
Report of the 43rd Board Meeting

43rd Board Meeting

GF/B43/13

14-15 May 2020, Virtual Meeting

Board Decision

Purpose of the paper: This document presents the Report of the 43rd Global Fund Board Meeting, held virtually from 14-15 May 2020.

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This document presents the Report of the 43rd Global Fund Board Meeting, held virtually from 14-15 May 2020.

Agenda items. The Meeting comprised of Fourteen (14) agenda items, including Four (4) items discussed in the form of a written exchange between the Secretariat and the Board via the governance portal (Annex 1) and One (1) executive session.

Decisions. The Report includes a full record of the three (3) Decision Points adopted by the Board (Annex 2).

Documents. A document list is attached to this Report (Annex 2). Documentation from the 43rd Board Meeting is available [here](#).

Presentations. Presentation materials shown during the meeting are available to Board Members on the [Portal](#).

Constituency statements. Constituency statements are available in Annex 5 to this report.

Participants. The participant list for the 42nd Board Meeting can be consulted [here](#).

Glossary: a glossary of acronyms can be found in Annex 4.

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Agenda Item 1: Board Meeting Opening

1. The Chair of the Board, Donald Kaberuka, welcomed participants. The Board Chair commended the Secretariat and Board Members for their resilience, innovation and adaptability to organize and participate in the first virtual Board meeting of the Global Fund in the exceptional circumstances of the COVID-19 pandemic.
2. The Board Chair underscored that the COVID-19 outbreak has further widened the funding gap to deliver on Sustainable Development Goal 3, and that the Board needs to reflect on how to address this challenge. In this context, it will be critical to see how the Global Fund responds to this new global health emergency while fighting the three diseases. The Board Chair further noted that this response warrants bottom-up solutions led by communities, that being a strength of the Global Fund.
3. The Vice-Chair, Roslyn Morauta, also welcomed all participants. The Chair and Vice-Chair took the opportunity to acknowledge newly appointed Board Members and Alternates and thanked the outgoing Board Members and Alternates for their dedication and contributions to the mission of the Global Fund.
4. The traditional candle of remembrance was lit by Ambassador for Global Health Stéphanie Seydoux from the France constituency to honor the memory of the victims of AIDS, tuberculosis, malaria and COVID-19. Ambassador Stéphanie Seydoux highlighted that the Global Fund remains a key actor in global health and that the COVID-19 pandemic requires a collective answer. A moment of silence was observed.
5. Decision:
The Board:
 - Unanimously approved the decision to appoint Ambassador for Global Health Stéphanie Seydoux representing the France constituency to serve as rapporteur ([GF/B43/DP01](#)).
 - Unanimously approved the agenda of the 43rd Board meeting ([GF/B43/DP02](#)).

Agenda Item 2: Update from the Executive Director

6. Presentation:
The Executive Director (“ED”) opened the session by thanking the Board for its support and acknowledging the extraordinary circumstances of this virtual Board Meeting. The ED updated the Board on three core issues: progress towards the six 2020 priorities (i.e. grant-making, driving impact from current grants, strategy development, reinforcing capabilities and impact on key strategic priorities, improving efficiency and effectiveness, investing in people), immediate challenges due to COVID-19, and early perspectives on what COVID-19 circumstances mean to the Global Fund.
7. Board discussion:
The Board commended the Global Fund’s rapid response to COVID-19 and expressed deep appreciation for the ED’s weekly updates. Constituencies underlined the importance of the following areas in their feedback to the ED:
 - i. **COVID-19:** While acknowledging the challenges posed by COVID-19 to global health security and to HIV, TB and malaria gains, the Board recognized an opportunity to reshape global health governance and that the Global Fund’s partnership model could serve as an example. It also encouraged the Global Fund to make its assets (e.g. Wambo) and capabilities available as additional tools to address COVID-19 challenges (e.g. procurement and supply operations). It was further noted that in-country assets and capabilities built over the years to respond to the three diseases with support from the Global Fund and partners are now serving to strengthen countries’ ability to respond to COVID-19. The Board also recognized the Global Fund’s role as a key partner of the Access to COVID-19 Tools Accelerator, and as a strong advocate for the inclusion of voices from civil society and communities. In responding to COVID-19, the Board emphasized the importance of ensuring equitable access to commodities in all

countries, to ensure no one is left behind. It also expressed concern for COVID-19's economic impact affecting donors' capacity to honour commitments and countries' ability to mobilize domestic resources for health. The Board urged the Global Fund to continue the operationalization of risk management, particularly in the areas of procurement and supply chain, exchange rates and pledge conversion.

- ii. **Business continuity:** Considering concerns about the disruption of essential health services due to COVID-19, some Constituencies urged the Global Fund to protect its mandate and achievements, and leverage opportunities to foster synergies between HIV/AIDS, TB and Malaria programmes and the COVID-19 response, while remaining committed to the set strategic targets.
 - iii. **Partnerships and collaboration:** The Board applauded the ED's leadership and remarkable role in various global initiatives and partnerships, including those created to coordinate the COVID-19 global response, and recommended the initiation of dialogue on how collaborative platforms can be sustained in the long run to strengthen global health security. Appreciation was also expressed for the Global Fund's leading role in the implementation of the Global Action Plan (GAP). The Board also encouraged continued collaboration with the private sector, leveraging the opportunities provided by COVID-19 to accelerate innovation and technology.
 - iv. **Community, Rights and Gender (CRG):** Concerns regarding the increased risk of human and gender rights violations and the limitations to community participation in the COVID-19 context were expressed. The Global Fund was encouraged to enhance efforts to meaningfully address these risks by prioritizing CRG issues, focusing on Key and Vulnerable Populations and ensuring the transparent engagement of civil society and communities.
 - v. **Resilient and Sustainable System for Health (RSSH):** The Board acknowledged significant engagement in this area is critical not only to accelerate progress on the three diseases, but also to enhance countries' preparedness and response capacities, to effectively respond to COVID-19 as well as future health crises.
 - vi. **Strategic Performance:** Under-absorption and insufficient progress in curbing HIV incidence were flagged as areas of concern.
 - vii. **Strategy Development:** Acknowledging the challenges posed by COVID-19 to the Strategy Development process, the Board urged the Global Fund to pursue inclusiveness and to ensure that the process is informed by the latest evidence on COVID-19's impact on the fight against HIV, TB and Malaria, and on health systems.
 - viii. **Youth Council:** The Board welcomed the creation of the Youth Council and inquired about its role in governance and the possibility of having members of the Council as observers during Board Meetings.
 - ix. **Staff well-being:** The Board commended the ED and Senior Management for their focus on staff well-being during the COVID-19 health crisis, and reiterated the need to remain vigilant and adopt a careful approach to the staff's return to the Global Health Campus.
8. ED's response: The ED thanked the Board for the very rich and insightful comments. Due to time constraints, he offered to address some of the comments during the following sessions. The ED confirmed that COVID-19 response in countries build on existing platforms for HIV/AIDS, TB and Malaria programmes, and agreed that technical capacities and infrastructure should serve multiple purposes to strengthen the resilience of health systems. The ED also reflected on how COVID-19 is accelerating debates on the strategic evolution of the Global Fund, including by showing that achievements related to multiple diseases are interconnected. The ED confirmed that COVID-19 has accelerated and increased the effectiveness of stakeholders' collaboration, and recommended that partners continue to lend assets and capabilities to pursue collective goals. The ED cited the example of Wambo as a critical asset for the global health community. While sharing concerns on some of the challenges to progress on the three diseases raised by the Board, the ED reassured the Board that the Global Fund is engaged in re-shaping and adapting service delivery, and remains committed to the achievement of the set targets.

Agenda Item 3: COVID-19 Response & Business continuity

9. **Presentation:** The Executive Director (“ED”) opened the session by referring to the report on the Global Fund’s COVID-19 Response and Business Continuity, providing the latest available information as of 8 May 2020 in four areas: Secretariat matters; Protecting the Global Fund’s Core Mission; Responding to COVID-19; and the Broader COVID-19 Agenda. The Head of the Grant Management Division (“GMD”) summarized progress in funding requests for the 2020-2022 allocation cycle, the early results of a survey by Local Fund Agents (LFAs) monitoring risk of HIV, TB and malaria program disruptions due to COVID-19, and examples of COVID-19-related activities supported through grant flexibilities. Looking ahead, the Secretariat will build on learnings from this early phase and remains committed to involving relevant stakeholders in the Global Fund’s response to COVID-19, including in the development of COVID-19 Response Mechanism (C19RM) requests from countries.
10. Addressing the COVID-19 response-related issues raised during the previous session, the ED acknowledged the need to shift towards a more inclusive dialogue in the development and design of COVID-19 responses at the global level and in-country. He also updated the Board on the Global Fund’s engagement in the Access to COVID-19 Tools Accelerator (ACT-A) process, including as co-convenor of the Diagnostics Partnership and as a key actor in the Therapeutics Partnership and the Health Systems Connector, and reiterated the importance of lending Global Fund capabilities and assets to the global COVID-19 response. In this regard, the ED introduced the proposal to further leverage the Wambo platform by permitting countries to procure COVID-19-related goods in the global market, noting that this would require lifting the exceptional and time-bound US\$50 million cap set by the Board for the Wambo pilot for procurement through non-Global Fund resources. To this end, following the 43rd Board Meeting the Secretariat will submit a formal request to the Board for decision through the Coordinating Group.
11. **Board discussion:** Recalling the Board’s request for transparency and regular reporting on the emergency measures adopted by the Board in response to COVID-19, the Board welcomed the Secretariat’s efforts, including through the ED’s weekly updates and the comprehensive report on COVID-19 and Business Continuity above mentioned. The Board raised the following points:
 - i. **COVID-19 response:** The Board expressed general agreement with the framing of the Global Fund’s response to the COVID-19 pandemic, based on the alarming potential cost in terms of lives lost and increased infections across the three diseases if COVID-19 effects are left unmitigated. Commending the Secretariat for the speed and partnership approach to date, the Board underlined the need to ensure that standards for quality, broad stakeholder engagement, results-focus, transparency and accountability remain central to future Secretariat COVID-19-related work. Regarding the up to US\$1 billion made available in COVID-19 response funding by the Global Fund, the Board highlighted the importance of setting metrics and mitigating risks regarding duplication of efforts, as well as any unintended negative consequences. The Office of the Inspector General’s (“OIG”) important oversight role was also stressed. Finally, while US\$1 billion was considered as a significant amount, the Board inquired about plans to mobilize additional resources and support domestic resource mobilization, given the needs to fight COVID-19 are likely to exceed current available funding.
 - ii. **Role of civil society, communities, key affected populations (KAPs):** The Board welcomed the consensus on the important role of civil society, communities and KAPs in the design and implementation of COVID-19 responses at the global and country level. In this regard, the Board urged the Secretariat to continue its efforts to

facilitate the inclusion of all these actors in Global Fund processes, as well as initiatives such as the ACT-A.

- iii. **Human rights and gender equality:** While acknowledging that human rights and gender equality issues are complex and cannot be addressed by the Global Fund alone, the Board stressed the importance of continuing to invest in and to leverage global and in-country partnerships to deliver on Strategic Objective 3 (to promote and protect human rights and gender equality). It further called on the Global Fund to be a strong voice against failure to protect human rights in COVID-19 responses.
- iv. **RSSH:** Reiterating that strong and resilient systems for health are needed to protect the gains made against the three diseases, bolster COVID-19 response in countries, and address future threats to global health security, constituencies urged the Secretariat to continue its work in RSSH, particularly surveillance and health data collection systems, laboratory networks, supply chains, and training and equipping of health personnel.
- v. **Community systems strengthening and community-based monitoring:** Underlining the importance of building systems for health, not just health systems, the Board urged the Secretariat to continue to support community systems strengthening activities and prioritize work to advance community-based monitoring.
- vi. **Procurement and supply operations:** The Board commended the Secretariat for participating in global coordination of diagnostics procurement while encouraging increased transparency and better information sharing regarding decisions on country allocations and procurement schedules. Expressing general support for the Secretariat's proposal for a time-bound expansion of the Wambo ceiling, the Board flagged potential challenges, including the need for proper training and onboarding. The Board also urged the Secretariat to be vigilant with relation to quality assurance of health commodities and to continue to adopt a strong partnership approach with relation to procurement and supply operations.
- vii. **Equity and leaving no-one behind:** Re-emphasizing equitable access as a core principle, the Board praised the ED for his leadership and engagement in early thinking about equitable access and potential delivery challenges related to COVID-19 tools, particularly in the ACT-A platform. The Board also urged the Secretariat to apply principles of equitable access to COVID-19-related funding, including by ensuring robust support to countries with least developed health systems, fragile states and challenging operating environments as well as towards the most vulnerable populations, for example, people with disabilities, refugees, migrants and displaced populations.
- viii. **Broader impact on health financing:** Concerns were raised regarding the ability of low- and middle-income countries to mobilize domestic resources for health, and to meet the Global Fund's co-financing requirements, as a result of economic downturn and contracting fiscal space.
- ix. **Partnerships and collaboration:** Recognizing the Global Fund's long-standing partnership approach, the Board urged extra focus on partnership and collaboration through: established global governance and coordination mechanisms including the Global Action Plan, exploring further avenues for private sector engagement, ensuring complementarity of Global Fund support with support from external funding partners, and enhancing cooperation on the provision of quality technical assistance for COVID-19 responses.
- x. **Country Coordinating Mechanisms ("CCMs"):** While recognizing the valuable role of CCMs, the Board noted that CCMs do not typically engage with national COVID-19 emergency response mechanisms and suggested that leveraging bilateral and multilateral and other partners' networks could be helpful in this regard.

12. ED response and concluding remarks: The ED thanked the Board for the rich and insightful discussion. He noted that countries are reluctant to reprogram grant activities and are mostly leveraging savings for COVID-19-related activities. Requests for grant flexibilities are expected to gradually slow down, amounting to a total of approximately US\$150 million as countries focus on developing C19RM requests. Overall, it is estimated that about US\$650 million will be channeled to support COVID-19 responses through the two channels of available resources (e.g., use up to 5% of approved grant funding and additional funding of up to US\$500 million), and that needs will be far in excess of this amount. The ED reassured the Board that these funds will be subject to the standard OIG review processes. The ED also noted that partnership with the WHO and other global health actors as well as the private sector is a critical component of the response to COVID-19, especially on operational issues such as procurement and supply operations, to ensure countries have access to existing tools. He reassured the Board that challenges flagged in relation to Wambo had been noted, to be addressed in the Secretariat's upcoming request to the Board for flexibilities to allow countries to procure COVID-19-related goods. Given time constraints, it was suggested to use the future weekly updates to the Board to address additional questions in relation to COVID-19 and the Business Continuity Plan.

Agenda Item 4: Update from the Technical Review Panel

13. Presentation: The Technical Review Panel (TRP) Chair presented an update on funding request submissions by the TRP and preliminary reflections from Window 1. The TRP Chair outlined the flexibility and innovative steps taken by the TRP to adapt to the unique situation faced during this initial year of the funding cycle due to the impact of COVID-19. These required moving, on short notice, to a fully remote meeting for Window 1, while also accommodating a newly differentiated review process and the onboarding of new TRP members. While it is too early to provide any lessons learned, it was noted that TRP review of interventions for resilient and sustainable health systems (RSSH) remains a challenge as these are embedded across different disease requests and sometimes split across windows. However, in general, the TRP noted that countries had responded positively to the further differentiation of the formats (with high quality funding requests) and early assessment indicates that the new formats, along with additional questions on areas such as integration and value for money, may be leading to greater focus. Recognizing that most requests in Window 1 were largely prepared before the COVID-19 outbreak, the TRP raised concern regarding the impact of COVID-19 on RSSH, gender and human rights programming. The TRP issued a guidance note urging partners to take the necessary steps to ensure continuation of focus on rights-based and gender-responsive strategies to control and eliminate HIV, TB and malaria, and encouraging countries to invest in building the resilience and capacity of health and community systems as a core strategic response to managing multiple epidemics. A more detailed report capturing lessons learnt will be forthcoming after the 43rd Board meeting. This was also part of the basis for the SC discussion in July and will inform TRP recommendations for the development of the new Global Fund strategy.
14. The Secretariat noted the quality of discussions with the TRP, its responsiveness and welcomed the longer timeframes to answer questions.
15. Board discussion: Reflecting on the presentation, the Board underlined the following areas in its feedback:
- i. **Inclusion of civil society and communities.** Recognizing the challenge of balancing swift action with the time required for consultations, the Board underscored the importance of engaging with civil society and communities. This engagement is critical during country dialogue, development of the funding requests and selection of grant recipients, as well as for C19RM funding requests.
 - ii. **Gender and human rights.** Advancing gender and human rights remains essential and programs must build on progress made. Additional efforts will be required to scale-up and compensate for any setbacks caused by the COVID-19 context. New ways will also need to be identified to better incentivize and increase the quality of prevention

- activities for key populations.
 - iii. **Transitioning countries.** Given the impact of COVID-19 on health programs and economies, transitioning countries might require additional flexibilities.
 - iv. **Considerations for upcoming funding windows.** Given the impact of the lockdown on in-country consultations and the provision of technical assistance, funding windows might need to be extended. More consistent follow-up from TRP recommendations will also need to be integrated.
16. TRP response. TRP windows were doubled in 2020 to provide additional flexibilities to applicants. Every proposal submitted is carefully reviewed through a crosscutting lens focusing on RSSH, human rights and gender, strategic investments and sustainable financing. The latest recommendations from WHO and partners are integrated, including on TB infection control. All proposals from Window 1 included robust civil society engagement. No trade-off should be considered between high technical quality funding requests and community engagement, both need to go hand in hand.
17. The Secretariat response. The Sustainability, Transition, and Co-Financing (STC) policy provides the flexibility needed for the Secretariat to review requests from transitioning countries on a case by case basis. For all funding requests, including through C19RM, CCM eligibility criteria remain applicable and require engagement with communities and civil society. The Secretariat requires evidence from this engagement and provides access to telecommunication tools and networks to ensure inclusive virtual country dialogue. A new feedback loop has been set up for a more consistent follow-up on TRP recommendations in this funding cycle.

Agenda Item 5: Office of the Inspector General Annual Report 2019 & Annual Opinion on Governance, Risk Management and Internal Controls

18. Presentation:
The Inspector General stressed that the COVID-19 outbreak had a significant disruptive impact on the OIG's workplan; audit fieldwork has been suspended, most internal audits have been deferred to the second half of the year, and OIG resources are being redeployed to support the Secretariat through temporary secondments.
19. The Inspector General introduced the OIG's 2019 Annual Report highlighting four major themes: the need for improvement in HIV prevention activities; data availability and data quality challenges; programmatic gaps arising from defaults on domestic commitments; and an evolving fraud landscape.
20. Board discussion: Members expressed their appreciation for the work of OIG and the personal contribution of the Inspector General, stressing the value of its observations for institutional learning and process improvements. The AFC Chair and Vice-Chair encouraged OIG reports to make use of the risk matrix embedded in Secretariat and Grant Management approaches. Board members commented, and asked for clarification, on the following points:
- i. **Impact of COVID-19.** Elaborate on ensuring continuation of OIG audits in the face of restrictions linked to COVID-19, and in the event domestic commitments cannot be fulfilled and how the Secretariat plans to manage the risk of programmatic gaps.
 - ii. **Providing assurance on COVID-19 response.** Board members recommended the OIG conduct a review of how COVID-19 funds were spent by the Global Fund and in-country.
 - iii. **OIG staff redeployment to Secretariat.** Elaborate on how OIG staff is being deployed.
 - iv. **AMAs.** Provide additional insights on reasons behind delays in implementing AMAs, and whether closure deadlines are too generous and COVID-19 will impact AMA closure.
 - v. **Key focus areas.** The Board asked the IG to elaborate on key focus areas for the Global Fund.
 - vi. **Supreme Audit Institutions (SAIs).** Clarify whether the OIG/Global Fund work with SAIs of countries to monitor use of Global Fund resources and to enhance accountability.

- vii. **HIV prevention.** Board expressed concerns about the findings in OIG's annual report, asked about the Secretariat plans to address them, and requested a follow-up deep dive presentation on HIV prevention for new members of the Strategy Committee.
 - viii. **Supply Chains.** Elaborate on the Global Fund efforts to improve sourcing and supply chain management.
 - ix. **Human Rights.** Elaborate on the Secretariat's response to OIG's recommendations on improvements to Strategic Objective 3.
 - x. **Organizational Maturity.** The Secretariat was congratulated on attaining an embedded state of maturity and encouraged to strive for an optimized state.
21. IG response:
- i. **Impact of COVID-19.** The Global Fund is responding appropriately to the COVID-19 crisis, while there is usually an increased risk associated with emergency responses. The post-COVID business and risk landscape will look very different. In this context, the OIG will update its risk assessment, engaging with the Board and AFC, and revise its workplan accordingly.
 - ii. **Providing assurance on the COVID-19 response.** The OIG will evaluate the risks, determine which are most significant, and focus its assurance resources accordingly.
 - iii. **OIG staff redeployment to Secretariat.** Support is being provided in key areas such as: assessment of Business Continuity Plans across various areas of organization; support to supply operations on Covid-19 procurement processes; support in coordinating the Covid-19 mechanism; advice on bed net campaigns in high impact countries.
 - iv. **AMAs.** AMA timelines balance the need to mitigate key risks with recognition that implementation of effective solutions takes time. It is important to note AMAs' increased level of complexity. As audits become more strategic, the issues become more complex, at the same time many AMAs have significant interdependencies. In some cases, the level of prioritization should be increased. COVID-19 will impact AMA closure, and a transparent dialogue between Secretariat, OIG and AFC will be important to assess overall and individual AMA impact and reprioritize accordingly.
 - v. **Global Fund progress.** Responding to a question regarding areas for continued attention, the Inspector General introduced his response with recognition that the Global Fund has been succeeding as an organization, achieving impact with significant progress being made in many areas. While it celebrates its progress, the Global Fund must have an in-depth discussion on remaining challenges.
 - vi. **Key focus areas.** Suggested areas of focus include: (i) how the Global Fund can effectively leverage donor support to deliver impact, and understanding and tackling absorption issues, e.g. for prevention activities or health systems. (ii) the Global Fund's achievements in terms of impact, and whether it is getting the best possible outcomes and highest possible impact in relation to resources invested; in this regard the existing performance framework could be more robust; (iii) monitoring and evaluation – monitoring often fails to identify issues on a timely basis, while the evaluation function and processes could be strengthened, with independence recognized as important, noting the value of the work performed by the TERG; (iv) strengthening internal accountability – acknowledging mistakes and failures and holding the relevant actors to account; (v) effectiveness of performance management; (vi) putting processes in place to strengthen the partnership model by exploring how to improve communication and alignment of roles between partners and holding each other accountable; (vii) maintaining a strong, independent OIG as a significant asset to the organization that should not be taken for granted; the Board should ensure that OIG's independence is not compromised.
 - vii. **SAIs.** OIG has performed major outreach efforts, notably with African anglophone SAIs. OIG often performs audits jointly with SAI staff.
22. Secretariat Response.
- i. **Impact of Covid-19.** The Global Fund will have to take more risks to deliver its mission, and keep building new systems and adapting to the covid-19 outbreak.

- Domestic resource mobilization is likely to become more challenging. The Global Fund's Sustainability, Transition, and Co-Financing Policy allows for flexibilities, where warranted adjustments are made, on a country-by-country basis.
- ii. **AMAs.** The Secretariat takes these extremely seriously. Timelines are not considered too generous. The Secretariat agrees Covid-19 is likely to have an impact on AMA closure as countries' focus is placed on responding to the pandemic.
 - iii. **HIV prevention.** Secretariat agrees that there is significant work to be done around prevention to drive impact which will be addressed in the upcoming funding cycle. The Technical Review Panel is currently looking into this matter. In the meantime, the Secretariat has conducted an internal assessment of absorption, currently, absorption rates for key populations are between 60-70%.
 - iv. **Supply Chains.** The Secretariat is seeking to work through national supply chains that it does not own or control, and is looking at where community-based monitoring can play a role.
 - v. **Human Rights.** The Secretariat will discuss human rights matters, including in the context of responding to the OIG's recommendations and delivering against the strategic objective 3, with the new Strategy Committee Chair and Vice-Chair to identify the right approach and timing.
 - vi. **Organizational Maturity.** The Secretariat emphasized that Embedded is a milestone on a journey that we will continue along.
23. Concluding Board comments. The importance of the independence of the OIG was highlighted . Furthermore, the AFC and Strategy Committee will look into the issues of Monitoring and Evaluation raised by the IG. The IG's challenge and support to the AFC has been very helpful. Going forward, the OIG should take the lead in being a crucible for change, driving good quality, risk-based decisions across the organization.

Agenda Item 6: Looking ahead: the next Global Fund Strategy

24. Presentation. The Secretariat presented a high-level update on the strategy development process and timeline. The Secretariat thanked the Board for inputs provided on suggested areas of focus and priorities, stakeholder groups that should be consulted and approaches for reaching stakeholders, including the importance of using existing community infrastructure and facilitators. The Secretariat reiterated its commitment to an inclusive consultation process and to support constituencies in the planning of their own strategy consultations. The Board was informed that the initial dates to host in-person Partnership Forums in 2020 are likely to change due to the evolving COVID-19 pandemic.
25. Board discussion. The Board remains committed to an inclusive conversation on strategy development. Some constituencies suggested that, should the Partnership Forums need to be moved to virtual modalities, the planning process for these consultations should start early, including addressing potential connectivity issues and ensuring meaningful engagement of communities, key populations and people living with the three diseases.
26. Reflecting on the strategic objectives of the current strategy, there was general consensus that the four strategic objectives remain valid and relevant, but there should be more focus on improving implementation, and evolving to meet challenges such as COVID-19 and climate change. The Board noted the following:
- i. **Three diseases.** The Board discussed the need to protect and advance the significant gains made on the three diseases and to avoid averting focus from the core mandate of ending the diseases by 2030. Board Constituencies particularly noted the need to focus on prevention interventions, especially for HIV, and to continue the focus on key and vulnerable populations. Board Constituencies recommended that the disease split be revisited.
 - ii. **RSSH:** The Board discussed Global Fund investments in RSSH focusing more on systems support than systems strengthening. It was suggested that the Global Fund should ensure that investments go beyond supporting disease programs to take a more comprehensive, people-centered approach to health and community systems, as a pre-

requisite rather than a trade-off for progress on ending the epidemics. The Board positioned building community infrastructure as a core component of RSSH and underlined the need to close implementation gaps and institutionalize meaningful engagement. Board Constituencies asked that work on community-based monitoring should also be continued and supported, to gather data directly from the populations served.

