected by HIV within their own circle. Another person we interviewed, who is living with HIV, had to leave their spouse after a few years when their partner’s family learned of their HIV status, proof that these diseases impact social stability.

Access to healthcare is even more complex for key populations (including LGBTQI+ community, sex workers, prisoners, ethnic minorities, etc.), whose rights are not always guaranteed and who are therefore particularly vulnerable to diseases. For example, transgender people have an HIV prevalence rate fourteen times higher than the general population. Due to overcrowding, tuberculosis is a hundred times more prevalent in prison inmates, and migrants are particularly exposed to malaria. Discrimination against these individuals, and even the criminalisation of their very existence, forces patients to make choices that seriously jeopardise their health and their lives. The direct relationship between criminalising laws and the increase in new HIV infections amongst key affected populations is well established, and UNAIDS recognises that abolishing such punitive laws is crucial for achieving a world without AIDS by 2030, as is also expressed in their societal enabler target on ensuring less than 10% of countries have punitive legal and policy environments that deny or limit access to services.

Saro, a transgender activist living with HIV in Pakistan, explains that many transgender patients resort to self medication. Dieu-donné recounts the cases of several people who choose to abandon the fight against the disease by discontinuing treatment and allowing themselves to die, as this

represents less suffering than continuing to fight in a society that constantly rejects them.

Women and girls are disproportionately affected by budget cuts. While their health is already particularly vulnerable due to various social barriers (in sub-Saharan Africa, [62% of new HIV infections](#) affect women), budget cuts further undermine their rights, particularly regarding sexual and reproductive health. Tendayi Westerhof, Director of the Pan African Positive Women's Coalition, [emphasised](#) that the termination of funding poses a serious threat to the [2030 goal of gender equality](#).

"A country that doesn't even understand your existence, how can it plan for your health?"



Eudora OGECHUKU
GFAN Speaker, Nigeria

Widespread Erosion of Human Rights

In both the Global South and Global North, no one is immune to the spread of reactionary influence. [Amnesty International's latest report](#) finds that human rights are in serious decline. Fueled by hatred and the exploitation of fears, this movement restricts civic space and stigmatises (and even demonises) marginalised groups and the most vulnerable populations.

Women's and girls' rights are experiencing a [particularly alarming regression](#). Examples include Afghanistan, where the Taliban are working to eliminate women from public life through a series of decrees adopted in 2023; Brazil, where the number of femicides and rapes have increased sharply since the election of Bolsonaro in 2018; the United States, where the [Supreme Court ended the federal right to abortion in June 2022](#); and Poland, where the right to abortion was further restricted in 2020.

In concentrated epidemics, key population communities are central to leading and delivering effective HIV responses.

The Global Fund has long recognised that their leadership, together with the work of civil society organisations, is critical to reaching the most marginalised. However, in many authoritarian contexts, these efforts are being systematically restricted. Russia's "foreign agent" law has dramatically curtailed services for key populations - not only domestically but across neighbouring countries it seeks to influence. Kyrgyzstan and Georgia have adopted similar laws, placing severe limitations on community-based organisations. These restrictions undermine the Global Fund's community-led response model and threaten access to life-saving, rights-based services.

LGBTQI+ communities are also facing backlash. In 2023, Russia passed a [transphobic law](#), Kyrgyzstan approved [a law](#) protecting children from harmful information, which introduces responsibility "for the dissemination of information harmful to children" including for LGBT propaganda and SRH activities, de-facto banning any public discussion of the LGBT community and wrongly characterizing information about 'non-traditional sexual relationships' as harmful to children. [Uganda criminalised homosexuality](#), making it punishable by death in the same year. In 2024, in the run-up to parliamentary elections, Georgia approved a constitutional law titled [«On the Protection of Family Values and Minors» aimed at banning "LGBT propaganda"](#) and prohibiting any public gatherings, products, or educational programs that «promote» among other things, same-sex marriages, adoption, and gender transition. In 2024, 64 countries had [laws criminalising same-sex sexual relations](#), with 13 of them imposing the [death penalty](#).