- iii. **Gender equality and human rights:** Many constituencies agreed that the Global Fund should continue harnessing political leadership for this important work and focus on more long-term investments to deliver high-quality interventions and results.
- iv. **Resource mobilization:** The Board noted that the focus should not only be on the amount of resources that could be mobilized, but on harnessing the efficacy and efficiency of how the money is spent, to maximize the impact of limited resources.
- v. **COVID-19.** In discussions on the ongoing COVID-19 pandemic and the role of the Global Fund in global health security, the Board noted the following points:
 - i. The pandemic represents an opportunity for the international community to strengthen the global health architecture and streamline its approach to global health security.
 - ii. While the next strategy should maintain its focus on the Sustainable Development Goals (SDGs), it should further develop and refine the Global Fund's approach to, and role in, health emergencies.
 - iii. In light of the likely substantial economic impact of COVID-19, the Global Fund should consider effects on eligibility, resource mobilization, country transition and program sustainability.
 - iv. Health emergency preparedness and response capacities should be essential components of RSSH investments. The positive externalities of RSSH investments in preparedness and response should also be optimized for the three diseases.
 - v. The Board recognized the need for long-term strategies to manage the impact of COVID-19 on the three diseases, health systems and human rights-related barriers, as well as safety nets to support vulnerable populations post-crisis.
 - vi. The Global Fund plays an important role in ensuring access to health commodities for low- and middle-income countries, and the Global Fund should ensure that all countries can benefit from equitable access to new innovations to tackle COVID-19, as well as HIV, TB and malaria.
 - vii. The Global Fund should ensure that all decisions taken on how to respond to COVID-19 and mitigate its impact on the diseases should be inclusive of the entire partnership, particularly communities, civil society and key populations.
- vi. **Global Fund strengths.** The Board agreed that the Global Fund should leverage its comparative strengths to deliver on its purpose. The strengths mentioned by the Board included:
 - i. Working directly with key and vulnerable populations
 - ii. Addressing human rights obstacles and promoting gender equality
 - iii. Strengthening community systems and engaging with communities
- vii. **Areas for de-prioritization.** The Board did not provide suggestions on what could or should be deprioritized in the next strategy and asked for additional evidence to inform this important question.
- viii. **Working with partners.** The Board noted that greater collaboration, coordination and unity in purpose with partners are essential in the development of the next strategy, seeking synergies between partners to maximize impact. In particular, the Board noted the importance of aligning the next strategy with the Global Action Plan for Healthy Lives and Well-being for All.

27. Secretariat response. The Secretariat thanked the Board for the rich discussions and confirmed

that the strategy development process remained open for new inputs, and that there would be further opportunities for the Board to shape and guide the process and content of the next strategy. The Secretariat highlighted its close coordination with partners throughout the process. Regarding the concern raised on the impact of COVID-19 on sustainability and transition, the Secretariat pointed out the flexibilities inherent in the Sustainability, Transition and Co-financing (STC) policy and the need to approach sustainability, transition and co-financing on a country-by-country basis. The Secretariat acknowledged the Board's request for additional information to frame a discussion on de-prioritization.

28. The Board affirmed its full commitment that the process of strategy development should be inclusive of all stakeholders, that the process should be started now and adapted to the current context as much as possible, and concluded that while the current strategic objectives remained relevant, the next strategy should be adapted to the new and changing global health and development landscape, and build on available evidence to guide the future direction of the Global Fund. The Board suggested a virtual retreat to facilitate further discussions.

Agenda Item 7: Executive Session

29. The Board met in one Executive Session on day two of the Board meeting. The proceedings of those sessions, and the record arising, were managed in line with Article 22 of the Global Fund's Board and Committee Operating Procedures.

Agenda Item 8: Inspector General Selection Process 2020

30. Presentation: The agenda item focused on the Terms of Reference of the Inspector General Nominations Committee and the revised Terms of Reference of the Inspector General, in order to launch the selection process to appoint the next Inspector General.
31. The Vice Chair thanked the outgoing Inspector General, Mouhamadou Diagne, wished him well in his future role at the World Bank, and informed the Board that he would be leaving the Global Fund at the end of August. The Vice Chair walked the Board through the indicative timeline on the selection of the Inspector General, noting the objective of launching the search in early June, with a recommendation to the Board in late July or early August. Recognizing the ambitious timeline, she confirmed that the Board Leadership remained conscious of the need to ensure that the process was robust, with time for all process steps, including due diligence, and that the timeline may be adjusted as the process moved forward. The first milestone was the establishment of the Inspector General Nomination Committee (IGNC), and the call for nominations would go out right after the Board meeting. The Vice Chair called on constituencies to put forward nominees with relevant technical expertise to serve on the committee.
32. Responding to constituency comments received in advance, the Vice-Chair clarified the following.
 - i. **Transition arrangements.** The Board Leadership will carefully consider any transition arrangements that may be necessary, in consultation with the EGC and AFC leaderships and the Executive Director, and keep the Board informed.
 - ii. **IGNC membership.** The Board Leadership, in consultation with the EGC, will review and recommend the membership of the Inspector General Nominations Committee to the Board.
 - iii. **Due diligence on IGNC candidates.** The Ethics Office will review candidates' Declarations of Interest, and conduct checks against: national and international watchlists; proprietary political exposure; adverse media and OIG databases. Constituencies are requested to nominate candidates in good standing as a simple precautionary measure.
33. Finally, the Vice-Chair noted the United Kingdom had proposed an amendment to the Terms

of Reference of the Inspector General to include reference to prevention and response to sexual exploitation, abuse, harassment and bullying, under the heading knowledge and experience, and this had been taken into consideration.

34. Board discussion: Board members expressed their support for the proposed amendment, for the size and representative nature of the IGNC, and for the upcoming selection process. Reflections included appreciation for inclusion of knowledge of human rights-related matters in the membership of the IGNC, observations regarding the small candidate pool for the role of IG, a suggestion that the IGNC keep in mind a back-up candidate, and encouragement to model the process on the recent successful Board Leadership selection process, particularly with respect to confidentiality.
35. In response to further comments, the Vice-Chair noted that civil society candidates were encouraged to apply to serve on the IGNC, and that the Nomination Committee, in carrying out its responsibilities, shall give due consideration to the track record of candidates regarding the key strategic issues, including human rights and the key populations affected by the three diseases. Finally, she stated that the IGNC will provide a final report to the Board indicating the rationale for their final recommendation.
36. Decision point and conclusion: The Board, unanimously approved the Terms of Reference of the Inspector General Nomination Committee and revisions to the Terms of Reference of the Inspector General. (Annexes 1 and 2 to GF/B43/12 – Revision 1).

Agenda Item 9: Governance Priorities

37. Presentation: The Board Leadership expressed its appreciation for the contribution and commitment of the outgoing Coordinating Group members, and welcomed the incoming Committee Chairs and Vice-Chairs. The outgoing Committee Leadership provided brief overviews of committee successes for the 2018-2020 term and identified priority workstreams for the incoming committees. Detailed presentations are available on the Board Portal.
 - i. The AFC Chair recognized the work of the outgoing committee and commended the supportive and constructive collaboration between the Secretariat and committee. She further highlighted the significant advances made in the dialogue between the OIG, grant management and risk management, and encouraged continued collaboration with the incoming committee leadership.
 - ii. The EGC Chair thanked the committee and secretariat for their support during the 2018-2020 term, and highlighted the important work concluded on the governance culture workstream by the cross-functional task force on culture, revision and enhancement of the committee membership selection process, and oversight of a successful Board Leadership selection and appointment process. She highlighted that the recommendations from the work already undertaken provide a good basis for the incoming EGC to further reflect on discussion items and embed cultural considerations into ways of working and governance strengthening initiatives.
 - iii. The SC Chair recognized the work of the outgoing committee, advisors and Secretariat, and identified prioritisation at committee level as key area of focus. He encouraged a considered framework that clearly outlines policy oversight, analysis, independent reviews, decision- making and other processes across governance bodies, including the TERG.
38. Board comments: The Board commended the contribution of the outgoing Coordinating Group, and welcomed the incoming leadership noting the critical role of the Coordinating Group in ensuring consistent strategic direction between governance bodies. The Board acknowledged the recommendations of the Governance Culture Task Force, emphasizing that clarity on the roles and responsibilities between governance structures would enhance the strategic focus of discussions at Board level. The Board also noted that as a result of the recent Board-approved committee selection process, all constituencies are represented across committees, forming a good basis for increasing trust and effective governance.
39. The Board also identified the deep-dive on SO3 as a priority in light of the upcoming strategy development process and encouraged flexibility in ensuring that a Board retreat is held as soon as possible, noting the importance of meaningfully engaging the Board in the strategy

development process.

Agenda Item 10: Closing Session

40. The Chair and Vice-Chair expressed their gratitude to Board members for their dedicated virtual participation across different time-zones. The Board Chair emphasized that deepening the fight against the three diseases remains critical in light of the challenges posed by the Covid-19. He commended the Board flexibility and commitment in supporting of business continuity efforts.
41. The Board Chair acknowledged that the selection process for the next Inspector General of the Global Fund would remain a priority over the next few months. He expressed his appreciation for the productive information-sharing opportunity provided by the pre-Board discussions and the strategy development process, emphasizing that ensuring the process remains inclusive and consultative under current circumstances would be essential. He encouraged the organization to continuously address delivery, execution and implementation, while aligning its vision, mission and objectives ahead of next strategy development process.
42. The Board and the Executive Director recognized the contribution of Mouhamadou Diagne, Inspector General from 2014 to 2020 and Seth Faison, Head of Communications from 2012 to 2020. The Board commended both for their significant achievements, contribution and commitment to the Global Fund.
43. The Chair thanked the Secretariat for a successful virtual Board meeting and acknowledged all who had contributed to its success

Annex 1 – Items Discussed in Writing

44. As indicated in the 43rd Board Meeting Agenda, the following items were discussed in the form of a written exchange between the Board and the Secretariat. Official background documents and pre-recorded presentations were shared with the Board in advance as basis for this exchange.

Agenda Item 11: Strategic Performance Reporting - 2019 year-end results

45. The Secretariat expressed appreciation to Board constituencies for their comments and feedback on the End-2019 Strategic Performance Report (GF/B43/10) and provided the following responses.

46. Cross-cutting issues

- i. **Anticipated impact of Covid-19 on KPIs.** The extent of the impact on KPIs will not be observed directly through KPI reporting until 2021. KPI results to be presented in the Fall 2020 Board meeting are mainly based on data reported at end-2019. However, the Secretariat is undertaking different approaches to forecast the potential impact of COVID-19 on the achievement of programmatic results and is working with partners on mitigating actions to minimize impact. At the global level, modelling exercises are being run to forecast result scenarios based on general assumptions. At the same time, the process is being informed by regular monitoring at the country level to proactively identify potential delays and disruption to services. Initial projections will be shared with the Board in Fall 2020.
- ii. **Addressing Country level underperformance through Country Portfolio Reviews (CPRs)** and other channels. Addressing underperformance and resolving corresponding issues are part of the daily tasks of each country team whose work is regularly overseen and monitored by Regional Managers and Department Heads. This is the mechanism through which most underperformance challenges will be addressed. When necessary, challenges are escalated to regional managers and/or executive management for high level attention, guidance or action. This applies to all countries and portfolio differentiations. There are also ongoing dynamic discussions on portfolio performance between country teams and technical teams working on program finance, monitoring and risk issues. CPRs are a routine mechanism to provide detailed information to high-level stakeholders and an additional forum to discuss bottlenecks and issues at country level, in addition to the regular grant management activities. CPRs are conducted routinely for large portfolios or those especially important for the strategy. Challenges that require immediate action or that concern smaller portfolios are addressed through regular grant management activities. Although the default is for countries in core and Challenging Operating Environment portfolios to undergo CPRs a minimum of every three years, in practice the schedule is risk driven, with those countries requiring more attention coming more regularly. Shorter 'Executive' meetings of the CPR also follow-up on specific issues or risks arising from CPRs in these contexts. Constituencies who would like to obtain examples or extracts of Portfolio Reviews (at country or enterprise level) are invited to contact the Secretariat for more information.
- iii. **Country level data on programmatic indicators.** In addition to the information provided in the Strategic Performance report, Board constituencies can find high level programmatic and financial data at the country level on the Global Fund public website in the Data Explorer page. More detailed information is available for High Impact countries in the Country Results Profiles, which can also be found on the Global Fund public website (Data Explorer, select the relevant country, go to Documents). The Secretariat is bringing granular data to its public data service on a constant basis; constituencies requesting data that is not available yet on the website are encouraged to directly contact the Secretariat.

47. How is the Secretariat addressing KPI underperformance in the new cycle of grants?

- i. **Incidence reduction (KPI 1b).** The successful 6th Replenishment has enabled increased allocations that will support efforts to accelerate incidence reduction in new grants. This will be realized through working with implementers and partners to continue the efforts from the previous allocation cycle, i.e., (HIV) scaling up effective prevention interventions, especially for programs for vulnerable and key populations, AGYW, etc; (TB) sustaining the momentum and building on the success of the “finding missing cases” initiative, extending it to more countries; and (malaria) ensuring the scale-up and efficiency of vector control and case management interventions in the highest burden countries. It should be recognized that it takes time for changes to be reflected in incidence curves, notwithstanding the disruption that will be brought by COVID-19.
- ii. **Human Rights and Key Populations related-KPIs (KPI 5 & 9).** As noted in the CRG session at the 43rd Board Meeting, to drive performance and to meet the challenges of COVID-19, the CRG department will continue to work with GMD, TAP and in-country partners to address existing challenges and support countries to implement programs and measure their success. The revised modular framework includes a module on removing human rights barriers in the TB framework, and 4 human rights indicators in the HIV, and 3 in the TB core indicators list. CRG has worked with MECA to develop a menu of good quality work plan tracking measures (WPTM) and has engaged with country teams to promote inclusion of such indicators and WPTM in Performance Frameworks. Other efforts include the Global Fund matching funds guidance, which includes programmatic conditions for accessing human rights and key populations matching funds, including aimed at ensuring program quality. The Breaking Down Barriers (BDB) Steering Committee is leading and providing thought leadership on mainstreaming lessons learnt from BDB across the Global Fund portfolio, starting with 10 mission critical countries. Guidance has also been issued on COVID-19 and human rights

48. Further KPI-related updates

- i. **Absorption (KPI 7b).** This KPI will be reporting in Fall 2020, based on a full set of data at end 2019. It will also compare reported expenditures to the amount budgeted for the same period. This will enable the Secretariat to provide a rigorous insight on absorption for such categories as key population programs or RSSH.
- ii. **On Shelf Availability (KPI 6b).** A key focus of the Secretariat is to strengthen the ability to ensure reliable, sustained, and adequate supply of quality health products at the point of service to avoid interruption in program implementation. The process design around on shelf availability (OSA) measurement and assessment has allowed the Secretariat to drive substantial progress in 2019. The Secretariat will continue to strengthen those processes in terms of frequency of measurement and scope (such as to increase the number of countries and the number of health facilities). In addition, now that the OSA process measurement is becoming more reliable, the Secretariat will embark on a measurement of the inventory turns.
- iii. **Strengthening data systems (KPI 6d).** Progress in strengthening HMIS capacity is even more critical due to Covid-19. In 2019, 24 countries saw an improved an HMIS score; this represents 63% of the countries that were not already fully meeting standards. Constituencies requesting more detail (specific countries, discrete actions) are invited to contact the Secretariat for more information.
- iv. **Domestic funding and co-financing policy (KPI 11).** Domestic funding data is retrospective and provided by CCMs as part of the funding request submission. The Secretariat is therefore getting data on the 2017-2019 expenditures only now as countries are submitting their funding request for the new allocation. This is the explanation for the time lag on this KPI. The Secretariat will report on the new data in Spring 2021, but will provide an update to the Board in Fall 2020, based on the funding requests received so far. The Secretariat is also exploring the possibility to report (as

management information) uptake of program costs and is currently determining feasibility based on available data and application to countries.

49. Clarification on proposals for new KPI definitions:

- i. **Procurement through National Channels (KPI 6a).** Most core products in Global Fund grants are procured through pooled mechanisms (PPM, GDF) or internationally. National procurement channels are used in only a handful of countries (less than 10 and decreasing). Any indicator based on this small cohort will face representativeness issues when extrapolated to the whole portfolio. The Secretariat is cognizant of this issue and will rethink a new approach to measuring efforts in strengthening procurement systems with the Board and partners for the next strategy. This indicator will need to reflect the holistic performance of procurement capacity building for the whole portfolio rather than for the few countries using national procurement channels. In the meantime, for this strategy cycle, the Secretariat will report to the Board on procurement prices for this KPI cohort, using an established data collection channel (Price Quality Reporting - PQR), ensuring the quality and completeness of its information.
In addition to the challenge with representativeness already mentioned, the On-Time-In-Full (OTIF) indicator also raises other issues: it is an indicator measuring the performance of the supplier just as much as the performance of the procurement system; there is a very low level of Global Fund control on its results; and countries are not consistent in how they record it in PQR. The Secretariat notes that a number of constituencies expressed the need to have results on this indicator and therefore proposes to provide OTIF as management information in the Strategic Performance report, i.e., with no performance target but as contextual information.
The final sub-indicator from the original KPI 6a definition (Administrative Lead Time) has the same issues as OTIF. In addition, it is also measured less frequently; does not lend itself well to corrective actions; the Global Fund has extremely limited control on its performance; and there is no existing data collection mechanism to get it systematically. The Secretariat therefore considers that the benefits of measuring this indicator are strongly outweighed by the costs of developing a new reporting mechanism and the associated burden to the country implementers. The Secretariat therefore recommends dropping this sub-indicator from KPI 6a.
- ii. **Domestic funding for KPs and Human Rights (KPI 9c).** To ensure that KPI9c still has an embedded focus on transition countries, the proposed new cohort includes a subset of countries that are projected to transition by 2028 for their HIV components (and were part of the interim indicator cohort). The Secretariat agrees it is necessary to engage and align with partners on data collection which is why, in consultation with UNAIDS, we are proposing to use the UNAIDS Global AIDS Monitoring (GAM) platform as the data source for the new indicator. Throughout the current cycle, the focus will be on working with technical partners and in-country partners in the proposed cohort to ensure domestic funding is allocated and expended for key populations and human rights programs and reported at sufficient granularity and quality through GAM. Lessons learnt from these 21 countries could then be considered to determine how any similar indicator might be reflected or expanded upon in the KPI framework for the next Global Fund Strategy.

On TB - The data source for the this KPI is GAM, which is limited to HIV alone. The issue of expanding the KPI 9c to TB can represent a longer-term engagement with Stop TB and WHO via the national health accounts work. At the moment, TB expenditure data lacks the granularity. Expansion to TB could be discussed when the KPIs for the next Strategy cycle are being agreed upon, but now such expansion would be premature and severely curtail the ability to report under this KPI.

Agenda Item 12: Annual Report and Opinion of the Ethics Officer

50. The 2019 Annual Report and Opinion of the Ethics Officer's Report was shared with the Board for discussion.

51. Board questions. The Board provided comments and questions through Constituency Statements and the online Discussion Forum. Constituencies underlined the following areas in their feedback:

- i. **Importance of Ethics:** Constituencies reiterated the importance of ethics in advancing our mission and for maintaining stakeholder trust. The Board expressed support for the EO's work and more comprehensive integration of ethics into decision-making, including improved due diligence.
- ii. **Increase in cases:** Some constituencies were concerned about the increased number of ethics cases in the Board and Secretariat, and requested clarity on the reasons for this, how case numbers may be decreased and how issues can be prevented through awareness-raising.
- iii. **Embedded state of Ethics:** The Board sought clarity on the expected delay in timelines for reaching an embedded state of ethics, and possible remedial actions to accelerate the timeline. The Board also encouraged the EO to effectively address all AMAs from the OIG audit of the Ethics and Integrity Framework so as to reach an embedded state by late 2021 or early 2022.
- iv. **COVID-19:** The Board also requested the Ethics Office to keep them informed on how COVID-19 impacts the agreed deliverables, including AMAs.
- v. **Country level work:** The Board noted the importance of reflecting the principles of partnership and country ownership in in-country ethics related work. This includes finding innovative ways to engage at country level; encouraging discussion at the CCM level to resolve issues; and providing the Board and Committees with more analytic information on implementation of the CCM Members' Code of Conduct.
- vi. **Policies and Codes:** The Board was keen to see the amended Policy on Conflict of Interest and the Codes of Conduct for Governance Officials and CCM Members be finalized and enquired when the Codes of Conduct for Recipients and Suppliers will be updated.
- vii. **Psychological Safety:** The Board welcomed the findings of the engagement survey showing strong engagement and acceptable psychological safety but requested clarity as to why staff fear speaking out and how this is being addressed.

52. Ethics Officer response:

- i. **Embedded state of ethics,** work in-country and COVID-19: Embedding ethics requires a concerted effort from a range of stakeholders within the Secretariat and in-country partners. The EO's role remains to guide and advise the Secretariat. While efforts will be made to implement all pending AMAs, delays due to COVID-19 are inevitable. An increasing area of focus is to address ethics and compliance in implementer context. This is a complex area where the Secretariat has less leverage and we trust our partners in countries, who are already significantly burdened by the current COVID-19 situation, to take accountability. The CCM Members' Code of Conduct roll-out as part of CCM Evolution remains the main vehicle for in-country ethics work with a focus on the CCM and implementers as the first line of defence for solving any issues in a timely manner, while maintaining a mechanism for escalation as necessary. New ways of engaging in country partners are being explored. The Board will be updated on progress through regular EO reporting to EGC.
- ii. **Cases and psychological safety:** The increase in numbers of cases from 245 in 2018 to 299 in 2019 is due to an increase in reported conflicts of interest (35 additional cases) and Integrity Due Diligence cases, while the number of reported conduct related cases (misconduct, harassment etc) decreased by 30%. The EO considers the increase to be a desired state of affairs resulting from consistent messaging and awareness raising activities over the last 3 years focused on reporting and resolving matters early on rather than addressing them after the fact. The increase in case numbers indicates 1) higher awareness of ethics related matters (knowing what and how to disclose), 2) a result of a near 100% Declaration of Interest compliance rate (as opposed to 85% in 2018), 3) a more robust and accurate case management and reporting system, 4) an acceptable psychological safety in speaking up i.e. reporting cases. However, the disconnect seen in the engagement survey between relatively good psychological safety and a perceived fear of speaking up remains to be fully understood. Both are rooted in organizational culture and take time to shift. Secretariat engagement survey action plans are in place and include addressing the confidence to speak out. Further work will be considered if the issue persists.

- iii. **Policies and Codes:** While the Code of Conduct for CCM Members has been completed and is being rolled out, the Policy on Conflict of Interest and the Code of Conduct for Governance Officials are being finalized for Board approval as the comprehensive consultation phase has been completed and the EGC has unanimously voted to recommend these for Board approval. Updates to the Codes of Conduct for Recipients and Suppliers remain in the workplan but timings will be adjusted once we have assessed the impact of COVID-19 on Secretariat and in country workload.

Agenda Item 13: Governance Culture

- 53. The EGC shared an overview of the recommendations from the Governance Culture Initiative. The recommended actions focus on building and improving trust at all levels and among all groups and clarifying roles and responsibilities of the Board and the three Standing Committees. The EGC recognized the work of the Governance Culture Task Force, which has completed its mandate, and called on the incoming EGC to consider how to take forward this workstream.
- 54. Board comments. The Board expressed appreciation for the effort to enhance governance culture and improve governance effectiveness. Some constituencies stressed the importance of prioritization and requested more information on linkages with other initiatives, and how the ideas presented in the EGC report would be taken forward, especially under the Covid-19 related restrictions.
- 55. Secretariat response. The Governance Culture workstream and the work of the Task Force have concluded with the current report to the Board. The incoming EGC, in close consultation with the Board Leadership, will carefully consider the recommendations and input provided by the Board on this topic.

Agenda Item 14: Risk Management Report & Annual Opinion of the Chief Risk Officer

- 56. The Secretariat provided an overview of the Risk Management Report and Chief Risk Officer Annual Opinion, including key thematic risks, the overall risk profile and risk levels relative to risk appetite. The Secretariat confirmed that an embedded state of organizational maturity for risk management, internal controls and governance has been reached, noting that the risk management framework is achieving its purpose. The Secretariat advised that overall risk profile in 2019 remained stable to slightly improving, and risks continued to be within the approved risk appetite. However, the COVID-19 pandemic has created greater uncertainty and, while visibility of the risk trajectory is limited, the Secretariat expects risk levels to evolve rapidly in this context.
- 57. Board discussion: The Board expressed appreciation of the considerable amount of effort that has been expended to reach an embedded level of maturity by the end of 2019. The Board further commended the measurably improved risk profile of the organization over time.
 - i. **COVID-19 impact:** The Board indicated that a more in-depth analysis of the COVID-19 pandemic impact to risk trajectories would be useful. Further, as the pandemic will have significant economic impact on implementer countries, the Board inquired whether there will be flexibilities on co-financing requirements.
 - ii. **RSSH:** Reiterating that RSSH is a key driver for impact, the Board noted that it should remain a priority during strategy development. The Board would appreciate an update on RSSH Roadmap implementation.
 - iii. **Supply Chains:** Noting that there is still much room for improvement in supply chain management, the Board inquired about the Secretariat's plans to work towards preventing stock outs and expiries, as well as sustainable waste management.
- 58. Secretariat response. The Secretariat and partnership are adapting to the changing environment caused by the COVID-19 pandemic and taking appropriate actions to manage the

risks and mitigate the effects of the uncertainty to our objectives. The risk trajectory is expected to go up, however, visibility of the trajectory is limited as the extent of the pandemic's impact (especially on the implementing partners in countries) is difficult to predict at this point. In line with best practices, the Secretariat's primary tool for responding is by developing and executing Business Continuity Plans to manage the impact of disruptions at all levels – Secretariat, in-country implementers, partners, systems and assurance providers as well as procurement and supply chains. The Secretariat is also conducting an initial assessment of COVID-19 impact on each risk monitored through the Organizational Risk Register (ORR).

59. **Co-financing flexibilities**, it is important to note that the Global Fund's Sustainability, Transition and Co-financing Policy allows for flexibilities in the co-financing approach to respond to contextual situations or exceptional circumstances. These flexibilities are done on a case by case basis, taking into consideration impact of extenuating circumstances and implications to programs. Particularly in upper middle-income countries' contexts, it will be important to balance this flexibility with a continued push to ensure strong domestic financing of interventions for key and vulnerable populations.
60. The RSSH Roadmap remains a critical component of supporting attainment of Strategic Objective 2. An update on progress in RSSH and future priorities is planned.
61. **Stock outs and expiries** are two of the most tangible and severe risk events facing in-country supply chains. These events are often driven by systemic issues within the supply chain, requiring long-term mitigations efforts and entailing multi-year investments. Both grant-funded and catalytic investment initiatives adopt strategies to strengthen in-country supply chains and minimize stock outs and expiries such as improving data systems, optimizing distribution networks and warehousing practices. The routine measurement of supply chain performance using the on-shelf availability will also support the Secretariat's efforts in ensuring continuous availability of medicines. Healthcare waste management will become an even more important area of focus as the Global Fund develops an approach to adapt and fight climate change going forward, starting with a technical brief on Sustainable Healthcare Waste Management.

Annex 2 – Decisions Taken at the 43rd Board Meeting

Decision Point number	Decision Point text
GF/B43/DP01	<p>Appointment of Rapporteur</p> <p>Ambassador Stéphanie Seydoux from the France constituency is designated as Rapporteur for the 43rd Board Meeting.</p>
GF/B42/DP02	<p>Approval of Agenda</p> <p>The agenda for the 42nd Board Meeting (GF/B43/01) is approved.</p>
GF/B42/DP03	<p>Approval of the Terms of Reference of the Inspector General Nomination Committee and revisions to the Terms of Reference of the Inspector General</p> <p>The Board:</p> <ol style="list-style-type: none"> 1. Notes its responsibilities with regard to the recruitment process of the Inspector General as set out in Article 36 of the Operating Procedures of the Board and Committees of the Global Fund to Fight AIDS, Tuberculosis and Malaria; 2. Based on the recommendation of the Chair and Vice-Chair of the Board (the “Board Leadership”), in consultation with the Ethics and Governance Committee, and its review of the contents of GF/B43/12 – Revision 1 approves: <ol style="list-style-type: none"> a. The terms of reference of the 2020 Inspector General Nomination Committee, as set out in Annex 1 to GF/B43/12 – Revision 1; and, b. The revised terms of reference of the Inspector General, as presented in Annex 2 to GF/B43/12 – Revision 1, which shall enter into force upon the commencement of the term of the next Inspector General. 3. Requests the Board Leadership to submit a Chair, Vice-Chair and the membership of the nomination committee to the Board for approval.

Annex 3 – 43rd Board Meeting Documents List

Reference	Document Title
For Decision	
GF/B43/01	43 rd Board Meeting Agenda
GF/B43/12-Rev 1	Inspector General Selection Process 2020
For Information	
GF/B43/02	OIG 2019 Annual Report and Opinion on Governance, Risk Management and Internal Controls
GF/B43/03 – Revision 1	OIG Joint Agreed Management Actions Progress Report
Strategy Development	
GF/B43/04	Annual Report on Community, Rights and Gender
GF/B43/05	Update on Strategy Development <i>High-level summary paper</i>
Governance Oversight	
GF/B43/06	2019 Annual Report and Opinion of the Ethics Officer
GF/B43/07	Recommendations of the Governance Culture Initiative Phase II <i>High-level summary paper</i>
GF/B43/08	Report of the Coordinating Group
Commitment of Financial Resources	
GF/B43/09	Recoveries Report
Assessment of Organizational Performance	
GF/B43/10	Strategic Performance Reporting (end-2019)
Risk Management	
GF/B43/11	Risk Management Report and 2019 Annual Opinion of the Chief Risk Officer

Annex 4 – Glossary of Acronyms

AFC Audit and Finance Committee

AGYW Adolescent Girls and Young Women

AMAs Agreed Management Actions

ACTA Access to COVID-19 Tools Accelerator

BDD Breaking Down Barriers

C19RM COVID-19 Response Mechanism

CCM Country Coordinating Mechanism

CPR Country Portfolio Reviews

CRG Community, Rights and Gender

CRO Chief Risk Officer

ED Executive Director

EGC Ethics and Governance Committee

EO Ethics Officer

GAP Global Action Plan

GAM Global AIDS Monitoring

GMD Grant Management Division

HMIC High Middle-Income Countries

IG Inspector General

IGNC Inspector General Nomination Committee

KAPs Key Affected Populations

KPI key performance indicator

LFA Local Fund Agent

OIG Office of the Inspector General

ORR Organizational Risk Register

OSA On Shelf Availability

OTIF On Time In Full

PQR Price Quality Reporting

PPM Pooled Procurement Mechanisms

RSSH Resilient and Sustainable Systems for Health

SAIs Supreme Audit Institutions

SC Strategy Committee

STC Sustainability, Transition and C0-financing Policy

TRP Technical Review Panel

UMIC Upper Middle-Income Countries

UMI Upper Middle Income

WHO World Health Organization

WPYM Work Plan Tracking Measures

Annex 5. Written Statements received from Constituencies

The following constituency statements and joint position papers are available on the [Portal](#).

- a) UK Constituency Statement
- b) USA Constituency Statement
- c) SEA Constituency Statement
- d) Africa Joint Constituency Statement
- e) European Commission
- f) Point Seven Constituency Statement
- g) Japan Constituency Statement
- h) Germany Constituency Statement
- i) Eastern Mediterranean Region Constituency Statement
- j) Eastern Europe and Central Asia (EECA) Statement
- k) Developing Country NGO Constituency Statement
- l) Developed Country NGO Constituency Statement
- m) LAC Delegation Constituency Statement
- n) Western Pacific Region Constituency Statement
- o) France Constituency Statement
- p) Private Sector Constituency Statement
- q) Private Foundations Constituency Statement
- r) Communities Delegation Constituency Statement
- s) Partners Constituency Statements on
- t) Implementer group joint statement



AFRICA CONSTITUENCY BUREAU
FOR THE GLOBAL FUND

43rd GLOBAL FUND BOARD MEETING – MAY 14-15, 2020.

COVID-19, Business Continuity and Risk Management

We commend the Secretariat in respect of their proactive responsiveness towards COVID-19 through provision of \$1billion to support countries. Preserving the gains hitherto achieved in the fight against HIV, TB and malaria since 2010 is mission critical.

The COVID-19 pandemic presents a number of imperatives for the Global Fund partnership going forward:

A. Medium Term Risk Management Implications of COVID-19

COVID-19 has ushered the global economy into a recession, plummeting stock markets, sending companies, especially SMEs into sudden closures and rendering millions unemployed. Governments everywhere are rolling out recovery plans and stimulus packages. This situation is probably more dire for the African continent where economies will likely be hardest hit with the World Bank, The International Monetary Fund (IMF), the Africa Development Bank (AfDB), the United Nations Economic Commission for Africa (UNECA) and the African Union (AU) being unanimous in painting a negative economic outlook for the continent and calling for debt relief and massive injection of aid to shore up African economies.

These developments have a high likelihood of adversely affecting funding commitments to the Global Fund in a couple of ways. First, there is a risk that donors may be more inward looking hence actualization of the 6th replenishment pledges may be at risk. Secondly, there is the risk that the further shrinking of fiscal space in implementer countries attainment of the ambitious \$46billion expected from domestic sources during the 2020-2022 cycle may not materialize as countries will focus more on economic recovery. Either way, prudence dictates that the Global Fund reflects further on the funding risks associated with COVID-19 and the impact on the fund's ability to further roll back the HIV, TB and malaria epidemics during 2020-2022. This is particularly so given that, as reported by the OIG, some countries were already struggling to meet their domestic financing commitments in the prior to COVID-19.

B. A clarion call for continuation of Health Systems strengthening

Like the 2014-15 Ebola outbreak in West Africa, COVID-19 will likely put the weaknesses of African health systems in the spotlight and highlight the need to strengthen these systems if 2030 SDG3 and UHC goals are to be attained.

As a case in point, community systems strengthening will in particular be paramount at this juncture. Shoring up the health system to respond to an outbreak like this, the engagement of community response to improve health outcomes and maintaining access to essential services become crucial. With lockdown measures in place in many countries, access to healthcare facilities will become impossible due to, as has been shown in the three modelling papers, 1) disruptions to ART and prevention services for HIV, 2) reductions in timely diagnosis and treatment of new cases resulting in increased MDR TB cases and deaths for TB particularly in settings with high co-morbidities with HIV, and 3) reduced prevention of activities including interruption of planned net campaigns for malaria. In all these cases, the role of the community system to act as a bridge between people in their own environment and health facilities becomes critical. Communities are often first responders, reaching those beyond the reach of an overwhelmed health system providing early detection and quick response of Covid19 but are also ensuring continuity of services for HIV, TB and malaria.

Additionally, COVID-19 is another stark reminder of the need to further strengthen human resources for health (HRH). With health workers now stretched between HIV, TB and malaria and other on-going service delivery priorities on one hand and COVID-19 on the other, there is need to bolster both the numbers and distribution of health workers. The COVID-19 situation will likely exacerbate health work brain drain from poorer countries to richer countries in the west given western country health systems are just as overwhelmed currently.

It is therefore imperative that as we embark on discussions on the Global Fund's next strategy, strengthening systems, and community and human resources systems in particular, should be prioritized as essential component of our RSSH portfolio. The same can be said about other health systems and it beholds us to ensure RSSH remains a top Global Fund priority now as never before.

C. Ensuring continuity of HIV, TB and malaria prevention & treatment services at all costs

The ongoing COVID-19 pandemic has led to disruptions in delivery of essential services. Whereas the pandemic places an extra burden on health systems in countries with already fragile health systems, there is already a high risk of reversal of gains made in the three diseases. The secretariat's initial response is therefore an enormous step in ensuring that disruptions to HIV, TB and malaria prevention and treatment services are minimized.

For malaria, disruptions to the supply chains of essential malaria commodities – such as insecticide treated nets (ITNs), rapid diagnostic tests (RDTs) and antimalarial medicines – resulting from lockdowns and restrictions on the importation and exportation of goods in response to COVID-19, will likely increase malaria morbidity and mortality. Moreover, this is the malaria transmission season in many countries across Africa and therefore critical to ensure safe delivery of essential malaria commodities and services to avoid major outbreaks and protect significant gains made in the fight against malaria. As shown in the WHO study, disruptions in the delivery of insecticide-treated nets and access to antimalarial medicines, could lead to over 700,000 malaria related mortalities this year and probably next year too, which would be more than double the number of deaths in 2018 and would clearly mark a return to pre-2000 mortality levels.

As can be seen from the WHO, Stop TB and Imperial College studies the above picture for malaria is very much similar for TB and HIV and amount to ensuring undisrupted provision of critical HIV, TB and malaria services in the short term while strengthening systems in the longer term.

Its therefore prudent that the Global Fund remains highly vigilant vis-à-vis the progression of COVID-19 and prioritize maintaining continuity of services, at whatever cost, otherwise we risk losing all the gains we have made over the last decade.

Global Fund Strategy Development - GF/B43/05

We appreciate the early thinking that's gone into the strategy development preparations, both in terms of process related issues (who will be consulted, where and when) and also in terms of critical factors that should shape the next strategy, such as aims and ambitions, linkages to broader health issues such as SDG3 and UHC, linkages to broader global health platforms such as the Global Action Plan for healthy lives and well-being for all and considerations from the current strategy in terms of disease epidemiological trends, program performance, etc.

Given the disruptions caused by COVID-19 and the likelihood that this situation may continue for most of this year, we propose that the strategy development process proceeds with the worst-case assumption that in-person consultations will not be possible at all. The implications of this are vast. Embarking on the consultations early, with smaller well-targeted groups and focused discussions across geography and a variety

of stakeholders is therefore going to be critical. These smaller conversations should in time build into larger conversations with a multiplicity of stakeholders.

Given the board retreat could not take off as planned to shape early reflections on the bigger picture and being mindful of individual consultations with board members that have taken place, we would appreciate the outputs of these discussions being shared early on after this board meeting.

We welcome inclusion of non-traditional stakeholders in the consultations towards the next strategy such as financial institutions (WBG, AfDB, etc.), multilaterals like GAVI, and also continental bodies such as the African Union Commission. In this vein, therefore we would recommend including regional bodies such as SADC, EAC, ECCAS, IGAD and WAHO that bring an appreciation of the African regional dynamics in the discussions.

Finally, we seek clarity on the role of technical partners like WHO, UNAIDS and UNICEF in the entire strategy development processes and in the engagements given Multilaterals, Bilaterals and “expertise providers” are categorically listed while technical partners seem rather absent.

Strategic Performance Reporting – GF/B43/10/Annexes 1-2

The good performance over a number of strategic indicators including, progress on lives saved, alignment between level of investment made in each country and that country’s needs, decrease of cost per life saved or infection averted and the RSSH indicators on data systems, financial management and procurement and supply chain are welcome and we commend the Secretariat and the countries for these achievements, most of which are critical to the Global Fund’s mission.

Conversely, we are concerned about the indicators that are not performing to expectation. The incidence indicator is notably worrisome given it’s a key indicator of the entire portfolio’s performance. The OIG’s report documenting poor functioning and significant underutilization of prevention funding adds to our concerns. We take cognizance of the solution to increase attention to KPs and also AGYW given increased allocations from the replenishment and also, presumably, from domestic resources contributions. While noting the trade-offs to be made between prevention and other thematic areas such as treatment, we posit that in addition to these efforts, combination prevention should equally be targeted particularly in ESA where prevalence in the general population is highest. As stated above, given the COVID-19 pandemic, it is prudent at this juncture to reflect on the likelihood of the anticipated funds from the replenishment and domestic resources not being realized should donors become more in-ward looking and also given the further shrinking of fiscal space for African countries given COVID-19 which will adversely affect domestic resources contributions. This is particularly critical given investments into the KP portfolio leverages matching fund.

We are equally concerned that absorption on the RSSH and HIV prevention portfolios, both of which have historically lagged behind compared to other areas, continues on this trajectory. We request the secretariat to shade more light on the reasons for the perpetual under absorption for these two components and provide some reflections on how the underperformance being addressed.

<END>

GLOBAL FUND 43rd BOARD MEETING CONSTITUENCY STATEMENT

The Communities Delegation recognizes and congratulates the Global Fund in its rapid response to the COVID-19 pandemic and its efforts to ensure business continuity and to protect the HIV, tuberculosis and malaria responses. We express our gratitude to the Secretariat and Board for their commitment and outstanding work during such adverse circumstances. **We call on all partners to remain vigilant, document and ensure that human rights violations and interruptions of services, as a result of COVID-19 are minimized. The current health emergency should in no way be used as a shield to shy away from the principles of the Global Fund and its unique multi-sectoral bodies. Meaningful engagement of communities should remain a priority particularly in grant development processes, national dialogues and involvement in CCMs.**

The Communities Delegation is concerned on the reports of exclusion from country dialogues, CCM decision-making, concept note development and discussions and decisions around making use of flexibilities and processes in place to access/reprogram funding in light of COVID-19. We remain deeply concerned that our communities who are in the frontline of the COVID-19 response have been excluded from funding. The Communities Delegation reiterates that while we agreed for such funds to be approved in an expedited manner this by no means implies a lack of accountability.

The following topics present the Communities Delegation's considerations, positions and comments regarding areas of particular relevance for the agenda set out for the 43rd Board meeting:

GF/B43/02 THE OFFICE OF THE INSPECTOR GENERAL 2019 ANNUAL REPORT

The Communities Delegation appreciates the consistent quality of the report from the Office of the Inspector General and takes the opportunity to highlight the below comments/questions:

- While we welcome the congratulatory tone of the report in respect to an embedded stage of maturity, we note the multiple areas for improvement highlighted in the report;
- It is crucial to increase and improve prevention activities, particularly prevention amongst key populations and AGYM and we would like to know the reasons as to the shortfall in investments for prevention activities, as the report notes that only 200m of the 1.3b has been spent on prevention activities;
- Referral to treatment services are essential otherwise prevention and outreach strategies are meaningless, how do we plan to address the challenges between diagnosis and treatment activities that are still being seen in countries?
- The OIG report notes the issues on defaults on domestic commitments, the Communities Delegation calls for exploring options to hold countries accountable to their commitments as long as options don't include freezing or stopping funds as the only ones to suffer will be our communities;
- the report notes the need for ethical decision making, something that the Communities

Delegation has frequently requested, in the form of having a framework for ethical decision-making. Failure to institute an ethical decision-making framework will result in ethical decisions being made in an ad hoc manner, dependent on individual's ethical standards; in order to prevent unethical decision making we need to understand the diversifications, influences and circumstances that can inadvertently lead us into ethical blindness;

- The Communities Delegation would like to understand the reasons behind inconsistent follow-up to TRP feedback.

GF/B43/03 JOINT AGREED MANAGEMENT ACTIONS (AMAs) PROGRESS REPORT

The Communities Delegation welcomes the joint AMAs progress report and the well-rounded plans in place for each AMA but seek clarification on:

- reasons for some AMAs being long overdue and what additional measures/actions are being taken to close them and prevent additional AMAs from falling into the category of long overdue
- what impact is COVID-19 having or is foreseen to have on AMAs and what preventative measures are being put in place?

GF/B43/04 REPORT ON COMMUNITY, RIGHTS AND GENDER

The Communities Delegation welcomes the report on Community, Rights and Gender and appreciates its clarity and detailed reporting. **We take the opportunity to express our sincere gratitude to all the CRG team for the excellent results in their ever-expanding work and we request that the CRG's human and financial resources mirror and are realistic to the level of responsibility assigned to the team.** In addition, we take the opportunity to note the below comments:

- The Communities Delegation welcomes the leverage of Community-based monitoring and we look forward to future updates on progress. While the current resources are minimal and would be unrealistic to expect wide-spread investment for communities to access funding for implementation, we request that we closely monitor the current process and use results to budget proper level of funding for Community-based monitoring in the near future. In addition, we should work in ensuring that community led monitoring are more prominently included in funding applications;
- The Communities Delegation commends the continued work with partners and we particularly highlight the partnership with Stop TB, that is reflected and expanded beyond the CRG Strategic Initiatives. We commend CRG's partnership efforts and encourage continued strengthening of such partnerships, particularly with Malaria and TB partners. The success of the Strategic Initiative on finding the missing people with TB is a perfect example of how strong partnerships lead to outstanding results. We

acknowledge the limited funding opportunities for TB and malaria affected communities and we look forward to aligning efforts for TB and malaria affected communities under the CRG SI with other efforts for example the efforts already driven under the Challenge Facility for Civil Society Mechanism.

- The report acknowledges that without sustained incentives, programs to reduce human rights related barriers are at risk. The Communities Delegation recommends that we make use of the Accelerator initiative to move this forward and identify additional strategies to ensure that human rights programming become a fundamental component of country grants without the need of additional matching or incentive funds;
- On the progress on addressing human rights-related barriers the Communities Delegation calls for this to be scaled up across the portfolio as it is crucial to impact implementation. The guidelines produced by the Global Fund are extremely helpful but frequently countries continue to ignore them;
- We welcome and fully support the Accelerate Initiative and we are glad to share that we have been receiving very good feedback on the positive impact it is already having; both the Accelerate Initiative and the CRG Strategic Initiatives have proven to be successful and have measurable impact and should be scaled up to multiply success.

On the questions posed for feedback:

1. What does the Board consider to be the central challenges to scaling-up community, rights and gender-based programming in order to meet global disease targets? Is the Secretariat focusing its efforts appropriately to meet these challenges?
 - the main challenges is the lack of recognition that community, rights and gender-based programming is a key component of addressing the 3 epidemics;
 - the marginalization and criminalization of key populations
 - the selective acceptance of evidence (e.g. studies that show relationships between criminalization and HIV)
 - failure to make linkages and have a people centered approach that looks at the needs of individuals from a holistic view (e.g. lack of harm reduction services and OST is a significant reason for drop out of HIV treatment programs for PWID/PUDs)
 - moral prejudices and morally driven stigma and discrimination taking precedence over public health imperatives
2. What should the Secretariat be doing to support community responses and communities themselves - in light to the outbreak of covid-19?
 - ensure that COVID-19 does not deviate us from the mandate of the Global Fund
 - any discussion on COVID-19 should be centered form the perspective of protecting the response on HIV, tuberculosis and malaria
 - ensure that essential services are not interrupted (e.g. safeguarding funding for harm reduction during COVID-19), we refer the Board and Secretariat to the INPUD HRI statement in attached Annex)

GF/B43/06 GLOBAL FUND ETHICS OFFICE ANNUAL REPORT AND OPINION 2019

The Communities Delegation welcomes the 2019 Annual Report and Opinion of the Ethics Office and takes the opportunity to submit the following comments:

- We note that the report speaks about the trust that partners and donors have on the Global Fund and states that it is inherently fragile and to maintain the trust requires ethical conduct, integrity etc. while we recognize and fully agree on ethical conduct and integrity we should strive for the trust towards the Global Fund not be dependent on individuals' behavior but rather on the achievements of the Global Fund;
- Ethics training for governance officials need to be consistent and ongoing given the high turnover of governance officials
- While actions are being taken to move towards ethical decision-making processes, we recall the request of the Communities delegation to have a well-defined Ethical Decision-making framework to guide future decision making in the Global Fund. For the Global Fund to have ethics as an integral and constant aspect of the whole organization requires to take steps beyond training; trainings are indeed very helpful and create consciousness on ethics, ethical considerations and dimensions and ethical dilemmas, but we require an Ethical Decision-making Framework to guide all decisions at governance and secretariat level and introduce check-ins and structures to prevent unintended unethical decision making that take into consideration the external pressures of time, power and other constraints that will mitigate ethical blindness;
- We welcome the advances made on the CCM code of conduct but would like to highlight that signing the code of conduct does not automatically translate into ethical behaviour and we need to start documenting how signing the code of conduct translates into concrete improved ethics in CCMs
- Finally, we also welcome the plan to use both ECI's high quality ethics program benchmarks and Dubinsky & Richter's Global ethics benchmarks and we look forward to updates on the integration of both benchmarks in future Ethics Office reports.

GF/B43/07 GOVERNANCE CULTURE INITIATIVE

The Communities Delegation commends the work of the Task Force on Governance Culture and the work of the Ethics and Governance Committee on the Governance Culture Initiative. The model structure of our Board, with multiple entities, each with its unique priorities and perspectives does not come without challenges of its own. When seated around the table what should be foremost for all parties involved are the objectives and principles of the Global Fund. Trust is not a give-away, rather it has to be nurtured continuously and requires a reciprocal approach but we must never confuse accountability with a lack of trust. Request for

COMMUNITIES DELEGATION
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clarifications and accountability is not a sign of lack of trust but it is an inherent role of governance officials to understand the work of the organization. The Communities Delegation would like to recall that the ‘contested 2018 committee membership selection process’ was never an issue about trust. It was an issue of due diligence, of lack of spaces to have difficult and honest discussions, which were at that time, not dealt in a transparent and adequate manner; placing diplomacy over the core principles of the Global Fund. The Communities Delegation agrees over all with the recommendations and would request more clarity around committee mandate and differentiation and alignment between Board mandate.

GF/B43/09 RECOVERIES REPORT FOR THE PERIOD ENDED 31 DECEMBER 2019

The Communities Delegation welcomes the report and appreciates all efforts made by the Secretariat which is reflected on on track payments for OIG recoveries and continued improvement in turnaround times. We look forward to continued improvement in preventative measures against fraud and corruption.

We can't stop now: safeguarding funding for harm reduction during COVID-19

Harm Reduction International and the International Network of People who Use Drugs urge international donors, philanthropic organisations and national governments to safeguard funding for harm reduction during COVID-19. They should also ensure that COVID-19 emergency funding is directed to, and serves the most vulnerable people in our society, including people who use drugs.

We commend the Global Fund Board and Secretariat for their leadership and proactive steps to support national responses to the COVID-19 pandemic. People who use drugs face unique needs and risks, due to criminalisation, stigma, underlying health issues, and higher economic and social vulnerabilities. Now more than ever a coordinated and global effort is needed to protect hard-fought gains on human rights, HIV and viral hepatitis. It is imperative that people who use drugs are not left behind in the COVID-19 response.

This means harm reduction services must be recognised as essential services during COVID-19. Funds must be provided to ensure services can adapt to lockdown and physical distancing measures, including ensuring harm reduction service providers, outreach workers and clients have personal protective equipment. UN human rights experts have emphasised this point – calling for opioid substitution therapy, needle and syringe programmes, naloxone (a medicine that can reverse the effects of an opioid overdose), and overdose prevention sites to remain available, accessible, acceptable, adequately funded and of high quality.¹ Procurement and supply of commodities must not be disrupted during the COVID-19 response.

This also means prioritising community leadership. Communities have demonstrated their unique ability to react quickly to reach those who are otherwise unreachable during the pandemic, and have effectively eased some of the burden on the broader healthcare system. The value of this work must be reflected in flexible, sustained financial support from donors and governments. Communities and civil society must be included in global and national COVID-19 related emergency response planning and monitoring on issues relevant for people who use drugs.

Donors, governments and principal recipients must not draw upon funds allocated to harm reduction for the response to COVID-19, even where funds are not yet disbursed. Too frequently, people who use drugs and key populations have been deprioritised and underfunded in national HIV responses – as evidenced by the fact that the majority of new infections around the world are now amongst key populations.

Harm reduction interventions are cost-effective and cost-saving² in the longer term. By preventing HIV and viral hepatitis, they shield the health system from future costs relating to treatment and emergency healthcare. Protecting these investments now will avoid rapid increases in HIV and hepatitis infections that we know occur when harm reduction service provision is disrupted by funding cuts. With the threat of an economic recession ahead, strategic health investments ensuring value for money and cost-effectiveness will be ever more crucial.

Finally, we need strong assurances from donors and governments that emergency funding for COVID-19 will reach harm reduction programmes and meet the needs, including those of social protection, of people who use drugs. Without such guarantees, people who use drugs will be pushed further to the margins, and left to face intensified threats to their health and rights.