[Amnesty International's report](#) also highlights that violations of international humanitarian law and the increase in conflicts (Israel, Ukraine, Sudan, Ethiopia, Myanmar...) are contributing to a general rise in racism. Military conflicts cause forced migration and help the spread of epidemics. Despite the Russian invasion, and thanks to broad Global Fund support, Ukraine has led the way in open-minded, community-driven, person-centered and innovative programming which has led to controlling and reducing the HIV epidemic among People Who Inject Drugs (PWID), including in a situation of war.

In Eastern Europe, Central Asia, and the Balkans, the situation is particularly [fragile](#). Yet with support from the Global Fund, over 30,000 human rights violations have been documented and most of them responded to through the community-led monitoring tool **REAct**, implemented by over 200 civil society organisations. This evidence is essential — it not only highlights systemic abuse but also informs needed policy reforms rooted in facts, not prejudice or ideology. The decline in human rights is exacerbating an already fragile situation, and the health of the most marginalised will be the first to suffer. However, diseases know no borders, be they ideological, social, or geographic.

3.

The EU's Confrontation with Its Responsibilities: A Decisive Choice for the Future of Global Health and Human Rights

The European Commission: Upholding Human Rights through Global Health Leadership

Historically committed to global solidarity, the European Commission has played a central role in shaping global health policies and advancing healthcare access worldwide. The partnership between the [EC and the Global Fund is like no other](#), and together with EU Member States, their contributions account for nearly one-third of the Global Fund's total resources. As a key advocate for human rights across Europe and beyond, the EC has consistently championed a public health strategy that prioritises equity and tackles the barriers that prevent marginalised populations from accessing quality healthcare. This commitment is evident in its [Global Health Strategy](#) and its [Action Plan for Human Rights and Democracy](#), which continues to reflect the Commission's strong belief that promoting human rights is integral to achieving better health outcomes. By advancing both public health and human rights, the EC demonstrates how strengthening these areas can create a more just and equitable world.

"Nowadays, security is getting top priority on the European agenda. But it shouldn't be a choice between security and health, either/or. It is a false dilemma. Health is also security. Socially dangerous diseases have no borders!"



Andriy Klepikov
Executive Director of the ICF Alliance
for Public Health

When health systems collapse or communities are excluded, it becomes a threat not just to those directly affected but to global stability. Investment in health is investment in peace, safety, and resilience — both within Europe and beyond.

"How can we move towards universal access to healthcare by excluding people?"



Dr. Bintou DEMBELEE
Vice-President
of the Board of Directors of Coalition Plus,
Managing Director of ARCAD santé PLUS

The EU shoulders a particular responsibility, as its choices resonate internationally and its diplomatic mobilisation has a strong ripple effect. The EU's international decisions must align with its ambition. In addition, global health is also crucial for international security. Neglecting to finance global health could precipitate the collapse of international security. Amid growing health threats, it would be irresponsible to underestimate the importance of these commitments for EU influence. Decisions made today will have lasting repercussions on the world's future, and only a strong commitment will ensure long-term stability.

In an era of unprecedented global upheaval, the strategic choices made by donors on the international stage are shaping the course of history. Do we want to be responsible for a world where human rights and health are considered to be merely optional? Failure to invest in global health and human rights means abandoning millions of human lives. The decisions made today will shape the world of tomorrow. The choice is clear: commit to a future where health and human rights are universal, or passively watch as all that has been achieved collapses.

We call on the European Commission to stand on the right side of history by recommitting itself to the fight against health inequalities, now more threatened than ever. This is why [we urge the EC to pledge €800 million to the Global Fund's eighth replenishment.](#)



4.

Interviewees

Ani HERNA SARI

GFAN speaker, President of the Rekat Peduli Indonesia Foundation, a TB Survivor organization (Indonesia)

After surviving tuberculosis and traumatic experiences, Ani joined a group of survivors and founded a local organisation in Surabaya before becoming President of the Rekat Peduli Indonesia Foundation. She has dedicated her career to strengthening the fight against tuberculosis in Indonesia and the Asia-Pacific region, particularly with TB Women. In 2024, she became Chair of the Global Tuberculosis Community Board (TB CAB) and a member of the Medicines Patent Pool (MPP) Community Advisory Group, advising the MPP on tuberculosis. Ani is also a GFAN speaker and has been working under CFCS funding since 2022.