¹ Office of the High Commission on Human Rights (2020) [Statement by the UN expert on the right to health on the protection of people who use drugs during the COVID-19 pandemic](#)

² Harm Reduction International (2020) [Making the investment case: Cost-effectiveness evidence for harm reduction](#). HRI: London

**Developed Country NGO Constituency Statement 43rd Board
Meeting of The Global Fund to Fight AIDS, Tuberculosis & Malaria**
14 – 15 May 2020

GF/B43/03 Annual Report on Community, Rights and Gender

Our delegation would like to acknowledge the tremendous ongoing work of the CRG department and we thank the Secretariat for their very comprehensive annual report. However, we would like to emphasize the following:

- The CRG report, while comprehensive in the results achieved by the CRG department, in no way replaces the Deep Dive on SO3 that was planned for discussion at the 12th Strategy Committee in March. The absence of such a critical review puts us at a considerable disadvantage as a Partnership, particularly as we launch into critical discussions around the next strategy. SO3 remains *the* critical driver on which lies the success of the Global Fund's current strategy. It is the linchpin of success for SO1 and SO2 in particular - and now even more so as we see early evidence of the severe impact of COVID-19 on our communities, households, workforces, economies and our progress made against the three diseases. We look forward to the pre-board session on CRG related issues yet still request that a Deep Dive on SO3 be conducted well in time to contribute meaningfully to Global Fund strategy discussions. **To this end, we request a progress report on the Deep Dive for the coming July meeting of the Strategy Committee so that it is ready for a fulsome discussion at the Strategy Committee by its 14th (October 2020) meeting.**
- While we are supportive of building expertise and ownership on the cross-cutting issues of community, rights and gender across the Secretariat, we are concerned that in our efforts to integrate through the CRG Accelerate, we may be overstretching an already stretched department. **We request a confirmation from Peter that resources available for the department are commensurate with the increasing scope of work placed on the CRG team?**
- Finally, while we appreciate the Management response to the *OIG Advisory on Human Rights*, we are disappointed in the absence of a costed, time-bound action plan to guide the prioritization of appropriate course corrections. In light of the Management response, compounded by the realities of the COVID-19 epidemic on the people that we serve as the Global Fund, **we request an update at the 44th board meeting on the progress made in the implementation of the Management response to the *OIG Advisory on Human Rights*.**

GF/B43/06: Ethics Office Annual Report and Opinion 2019

The Developed Country NGO Delegation appreciates the report of the Ethics Office and is heartened by that “the direction of travel remains positive and is consistent with that identified in 2017 and 2018”. However, **we are concerned and seek clarity on the rationale leading to the proposed shift in timelines** for when the Global Fund is to move from initiated to an embedded state. The goal posts have moved from late 2019 to mid-2020 to now late 2021 or early 2022. **What are the remedial actions to be taken by the Secretariat to ensure that accelerated timelines are a priority?** In addition,

- o We welcome the findings of the engagement survey which showed strong engagement and acceptable psychological safety but were struck that staff felt afraid to speak out. Did the survey or any follow up actions reveal why that was and how this could be remedied?
- o When can the Board expect to see the Codes of Conduct for Recipients and Suppliers?

GF/B43/12 Inspector General Selection Process 2020

Our delegation appreciates that the selection process for the Inspector General has prioritized human rights and key populations experience for both the Inspector General Nomination Committee (IGNC) and the Inspector General (IG).

- In line with the emphasis on human rights and key populations experience, **will the IGNC terms of reference (TORs) explicitly require the inclusion of community and civil society representation?**
- We also appreciate that the IG TORs now include a reference to the Office of Inspector General (OIG) responsibility in the investigation of allegations of human rights violations.

GF/B43/10 Strategic Performance Reporting (end-2019)

We thank the team for their tremendous efforts in putting together this comprehensive report.

- We note that this report indicates a “positive trajectory towards achieving targets” for most KPIs. However, the report does not include any comments given we are only at a mid-point through the Global Fund strategy and now faced with a pandemic that poses a serious risk of derailing many of our Board agreed targets. **Recent adjustments have been made for several KPIs and now would be the time to rethink what changes would help us get a better sense of progress by the end date of the strategy.**
- How does the Secretariat evaluate the robustness of the current framework to enable a timely reporting on performance of key targets in the next two years? Do we need to adjust before the next strategy? Does the selection of cohorts allow us to measure

progress in all geographic areas? Are there programmatic areas that would need additional or alternative tracking measures?

- We note the time lag of tracking Domestic Investments through KPI 11 may not enable sufficiently timely information about progress. In Spring 2020 we are still measuring progress in country commitments for the 2014-2016 period with no insights into how well countries are performing under the 2017-2019 allocation period.
 - Is the Secretariat able to provide an interim update of NFM2 period, while we wait for final results, as well as provide a projection of first board reporting for the 2017-19 period?

**Developing Country NGO Delegation 43rd Board Meeting Constituency Statement
14-15 May 2020**

Ahead of the previous Global Fund Board Meeting, the Developing Country NGO constituency called for all stakeholders, including the Board, Secretariat and implementers to reflect on what business unusual may look like for the key areas where the Global Fund is underperforming or faces challenges. At this time, business is certainly very unusual and we are operating in a very fast-changing environment due to COVID-19. As we navigate this new normal, the Developing Country NGO constituency urges that we do not lose sight of our core principles that are our strength, such as the meaningful inclusion of civil society and communities at all levels of decision-making, accountability, and serving people living with HIV, TB and/or malaria,

The Developing Country NGO constituency provides the following comments and questions on the 43rd Board Meeting documents:

COVID-19 Business Continuity and the three diseases:

The Developing Country NGO constituency commends the Executive Director and the Secretariat for its swift response to adapting to the effects of COVID-19 on the three diseases and the operations of the Global Fund, and for the transparent and consistent communications with the Board. However, we remain concerned about the impact that COVID-19 is having on the ability of civil society and communities to engage meaningfully in the C19RM application processes and the current country funding applications, as well as the interruptions to HIV, TB and malaria services that civil society and communities have seen in-country, and human rights violations resulting from in-country COVID-19 restrictions during lockdowns.

A survey by the Anglophone Africa Community, Rights and Gender Regional Platform of 100 civil society and community organisations in the region, found a number of disruptions to services, including interruptions in ART refills, health providers prioritising COVID-19 over other diseases and services, limited access to HIV prevention options, including condoms and lubricants, as well as HIV testing services. Many communities are also afraid to access health care services due to fears of contracting COVID-19 at health facilities.

With regards to TB, many clients are unable to access early diagnostics services and treatment due to public transport not operating during lockdown and because health care facilities discourage on-site visits for the people with respiratory symptoms, leading to delays on timely diagnostics of TB and consequent start on treatment for people with TB. There is also an increase in clients being lost to follow up as Community Health Care Workers are unable to conduct home visits due to lockdown restrictions. Many communities have also reported that people with symptoms of malaria are afraid to access health care services due to fears of quarantine because of the similarities in malaria and COVID-19 symptoms.

How will the Global Fund country teams work with CCMs and governments to further address these issues?

The Developing Country NGO constituency is incredibly concerned that communities and civil society are on many occasions being excluded from the decision-making processes around COVID-19 in-country, including accessing funds through the 5% flexibilities and the COVID-19 Response Mechanism (C19RM). The principle of meaningful engagement and inclusion of civil society and communities is not being upheld by the government-dominated CCMs in the context of lockdowns. ***How will country teams work with CCMs and civil society and communities to ensure proper engagement of all stakeholders?***

We are also very concerned about the lack of health services for key populations and the human rights violations they face. We have seen a number of disruptions in services such as harm reduction services and human rights violations, under the auspices of COVID-19 regulations. Concerns have also been raised by civil society and community groups such as Harm Reduction International and the International Network of People who Use Drugs that funds may be directed away from harm reduction services or that additional funds for harm reduction may not be requested when the need is great.

The Developing Country NGO constituency again raises the need for Russian civil society and communities to be allowed to apply for C19RM funding under the eligibility allowed by the NGO rule, as Russia is the country with the second highest number of cases globally, with no support for HIV and TB civil society and communities in addressing challenges of COVID-19.

The Developing Country NGO constituency reiterates the need for accountability for the additional funds provided for COVID-19 under the grant flexibilities and C19RM support provided by the Global Fund are spent. We recommend that funds be made available to support community-led monitoring in-country to support accountability efforts. The Delegation requests answers to the following questions. ***How will we measure the success of C19RM and all the work done by the Global Fund on COVID-19? Will there be new impact indicators?***

The Delegation appreciates the actions outlined by the Office of the Inspector General to ensure accountability across the Global Fund's operations. In addition to these measures, we recommend an audit of how these funds were spent by the Global Fund and in-country.

GF/B43/04: Annual Report on Community Rights and Gender

While we appreciate the work of the Community, Rights and Gender Department for this report, we reiterate our statement from the 12th Committees and again request a Deep Dive on Strategic Objective 3 for the upcoming Strategy Committee and Board Meeting, to allow us to interrogate and understand what we can do to make Strategic Objective 3: Promoting and Protecting Human Rights and Gender Equality (SO3) a reality across: the Board; the Secretariat; Technical Partners; Implementers; and the populations we serve.

We recognise that the 2017 – 2019 cycle saw some increased inclusion of sex and age disaggregated data in funding proposals and performance frameworks, ***what will be done to increase the range of disaggregated data still needed, particularly for TB and malaria?***

Given that the Secretariat has undertaken the cross-departmental Community-Based Monitoring (CBM) Change initiative to promote the uptake and scale-up of CBM in grants in the new funding cycle, ***how many country grants included CBM in their funding applications?*** Given that governments are unlikely to want to be monitored, we are disappointed that only \$ 2 million has been allocated to CBM in the Community Systems Strengthening Strategic Initiative. ***What more will be done to ensure that CBM is prioritised by countries? What more will be done to monitor human rights violations during COVID-19 lockdown measures?***

Management Response to Office of Inspector General Advisory Review on Human Rights:

The Developing Country NGO constituency is pleased to finally see the Management response to the OIG Advisory Review on Human Rights after pushing for this OIG Advisory (and a Secretariat response to the same) for many years. We recognise that much was being done to strengthen human rights by the time of the OIG's Advisory. To date, we have heard much about the CRG Accelerate but have not seen any documentation of what exactly its mandate is and parameters of operation, and ***request more information on the details of how CRG Accelerate is operationalised and resourced to fulfill its mandate.*** We also have no information on the scope of work for the Breaking Down Barriers (BDB) Steering Committee and are surprised that it is not chaired by the CRG or Human Rights departments. The absence of this information on CRG Accelerate and the BDB Committee makes it difficult to assess the value of the Secretariat response.

The response also lacks information of what actions will be pushed and taken beyond the Secretariat, across all levels of the Global Fund including in-country. There are no timeframes for implementation or completion of the OIG recommendation nor are there clear time-bound reporting deadlines. This is disappointing for the Delegation and we ask: ***What actions will the Secretariat take to operationalise these actions at country level? What are the timelines for implementing the actions outlined? What is the plan for reporting to the Board on the status of implementation?***

GF/B43/10: Strategic Performance Reporting (end-2019)

The Developing Country NGO constituency is pleased to note that 5 out of 6 key components of KPI 1 is on track or almost on track – but urges that more work is done to reduce HIV incidence. We also note that all indicators around human rights and key populations are where the Global Fund is still not reaching its targets. ***What will the Global Fund do differently to address this, and ensure that countries implement measures for human rights and key populations?***

Data quality and data accuracy continues to be cited as a problem, meaning that for each of these indicators, we cannot be sure that the data shown reveals the extent of our progress or failures. ***In which countries is the HMIS lagging behind in terms of data quality, and what actions are being taken to address data quality and accuracy?***

The Strategic Performance Reporting Annex 1 states that Secretariat-level country portfolio reviews are conducted once per year for High Impact countries and once per funding cycle for Core and COE countries. We echo the concern of the United States that this very limited frequency is inadequate for identifying performance issues and seeking solutions, particularly in COE countries.

GF/B43/02: OIG 2019 Annual Report and GF/B43/03: OIG Joint Agreed Management Actions

The Developing Country NGO constituency applauds the Office of the Inspector General for the exceptional quality of work. As we prepare to develop the new Strategy, this report serves as an excellent resource to evaluate where we have fallen short in the current Strategy.

While we appreciate the steps outlined to adjust the OIG ways of working in the face of restrictions linked to COVID-19, ***given that the situation is unlikely to change in the near future, how will the OIG ensure that audits can continue?*** In addition, as mentioned above, we recommend that the OIG conduct a review of all funds spent on COVID-19 to ensure accountability and transparency. This would assist us greatly to reflect and learn lessons for when responding to new outbreaks or other emerging pandemics.

Update from the Technical Review Panel: Reflections on Window 1:

While it is challenging to provide comments without having seen a presentation, the Developing Country NGO constituency has received a number of concerns about the meaningful engagement of civil society and communities in Window 1, and that Fund Portfolio Managers (FPMs) are managing and over-influencing this process, often to the detriment of civil society and communities. We call on the Secretariat to be explicit about the financial support (for community engagement and time on the CCM) that is allocated to civil society through the CCM budget, including (in some countries) for communities' engagement during the country dialogue. We also call on the TRP to return funding requests with specific and concrete guidance and instructions to revise and strengthen gender-sensitive and transformative interventions, programmes and services if they do not include interventions to address the needs and rights of key populations and women and girls.

We request the number and percentage of civil society and community Principal Recipients that submitted the funding requests, compared to the current allocation? How many transition grants were submitted? What is the opinion of the TRP and GAC on how transitioning will take place, in the face of the economic impacts of COVID-19 in countries?

GF/B43/05: Strategy Development

While the Developing Country NGO constituency appreciates that the feedback from the various constituencies was included in this document, it still lacks a concrete plan to ensure community voices are well integrated into the overall development of the new strategy.

The Developing Country NGO constituency strongly believes that we cannot begin work on the developing the next Strategy, until we have had an honest and frank review of the progress made in our current Strategy, including identifying gaps and challenges to be addressed in the upcoming Strategy. There are a number of reviews by the TRP, TERG, OIG and our Strategic Performance reporting that could be synthesised for this kind of review in addition to the TERG SR2020 review due to be finalised in fall 2020. We would urge that some kind of synthesis of all report findings does occur. **We encourage the Global Fund to engage with partners such as UNAIDS to share methodologies for this kind of review, and align strategic processes where relevant.**

In terms of process, we believe it is reckless to work from a Strategy Development timeline that is not adjusted to reflect the new reality of COVID-19 we face. We also recommend that the start of the Strategy Development consultations be postponed and lengthened, as many of the stakeholders and key people to be consulted are currently very much involved in the COVID-19 response.

The Developing Country NGO constituency requests that ways to consult with communities and civil society more broadly, outside the online written feedback, be developed and recommend that the Secretariat engage Communications for Development (C4D) experts to advise how the Strategy Development Process can best include communities and civil society meaningfully within the virtual modality. They could also advise on how best the Partnership Forums can be structured virtually to ensure maximum and meaningful participation.

Given the limitations of virtual engagements, we also recommend that in-depth interviews with key stakeholders be conducted to gather more detailed qualitative responses, especially from communities and civil society. Focus group discussion with partners and stakeholders would also be beneficial to attain detailed information from stakeholders who may not be able to participate meaningfully in virtual consultations.

The Strategy will need to be fit for purpose and will need to consider how the Global Fund responds to emerging pandemics. In terms of content, the Developing Country NGO constituency believes that the four Strategic Objectives should remain, with a focus on innovative ways that we can address our shortcomings in the previous Strategy, strengthen our implementation of these strategies in the new contexts in which we find ourselves, while working towards achieving the Global Funds purpose and goals.

Finally, we recommend that the Audit and Finance and Strategy Committees evaluate how much funding is required to deliver on the Strategy we develop.

GF/B43/06: Annual Report and Opinion of the Ethics Officer

The opinion puts the ethical maturity level of the Global Fund as 'initiated'. ***What is the reason for the slow progress in the area?*** Have the OIG AMAs on ethics and integrity framework met sufficient traction and investment from management? How do we explain that three years down the line, not enough progress has been made?

We welcome the shift of focus of Ethics Officer's work to CCMs, implementers and suppliers and would recommend a continued attention to country-level compliance with the Global Fund ethical standards. The report on implementation of AMAs mentions delays expected due to COVID-19. ***What is the mitigation plan for the Ethics Office to remain on track, especially for the development and review of the Code of Conduct for Suppliers and Recipients, which is particularly urgent given the funding request process and the C19RM applications?***

GF/B43/07: Governance Culture Initiative

What is the impact of COVID-19 on the Governance Culture Phase II, especially in terms of how the Task force intends to adjust its scope of work and mandate to achieve trust building targets within the context of increased virtual interactions?

European Commission/Belgium/Italy/Portugal/Spain constituency statement for the Global Fund 43rd Board Meeting – May 2020

We appreciate the GF flexibility and adaptability in organising this Board Meeting under the circumstances.

1. Strategy Development

As we have engaged on the journey towards SDG3, the strategy should be linked, and contribute to, the objective of UHC, ensuring increased access, sustainability, and inclusiveness.

The Global Fund Strategy for 2017-2022 has been clear and effective but there is a tension between the Strategic Objectives. For example, impact on the diseases in the short term is not always consistent with sustainable systems for health in the medium to longer term, so trade-offs need to be sought.

Increasingly, the GFATM needs to tailor its response to country needs beyond the three diseases in ways that enable grants to promote interventions and strategies that address broader disease groups or involve similar response methods (for example, all mosquito borne diseases).

This is not to say that the focus on three diseases should be relaxed, rather that the approaches used to address the three diseases need to be smarter, less vertical and accommodate both longer- and shorter-term strategies

Regarding the coordination with all partners, the GF should analyse how well it works with and through other global health partners at country level:

- to implement the GAP at country level, as it remains an important tool and should be relevant to the global health architecture and the GF Strategy
- to review notably its reliance on different partners in difficult environments as regards the delivery of its specific outcomes but also the impact on the health systems concerned.

We consider the process of the strategy development should move ahead, ensuring inclusive participation of all Global Fund stakeholders. Given the current uncertainties, all flexibilities and alternative consultation methods should be envisaged.

We think it is paramount that all partners can regularly be involved throughout the development process.

2. Covid-19

Our constituency commends the GF for its early and active role in the COVID-19 response, including reallocations and flexibilities, to minimise disruptions in HIV, TB and malaria essential prevention and treatment services.

The Global Fund involvement in the ACT Accelerator should focus on ensuring fair and equal access to COVID-19 prevention, diagnostics, therapeutic and commodities.

We would like to highlight a few key points that will be relevant both for the short and medium term response to Covid, and for the development of the GF strategy.

- The need to work closely with all global health partners, at global, but even more at country level to ensure continuity of HIV, TB and malaria prevention & treatment

services at all costs. The effectiveness of the global and specific GF covid19 response will depend on its alignment with the national response plan jointly elaborated with WHO.

- The risk of supply and quality assurance of medical products purchased by GF is specific within Covid-19 context but will remain a challenge for the future. Keeping a strict monitoring on the flexibilities related to the Quality Assurance policy is therefore essential, together with seeking coherence /complementarity with other Global health players involved.
- The Covid-19 has led to a dramatic/immediate drop of health seeking by the population as well as an increase of absence of health personnel. The health facilities face huge financial burden and risk not serving their communities – including for the tracing and care provision of HIV, TB and malaria. In addition, the lock-down affects hugely the ability of many community health workers to perform their tasks, for example in contact tracing of TB patients.
We would like to know how can this be mitigated, and whether the impact of it be forecasted & managed.

3. OIG

We welcome the annual report of the OIG, and we note the progress in the maturity of the Global Fund, but also the challenges on prevention programs for HIV and the gaps in the quality of data collection.

Last but not least, we would like to extend our sincerest thanks and appreciation to the IG for its hard and tireless work and strong leadership.



EECA CONSTITUENCY STATEMENT FOR THE 43rd BOARD MEETING STRATEGIC MATTERS

Development of the GF next strategy

EECA Constituency fully supports the framework for the development of the next GF strategy. We welcome the approach proposed to be used in the process of strategy development (learning from past lessons, early planning and ensuring a broad participation of important stakeholders). Likewise, we share the global concerns over the burden of the CoV 19, the difficulties this pandemic is posing on all GF processes, including the strategy development. We duly appreciate all efforts deployed by the GF and partners to help countries mitigate its effects and protect the Global Fund's ability to invest USD 13.6 billion in the fight against HIV, TB and malaria and to reinforce health systems in the 6th replenishment cycle.

Undoubtedly, we praise the considerable efforts of the Secretariat to ensure the basic timelines for the Global Fund's Strategy development also remain unchanged. We reiterate our support for the organization of Partnership Forums (PF), including the one scheduled for the EECA & LAC regions. Given the difficulties the CoV might still impose on large in-person meetings, we encourage the Secretariat to further consider appropriate flexibilities in the organization of these regional consultations, yet ensuring that broad regional consultations on Strategy development are sustained. In this respect, the EECA Constituency is ready to engage with the Secretariat on looking for alternative or complementing discussion forums most suited for our region context and potential.

Given the large diversity of local contexts across our region, we expect the PFs to host sound multi-sectorial discussions on regional priorities and challenges and that those priorities are part of the next strategy, including migrants (labor & refugees) and TB/HIV epidemics!

Since more and more countries both in EECA & LAC will face an eventual transition to local funding, while the number of successful transitions is yet very modest, and in many cases regional grants are the only opportunity to access GF funding, we recommend that the PFs provide space for discussion of these grants and include as participants implementers/ beneficiaries of multi-country grants. We would recommend planning pre-meetings for governance constituencies dedicated to Partnership forum participation!

We would encourage the GF Secretariat to engage at the PFs stakeholders from transited countries. Without their experience input, lessons learned from the current Strategy would be incomplete. Given all challenges that characterize EECA & LAC regions and our subregions, which need to be in-depth addressed while developing the next GF Strategy, we would strongly recommend to keep the 2015 % of participants from EECA and LAC regions at the PF (*i.e. 10% out of the total # of participants partaking in all 3 PFs, instead of 7% recommended for this year*) and ensuring equal commitment of all constituencies in the organization and successful conduct of these forums.

Considering the number of countries in transition of preparing for transition in EECA, we suggest to consider participation of the representatives of Ministries of Finance (or higher-level authorities). We think this important in light with the transition and sustainability, where we need political support beyond Ministries of Health.

For a better dialogue in EECA&LAC regions, we reiterate the recommendation to translate the key documents in Russian and Spanish Languages.



Strategic Performance Report

EECA Constituency appreciates the comprehensive report on GF Strategic Performance in 2019. We are content there has been considerable progress in saving lives over the first two years, and that incidence rates are declining across all three diseases. However, we should not disregard that several KPIs that are still not yet achieved or at risk of not being attained. In this respect, we appreciate the extensive consultations held in the 12th SC and AFC, complemented with Secretariat efforts to revise the methodology for KPI 6a and KPI 9c and restate the targets for KPIs 6f and 12b. We would support the four updates to be recommended by the SC & AFC for Board approval. During the spring meetings of standing committees, the EECA constituency expressed support for the updates proposed by the Secretariat. However, a broader picture of indicators performance in the CoV context is required. We would like to know how/to what extent the CoV pandemic would influence the attainment of KPIs in 2020, what is the risk appetite, and what actions are envisioned to mitigate those effects.

Moreover, it is critical for Board to discuss now and recommend alleviating actions in the case of KPI 6a and 9c. For RSSH: National Procurement Systems, the CoV proves again - monitoring OTIF & admin lead time, and making sure that countries have timely access to quality drugs at good price is vital. Thus, we would encourage the GF Secretariat to consider mitigating actions, allowing for better data collection. Subsequently, we hope a clearer and resolutely selected cohort of countries & products (scheduled for presentation in the fall of 2020) will positively impact the data collected and the KPI as a whole.

As for the KPI 9c (Percentage of UMICs reporting on domestic investments in key population and human rights programs), with due consideration for the GF limitations to leverage that, we reiterate our concern related to the poor performance of this Indicator. While we support the updated definition, we would like to be ensured that *key populations and human rights domestic investments in transition countries* will not be overlooked/disregarded under the edited KPI '*Key populations and human rights domestic investments*'. Moreover, we think it justified and appropriate for the GF to look for possibilities, engage with partners on data collection in order to measure the domestic investments in both, TB and HIV services.

Update on Communities, Rights and Gender (CRG)

The EECA Constituency appreciated the detailed report on situation of CRG, with pertinent and detailed findings. At the same time, EECA would like to stress the importance of community-led monitoring to help strengthen the CRG. So, for the next cycle, we would encourage more joint efforts from the Secretariat and technical partners at the local level.

At the same time, we think that CCM Roll-out Program can do more for CRG objectives. There are capacities and funding in this decision-making mechanism that can be used to improve the response to CRG needs and challenges, including strengthening communities and lowering barriers to access services.

We would also encourage the GF Secretariat to work with countries to strengthen the community-led monitoring and make it part of the local government plans. This should be also monitored and advocated for during the funding request development and grant-making processes.



The Secretariat for Eastern Mediterranean Constituency
At The Board of The Global Fund To Fight AIDS, TB and Malaria

EMR Constituency Statements for 43rd Board Meeting of The Global Fund

EMR Constituency appreciates the GF secretariat's efforts for organizing this board meeting virtually and measures for continuing business despite global restrictions imposed due to COVID-19 pandemic.

This pandemic has certainly changed the way we work, think and plan for future. We should consider its impacts on the health systems as well as on HIV, TB and Malaria responses in short and long terms.

We would like to share the following reflections, questions and comments on different issues for discussion during 43rd board meeting.

Focus on Community, Rights and Gender (GF/B43/04)

We appreciate the work of the secretariat for their report, however we request investment in provision of disaggregated data and providing a Deep Dive on Strategic Objective 3 for the upcoming Strategy Committee and Board Meetings, to allow us better monitor progress toward Promoting and Protecting Human Rights and Gender Equality including disaggregation of data and more information about the implementation of Community-Based Monitoring (CBM) initiative across the Global Fund (GF) portfolio.

Sustainability of CRG interventions especially after transition of countries should also be considered, to be monitored and advocated for during the funding request development and grant-making processes.

Impact of COVID-19 on Key Populations and their access to HIV, TB & Malaria services can also be investigated for further review.