Eudora OGECHUKWU

GFAN Speaker (Nigeria)

Eudora, an intersex activist from Nigeria, fights against discrimination and marginalisation of LGBTQ+ communities and sexual minorities, challenges she has personally faced. Eudora advocates for their rights, particularly in the workplace and access to healthcare and social services. She has collaborated with multiple organisations, including the African Network for the Development of Adolescents (ANAYPD), WHER, ICARH, and serves as the Nigeria focal point for Women4GlobalFund. A member of the advisory committees of Mama Cash and FRIDA, Eudora aims to be a supportive voice for sexual minorities in Nigeria as a GFAN speaker.

Saro IMRAN

GFAN Speaker (Pakistan)

Having survived transphobic attacks, Saro is committed to advocating for transgender rights. She established a movement in southern Punjab, Pakistan, to defend human rights, prevent HIV/AIDS, and provide STI screening services for the transgender community. She has also collaborated with the Punjab AIDS Control Program to offer care and support for transgender individuals living with HIV. Saro has worked on Global Fund-related projects, particularly focusing on gender perspectives in the fight against HIV/AIDS.

Dumi GATSHA

GFAN Speaker (Botswana)

Dumi is a feminist and human rights activist with over a decade of experience working on HIV-related issues and young LGBTQ+ communities. She founded the Success Capital Organisation, a former Global Fund sub-recipient that

provides community health, justice, and guidance services. Additionally, she has advocated for sexual and reproductive health and rights, combating violence against women, and inclusive philanthropy. Dumi has also worked as a consultant for CIVICUS, #ShiftThePower UK, UNDP Botswana, Sisonke Botswana, and FrancisTrans Collective. She serves on the boards of SRHR Africa Trust, Womankind Worldwide, and the steering committee of UHC 2030 and is part of the Global Civil Society Reference Group of the Spotlight Initiative.

LONSI TSAKOU Laura

Co-founder of RéCAJ+ Network (Cameroon)

Laura has been living with HIV since birth. She co-founded the Cameroon Network of Adolescents and Young People Living with HIV (RéCAJ+). She is also an advocate trained under the “Voices of the Fight” program, coordinated by Impact Santé Afrique (ISA), which aims to strengthen communication and advocacy skills among a new generation of leaders in the fight against malaria, tuberculosis, and HIV/AIDS in Africa. Recently, Laura joined the Global Fund’s Youth Council.

Kossi Dieu-Donné AWOLOKOU-FIOTEKPOR

Grandir Ensemble Network (Togo)

Kossi Dieu-Donné has been living with HIV since birth. Now 24 years old, he serves as a peer educator coach within the Grandir Ensemble Togo Network, where he has been active since 2018 and has served as an ambassador. He is also a founding member and executive board member of REAJIR+ Togo (Network of Children, Adolescents, and Young People Living with HIV for Renewal). Additionally, he is committed as a youth promoter of children’s rights for UNICEF Togo and supervises peer educators under the Global Fund.

Seydina Mouhamad BA

President of Convergence Jeunes Network, Member of RAJ+AOC Steering Committee (Senegal)

Seydina Mouhamad was born with HIV. After experiencing academic struggles due to his HIV status, he left school to fully dedicate himself to HIV advocacy, becoming an ambassador for children, adolescents, and young people living with HIV. He currently works as a health mediator to support his peers.

Fanta CONDE (“Stella”)

Advocacy Trainer and Advocacy Officer, Grandir Ensemble Network (Mali)

Fanta is a young Malian woman living with HIV. She is currently engaged as a community manager and advocacy

officer at Grandir Ensemble. Since 2016, Fanta has been actively involved as a peer educator, raising awareness and supporting people living with HIV. In 2021, she was elected a full member and representative of RMAP+ on Mali's Multisectoral Coordination Committee (CCM). She has also served as a youth representative on the RMAP+ Board of Directors. More recently, she joined the advocacy committee of the High Council for the Fight against AIDS, where she aims to voice the needs and priorities of her peers.