COVID-19, Business continuity & the three diseases

It is well established that the health systems of many if not all countries are significantly impacted by COVID-19. In our region many countries are classified as LIC or LMIC and some countries with challenging operation environment (COE). Achieving the STC process as preparedness and increasing financial resources will be too difficult in the context of COVID 19 and after COVID-19. So, it might be relevant to discuss again STC policies in the context of COVID-19 to support countries in the fight against the three diseases. Another important consideration can be relaxing the co-financing requirement for the applications for the period 2020-2023 – instead of 20% for LMICs it can be brought down to 5% or something like that or any other figure.

For countries having to submit Funding Request during 2020 additional windows were announced to provide more flexibility. When additional windows will be announced for countries having to submit their Funding Request during 2021?

We suggest splitting the Window 3 as already done with Window 2 or maybe for grants finishing in December 2020, consider extending the implementation period to 30th June 2021 instead of 31st December 2020.



The Secretariat for Eastern Mediterranean Constituency
At The Board of The Global Fund To Fight AIDS, TB and Malaria

During the post COVID-19, the world expected economic crisis which will affect mostly LIC& LMIC, this may happen immediately and continuing for longer period. Thus, the Health System funding and the three diseases will affect with several factors (e.g. inflation), *how TGF can help in mitigate this risk.*

Office of the Inspector General Annual Report 2019 & Annual Opinion on Governance, Risk Management and Internal Controls (GF/B43/02/011)

We would like to commend the OIG for the comprehensive reports provided and emphasize on the importance of further planning for preventive interventions in all countries.

We would like also to ask about secretariat's explanations with regard to some AMA which are due for long time and the impact COVID-19 might have on those and on risk management measures.

The next Global Fund Strategy (GF/B43/05)

EMR Constituency believes that next GF strategy should focus more on integrating the response to the three diseases in a broader Resilient Health System considering the lessons learned from COVID-19 pandemic. The role of the GF should be emphasized in market shaping for public health goods and medicines, and political advocacy around global health investment to fulfill Universal Health Coverage.

Priority areas could be integrated surveillance systems, breaking down Human Rights barriers and other structural hurdles for access to health care, monitoring and evaluation, supply chain improvement, and sustainability of programs. Interventions should continue to focus on key populations and vulnerable populations (adolescents, young women, migrants, displaced people, disabled people, etc.). Improving engagement with partners and division of responsibilities can also help in this regard.

Regarding the potential impact of COVID-19 on the economy and poverty all around the world careful monitoring of the situation should be done to inform the strategy development process in relation to implications for eligibility, sustainability, transition and co-financing.

Considering the process for development of the new strategy, the current situation of global movement restrictions and shifting toward virtual meetings and discussions is a good opportunity to widen engagement with communities, stakeholders and professionals all around the world. The timelines and procedures should be reasonably modified to ensure maximum participation and consultation.



The Secretariat for Eastern Mediterranean Constituency
At The Board of The Global Fund To Fight AIDS, TB and Malaria

Global Fund Ethics Office Annual Report and Opinion (GF/B43/06)

We appreciate the endeavors of the Ethics Office for reviewing the ethical maturity of the GF. We would like to ask the secretariat and board to look into the challenges and come with plans to expedite the progress in this front. In addition, we would like to receive more analytic information on implementation of CCM Code of Conduct in the next committee and board meetings.

Governance Culture (GF/B43/07)

We appreciate the work of Governance Culture Task Force. However, we appreciate if practical solutions could be proposed for some of the recent challenges including use of virtual meetings during COVID-19. How can the Task Force continue the work initiated in order to end the process with the timeframe?



May 12th, 2020

French Constituency Statement

43rd Global Fund Board Meeting

▪ **The Global Fund's next strategy**

Regarding the strategic review process, France would like to prioritize quality and inclusion over speed. In that regard, it seems desirable that the partnership forums and a possible strategic retreat take place after the publication of the 2020 Strategic Review. The redesign of the monitoring and evaluation model is a major issue: the independence of the monitoring and evaluation bodies and their direct access to Board and committees are essential bodies.

The focus of France for this new strategy is the end of HIV, Tuberculosis and malaria worldwide. To achieve this, it seems important to rethink the way in which we measure the impact within the Global Fund, in order to allow the Global Fund to invest more qualitatively, sustainably and equitably, and to make full use of its leveraging effect to help achieving the SDG 3. No organization is better placed than the Global Fund to work with key and marginalized groups, to break down human rights and gender barriers, and to strengthen community systems. The COVID-19 pandemic also forces us to rethink the role of the Global Fund in Health System strengthening and health security.

▪ **COVID-19 and ensuring the Global Fund's activities**

We congratulate the Secretariat for the rapid and innovative adaptation of its operational modalities for HIV, TB and Malaria programs, while participating in the global response to the Covid-19 crisis in good coordination with other international partners (such as the WHO, GAVI and UNITAID and Civil Society Organisations), notably in the context of the launch of ACT-Accelerator Initiative. This coordination is of crucial importance to respond effectively and holistically to this unprecedented health crisis.

The President of the French Republic like many other European leaders, joined the call made by African leaders on 15 April 2020 for a coordinated and ambitious response to the challenges posed by the Covid-19 crisis in Africa, which calls in particular to *“strengthen the capacity of the continent to*

respond to health emergency, by providing immediate support to African health systems, through the mobilizations of all available resources through existing institutions and channels such as the Global Fund and GAVI Alliance, without however infringement of current programs”

The Global Fund has quickly enable countries to reallocate their funding or investments in order to strengthen the means to fight against the Covid-19 crisis while consolidating its actions against the three pandemics. However, the mechanism will not be sufficient if the bottlenecks are exacerbated by the health crisis. Under these circumstances, and to mitigate the risk, it is imperative to guide the Global Fund’s action by guaranteeing:

- ⇒ **The inclusion of communities, affected people and civil society** in the definition and implementation of response plans to ensure the relevance and effectiveness of measures, build trust and share information, and maintain essential services as close as possible to populations.
- ⇒ **Maintaining the fight against the three pandemics** through preventive measures, screening, treatment monitoring and maintaining access to health for all, in particular by adapting our action to ensure continued access to these essential health services at the primary and community levels.
- ⇒ **The continued strengthening of public and community health systems**, particularly surveillance and health data collection systems, laboratory networks, supply chains and training of health personnel.

In order to ensure good coordination and to strengthen the accountability of actions, the Board must be have detailed information on the programs financed by these initial flexibilities, both on the non-absorbed funds which finance these reprogramming and on the types of purchases and reprogrammed activities and on their effective delivery. It is also essential to identify and report possible blockages and hurdles in order to overcome and resolve them together.

The C19RM is a wonderful opportunity for countries; therefore it is **crucial to ensure equitable access to the resources provided by this mechanism. The Global Fund must in particular ensure that countries in greatest difficulty, particularly those with the most fragile health systems and COE countries are not penalized twice by the impact of the health crisis on their health system, the implementation of ongoing programs and the difficulty in formulating qualitative funding requests for the 6th cycle.**

Moreover, we are concerned about the feeling of competition that seems to be building up for access to funding from the C19RM. We must guarantee that this mechanism will not indirectly lead to the “first come, first served” principle.

Following the launch of the ACT-A initiative which aims at accelerating the development, production and universal and equitable access to Covid-19 diagnostic tests, treatments and vaccines against COVID-19, as well as to at strengthen health systems, we are delighted with the involvement of the Global Fund including as co-leader of the diagnostic pillar. We would like to relay concerns regarding the deployment of the use of Wambo by countries that are not familiar with the use of this portal. Training and support measures for countries must be put in place to ensure their ability to place orders.

Finally, the flexibilities implemented must remain exceptional over time and through their procedures; the core of the Global Fund's mandate remains the fight against HIV, tuberculosis and malaria.

- **Community, Rights and Gender**

It is now necessary to scale up CRG investments in all grants, starting with investments in data. The expected ramp-up of GMD, which is on the front line in the programming of country grants 2020-2022 as well as in C19RM requests, is all the more necessary in the context of COVID-19.

Indeed, key populations, women, girls and children are all the more distant from care, marginalized or even stigmatized, so efforts must be increased to reach them. Community systems are also key allies to operationalize our response strategy to COVID-19. Regular publication of data on the place of community programs in the context of COVID, both qualitatively and quantitatively, is necessary to ensure the expected accountability for this crucial dimension of Global Fund action.

- **The OIG annual report and recruitment process**

We warmly thank Mouhamadou Diagne for his excellent work throughout his five years with the Global Fund. The OIG brings a previous legacy in terms of analyzes and recommendations which we can build on. In the context of the preparation of the new strategy of the Global Fund, this report confirms the **importance of this independent institution which contributes to the continuous improvement of the functioning and the effectiveness of the programmes of the Global Fund.**

We share both the positive conclusions of the report, in particular the assessment made of the maturity at which the Global Fund has now come into operation, but also the persistence of major programmatic difficulties (improvement of prevention programs for HIV ; gap in the quality of data collection and transmission systems), as well as its strategic and operational recommendations (better adapt the implementation methods to the specific country context of each country and explore new possibilities to strengthen countries' commitment to honor their domestic financial commitments).

Regarding the recruitment process of the new Inspector General, we salute the relevance of the proposed selection process, which is inspired by the process put in place for the BLNC committee and has proven its efficiency. As the Inspector General's departure occurred before the end of his six-year mandate, we would like to know what measures could be put in place during this interim period.

United States Constituency Written Comments

U.S. Comment: GF/B43/03 The Global Fund's Next Strategy

The United States' commitment to ending the three epidemics via a multi-sectoral approach remains unwavering. As COVID-19 spreads in countries where U.S. bilateral programs and the Global Fund invest, we must remain acutely focused on ensuring those most vulnerable are both served and safely protected during the COVID-19 pandemic. The Global Fund to Fight HIV/AIDS, TB and Malaria can best respond to COVID-19 by focusing on ensuring the continuity of HIV, TB and malaria programs and mitigate the impact of COVID-19 on deaths due to the three diseases.

Indeed, U.S. investments, alongside private sector partnerships, provided the key infrastructure that has made a rapid COVID-19 response in Africa and other regions possible, most evident in the disease-specific laboratory systems investments. The Global Fund's sustained focus on the three diseases will positively affect the COVID-19 response and offer experiences to inform our future global pandemic efforts.

The U.S. investment in the Global Fund is intended to catalyze our bilateral efforts; when our bilateral efforts are jeopardized, so is the justification for the U.S. investment in the Global Fund. The United States' position is that:

- In view of the COVID-19 disruption, the Global Fund delay any post-2022 Global Fund Strategy dialogue for at least six months while the Fund focusses on mitigating the impact of COVID-19 on HIV, TB and Malaria programming and minimize mortality from the three diseases among the communities we serve. Over the next 17 months, the Global Fund Board should redouble efforts and maintain the core mandate of the Fund.
- As the COVID-19 impact on the three diseases becomes better understood, the United States is increasingly concerned that an expansion of the Fund's mandate will dilute our efforts on the three diseases and harm ongoing bilateral efforts. Because we do not yet know the depth and breadth of recovery efforts needed for HIV, TB and Malaria programming post COVID -19, any discussion at this time to expand the Fund's mandate beyond the three diseases to address a new objective is premature. We acknowledge the Fund's exceptional ability to rapidly mobilize resources but do not have confidence in the institution as the technical force to combat health security threats.
- Lastly, it is important that the post-2022 Strategy dialogue benefit from an informed review of the impact of COVID-19 on the three epidemics starting with an in-person board retreat when international travel resumes.

Current statistics on the three diseases:

1. **TB:** TB remains a leading infectious killer. For every four people on earth, one is infected with TB. Every year, TB kills 1.5 million people and infects 10 million people., Estimates now project that disruptions in TB programming due to COVID-19 mitigation measures may cause an additional 6.3 million TB cases and an additional 1.4 million deaths between 2020 and 2025. Data on TB and COVID-19 co-infection are being collected, but anecdotal information collected in high burden countries so far indicates that the consequences will be severe in terms of both TB incidence and mortality.

United States Constituency Written Comments

2. **HIV:** Recent modeling for HIV predicts that COVID-19 related interruptions in antiretroviral therapy (ART) in 2020 could result in 500,000 more HIV-related deaths in sub-Saharan Africa alone.
3. **Malaria:** Modelling analysis released by the WHO and partners show that severe disruptions to insecticide-treated net campaigns and in access to antimalarial medicines due to COVID-19 could lead to a doubling of malaria deaths in sub-Saharan Africa this year. Under a worst-case scenario, the estimated tally of malaria deaths in 2020 would reach 769,000, twice the number of deaths reported in the region in 2018.

U.S. Comment: GF/B43/03 United States government Written Statement on COVID-19 and Business Continuity

The United States appreciates the Global Fund's quick action to mitigate the negative effects of COVID-19 on investments in the three diseases and reiterates that the priority use of these funds must remain within the three diseases.

The United States is concerned that in an effort to expedite procurement, the Quality Assurance Policy is being weakened, which could have further negative effects. We encourage the Secretariat to continue exploring innovative ways to continue quality assurance.

Similarly, the United States is concerned that countries are repurposing diagnostic equipment intended for HIV/TB testing without procuring replacement machines. We noted with alarm that the majority of COVID-19 funding requests have asked for funds to procure cartridges for COVID-19 and relocating Xpert machines previously used for HIV/TB testing. As there were already issues with adequate access to diagnostic tools for TB, in particular, prior to making decisions on the COVID-19 resources, the Global Fund should work to minimize the redirection of Xpert machines and increase its investment in the diagnostic network in Global Fund-supported countries.

The United States emphasizes the unique situation COVID-19 presents and appreciates the need to act quickly and flexibly so as to not interrupt progress against the three diseases. However, we urge caution that the Global Fund, in an effort to create flexible mechanisms, not encourage nor operationalize funding streams that go beyond its mandate. The timeline as instituted is pragmatic, and we remind the Global Fund that these measures are meant to fill gaps to help countries maintain their disease programs and mitigate COVID-19 effects.

We expect to have timely and full cooperation from the Secretariat to be able to account for C19RM fund use.

U.S. Comment: GF/B43/03 Joint Agreed Management Actions and Progress Report

The United States believes the OIG's focus on program quality and in-country supply chain is appropriate. Because they are consistent themes across audits and reflect the magnitude of the underlying risk beyond any one audit, it will be difficult for the Global Fund to achieve its core

United States Constituency Written Comments

objectives without properly addressing these two areas. The United States looks forward to more in-depth discussions of program quality and performance and supply chain.

US Comment: GF/B43/06 2019 Annual Report and Opinion of the Ethics Officer

The United States appreciates the work of the Ethics Office and believes ethics and integrity to be critical to ensuring proper functioning of the Global Fund's operations. The United States is eager to see the amended policies on Conflict of Interest and the Codes of Conduct for Governance Officials and CCMs be finalized. The acceptance of the CCM Code of Conduct is encouraging, and we encourage greater discussion at the CCM level to resolve issues in a timely manner.

U.S. Comment: GF/B43/09 Recoveries Report

The United States appreciates the Global Fund's transparency on the status of recovery of unauthorized expenditures

U.S. Comment: GF/B43/10 Strategic Performance Reporting

The United States agrees that progress to end TB is not moving fast enough and reiterates that this is primarily due to limited diagnostic capacity. The United States encourages the Global Fund to prioritize resources to first and foremost support the diagnostic network to increase case-finding. Recalling the goals the Global Fund committed to at the High Level Meeting on TB in 2018, it is necessary to expand access to TB diagnostic tools.

The United States notes that the Strategic Performance Reporting Annex 1 states that Secretariat-level country portfolio reviews are conducted once per year for High Impact countries and once per funding cycle for Core and COE countries. We are concerned that this very limited frequency is inadequate for identifying performance issues and seeking solutions, particularly in COE countries.

U.S. Comment: GF/B43/11 Risk Management Report and 2019 Opinion of the Chief Risk Officer

The United States agrees with the Chief Risk Officer's assessment that more focus is needed on finding missing TB cases and reiterates our request that the Global Fund dedicate more resources toward expanding the TB diagnostic network.

The Global Fund 43rd Board Meeting: Japan Constituency Statement

The Next Global Fund Strategy

Japan appreciates the GF's inclusive stance in developing the next strategy. Japan prioritizes the following points to be included in the strategy:

1. **Strengthening health systems and achieving UHC**

The access to health services still lacks for those in extreme poverty, despite the effective and accumulated investment by the GF. GF should play a more active role in achieving UHC and effectively addressing the root causes of the deficiency, particularly through building resilient and sustainable systems for health.

2. **Contribution to the preparedness and response to public health threats**

Japan appreciates GF's decision to allocate its invaluable resources to the COVID-19 response in coordination with other international organizations. Now that we are all cognizant of the dimension of infectious disease having serious economic and political consequences, it is anticipated that discussion on prevention and preparedness for the next pandemic draws world's attention soon. We expect GF to lead such discussion building upon the lessons learned, including GF's vital role in procurement and service provision, as a main actor in health system strengthening and enhancement of community health services in the global health architecture.

3. **Acting as a hub for partnerships with donors/international organizations**

Global health governance architecture should be taken into account in strategy planning. Noting that the GF has become a major RSSH funder in most countries, it should consider to act as a hub in donor coordination in health system, involving local governments, other international organizations as well as bilateral donors. Lessons should be learned from the process and result of the Global Action Plan.

4. **Ensuring successful transition from the GF grant**

Many countries will transition from the GF grants in the coming years even if they still face challenges of weak health systems or lack of sustainable health financing. It is thus critical to support such countries in transition to have ownership in the transition process through conducting assessment and planning by themselves. This is absolutely necessary for ending epidemic.

5. Strengthening technical assistance

Partners should also jointly work to support countries preparing for transition, mobilizing domestic resources, and building capacity for sustainability. Monitoring the co-financing requirement is an important step, and coordinated actions within the implementing governments, particularly dialogues with financial authorities, should be enhanced. To achieve synergy for strengthening health systems, other financial sources such as concessional loans provided by bilateral and multilateral aid agencies could also be considered for possible coordination with the Global Fund funding.

COVID-19 Response and Business Continuity

1. Japan appreciates the Global Fund's quick and timely response to COVID-19, particularly reducing delays in procurement for medical equipment for three diseases, and taking advantage of its strength in global supply chains. More collaboration and alignment with the UN COVID-19 Supply Chain Task Force established by the United Nations in April should be explored.

2. There are some fiducial risks associated with the shortened review process for the COVID-19 components. The measures to manage those risks should be explained, its progress and result should be reported to the Board, including the issues clarified or reconsidered on at the grant flexibility approval.

The OIG annual report

Japan appreciates the quality of the OIG report including the information of recoveries and domestic commitments. Taking into account the reality in country, we request the secretariat to continue improving mitigation measures. Japan extends sincere appreciation to Mouhamadou for his excellent work, particularly the detailed operational recommendations. (End)

Germany Constituency Written Comments

Online discussion: Inspector General Selection Process (Document: GF/B43/12)

The Board document provides a very good overview of the upcoming Inspector General (IG) selection process and roles and responsibilities. In particular, we very much appreciate that the IG selection process is based on the established good governance principles such as transparency, participation and representation as well as lessons learned from previous selection processes. We would like to request clarification with respect to the timeline and due diligence process for the nomination of members of the IG Nomination Committee (IGNC): when exactly will there be a call for nomination for IGNC membership? When is the Board expected to approve the IGNC membership? We also would like to request more clarity on the due diligence process for IGNC candidates - e.g. who is conducting due diligence and when?

Online discussion: Strategy Development (Document: GF/B43/04)

We very much look forward to engaging with the Board, Secretariat and many stakeholders on the next strategy for the Global Fund. This is a **crucial time frame as we will embark on the second half of the 2030 Agenda**. We want to review the evidence, openly discuss and consider all topics that will influence the last mile of eradicating the three diseases as well as harness the potential of the Global Fund to contribute to SDG 3 more broadly, including looking at topics such as the impact of climate change, the concept of One Health, and reaching UHC. We are aware of the resource implications, but want to approach the strategy process with an open mind towards possible adjustments, including to the mandate if needed.

We thank the Global Fund for the adaptations made so far to the way forward in the strategy development process in light of the COVID-19 pandemic. While we fully agree that the strategy discussion needs to continue while the crisis is ongoing, we would like to highlight **three expectations** for the strategy development process:

1. The **effective inclusion of all relevant stakeholders, in particular civil society and communities in this process** is critical for us. The Global Fund needs to ensure that it gives sufficient space for consultation and exchange on the future of the Global Fund. This naturally applies to participation in the Partnership Forums as well.
2. We agree with others that **in-depth discussions prior to the Partnership Forums are needed to develop a common understanding** of the “level of ambition”, “appetite for changes” and “big picture direction” for the GF on its “road to 2030”. The two-hour discussion during the Board Meeting and online consultation platform cannot effectively replace the open deliberations that would have normally taken place during the Board Retreat. We therefore **urge the Secretariat to propose alternative solutions that provide room for the Board to have these important discussions** guiding the entire strategy process, to communicate the results of these discussions in a transparent and timely manner and to be as inclusive as possible. We might want to think about a virtual Board retreat on the strategy process, as the one in March had been cancelled/postponed.
3. Third, the Secretariat needs to guarantee a **transparent and predictable decision-making process** at all stages of the strategy development process and especially regarding the discussion and decision of adding or discarding topics to and from the next strategy framework.

In addition to these overarching principles, we would like to point out three **priority topics** that we see as important to consider for the next strategy.

1. **(RSSH Mandate)** We remain strongly committed to our known position that we need to elevate and sharpen the **Global Fund’s role and mandate** regarding the building of **resilient and sustainable systems for health (RSSH)** in the next strategy. We believe that the Fund has an immense amount of expertise, experience and networks that it

should harness and act upon. In our view this entails moving towards a significantly **more comprehensive approach to RSSH that will bring us closer to achieving our goals in a sustainable way**. We do not see this investment as a trade-off to fighting the three diseases, but as a prerequisite to reaching the SDGs, universal health coverage and eventually eradicating the three diseases.

The current pandemic outbreak underlines the need for robust and inclusive health systems to effectively prevent and respond to new disease outbreaks, while protecting progress made to improve health outcomes. We believe that we should further **explore how the Global Fund can contribute to pandemic preparedness**. This means that we need to think across sectors, as foreseen in the **One Health** approach. Factors such as health and climate change, environmental factors as well as animal health are key drivers of pandemics and need to be considered in strategic deliberations. We see great value in systematically assessing where and how this approach fits within the Global Fund's mission.

We need to think more broadly about health and community systems and make sure **investments in fighting the three diseases create positive spill over effects for multiple disease programmes and reinforce countries' national systems**. Over the past two years various reviews assessed how to achieve the Fund's RSSH objective by 2022 and resulted in the development of the RSSH roadmap to improve the quality and impact of RSSH interventions. Preparing for the next strategic cycle, we need to learn from the implementation of the roadmap, and need to develop a common understanding and vision for the Fund's future role in RSSH based on the Global Fund's comparative advantages and in coordination with others.

From previous discussions we understand that the Fund considers a strong focus on health information and data systems, procurement and supply chain management (PSM), and human resources for health (HRH) as important areas to achieve its core mission. **But, are these the three areas where the Fund really has its comparative advantages?** If that is the evidence, the Fund must ensure that its investments in RSSH are not exclusively vertically used to fund short-term activities (e.g. salary support) but based on demand-driven analyses that consider different stages of the health systems development continuum according to the country context (i.e. from start-up and support to strengthening and sustainability). Facilitating this will require the Global Fund partnership not only to create predictable space for RSSH, but review its business model for example in terms of grant structures and durations, strengthen RSSH capacities in country dialogues and at Secretariat level, and overcome discussions of trade-offs.

2. **(Community Engagement)** The Global Fund has recognized the engagement of civil society and communities as key to advance the fight against the diseases in its current strategy. The principle of leaving no one behind is critical to us and we need to increase investments to **reach people who are structurally marginalized**. To this end, we need to increase efforts to break down human rights and gender related barriers to health services. As we are off track regarding incidence reduction, we need to put a special focus on tailoring prevention services to people's needs. **Communities and civil society** are at the core of these efforts and need to remain an intrinsic part of the partnership. The next strategy needs to reflect the scaling up of community-led programmes as an important priority that should be integrated more routinely within funding requests so that sufficient resources are available for these important programmes.
3. **(Cooperation/Alignment)** We see the Global Fund as a key organization in the global health landscape, working with the UN and other international organizations according to individual mandates and comparative strengths. The SDG 3 Global Action Plan for healthy lives and well-being for all is a key initiative to improve the ways of working together within the global health architecture and beyond. Achieving better alignment and coordination at the country level and reducing transaction costs for partners are key priorities for us. It is

therefore surprising to us that the strategy development document for this Board meeting does not refer to the potential of the **SDG 3 Global Action Plan (GAP)**. It is our expectation that the commitments of coordination and alignment made through the GAP will be an **important principles of the post 2022 strategy and are reflected** within the strategic performance reporting framework.