Kény-Néilla ISHIMWE

Grandir Ensemble Network (Burundi)

Kény has been living with HIV since birth, which motivated her to engage in the fight against the epidemic. In addition to her law studies, she is now actively involved as a young ambassador for the Grandir Ensemble Network in Burundi. Kény is also a peer educator at SWAA Burundi, a pioneering association integrating gender aspects into the national HIV response.

Dr. Amira HERDOIZA

Executive Director of Corporation Kimirina (Ecuador)

A public health specialist, Dr. Amira has led Corporation Kimirina since 2004, one of the most successful non-profit organizations fighting HIV/AIDS and protecting human rights in Ecuador. Kimirina has been promoting global health and sexual and reproductive rights for LGBTQ+ communities, adolescents, women, and people in mobility situations for 25 years. The organization is a member of international networks such as Coalition PLUS International, Frontline AIDS, and MoVIHmiento Saludable, and coordinates the Americas and Caribbean platform of Coalition PLUS. It collaborates with agencies such as UNAIDS, PAHO/WHO, IOM, UNHCR, and the Global Fund, while maintaining partnerships with universities, governments, and civil society.

Dr. Bintou DEMBELE

Vice-President of the Board of Directors of Coalition Plus, General Director of ARCAD (Mali)

Dr. DEMBELE is a founding member of ARCAD Santé PLUS, the first association in Mali dedicated to the medical and psychosocial care of people living with HIV. She is a committed activist for the visibility and acceptance of people living with HIV within the Malian community. Currently serving as the General Director of ARCAD Santé PLUS, Dr. DEMBELE has received numerous honorary titles, including: Woman and AIDS Trophy by WFP (1999), Gold Ribbon from HCNLS (2007), Sidaction Prize for Best Community Care Actor (2008), Knight Medal of the National Order of Mali

(2008), and the Order of the Pleiades Medal awarded by the Parliamentary Assembly of La Francophonie (2009).

Alexandrina IOVITA

Senior Human Rights Advisor, The Global Fund

Holding a PhD in international law and a master's degree in public health, Alexandrina is an international development professional with over 20 years of experience. Her expertise spans program management, public health reform, and human rights advocacy. Having worked with NGOs, universities, national UN bodies, and headquarters, she strives to dismantle human rights barriers within the Global Fund.

Dr. DINESH MAHALINGAM Harry

Public Health & Occupational Health Physician, SP Care Group (Malaysia)

Dr. Dinesh Mahalingam is a public health physician currently managing a chain of primary healthcare clinics in Malaysia under SP Care Group. He was appointed as a member of the working group developing Malaysia's new HIV workplace policy, in collaboration with the Department of Occupational Safety and Health under the Ministry of Human Resources. Through ministerial advocacy, he actively promotes the rights of people living with HIV and national policy reforms. In 2021, he was a member of UNAIDS' National Research Advisory Committee and has served as a representative of Coalition Plus and honorary secretary-general of the Federation of Reproductive Health Associations of Malaysia, leading national health awareness programs.

Dr. Andriy Klepikov

is the Executive Director of the Alliance for Public Health (APH)

one of the largest non-governmental organisations focusing on HIV and tuberculosis (TB) in Ukraine, Eastern Europe, Central Asia and Balkan countries. Under his leadership, APH has implemented the REAct (Rights – Evidence – Actions) system in collaboration with over 200 civil society organisations. REAct is a community-led monitoring tool designed to document and respond to human rights violations among key populations vulnerable to HIV and TB. Andriy holds several governance roles, including being an active member of the Developing Country NGO Delegation to the Global Fund Board, Chair of the Oversight Advisory Committee of TB Europe Coalition, and a member of both the Executive Board and the Governing Council of the International AIDS Society.

The Battle for Health Justice:
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