Online discussion only: Governance Culture (*Documents: GF/B43/07 und GF/B43/08*)

The German Constituency would like to **thank the Ethics and Governance Committee (EGC) and the Task Force** for the update on the Governance Culture Initiative. It does not come as a surprise that building **trust is key** in order to achieve the desired state of Governance Culture at the Global Fund. In this light, we very much **agree with the Task Force's approach, which identifies trust as the first key priority** that deserves immediate attention. In this light we have three comments:

1. We need to consider **that improving trust takes time**, which also means that **we need to carefully consider the timing of implementing the suggested activities**. With respect to the activities to simplify the roles and responsibilities of the Committees, the Board and EGC might need to reflect whether we already have an appropriate level of trust to implement a certain activity or not.
2. Furthermore, we would be interested in better understanding the **interconnectedness of the Governance Culture Initiative** with others. For example, how will the Governance Culture Initiative be **linked to the ongoing CCM Evolution Initiative** to strengthen the capacities of country coordinating mechanism? As the Governance Culture Initiative also aims to develop a shared understanding of risk, it is important to take into account the critical role of strong CCMs **in the equation to set the right balance between financial and programmatic risks**.
3. To enhance *trust*, the Task Force recommends finding **"opportunities for a better understanding between Secretariat and Governance Officials to understand and respect their different roles and responsibilities."** While we generally support this suggested action, the description is rather broad and vague. Are there any **concrete ideas or suggestions from other Board members, the EGC or the Task Force?**

Online discussion: Covid-19 Response & Business Continuity (*No Document received*)

We would like to stress our **appreciation for the swift action** that is being taken by the Secretariat to react to COVID-19 and ensure direct response to the pandemic and prevent health systems from collapsing as well as protect the fight against three diseases from indirect impact. We need to monitor the situation closely and be ready to take further action. While we have to move fast, we need to ensure that we **collect evidence of what is working and what is not so we can learn from the reaction and impact of this crisis for the future**, including the Global Fund's strategy. While speed is important, we must make sure safeguards are in place and misuse of resources is prevented. As of today, we can already make four observations:

1. **(COVID-19 and Strategy Development)** COVID-19 potentially highlights the vulnerability of progress made towards the three diseases when health systems come under stress. We need to carefully review what this means for the future strategic direction of the Fund and its ability to build resilient health systems and react to such crises as we move towards the 2030 goal line. **How and to which extent will COVID-19 inform the Fund's strategy development process and how do we react and learn at the same time? However**, while it is crucial to ensure that the gains we have made are not reversed, the **pandemic** should also not be the main **driving force** behind our strategic thinking.
2. **(Leveraging the Fund's Strengths)** The Global Fund is effectively applying its comparative strengths and is taking a leading role in the global COVID-19 response. These include, amongst others, the Fund's well-established relationships with governments, civil

society and other funding and implementing partners as well as well-functioning structure for the procurement and fair distribution of drugs, diagnostics and medical supplies. The Global Fund's prominent voice in the global health landscape put the Fund in a good position to advocate for and facilitate a **fair distribution** of medical supplies against COVID-19 especially with regards to the **most vulnerable people** which need to be identified and included in the COVID-19 response. This is why the Global Fund is one of the main partners for Germany's global response to COVID-19.

3. **(Collaboration)** We welcome the Global Fund's participation in the WHO-led **Access to COVID-19 Tools Accelerator** (ACT) and other fora, and would like to discuss how collaboration between the Fund and other actors in global health can be improved to increase synergies and avoid **fragmentations, duplications and inefficiencies**. Moreover, we would like to discuss how e.g. the new ACT structure and already existing frameworks such as the **SDG 3 Global Action Plan for healthy lives and well-being for all can work hand in hand** and be applied here.
4. **(Civil Society/Human Rights)** Reaching **communities and key populations** is a critical component in the response to COVID-19. Especially as the outbreak exacerbates persistent challenges such as stigma and discrimination in the health sector **that affect already marginalized groups the most**. We would welcome further details from the Secretariat on how to ensure this.

Online discussion only: Risk Management Report & Annual Opinion of the Chief Risk Officer (Document: GF/B43/11)

We congratulate the Fund on the measurably improved **risk profile of the organization over time and on reaching an "embedded" level of maturity for risk management, internal controls and governance in 2019**. This is an important condition to successfully start off the 2020-2022 allocation cycle. We would like to make the following four comments on the report:

1. **(Resilient and Sustainable Systems for Health)** We welcome that the report recognizes the building of resilient and sustainable systems for health (**RSSH**) as a key driver to achieve sustainable impact against the three diseases. This should also remain a **top priority during the strategy development**. In this context, the report also mentions the positive impact of the **RSSH roadmap**. However, we have also seen during the country dialogues that the integration of RSSH measures within funding requests seems to be a challenge. We would therefore appreciate an **update on the roadmap's implementation**.
2. **(Human rights and gender equality)** We highly welcome that **human rights and gender equality** are part of the key thematic risk areas and receive attention at the highest management level. Especially when looking at **HIV prevention**, Global Fund supported programmes need to put an even stronger focus on key populations and adolescent girls and young women in order to continue achieving results. It is vital that capacities within the Secretariat and at country level are strengthened to ensure that the importance of this topic is reflected within funding requests.
3. **(Supply Chains)** Robust **supply chains** are a prerequisite to ensure access to qualitative medicine for people living with the diseases. This is especially challenging when countries are transitioning out of Global Fund support. Several OIG audits show that there still is much room for improvement in supply chain management in order to **prevent stock outs and expiries**. In addition to that, **sustainable waste management** of commodities supplied to countries is key. We would welcome further thoughts and ideas by the Fund to facilitate this.
4. **(General)** While we are aware that the risk management report focuses on reporting for 2019 and risk trajectories for COVID-19 are difficult to predict, we would like to ask for an update in this regard as soon as possible.

Online discussion only: Annual Report and Opinion of the Ethics Officer (Document: GF/B43/06)

We **would like to thank** the Ethics Officer (EO) for his valuable insights and opinion in this report. We consider ethics as a cornerstone to advance the Global Fund's mission to fight the three diseases and welcome the progress made so far. However, as the EO has only been established 3 years ago, a lot remains to be done in order to achieve an **embedded maturity of ethics and integrity** and its related activities at Secretariat, Governance as well as Country level. We have three comments:

1. We **support** the EO's efforts to integrate ethical considerations and values more comprehensively into decision-making. The improved **due diligence** process during the **Board Leadership** selection and establishment of a due diligence process in the selection of all **Governance Officials** enhances not only the governance culture but also the trust in the Fund's selection processes. We are glad to see this approach reflected in the process for the OIG Nomination.
2. We **appreciate** the efforts by the EO to **address ethics** issues and integrity at the **country level** as well. This reflects the **principles of partnership** and **country ownership**. We **encourage** the EO to continue this important work and look forward to the next steps in this regard.
3. The EO states that a stronger focus on **prevention of issues through awareness-raising** is needed **rather than containment** after the event has already occurred. We **look forward** to more concrete information and conversations in this regard.

Finally, we **note the expected delays** for achieving embedded maturity of ethics and integrity issues. The timeline for the management actions has been agreed on **before the current COVID-19 outbreak**. We expect the EO to keep us informed on how exactly COVID-19 impacts the agreed management actions.

Online discussion only: Annual Report on Community, Rights and Gender (Documents: GF/B43/04 und GF-OIG-19-023)

We welcome this **comprehensive report by the Community, Rights and Gender (CRG) Team**. For us, community engagement, human rights and gender equality represent core principles of the Global Fund's work. Despite progress, the level of change which we have achieved in the areas of community systems strengthening, human rights and gender equality is not yet where it should be to meet established needs and the Fund's objectives. In this context, we highly appreciate the measures pointed out in the management response to the OIG advisory review. We would like to make the following comments:

1. **(Prevention)** Performance reporting shows that we are **far off track** to reach our targets on incidence reduction. In this light we need to increase efforts to **reach key populations and adolescent girls and young women with comprehensive prevention services** even further. The risk management report also points out this area as a key concern. How is the Secretariat planning to address these issues, especially in light of increased difficulty of community outreach due to the measures to respond to the COVID-19 outbreak?
2. **(Community Engagement)** Reliable and disaggregated data is key to tailor services to peoples' needs. The report's emphasis on the potential of **community-based monitoring** is therefore highly appreciated. This is not only a means to provide data but also to **increase accountability and transparency across the portfolio**. In this context, it is important to acknowledge that interventions should not only involve communities but also be **led and implemented** by community structures.
3. **(Secretariat Capacity)** We much welcome the efforts already taken by the Global Fund and its partners to effectively scale up CRG investments and programming, such as the *CRG Accelerate Initiative*. We are wondering how the CRG department staff is dealing

with these heightened responsibilities in view of already high workload. The management response to the OIG report mainly mentions that additional experts will be placed within the Grant Management Division. **Is a further scale up of the CRG department planned as well?** According to the management response, the mainstreaming of lessons learned from the *Breaking Down Barriers Initiative* has started. **How will the Secretariat ensure an effective but less labour-intensive roll out across the portfolio?**

Finally, we would like to emphasize that the community engagement, human rights and gender equality represent core principles of the Global Fund's work, which was reaffirmed by the management response. **We would like to reiterate that we expect this to be reflected at the highest level in the post-2022 strategy.**

Online discussion only: Strategic Performance Reporting - 2019 year-end results (Document GF/B43/10)
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We very much appreciate the detailed strategic performance report and the inclusion of specific country data on certain Key Performance Indicators (KPI). This is crucial to understand the bottlenecks across the portfolio. We have the following comments:

1. **(Incidence Reduction)** We remain **concerned** that the **projected decline in incidence rate of 16% in 2022 is substantially lower than the 34% strategy target**. It is important to explore innovative ways beyond the existing measures to lower the incidence rate. New techniques and technologies developed for the global COVID-19 response should be screened for their value to reduce incidence in HIV, TB and Malaria. This needs to be accompanied by a scale up of **efforts to reduce human rights and gender related barriers to services**.
2. **(Health Information Management Systems)** To deliver such services, **health systems** need to be further strengthened and **equipped with the digital tools** to assist with timely data collection as well as the use of data to better target interventions to where they are needed. While impressive progress has already been made in many countries, only a reliable digital health infrastructure can ensure **representative reporting** and **prevent overburdening of health care staff** with parallel paper-based record systems. Could the Secretariat elaborate on plans to assist countries in developing strong and **reliable digital health and data reporting systems, including in transition countries where the Fund has less leverage?**
3. **(Key populations and human rights)** Even though KPIs that look at Key Populations (KPI5), and Prevention among Adolescent Girls and Young Women (KPI 8) are not being reported at this Board Meeting, we are concerned that there was underperformance in 2019. KPI 9 reporting on investment in human rights programming is also lagging behind regarding the target for TB programs and domestic investments in human rights in transition countries. This illustrates that the GF still needs to scale up investments in these areas in the current funding cycle. Human-rights based delivery of services that are non-discriminatory is crucial to empower individuals to take protective measures and access care.

Online discussion: Update from the Technical Review Panel (No Document received)

Knowing that the **update session** of the TRP will be brief and without a written report to refer to, we wanted to use this opportunity to **share some preliminary thoughts and questions**:

1. **(COVID-19):** What are the TRP's impressions regarding the effect of **COVID-19** on the application process, after **Window 1** for 2020-2022 applications has been closed? Specifically, is there a change in the **quantity** and/or **quality** of applications? Did country use of the offered flexibilities meet your expectations? Is there an expectation that more flexibilities will be needed beyond what is offered so far, possibly continuing **throughout the allocation cycle?**

2. **(RSSH):** At the last Board meeting, you shared your **observations on the 2017-2019 allocation cycle**. One of our main concerns following your report was the increasingly vertical use of funding for **resilient and sustainable systems for health (RSSH)** in single disease programmes. Do you consider your recommendations to address this issue reflected in the **new funding requests**? What are your overall impressions around the **quality and focus of applications for RSSH activities** in Window 1?
3. **(Prevention/Human Rights):** The strategic performance report showed that stronger efforts are needed to **lower incidence rates**. This calls for innovative and targeted measures for key populations and adolescent girls and young women but also measures to reduce human rights related barriers to services. Do you see these and other needs reflected in the new funding requests?

Online discussion: Office of the Inspector General Annual Report 2019 & Annual Opinion on Governance, Risk Management and Internal Controls (Document GF/B43/02, GF/B43/03 and GF/B43/09)

We would like to **thank the Inspector General for his informative annual report**. We **appreciate the OIG's efforts to proactively approach new and growing risks** to Global Fund programmes, e.g. the **recent increase** in cases of **salary fraud** or acts of **cybercrime**. The OIG investigation on salary fraud proved that the Fund needs to develop new strategies to react to these developments, but also underlined the OIG's vital function in safeguarding the Global Fund's mission.

This also applies to the early thinking around the OIG team's "**proactive engagement**" to **advise and support the Global Fund's COVID-19 response**. We appreciated the chance to hear the Inspector General's first thoughts on this in the virtual presentation and agree that this is the right time to use **OIG staff's expertise and skills** in line with the "**shared purpose**" of all Global Fund staff **across departments**, especially as reports of **illicit financial flows** have troubled the COVID-19 response across the globe. **Could you share more information on where and how exactly OIG staff will be deployed?**

With reference to the five strategic themes highlighted in the OIG assurance work in 2019, **we would like to make three points:**

1. **On prevention**, we recognize the challenges of evaluating if we are using the right approach, and when we need to course-correct. The development of a **Monitoring and Evaluation (M & E) framework for interventions for adolescent girls and young women (AGYW)** is highly welcome, as are the ongoing **outcome studies** on this issue.
2. **On domestic commitments**, it is **concerning that there are limited defined processes and guidelines** to measure specific commitments from countries. The Global Fund will have to explore options for holding countries accountable.
3. **On grant implementation, weak coordination between national and subnational level** has come up repeatedly as an issue. It is vital that implications of countries' national structures on grant success are **considered more strongly in the design of grants**.

In addition to our comments provided for the OIG report, we would also like to share the following points:

- **(OIG 2019 AMAs Progress Report)** We note that the **COVID-19 pandemic** has far-reaching implications, including on Global Fund's programmes who fall behind on their outstanding AMAs due to more critical activities. That said, **careful prioritization** is needed here. **On the contrary to what the report states** on page 3, negative effects of the COVID-19 pandemic are also **seen in several long overdue AMAs**, and in some cases the consequences of unfulfilled AMAs could be far-reaching.
- **(Recoveries Report)** We welcome the **continuous positive trend** in recovering non-compliant expenditures. **However**, the report showed **weak processes around**

identification, monitoring and reporting for **OIG-** and **non-OIG** identified recoveries, and a **lack of adherence** by Country Teams with policies and procedures. If hardly any of the Country Teams are able to meet the timeframes and deadlines of the recoveries process, **are they realistic?** And if they are, how can the Grant Management Division and Country Teams be sensitized on adhering to the processes and guidance in place? **We did not feel this aspect was addressed sufficiently in either this year's or the 2016 OIG report.**

Online discussion: Update from the Executive Director <i>(No Document received)</i>
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- **(General)** We look forward to the update from the Executive Director (ED), which is a welcome opportunity to **reflect on the progress achieved and the challenges ahead** in this difficult time for the Global Fund. We would have appreciated the opportunity to read the ED's report in advance; however, we understand that the current dynamic circumstances require flexibility from all of us.
- **(COVID-19)** The past year has brought a **highly successful 6th Replenishment** for the Global Fund, and with it a lot of responsibility to deliver on our ambitious goals for the coming years. **This year** brings a whole **new set of challenges**. We would appreciate to hear the ED's view to what extent COVID-19 will change the Global Fund and **how the Global Fund is handling these challenges so far**, where the ED sees major gaps and potentials, as well as whether and, if so how, COVID-19 changes the **overall trajectory** the Global Fund is on.
- **(RSSH)** As you know, we view strong national health and community systems as a prerequisite to step up the fight against three diseases and achieve the goals of the agenda 2030. **This has become clearer than ever in light of the COVID-19 pandemic.** We would be interested to hear where the Global Fund currently stands **on translating the RSSH roadmap into impactful, high quality RSSH investments** in the coming allocation cycle. What is the Fund doing differently this time around? Has progress been made on changing the **internal work culture** to foster collaboration and **cross-cutting, embedded thinking** around RSSH?
- **(Global Action Plan)** We appreciate the planned update on the Fund's activities within in the context of the **Global Action Plan**, as we see **higher transparency and accountability** as vital to a successful implementation of the GAP. We are glad to see that the GAP spirit is put to good use in the COVID-19 context within the Sustainable Financing Accelerator but would especially like to hear how the Global Fund is engaging in other GAP working groups where it can also add value as an experienced actor (e.g. civil society and community engagement).
- **(ACT Accelerator)** We would welcome information on the set-up and functioning of the new Access to COVID-19 Tools (ACT) coordination mechanism and implications for Global Fund management and resources in this context.
- **(Secretariat)** Lastly, **we cannot overstate our appreciation and thank** the ED and Secretariat for the work done in recent weeks to ensure the **Global Fund's programmes are as protected as they can be given the exceptional circumstances**. We can imagine the amount of work the Global Fund team has put in and would appreciate it if you could touch briefly on the issue of the **Secretariat's work load**. Which measures are discussed to protect staff, in light of this **likely long-term** additional pressure?

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LAC Delegation Constituency Statement to the 43rd Board Meeting of the Global Fund

1) COVID-19 and Business Continuity

Among the impact of **COVID-19**, including the socio-economic and epidemiological changes, requires us to urgently apply **Business continuity plans at different levels**. Several issues, including those LAC has highlighted below, should be carefully assessed and addressed.

Governance:

EGC members reflected on the importance of mature and flexible governance during their Committee meeting in March. It was noted that there is need to ensure business continuity, contingency planning and leadership stability that are cognizant of the new operating environment that has emerged as a result of the COVID -19 pandemic. The Committee further noted that there may be value in the Board adopting exceptional arrangements.

Operational:

EGC advised the Secretariat to focus on delivering on and minimizing risk to the organization's core mandate, being flexible and responsive to the critical needs of implementer countries and coordinating with partners on the global COVID-19 response. The Secretariat has considered the impact of COVID-19 on Global Fund's investments and progress made in addressing the three diseases. The unprecedented challenge will require the Secretariat to be opened to more flexible and pragmatic operational modalities while continuing to prioritize impact delivery in the final year of the Fifth replenishment grants and preparations for the next strategy and funding cycles.

The LAC Constituency delegation congratulates the Executive Director and Secretariat for their early and timely involvement on COVID-19 response as well as for the huge effort in providing a balance response to COVID-19 without deviating from the GF's core mandate and protecting HIV, TB and Malaria program delivery.

Financial:

On 4 March 2020, the Global Fund issued COVID-19 guidance allowing countries **to use up to 5% of approved grant funding** to help protect vulnerable communities and to support their response to COVID-19, thus **making available up to \$500 million** through grant flexibilities.

On 9 April 2020, the **Board unanimously approved two time-bound**, extraordinary decisions to **ensure business continuity** and the delivery of the core mission of the Global Fund (GF/B42/EDP10) and to make **additional funding available of up to US\$500 Million** (GF/B42/EDP11) to respond rapidly to the COVID-19 pandemic and mitigate the negative impact of the pandemic on HIV, TB and malaria programs and systems for health.

Nevertheless, we would like to recall a special request highlighted by the AFC during the last meeting in March advising the Secretariat to continue further operationalization of the risk management approach, particularly related to procurement; foreign exchange and investment as well as conversion of pledges.

Epidemiological:

The Potential impact of different disruption scenario on AIDS, TB and Malaria has been frequently assessed:

- Recent modelling from WHO and partners looked at the potential impact of different disruption scenarios on malaria burden and noted that severe disruptions in access to insecticide-treated nets (ITNs) and antimalarials due to COVID-19 could double the number of malaria deaths in 2020 and undo almost two decades of progress.
- Research commissioned by the Stop TB Partnership anticipates that between 2020-2025 an additional 6.3 million cases of TB, accompanied by an additional 1.4 million TB deaths, would occur, effectively reversing gains made in the last 5-8 years.
- Recent Imperial College modeling suggests that the impact of disruption to HIV services is projected to be uppermost in the highest prevalence settings and are modeled to cause increased deaths from AIDS in future years.

LAC Constituency welcomes the Global Fund ongoing actions under COVID-19 Response Mechanism as well as the Grant Flexibilities to protect Global Fund's core mandate of ensuring adequate response and program continuity. We also would like to congratulate the Executive Director and the Global Fund Secretariat for their commitment and early measures to mitigate the impact of COVID-19 on health product supply chains and to accelerate access to COVID-19 commodities including diagnostics, laboratory commodities, and PPE; as well as for their involvement in the development, production and equitable access to safe, quality, effective and affordable COVID-19 diagnostics and therapeutics, and coordinated work on vaccines. We would also like to note the ED's proactive commitment to working with partners to determine how to best engage with companies to respond to COVID-19, while protecting existing diagnosis availability for the three disease programs.

Finally, we would like to call attention to the potential post COVID-19 setting that relates to eligibility due to the pandemic's negative impact on the three diseases and the foreseen economic recession and impact on GDP:

- Due to the COVID-19 social, economic and health impacts, several countries in the LAC Region will have their eligibility re-qualified and their grants transition readiness will inevitably be affected. The upsurge of concentrated epidemics will be associated not only with the economic impact but also programs implementation (i.e. HIV/AIDS, Malaria and Tuberculosis). The Global Fund should support development of each COVID-19 related Grant Business Continuity plan that is informed by past experiences on epidemic resurgence (i.e.: Cholera, Ebola, SARS, MERS).
- Unexpected or cyclical changes of national authorities, Grant implementers and focal points at Country and Regional level related to the instability that would have been created by the pandemic with the potential loss of experienced manpower. Back up measures to re-engage and retrain national staff should be analyzed.

2) Global Fund New Strategy Development process:

The review of lessons learned from previous Partnership Fora provides the opportunity to identify critical and relevant issues for the New Global Fund Strategy development. Under the assumption that the current Vision and Mission will continue to be relevant, the new strategy will ensure adequate response to and accelerated progress towards ending the three diseases and contributing to the overall achievement of the SDGs and the Agenda 2030.

Concerning the duration of the new Strategy, we may consider the extension to 2030 with a mid-term review to accommodate the Replenishment cycle and to be able to adjust the Strategy, if necessary. This will allow for alignment with the Global agenda on development which is most likely to be reviewed against the impact of COVID-19.

The process for the development of the Strategy should take into consideration systematizing findings and recommendations of relevant reports and inputs including OIG, TRP, TERG and other Partners' reviews and evaluations. The impact of COVID19 and the new scenario related to the socio economic and epidemiological changes should also be considered.

Regarding engagement, the participation of the extended GF family in the process at different levels, especially at Country and Regional level should be of paramount importance. We recommend the use of specific surveys and consultations on key issues to ensure that outreach to different actors in the process is most productive. The post COVID-19 situation will generate many reflections around public health policies, strengthening of the preparedness and response capacity, community engagement, supply management and the commitment to more intercountry collaboration and solidarity. The experience of the current pandemic will demand greater alignment between National Health Plans and GF grants, ensuring that funding is effectively providing for RSSH and stronger emergency response capacity. The CCM/RCM roles, composition, and placement in the National Health Plan decision-making level should be reviewed to properly address these new demands taking some of the CCM evolution project recommendations.

Strengthening the M&E Framework in the new GF Strategy is mandatory after the delays we have experienced in relation to the definition and achievement of some KPIs.

About the consultation modalities to address the new Strategy Development:

The LAC representation includes in its Work Plan a consultation process using surveys on experiences and contributions from implementing countries and their partners aimed to provide in-depth information and inputs to consolidate an evidence-based document. LAC Constituency members and key partners will participate in the development and implementation of the survey, including the questionnaires content related to: STC, financial capability, Monitoring and Evaluation, Civil Society/community based response and bridge funding, Grant business continuity plans and countries' eligibility and transition readiness in the new COVID-19 pandemic scenario.

In this regard a LAC Steering Committee is being promoted with the main stakeholders such as: a) Global Fund LAC Regional Manager and country teams responsible for country and regional grants; b) representatives from Civil Society networks and technical partners such as PAHO/WHO and UNAIDS; and National Health authorities. The LAC Steering Committee will have fluid and constant communication and consultation with other sub-regional structures, PANCAP/CARICOM, SICA/COMISCA and ORAS/CONHU Andean Region, to include and coordinate all countries in the LAC Region. This will improve LAC Constituency information sharing, consultations, outreach efforts and relationships between GF Secretariat, the LAC representation to the Board and the beneficiary countries. Furthermore, we are assessing the capacity of our existing LAC platforms to manage this and to determine what are the most effective communication tools needed.

LAC Constituency agrees on the identified need to delay Partnership Forum discussions to the beginning of 2021 in line with the evolving COVID-19 epidemiological information, normative and country guidance as set forth in GF/B42/EDP12.

Priority topics for the Partners constituency

- **Strategy Development**

- The next Global Fund Strategy will need to take into account the new realities and expectations of the post-COVID global health landscape. If disruptions have a significant impact on the ability of countries to fight AIDS, TB and malaria, as models suggest, the strategy will need to carefully choose appropriate and achievable milestones to help get countries back on track.
- In the context of the COVID-19 pandemic, we urge that we maintain flexibility to make changes in the developing strategy depending upon the eventual impact.
- The partner constituency urges that we maintain our core mandate of ending the three diseases by 2030, whilst learning lessons on how to better support a strengthening of the health system. We believe that especially for the health systems support a more directive/prescriptive approach may assist in obtaining clear outcomes.
- The SDG targets and other milestones, the realities of 2020, the epidemiological situation, the global health architecture and the COVID impact might lead to need to address the diseases split in its current format. From the Stop TB Perspective this is an imperative process.
- The Partners Constituency urges the Global Fund Strategy Committee to ensure that the methodology used to allocate resources among diseases, RSSH, and to countries is careful, transparent and deliberate. We urge that this discussion does not focus only on the disease split, but comprehensively on how countries are allocated resources to maximise impact with alternative options explored.
- We note that in the context section, point no 5, there are mentioned examples from WHO report on UHC and Lancet commission report on Malaria, **no mention on Lancet report on TB or Global Plan for TB**. We suggest that this be included.
- Specific points:
 - From a TB perspective, one of the biggest challenges continues to be providing everyone with access to newer diagnostic tests and getting rid of microscopy. Countries' limited allocations for TB prevent them from being ambitious enough in their planning for new diagnostic scale-up.
 - As countries will be expected to increase their domestic contributions towards the TB response. GF should use its leverage to require countries or reward them when they buy new diagnostics through pooled procurement mechanisms or directly from suppliers instead of through national distributors that mark up prices.

- Point-6: we consider it important to include an emphasis on greater investment in private sector engagement for care for the three diseases - getting better diagnostics at lower prices into the private sector continues to be a significant gap in the TB response, and GF can play a role in supporting country initiatives that introduce new diagnostics at low prices into the private sector. Faster introduction and scale up of new diagnostics, innovative digital solutions for patient support and programme management, new treatment and prevention strategies.
- Global Fund RSSH investments are currently placed in many areas and the few successes that are highlighted seem to be standalone projects whose overall impact on the health system is doubtful. In view of the huge gaps in health systems in many high burden countries, an approach that identifies prioritized areas of focus for RSSH is more advisable.
- Forward looking, greater focus on focus gaps in TB prevention & in DR-TB treatment as some of the biggest challenges to reaching the 2022 and 2030 targets for TB.

- **Covid-19 Response & Business Continuity**

- The Partners Constituency supports measures taken by the Global Fund Secretariat and Board to quickly mobilise a response to COVID-19 and support countries in responding to the novel threat while continuing vital programmes to fight AIDS, TB and malaria through the recently introduced flexibilities. Modelling for the impact of the crisis on the three diseases has been a wakeup call for our respective communities - with worst-case scenarios threatening an increase of additional 6.3 million people with TB and 1.5 million deaths due to TB by 2025 and a doubling of malaria mortality, rolling back two decades of progress against malaria and 5-8 years of progress against TB.
- We have already seen many best practices including for malaria reprogramming LLIN campaigns to ensure they go ahead during the pandemic.
- In TB, testing for both TB and COVID is done in few countries with obvious benefits for both. In a few other countries, there are plans to ensure contact tracing is done by using the tools and methodology to be used for both TB and COVID. This is very positive. Less positive and with significant negative impact is the re-purposing of TB tools and platforms – diagnosis, vans for contact tracing purely for COVID – leaving TB programmes in limbo.
- In responding to the crisis, the Partners Constituency recognises that the need to act quickly must be balanced with respect for existing governance mechanisms at the global, regional and country levels. For example, the involvement of partners in a rapid review of submitted funding requests, in a similar mechanism to that seen through the GAC.

- Efforts to support the response to COVID-19 by the Global Fund have been critical in mitigating potential disruptions to health systems, commodities, and delivery. It is essential that we ensure that impact for the three diseases is maintained. Contributions to the COVID-19 response should be anchored on a strategy that protects the gains that have been made against the three diseases, rather than the current approach which in several countries is more inclined towards filling the gaps in the countries' MOH COVID budgets.
- We should note the significant impact that COVID has on TB communities, as informed by the 33 members for the Civil Society Constituency to Stop TB Board, from 25 different countries:
 - Delays or barriers accessing testing and treatment – resulting in reduced diagnosis and notification, increased risks from having to visit health facilities for TB services, TB services conversion to COVID, increased MDR TB, reduced community-led services & increased vulnerability of health workers & CHWs
 - Limitations in accessing services that respond to adverse treatment effects, nutritional support, psychosocial support and counselling, economic support, legal support to respond to isolation, stigma and discrimination
 - Engagement of TB affected communities in national decision making and Global Fund proposal prioritization and development- noting the limited coordination among TB communities in many countries.
 - We would also like to highlight that the impact of the pandemic will also impact on other issues being discussed during the board meeting including support to GF funding requests, the need to update the risk register, the potential impact on achieving the KPIs, and also how difficulty in monitoring may impact for example OIG outcomes.
 - On a more concrete note, it would be useful if GF clarifies its QA policy for diagnostics, so countries and partners know what can be bought with GF funds.
 - Stop TB has been guiding TB programmes on which platforms for Covid testing would allow for opportunities for multiplexing with TB testing. Stop TB has also been stressing the need to ensure that testing capacity matches the need, so that use of existing equipment especially GeneXperts is sufficient to allow for continued TB testing.
 - GF support of procurement of Covid testing equipment that can be used for multiplexing TB (or HIV viral load or EID) would make sense for the GF to prioritize, especially if Covid testing needs will decrease in the future. From a TB perspective, this would mean BD Max, Abbott m2000, Truelab (Truenat), and GeneXperts.

- **Online discussion only: Annual Report on Community, Rights and Gender**

- The Partners Constituency looks forward to continued improvements in CRG approaches pursued by the Global Fund and looks forward to further participating in this process to ensure that these initiatives are as applicable to relevant disease areas as possible.
- From Stop TB we have a separate word document on it – will share with you as well.
- The CRG report does not make very visible the progress made in CRG area by TB through the work of Stop TB and many other partners as a major step towards reaching the GF strategy targets and UNHLM TB targets. In the *Looking Forward* sections, the report does not express how the current gains and achievement in CRG will be maintained and how we can build together, as partners, on the work done in the current funding cycle, including through SI.
- Need to stress the need for investment in CRG and Stigma for TB in GF grants. More countries need to be engaged for community led responses including community-led monitoring. Most of the funding requests under this head is going to basic service provision by communities/NGOs and not for activities to address gender, legal and stigma related activities and affected community empowerment and monitoring services accorded to the key population by communities themselves. This needs to be addressed. Also on TB it is important to note the growth of 7 global and regional networks in addition to the 3 Civil Society delegations to the Stop TB Board (33 reps from 25 countries). These can be the point of reference to stronger global fund CRG engagement and alignment with priorities of people affected by TB 2.

- **Update from the Technical Review Panel**

- From the TB perspective, overall countries need to be very ambitious in scaling up TB testing to meet UNHLM targets. From the Stop TB review of draft Funding Requests, we were disappointed to see that very rarely was there inclusion of newly available TB diagnostics and new recommendations:
- WHO issued a rapid communication in January about the Molbio Truenat rapid test, yet only a handful of countries included this new point-of-care test in their draft Funding Requests.
- The same WHO rapid communication also made reference to use of Xpert for stool testing. Almost no draft Funding Requests made reference to this method. Most countries appeared to be more interested in pursuing nasopharyngeal/nasogastric aspiration of children instead of simply testing their poop.
- The WHO updated recommendations on LAM testing published in November 2019 were widely ignored. Countries should be broadening their use of LAM testing to include all PLHIV with symptoms of TB, with the currently available

LAM test as well as the even more sensitive LAM test that is expected to be available soon and for most of the funding period. Instead there was modest proposed use and budget for LAM testing.

- While it was too late for Window 1 preparations, in March the GF ERPD also approved two new diagnostics for procurement with GF funding: Abbott Realtime MTB and RIF/INH tests and the BD MAX MDR-TB assays. We hope that countries consider these technologies, especially countries that have not been testing for isoniazid resistance.

It is clear with the newly available TB diagnostics and a pipeline of more on the horizon that it makes less sense to indicate branded TB diagnostics in Funding Requests, when countries should be free to explore options throughout the funding period.

- **Global Fund investment in key population programs and programs to reduce human rights-related barriers**

- The TB target was not reached despite a 14-fold increase since 2016; matching funds for human rights will be made available for TBgrants in the 2020-2022 funding cycle (KPI 9b).
- Comment: Need more focus in TB NSP and additional investment required. Most of the funding for community systems are for service delivery activities and not for empowerment of community to address CRG- this need to change.

- **Strategic performance report 2019 KPI on leveraging domestic resources**

- Domestic-financing commitments by government expenditures
 - It would be important to highlight how global partners like Stop TB Partnership can be useful in supporting commitments from countries like Nigeria (which consistently underperforms in this area) to meet their domestic financing obligations especially for TB.

Point Seven Constituency
Statement for the 43rd Board Meeting of the Global Fund

Board Meeting agenda

Point Seven applauds the organization of a virtual meeting and an agenda that accommodates crucial topics. The accommodation of 2 pre-day sessions is appreciated. We would like to recommend that we learn from this experience to see how the technical solutions worked out and if in the future, more meetings could be held virtually, to reduce the CO2 footprint of the GFATM and its governance.

COVID-19

At the previous BM in November 2019 we had no idea how our world would change in a fraction of weeks. COVID-19 has rocked health systems at all levels and all continents. GFATM is looked at for its significant and effective experience with responding to other pandemics.

Point Seven very much appreciates GF's active role in the COVID-19 response. It has been one of the fastest to allow for countries and organizations to direct major budget reallocations towards COVID-19 response efforts.

Point Seven highlights it is crucial for GF to strive for fair and equal access to COVID-19 prevention, diagnostics, therapeutic and commodities: As long as the virus is active somewhere, people are at risk everywhere. We therefore applaud the role of the GF in the Access to Covid Tools accelerator.

The COVID-19 pandemic also means that risk levels are evolving rapidly and confronting new or heightened risks will be mission-critical as the GF adjusts to the new reality. For example, we are already seeing disruption in global pharma and commodities supply chains, and the potential for a global recession means that we may soon see a contraction of fiscal space within implementer countries and possibly non-materialisation of some donor pledges.

Both in the previous Board Meeting as well as in its 2020 Governance Paper, Point Seven has stressed that coordination and collaboration with WHO and other global health partners is crucial. This is even more pressing during the COVID-19 crisis in particular with relevant actors with specific expertise such as Gavi, the vaccine alliance. The COVID-19 pandemic has demonstrated just how crucial multilateral institutions are to our collective health, prosperity and security. An enhanced international cooperation is key to respond to essential health needs, but also to address the wider socio-economic impacts of this multi-dimensional crisis. Increased cooperation and coordination within the framework of the Global Action Plan (GAPSDG3) must continue and we look to the Global Fund to be an important driver.

Noting the **close links between Tuberculosis and COVID- 19**, we are hopeful that the Global Fund's investments on TB can be ensured and programming can continue, during COVID-19 pandemic.

Communities, rights and gender

Every week reports are published stating that due to COVID-19 Sexual and Reproductive Health Rights and services are becoming more difficult to access, especially for women and girls and marginalized people. Civil Society Organizations have stressed the need for family planning services

to be labeled 'essential services' by governments, in order to ensure their continued availability during COVID-19. Only few countries have done so (e.g. Kenya). Point Seven appreciates that the Secretariat is already paying attention to these worrisome side-effects of the pandemic. It is crucial that GF continues to resource communities and their representatives to provide a vital watchdog function. Both to ensure service continuity and to report on violations of human rights made against community groups in the name of COVID 19 health security. Allowing for flexibility in existing budgets to ensure community groups can respond to the changing environment is important.

Point Seven welcomes the report on Communities, Rights and Gender. Of the 7 areas which the CRG report has pointed out that needs more focus and coordinated efforts, we would like to highlight:

- 1) That human rights and community-led approaches are key: responses need to be inclusive, equitable and universal for a sustainable response and prevention of further pandemics (by putting in place targeted measures, including for SRHR in the local and national response plans)
- 2) That national governments have primary responsibility to counter discrimination, but all actors must play their part (including power of social media) and strengthened advocacy of The Global Fund (more dialogue)
- 3) The importance of further improving and working on disaggregated data (age/gender/key populations etc.) and ensure that reliable, accurate information reaches all (in and outside of The Global Fund)
- 4) And linked to above, the importance of working proactively to continue evidence based, specific and comprehensive responses that are inclusive of marginalized populations and addresses all relevant gender and human rights barriers and enhance focus on prevention. UNAIDS and other technical partners are key.

Point Seven would like to welcome the newly formed Global Fund Youth Council. Trust the ED will be provided with great insight into the needs and challenges youth face in relation to HIV, tuberculosis and malaria and, more broadly, to other aspects of their health and well-being.

Strategy Development

Point 7 wants to stress the importance of the Global Fund to continue supporting the strengthening of health systems, to assure support to country level plans and priorities as well as efforts to target the investments towards those that need it most. This includes countries and specific population groups most affected, in line with the principle of leaving no-one behind. External coordination and collaboration with WHO and other global health partners is crucial and must be strengthened. The multi-stakeholder approach (including governments, international organizations, CSO and the private sector) that lies at the core of GFATM needs to remain the backbone of the strategy; each partner bringing its added value and lessons learned to fight against the three diseases (and COVID). Increased cooperation and coordination within the framework of the Global Action Plan (GAPSDG3) must also continue and we look to the Global Fund to be an important driver. Hence, Point Seven wishes the strategy to address:

- How GF becomes more and more a partner in sustainable health beyond the 3 diseases? The GAP is an important vehicle for increased cooperation among multi-lateral institutions, including GF, to promote collective action for making faster progress in realizing UHC and SDG3. Yet, in order to have significant impact on the effectiveness and efficiency of the multi-lateral institutions working in Global health, more progress needs to be realized in the plan's 3 areas of align, accelerate and account.

- The links between climate change/environment and health needs to be strengthened.
- Explore further options for the GF to hold countries accountable, and further clarify the role of the CMM in this process. What impact will the shifted responsibility have in how we hold GF accountable and what KPIs may be therefore needed?
- How can GF better align to the country context and either make use of existing country infra, or strengthen country infra instead of maintaining vertical structures?
- How will the role of the GF evolve over time, in relation to country transition plans: will the role of the GF be adjusted to specific country needs, in order to be complementary rather than to provide the same basic package to all countries?

What will be the future relationship between the GF and WHO UNAIDS, WB and GAVI. What are the roles and responsibilities at global and country level, also in relation to sustainable transition?

PRIVATE FOUNDATIONS CONSTITUENCY GROUP
COMMENTS ON ISSUES FOR THE 43rd BOARD MEETING
May 11, 2020

COVID-19 and The Global Fund

We thank the Secretariat and the Board for the quick decision making and flexibility demonstrated to protect investments in the three diseases and to support equitable access to protective, diagnostic, and (hopefully soon) therapeutic and preventive interventions. The accompanying guidance on respecting human rights in country responses has been especially helpful – thank you – as is the ongoing emphasis by the Global Fund on the importance of community engagement. Ongoing analyses by partners about the impact of COVID-19 on the three diseases are welcome and should continue to guide our thinking about required adaptations and modifications.

We do not believe that COVID-19 will change the long-term mandate of the Global Fund, even though it will change the landscape in which Global Fund operates (e.g., economic impact on countries, impact on domestic and international resources for health, adjustments to the global health architecture), and it should certainly inform our thinking about the Global Fund’s role among other health and finance institutions.

The Next Strategy

Ending the HIV, TB, and malaria epidemics must remain the core mission of the Global Fund and its success should be measured on its ability to achieve the highest level of impact in reducing incidence and mortality from these three diseases.

The Global Fund’s current 2017-2022 strategy to achieve that mission remains valid and the objectives within it viable. While we do not see need for major structural changes, there is a clear need to do better in addressing a number of ongoing challenges:

- **Data Availability, Quality, and Utilization.** The lack or use of quality differentiated data inhibits country-led, data-driven prioritization for tailored, equitable, and patient-centered care and for strategic plans that guide allocation of health financing, including Global Fund investments.
- **Health systems investments.** The Global Fund has identified and must continue to address bottlenecks in health systems that directly limit disease program impact; in addition, the Global fund still needs to define its role in high-priority, yet difficult to measure, investments in “health systems strengthening” (including community systems strengthening) in coordination with multilateral and bilateral funders while ensuring that its investments support rather than compete with funding needed to fight the three diseases. The Global Fund should continue to build on its leadership around community engagement, participatory processes, and human rights with respect to its role in RSSH discussions and investment.
- **Private providers.** We agree with the OIG in its report for this meeting that “a comprehensive strategy on private sector engagement is needed,” because “private sector health facilities account for a significant component of outpatient cases in many countries,” and “the lack ... of a defined approach to the monitoring and supervision of private sector facilities, limits the effectiveness of Global Fund grants in the country.” This strategy should emphasize the leadership role of the public sector in ensuring overall quality and inclusion, e.g., by extending public programs to the private sector.

- **Innovation introduction.** The Global Fund has insufficient capacity to influence, plan for, coordinate, and fully accelerate scale-up of transformational tools and other innovative interventions. Work in support of accelerating delivery of the new generation of bed nets, in partnership with Unitaid and others, is a great example of the more proactive approach we envision.
- **Technical support.** Countries do not have reliable access to the high-quality technical support needed to maximize the impact of Global Fund grants; the Global Fund cannot easily influence the quality of technical support, due to limited in-house technical disease bandwidth and inadequate mechanisms of performance accountability for technical partners.
- **Domestic ownership and financing.** The long-term impact of Global Fund investments is threatened by limited domestic ownership, integration, and financing of disease programs as well as institutional capacity and political challenges, such as too little country funding for marginalized populations. Monitoring fulfillment of co-financing commitments is improving but still inadequate, as well documented in the OIG report.
- **HIV prevention.** Greater focus on HIV prevention is needed to bring the epidemic under control, yet countries often do not request HIV prevention support; funding that is approved for prevention isn't spent; some technical partners advocate for a treatment focus; and Global Fund's HIV allocations currently focus on treatment commodities leaving inadequate fiscal space for prevention.
- **Sustainability and Transition.** Global Fund needs more explicit plans, in cooperation with partners, to help countries integrate supported programs into health systems *before* they move towards transition, especially in relation to procurement and supply chain systems and programs for key and vulnerable populations. Similarly, the defining principles of Global Fund engagement – engaging communities, confronting human rights barriers, promoting equitable access – need to be embedded in country approaches in order to ensure service continuity to the most vulnerable.

In terms of process, we appreciate the challenges faced by the Secretariat in leading the consultation process and stand ready to assist. We do believe that we have significant information already in hand to tell us where more attention is needed, including through strategic performance reporting; TERG, TRP, and OIG reports; internal and external analyses; reports from technical partners; and the “deep dives” by the Strategy Committee. This can help ground our discussions on the next strategy and gives us a good start to clarifying key challenges, identifying responses, and determining within those responses the best role for the Global Fund.

OIG Annual Report

We appreciate the OIG report and commend that team on a successful year. We join others in thanking Mouhamadou Diagne for his tremendous contribution to the Global Fund and wish him well in his future role with the World Bank.

The report concludes that the Global Fund has reach an embedded state of maturity, an important milestone in its constant efforts to improve. The OIG also notes persistent challenges, which align closely with the challenges we have outlined for the Strategy discussion including HIV prevention, data availability and quality, defaults on domestic financing commitments, and supply chain weaknesses.

Community, Rights and Gender Report

Among the Global Fund's most important features is its steadfast commitment to human rights and gender equality. We appreciate the many streams of work underway to confront abuses and overcome barriers to health services as these are critical to achieving our shared mission to bring the three epidemics under control.

The report identifies what is for us a critical deficit: data that are local, granular, age- and sex-disaggregated, fresh, and transparent. Either by incentive or prescription, more must be done to ensure that strategies and interventions to address key populations, adolescent girls and young women, displaced persons, and others most at risk are grounded in and measured by robust data. We agree that this must be a central focus of the CRG agenda and see strengthened engagement of the Grant Management Division as a helpful step in ensuring an institution-wide, coordinated, and aggressive effort.

With respect to the Global Fund's support for COVID-19 efforts by countries, its commitment to community, equity, and human rights must be interwoven with its financial support.

Strategic Performance Reporting

We are pleased with the format of Strategic Performance Reporting that brings these together, and continue to find great value in the use of country-level results for this reporting. We particularly welcome the inclusion of the new indicators in country-level results for human rights and key populations targets.

Our constituency is concerned about ongoing challenges in addressing key populations and human rights barriers. We would like an update on how these gaps are being addressed in the new grant cycle.

The report of the OIG notes challenges in the way we monitor the supply chain (KPI 6), but we're pleased to see that efforts are underway to improve situational awareness of front-line inventories such that potential stock-outs can be foreseen and prevented.

Overall, we hope our enhanced strategic reporting systems are able to detect potential backsliding as a result of the Covid-19 pandemic, and hopefully guide rapid mitigation efforts to reduce that impact.

Private Sector Constituency Input

43rd Global Fund Board Meeting, 14-15 May 2020

I. [OIG 2019 Annual Report and Opinion on Governance, Risk Management and Internal Controls \(GF/B43/02\)](#)

The Private Sector welcomes the OIG Annual Report and thanks the Office of the Inspector General for compiling these insights.

We appreciate that the OIG highlights the challenges that remain around HIV prevention, and agree that the Fund needs to do more to identify effective prevention programs, especially for key populations, so that the Global Fund's limited resources can be leveraged most effectively and efficiently.

We also appreciate the Report highlighting need for more effective data systems as essential for the Fund to better measure progress and performance, as well as to adjust strategies more nimbly. Strengthening data systems not only improves the response to the three diseases, but also contributes to the Fund's broader health systems strengthening effort. We appreciate the recognition that the quality of portfolio performance remains hampered because of continued weaknesses around program data quality. As noted by the high number of open AMAs on program quality, this is of critical importance. We welcome the OIG's review of Global Fund supported in-country data systems to take place this year and we hope this includes reflections on the impact of more frequent cybercrimes in implementing countries.

The Private Sector Constituency appreciates the OIG recognizing the need for more active engagement with the private sector in grant implementation. We have consistently noted the potential for engagement with private sector providers on the ground, including to ensure that the services they are providing are of adequate quality and affordability. We agree that the Global Fund needs to develop a comprehensive strategy on the engagement of private sector and monitoring and supervision of private sector facilities, and we would like to play an active role in the development of that strategy.

We reiterate the OIG's point that there is a critical need for the Secretariat to evaluate the overall framework for the quality assurance of health products from an end-to-end perspective. This is especially relevant given the procurement flexibilities that have been approved for the C19RM. We note the concerns that the OIG has made that post-shipment quality assurance is generally not performed in countries. We strongly encourage the Secretariat to monitor this issue and potentially introduce a KPI in the next Strategy based on the consistent availability of an adequate quantity of quality assured health products at the patient's point of access.

II. [OIG Joint Agreed Management Actions Progress Report \(GF/B43/03\)](#)

Consistent with our previous comments about the importance of ensuring the quality of health products, we note the long overdue AMA on the procurement of non-compliant HIV rapid diagnostic test kits. Given that the Secretariat is over a year behind in addressing this AMA, we would like to see progress made as part of the overall quality assurance strategy.

III. Annual Report on Community, Rights and Gender (GF/B43/04)

The Private Sector appreciates the analysis of the 2017-2019 allocation period and notes the achievements the Global Fund has made on community systems and responses, key and vulnerable populations and human rights and gender. This is important feedback to consider in preparation for the 2020-2022 cycle.

We echo the findings that a greater and more strategic use of data is needed to inform the focus of investments, specifically the use of quantitative data to identify inequities across HIV, TB and malaria responses, the continued efforts to ensure widespread data disaggregation by age and gender, and the promotion and use of community-driven data. We would appreciate clarity on what the Secretariat intends to do to further advancements in these areas in the next allocation cycle. We acknowledge the management response on the OIG Advisory Review on removing human rights-related barriers and the steps taken by the Secretariat toward improving data management and look forward to more details on the progress made in this area. We would like to point out the case studies on Lesotho and Francophone West Africa, where cooperation and innovation were utilized to streamline data systems and data was used to amplify advocacy efforts – both vital to serving key populations. We would appreciate the Secretariat using these as examples of best practices and utilizing them in other contexts, where applicable.

We would also like to see a broader discussion on how addressing barriers faced by key and vulnerable populations to accessing prevention and treatment services can be more integrated throughout the grantmaking, implementation and assessment processes. It would be helpful to see suggestions for how the Secretariat can address the long-term sustainability of the community-, rights- and gender- based programs and initiatives in transition countries when there may not be political will to continue relevant programs, and, in the near term, to see country-level information on how COVID-19 is impacting community systems and affecting key and vulnerable populations, human rights and gender.

IV. Update on Strategy Development (GF/B43/05)

Please refer to PSC position paper circulated to the Board and Secretariat.

V. 2019 Annual Report and Opinion of the Ethics Officer (GF/B43/06)

The Private Sector would like to recognize the role of the Ethics Officer in the progress achieved in 2019 to move towards an embedded level of maturity. We note the importance of effectively addressing all AMAs that arose from the OIG's audit of the Ethics and Integrity Framework, and encourage the Ethics Office to continue pushing this work forward in order to reach an embedded state by late 2021 or early 2022. We would also like to reinforce that independence should be maintained between the OIG and the Ethics Office. Acknowledging that Ethics engagement with grant operations is generally reactive, we appreciate the measures taken to be more proactive and hope the Ethics Office finds innovative ways to be more engaged at country level. Ethics is critical to maintaining stakeholder trust and therefore essential for the Global Fund's continued success.

VI. Recommendations of the Governance Culture Initiative Phase II (GF/B43/07)

The Private Sector appreciates the work of the Ethics and Governance Committee in the development of Phase II of the Governance Culture Initiative. While we agree that enhancing trust is an important goal for

the Governance culture, on a constituency-based board, we must recognize that real differences in perspectives, policy positions and philosophy also need to be expected and appreciated, and that governance processes need to provide mechanisms to address these differences in the Board's decision making processes. The roles and responsibilities of the Board and the Committees were the subject of an intensive process only several years ago. Though we recognize the need to continually evaluate and improve our governance processes, in the midst of the beginning of the next allocation cycle, the development of the next Strategy, the response to the COVID-19 pandemic, and many other issues the Board, its Committees, and the Secretariat must address, a re-opening of the mandates of the Committees and the Board is not high on our constituency's priority list.

Given the evolving situation of COVID-19, we encourage the EGC to look at ways in which urgent crises have an impact on governance and how avenues of communication and decision-making can be improved to adapt to the fast-paced environment we are currently working in. Particular attention should be paid to improving efficiency, effectiveness and transparency between the Secretariat and the Board, as well as ensuring that relevant governance messages reach all key stakeholders, including partners on the ground and CCMs. This kind of self-reflection will allow for us to be best prepared for future unexpected crises.

VII. Strategic Performance Reporting (end-2019) (GF/B43/10)

The Private Sector appreciates the update on KPIs, as well as the dedicated annex on how they are used to address underperformance. Related to the use of KPIs to address underperformance, it would be helpful for the Secretariat to provide case studies on specific KPIs that were used to identify, address and resolve an issue in order to get a clearer picture of the process. Moving into the next Strategy cycle, it would be helpful to incorporate thinking around issues of underperformance into a broader discussion on the utilization of KPIs as currently structured to reach a clear understanding across the Secretariat and Board about the purpose of KPIs. It would also be useful for the Board to receive high level insights derived from the Country Portfolio Reviews, especially from key high impact countries, and from the Enterprise Portfolio Reviews. Further, while we are pleased to see and appreciate the sharing of some country-level data on performance in Annex 2 of the Strategic Performance Report, following the Board decision in Montreux (BM36) directing the Secretariat to provide country-level data on performance in key High Impact Countries, the Private Sector continues to request that the Secretariat provide to the Board country-level data on key indicators of programmatic performance. This type of data would be especially helpful to the Board's discussions as it works to develop the next Global Fund Strategy – to see in mission critical countries for the three diseases and in health system strengthening in what areas we are succeeding and in what areas we need to course correct.

On KPI 6a, while noting the response from the Secretariat on the rationale for using deviation from average PPM price as the sole measure for an indicator originally intended to measure procurement system strength, we reiterate our concern that the revised indicator is a substantial move away from the original intent of the KPI. Prices achieved is only one component of the performance of national procurement systems. Not including other associated aspects, such as the measure of in-full and on time delivery and administrative lead times, can give a misleading impression of what is happening on the ground and the strengths and weaknesses of procurement systems. The Secretariat must continue to place importance in implementation on a holistic view of the strength of national procurement systems. Moving to an indicator that focuses on prices alone and away from measuring a holistic approach to procurement systems strengthening sends a clear message to countries on the prioritization of procurement system strengthening.

On KPI 6b, we appreciate that the target of a 15% reduction of non-availability for diagnostics and tracer medicines was achieved for five of six products. Both the OIG and the Risk Management Reports cite the importance of in-country supply chain data. We note the OIG's caution of the limitation of the On-Shelf Availability metric as a measure of the "adequacy of drug stock levels." We agree with the OIG that more attention needs to be paid to strengthening our ability to ensure reliable, sustained, and adequate supply of quality health products at the point of service to avoid interruption in program implementation.

On KPI9c, we note the Secretariat wanting to focus measurement of domestic expenditure in key populations and on human rights programs on a more feasible cohort, but it would be useful for the Secretariat to offer a timeline for when and how they intend to integrate additional countries into the reporting process.

On KPI 11, we applaud the achievement by countries of achieving 127% of the co-financing requirement. We note that the revised co-financing policy requires a progressive absorption of key program costs, as well as a progressive government expenditure on health. We would appreciate an update on the timeline for reporting on this aspect of the two core requirements.

On KPI 12b, we note the assurances provided to the AFC that "there is no major observable impact" of the COVID-19 situation "on high volume products," but we would like to underscore the importance of continued dialogue and monitoring of the situation as it continues to evolve, noting the impact of externalities such as government shutdowns on production.

Finally, we would like to highlight our concerns around the stagnancy of the total number of TB cases globally despite many years of Global Fund investment to increase treatment and reduce incidence. This is an area for serious consideration in the next Strategy. In the near term, we hope the Secretariat can continue improving its impact in this area, and as we seek savings to reallocate to address the challenges of the COVID-19 pandemic, we encourage that funds not be shifted away from TB to COVID-19 in the short-term.

VIII. Risk Management Report and 2019 Annual Opinion of the Chief Risk Officer (GF/B43/11)

The Private Sector appreciates the considerable amount of effort that has been expended to move the Global Fund to an embedded level of maturity by the end of 2019. We welcome the Risk Management Report highlighting key issues that the Fund needs to address going forward, including:

- The need for financial and fiduciary risk management to prioritize preventive measures over detective controls.
- Increasing focus on programmatic quality that will require a more granular understanding of the epidemics and a more targeted approach.
- An improved monitoring and evaluation framework will have a significant impact on the Global Fund's ability to utilize its resources and deliver optimal impact, but that the "delivery of high quality programs will require more refined targeted interventions underpinned by better data."
- Decisions made by the Global Fund regarding products need to be highly responsive to epidemiological shifts and conscious of the balance between short-term cost savings and long-term risks arising from drug and insecticide resistance.

- The need for proactive planning and negotiation of strong new co-financing commitments, and a clear line of sign to co-financing compliance.

We appreciate the recognition of the need for forward-thinking prioritization of risks related to domestic procurement of quality-assured health products, particularly in the context of transition, and would appreciate additional clarity on how this will be addressed moving forward.

Finally, given the substantial anticipated impact of COVID-19 on global economics and health systems, as well as the global pharmaceutical and diagnostic supply chain, we would appreciate a more in-depth analysis of the risks that COVID-19 poses to the Global Fund, both from the perspective of impact on programs on the ground and from the broader global economic environment in donor and implementing countries, and an analysis of potential mitigating strategies.

IX. Inspector General Selection Process 2020 (GF/B43/12)

The Private Sector approves the terms of reference for the 2020 Inspector General Nomination Committee and the revised terms of reference of the Inspector General. We appreciate that best practices from the recruitment process of past Board direct reports will be incorporated into the recruitment process of the next Inspector General. Noting that the current Inspector General is leaving in advance of the end of his six-year term, we encourage the Board Leadership to take steps to ensure interim leadership at the OIG until his successor is appointed.

X. COVID-19 Response & Business Continuity

Private Sector Constituency Statement on COVID-19: The toll of COVID-19 on individual patients, populations, national healthcare systems and economies is unprecedented. Our global response to the pandemic will require a collaborative effort across all sectors -- by the multi-lateral agencies, like the WHO and the Global Fund, governments, civil society, and the private sector – to stop the spread of COVID-19 and begin to reopen our countries and our economies and start the process of recovery.

The Private Sector Constituency applauds the Global Fund Secretariat's timely and bold actions to protect the core mission of the Global Fund by quickly addressing COVID-19 and reducing disruptions in prevention and treatment of the three diseases, including the swift establishment of the COVID-19 Response Mechanism and the implementation of grant flexibilities, mobilizing up to USD 1 billion. The Global Fund is a unique partnership that works tirelessly to protect the most vulnerable populations, specifically those impacted by HIV, TB and malaria. It has the organizational infrastructure to quickly deliver needed interventions for COVID-19 in coordination with other global health partners, including the private sector.

The private sector is deploying its capabilities, expertise and scale to address critical health needs related to COVID-19 and is at the forefront of the ongoing innovation efforts to develop and bring to market novel healthcare products and services. The current crisis highlights the importance of strengthening models of cross-sector collaboration to improve pandemic preparedness. The Private Sector Constituency is committed to supporting the Global Fund in its rapid and targeted response to COVID-19 while continuing supporting the three core diseases of HIV, TB and malaria.

Private Sector Constituency Response to COVID-19 & Business Continuity:

The Private Sector reiterates the importance of the Secretariat's vigilance in utilizing these flexibilities, especially to ensure adequate quality assurance in the procurement of health products in any response to COVID-19. We also reaffirm the importance of reinforcement of health systems, labs and supply chains and strengthening community-led systems to ensure that local communities and civil society play a leading role in any response.

The Private Sector commends the Global Fund's leadership and role in the Diagnostics Consortium established by the World Health Organization to address COVID-19 needs. However, our constituency has concerns about limiting procurement programs for certain health products to be handled only via wambo.org, which is not a widely used platform in several countries. Given the crisis, we advocate for the use of wambo.org as a platform where countries are already using this system. For low- and middle-income countries that need access to COVID-19 diagnostics that do not have access to or familiarity with wambo.org, we strongly encourage the Global Fund to utilize existing and well-established procurement mechanisms, such as those that are utilized for procuring diagnostics for TB. We believe that requiring the use of a brand-new system during a time of crisis is not an effective solution. We also encourage the Secretariat to work closely with the private sector when developing strategies on how to quickly consolidate procurement. This level of partnership and cooperation will allow for health products to get to those who need them most in the most efficient and effective way possible.

The Private Sector would also like to see a larger discussion within the Secretariat around preparedness for the effect of COVID-19 on Global Fund implementation and Strategy development. We also would like to see pandemic preparedness included in the Strategy development process and in the post-2022 Strategy. Given that this pandemic could likely have a significant impact on the preparation of the next cycle of grants, the Private Sector requests that as funding is allocated, the Secretariat report on the following information to the AFC and the Board:

- From the amounts that have been allocated, how much has been spent; from where have the funds been reallocated; how the funds have been spent; and what specific results have been achieved with regard to the fight against COVID-19 and each of the three diseases?
- How is the Global Fund working with partners and governments to secure vulnerable supply chains?
- What role does the Secretariat see for the Global Fund for engaging in the COVID-19 pandemic following the utilization of the approved USD 1 billion? How might the Fund's engagement in the COVID-19 response inform further Global Fund engagement in the broader global health space going forward, for example, in the partnerships it has currently entered into, such as the WHO Diagnostics Consortium, among others?

Position Statement of the SEA Constituency to the 43rd GF Board Meeting

With warm greetings from the homes of South East Asia (SEA) Constituency and say how happy we all are that we could see each other and soon be able exchange words. When we left Geneva after the Consultation Session on Wambo early part of the year 2020. The SEA Constituency never expected that the world will face these crises, though WHO Director General announced it only as Epidemic the day we left Geneva. The COVID-19 have given us to work from homes and from diverse settings. We are highly impressed by the arrangement made by the Secretariat despite most having to work from home.

Agenda GF/B43/01 – the 43rd Board Meeting Agenda:

The SEA delegation finds the Agenda for the 43rd Board Meeting of The Global Fund is appropriate given the unusual circumstances we are faced with. The virtual sessions including the two Pre-Board sessions to be useful towards meeting our goals. With the experience of the several recent virtual meetings and given the meeting is going to chaired by experienced Board Leadership we are hopeful we will be able to do justice to the items included on the Agenda. The SEA Constituency delegation the Agenda for adoption as being proposed by the Executive Director. We note the discussion on COVID -19 response and the next strategy as very crucial in helping how GF will manage the future and reach the 2030 with success. We look forward to a very fruitful board deliberations towards building a system that balances organizational control with efficiency in delivery of the products of the Global Fund with bottom up approach.

Agenda Item GF/B43/03 – OIG Joint Agreed Management Actions Progress Report:

Firstly, the SEA GF Constituency would like to take this opportunity to express our sincerest appreciation to the outgoing Inspector General Mr. Mouhamadou Diagne for being part of our journey to reach our destination in the years that will follow and his competent team for the excellent audit reports and the Secretariat for the follow-up activities. While we appreciate their hard work, for better future out-puts we would like to offer some suggestions:

- i. the dates in AMAs for settling audit issues are found to be too long, thereby almost giving the effect of writing off the objections as responsible functionaries may leave their post for various reasons and/or a government would have changed;
- ii. We find that most of the findings are resulted due to the absence of due diligence at every level including in the selection of dependable PRs an SRs;
- iii. It reveals that the Country CCMs and LFAs may need to be delegated with more on-site responsibilities and made accountable to oversee that programs and funds are not abused; and

- iv. We recommend that the Inspector General/Global Fund to build formal understandings with SAIs of countries to ensure the Global Fund resources are used only for the intended objectives with enhanced accountability at the secretariat and field level.

Further, as was proposed to the last GF Board, during the session on Privileges and Immunities, that GF must take advantage of the WHA of WHO, particularly when it being held next door to the Global Health Campus, Board Leadership and ED to reach out to the Health Ministers collectively through addressing a session or hosting a briefing session cum visit of the Global Health Campus or singly call on selected Ministers to urge them own responsibility in overseeing application of Funds of the Global Fund to benefit individuals suffering with the three diseases in the respective countries.

Agenda Item no GF/B43/05 : Global Fund Strategy Development:

The South East Asia (SEA) constituency of the Global Fund acknowledges with appreciation for the initiation of Global Fund Strategy Development amidst Global pandemic COVID-19. The SEA Constituency agrees that challenges of reaching the SDG targets for the three diseases remains, particularly we would like to highlight the need for strengthened RSSH and community system. It also agrees that there was ‘lack of clear understanding of the global Fund’s specific role in building RSSH’.

The SEA Constituency also appreciate and agree that ‘time lines associated with 7th replenishment and investment case launch require final strategy approval by end 2021’. SEA Constituency would like to propose increased representations from the South East Asia constituency and to continue our efforts in reviewing the current strategy with provided framework:

Keep	Discard	Add
Core Objective: Maximize impact against HIV, TB, and malaria. Build resilient and sustainable system for health (with much importance) Promote and protect human rights and gender equality Mobilize increased resources Strategic enablers: in principle	Further work during development of the strategy will guide to decide which ones to discard	Adequate reflection of RSSH including community system strengthening in the Global Fund strategy. To include climate change in the strategy Coping with emerging illness without hampering the activities of core mission of GF Provision of adequate interventions for the displaced and migrant population. Strong advocacy at the country level for a road plan for UHC. More clarity on the ‘enablers’ specially on ‘innovate and differentiate along the development continuum’.

Agenda Item GF-B43-06: The GF Ethics Office Annual Report and Opinion 2019

In line with the broader context of the 2019 OIG audit of the Ethics and Integrity Framework has made consideration of the COVID-19 impact and way forward.

Considerations were made in integrating ethics and values in selection of new Board leadership, trainings workplace, CCM evolution.

The SEA Constituency Recommend that : (CCM evolution and to improve country ownership may need further work – although Ethics and Integrity Framework may be implemented but should also consider country's standing especially in terms of Corruption Index, internal control mechanisms and accordingly relax to give more ownership)

Number of cases handled increased by 54 compared to 2018; need reasons why the increase and in what areas and what are the lapses/ loops. Focus could be on reducing such cases by amending or suggesting practical changes in the existing guidelines, committees, regulations that are in place. Seek views of the constituencies representatives and making sure that they get suggestions from their constituent members.

It is alarming to see increasing cases at Board and Secretariat. With decisions made by Board, and Secretariat being the one to propose, coordinate with committees/ CCM; their accountability is important in terms of credibility and integrity.

Agenda Item GF-B43-08: Report of the Coordinating Group

Appreciation to Coordinating Group for the inclusive approach in engaging Board and the Committees, besides Executive Director of the GF Secretariat. Strong point being focused on core, cross-cutting discussions, specific and emerging priority areas and also being cognizant of COVID-19 impact towards the later part of 2019. The SEA Constituency recommends that the decision taken in brief could be mentioned in the forwarding emails instead of titles and links only.

Agenda Item GF/B43/09 - Summary report on Recoveries report for the period ended 31st December

This report has been submitted to the Audit and Finance Committee for review in pursuant to 32nd Board Meeting GF/B32/DP04. The report contains background and updated information on non-compliant expenditure identified by the Office of the Inspector General (OIG) and the status of the recoverable amounts identified by the Secretariat and Executive Director during the period of grant management operations as of 31st December 2019 highlighting on current status of, and trends within, recoveries. The report highlights significant improvements in the overall recoveries. There has been no application of allocation reduction using 2-for-1 method in the second half of 2019. The key issues and conclusions of the report are as follows:

- I. The ongoing recovery efforts and recoveries (OIG recoveries) despite occasional short delays in transferring funds to Global Fund as per the contractual obligations' recovery outstanding balance against the commitments to repay is zero and repayments are largely on tract.
- II. The non - OIG ongoing recovery efforts and recoveries aggregate outstanding balance for repayment is found to be US \$ 23 M. It is an amount distributed amongst 101 grants in 44 countries with a medium net recoverable balance of US \$ 39,393.
- III. Trend of turnaround times of new cases continue to improve compared to legacy cases i.e. pre- 2014. Of the three open OIG cases only one case predates 2014. Compared to pre- 2015 recoverable funds are being returned more quickly, which clearly reflects of more rigorous approach being implemented for recoveries.

The report provides reasonable assurance on the effectiveness of processes and controls to identify, resolve, monitor and report on recoverable amounts. The report also highlights on Secretariat initiating a process and system improvements in June 2019 for integrating with new Audit findings to improve the overall effectiveness of the process.

Agenda Item GF/B43/10: Strategic Performance Reporting (End-2019)

The end-2019 Strategic Performance Report reflects progress at the mid-point for the current 2017-2022 Global Fund Strategy. The report provides country-specific results on an expanded number of KPIs and illustrates how the Global Fund uses KPIs in overall performance management.

End-2019 KPI Results:

Most KPIs remain on a positive trajectory towards achieving targets. There has been considerable progress in saving lives over the first two years of the Strategy; based on continuation of current mortality trends, the 2022 Strategy targets are well within reach (KPI 1a). Incidence rates are declining across all three diseases, but not at a pace fast enough to achieve the Strategy target.

This will be addressed through scaling up coverage of programs for vulnerable and key populations for HIV, finding missing cases for TB, and vector control and case management for malaria (KPI 1b).

Strategic Performance Summary:

SO 1: Maximize impact against HIV, TB and Malaria:

- a) GF funding aligning well to needs (KPI3) for allocation period 2017-19, with continued narrowed discrepancy.
- b) After a series of assessments, it was concluded that all the three programs were found to be more efficient in 2017-19 allocation period as compared to the previous.\

SO 2: Build resilient and sustainable systems for health:

- a) Satisfactory results for RSSH indicators for procurement, supply chains, financial systems and data systems which includes health management information system (HMIS
- b) Significant improvement in the field of HMIS coverage (48%) and data disaggregation (58%)
- c) Satisfactory performance in procurement and supply chain and financial management systems.

SO 3: Promote and protect human rights and gender equality:

- a) Significant scale-up of comprehensive programs compared to baseline assessments.
- b) Global Fund investment in key population programs and programs to reduce human rights- related barriers have increased considerably compared to the 2016 baseline. The investment across HIV grants for Key Populations was just under target, but the target was exceeded for human rights, largely due to matching funds. The TB target was not reached despite a 14- fold increase since 2016; matching funds for human rights will be made available for TB grants in the 2020-2022 funding cycle (KPI 9b).

SO 4: Mobilize increased resources:

- a) Global Fund resource mobilization efforts have been successful, with the 5th Replenishment period ending at an over 100% pledge conversion rate
- b) Domestic co-financing commitments to Global Fund programs for the 2014-16 allocation period reached 127% of the minimum policy prescribed for co-financing.
- c) Savings achieved through PPM consistently high, with US\$175M of savings achieved in 2019, against a target of US\$115M.

Inputs Sought/ Proposed updates to KPI Framework:

Upon recommendation from the Strategy Committee and Audit and Finance Committee, the Board will be requested approval on the following four areas:

- a. Approving revised methodology for KPI 6a (RSSH-Procurement);**
- b. Restating the KPI 6f (2020-2022 target for alignment of funding requests with National Strategic Plans);**
- c. Approving final methodology for KPI 9c (Domestic Investments for Human Rights and Key Populations);**
- d. Restating KPI 12b (2020 target for PPM savings).**

Agenda Item: Supporting materials, COVID-19 Response & Business continuity

The South East Asia Constituency of the Global Fund acknowledges the COVID-19 and business continuity as elaborated and summarized here:

The Secretariat has planned and working distantly by protecting and supporting the staff without hampering the activities including business continuity plan for continued delivery of impact.

Protection of the core mission of GF: Due to COVID-19 out break and interventions disruption of activities and supply chain, laboratory activities, interventions happened in variable proportion despite costed action plan was in place in many occasions. Community engagement has been started, assessment of impact initiated. Research results suggest impact of COVID-19 on mortality of malaria, and TB in forthcoming years and deter the progress in HIV interventions related to ART, prevention measures & KAPs in particular.

Responding to COVID-19:

Grant flexibilities: To meet immediate country needs related to infection prevention, diagnostic activities in line with WHO guidance from grant savings.

C19RM: quick review within 10 d will be made if applications are made by CCM/RCM of countries directly receiving GF financing & application made as per country COVID-19 response plan and WHO guidance. Acceleration of access to existing diagnostics, laboratory commodities, PPE and future new technologies.

Broader COVID-19 Agenda: part of collaborative development of vaccines, and universal deployment of diagnostics and treatments against COVID-19. Partnership model of GF.

The SEA constituency feels that density of the population in SEA constituency should be considered in providing funding in C19 RM. Some reflection of the high vulnerability of displaced population to COVID-19 example FDMs in Bangladesh should be mentioned as well.

SEA Constituency Initiatives and Governance Issues

SEA Constituency Leadership has been active throughout the last two year after the last 38th Board Meeting by carrying the routine activities of the sharing and disseminating the Board related information with the CCMs in the Member States. Organizing Skype Meeting in the region and also participating the Committee Meetings sometimes in persons but mostly through virtual participation. The SEA Constituency has been planning since 2017 to established Regional Coordinating Mechanism (RCM) and initiate the Cross-Boarder Malaria elimination and gradually TB and HIV issues. In December 2018, SEA RCM established and started the activities for Cross Boarder issues. In October 2019, 1st SEA RCM Meeting conducted in Thimphu, Bhutan.

Regional Coordination Mechanism (RCM) Meeting in Thimphu, Bhutan approved a simple and transparent structure with basic minimum staffing for serving as Secretariat for the Regional CCM and Steering Committee. The RCM will function through the existing National programs and built partnership with the regional bodies - such as WHO, UNAIDS and other relevant UN bodies, SAARC, ASEAN, INGOs. NGOs, Civil Society, Private and Corporate Sector.

The meeting further decided to apply for Global Fund (GF) Grant for a sustainable Malaria elimination through District Health System Strengthening on both side of the International border

in the following seven countries – India, Bhutan, Nepal, Bangladesh, , Sri Lanka (Prevention of reintroduction), Maldives (prevention of reintroduction) and Myanmar. The border between Indonesia and Timor Leste will be included as the resources becomes available. RCM has also been given mandate to mobilize resources besides Global Fund and enhancing domestic contribution but also from the other donors, Financial Institutes and Foundations.

SEA Constituency request Global Fund for consideration of an adequate start up grant for the SEA Regional Coordination Mechanism (RCM) to enable not only to eliminate Malaria, TB and HIV but also to enable the region to achieve UHC and SDG3 by 2030.

The GF SEA Constituency is like to inform you that the SEA Constituency Pre-Board meeting was held during 04-06 May 2020 virtually. Many agenda have been discussed in the SEA Pre oard Constituency Meeting. Details Report will be sent later of this month t Board Governance and other stakeholders. This is for information that SEA Constituency elected the new leadership to represent as Board Member (BM) and Alternate Board Member (ABM) from Bhutan and India according to the SEA Management Guidelines. **Dasho Kunzang Wangdi, Officiating Chairman and office as Royal Research and Advisory Council, Bhutan and Dr Kuldip Sing Sachdeva, DDG, MOHFW, India have been elected as Board Member and Alternate Board Member respectively for June 2020- May 2022 period. Ms Suneeta Chetree, Bhutan CCM Coordinator will be the Constituency Focal Point for the same period. The New BM, ABM and CFP will be on Board from 1st June 2020.**

United Kingdom Constituency Written Comments for BM 43

Strategy

This is a challenging time to be planning a new strategy for the Global Fund. The world has changed seemingly overnight in ways that we are still struggling to grasp. The health, social and economic impacts of COVID-19 are being shaped by the choices we are all making now, but despite our collective best efforts, the impacts are likely to be long-lasting and profound.

Against this background we need a strategy development process that is inclusive of the voices of governments and affected communities, that is evidence-based and adaptive, and that clearly locates the Global Fund within the international health architecture as a key partner in a global response to a broad set of challenges. We need to look outwards and be open to the need for change in order to meet the changing needs of the communities we serve, and to seek opportunities to 'build back better' once the pandemic peak is over.

Our current strategy has been highly successful in many ways. We have seen significant falls in mortality, increased investment in resilient and sustainable systems for health, a greater focus on addressing human-rights related barriers and meeting the needs of women and girls, and increased domestic resources for health. The strategy has also been flexible enough to enable the Global Fund to learn and improve. We would particularly highlight the shifts towards a greater focus on prevention to bring down new infections faster, and the increased emphasis on integrated approaches to support services that put people, not diseases, at the centre.

We believe that our next strategy needs to continue this process of learning and improving, building on what we have already achieved and continuing and accelerating these shifts.

- SO1: The Global Fund is above all a collective endeavour to fight the three diseases. The strategic shifts we were already planning are even more important in a COVID-19 world: a stronger focus on prevention, a more evidence-based and differentiated sub-national approach, greater community engagement, faster uptake of new tools, and more integrated approaches. We also need to build our ability to progress in other areas, including: a greater focus on national decision-making and prioritisation, working with others to support governments to prioritise increasingly scarce resources; a stronger focus on quality of care, including infection prevention and control in health facilities; a more systematic approach to working with the private sector, recognising that for many this is the first point of contact with health services; and greater attention to equity in health outcomes, particularly important in the wake of a crisis that will hit hardest on the poorest and most vulnerable countries and communities.
- SO2: COVID-19 has reminded us that equitable, resilient, and sustainable systems for health are the foundation for meeting all health needs, including for the three diseases. Working towards universal health coverage is more important than ever given the increased barriers to and needs for accessible

healthcare. As we build back better we need greater investment in cross-cutting community systems, integration of service delivery, and a renewed focus on preparedness and resilience.

- SO3: The outbreak has emphasised and deepened existing inequalities, with women and girls, key and vulnerable populations, people with disabilities and the poorest communities suffering the worst consequences both in health outcomes and in economic impacts. We need the next strategy to have an even stronger emphasis on addressing the structural drivers of new HIV, TB and malaria cases and deaths – including issues around gender and human rights, and with greater consideration of socioeconomic inequality sub-nationally.
- SO4: COVID-19 is increasing the costs of providing services at a time when the response is imposing severe strains on public finances. The Global Fund's strategy needs to adapt to reflect these new realities. Scarce public money will need to be prioritised to support packages of quality essential health services, and it will be critically important that these include the three diseases. The Global Fund will need to work with others to support these national health financing strategies.

Finally, we believe that the next strategy needs a stronger focus on operational aspects – the “how” of delivering the strategy as well as the “what”. This might include re-examining: how the Global Fund works in challenging operating environments; how the partnership model works and where and how it needs to be strengthened, including to clarify and increase accountability; how the Global Fund aligns and coordinates with other bilateral and multilateral donors in support of government-led approaches; and how the Global Fund better works with CCMs, government partners, civil society and the private sector to support the delivery of quality essential health services which include the three diseases, and the building of resilient and sustainable systems for health.

COVID-19

COVID-19 threatens to roll back progress on the Global Fund's core mandate of the three diseases, including key elements that are required to improve disease outcomes, such as strong health systems, effective public health responses, continuity of essential health services including disease prevention, maintaining the human right to health, and protections for the most vulnerable.

We have been very pleased to see how quickly and effectively the Global Fund has responded to COVID-19 and are proud to be the second largest donor to both the 5th and the 6th replenishments of the Global Fund.

The UK has pivoted our own programmes, supported action by the multilateral organisations, and committed up to £744 million of UK aid to combat COVID-19 and to reinforce the global effort to find a vaccine, including:

- Investment of £318 million in research and development to support the development of a possible vaccine, as well as more immediate gains such as rapid diagnostics and therapeutics. We are the largest contributor to the

international coalition to find a vaccine and are leading the response to accelerate the production of rapid tests and treatments for the virus. A particular focus of this research is ensuring these are affordable to provide lower middle-income countries with the tools they need to tackle this coronavirus in their country. We are also hosting the Global Vaccine Summit on 4 June.

- Up to £150 million to the International Monetary Fund's Catastrophe Containment and Relief Trust, to help enable developing countries to direct greater resources to their healthcare efforts, helping prevent the virus from spreading around the world.
- £276 million has been provided to support the global health response & vulnerable countries. This includes support to UK charities and international organisations to help reduce mass infections in developing countries.

COVID-19 brings new challenges affecting both health needs and healthcare delivery. Strengthening integrated healthcare models may help ensure all basic health needs including for HIV, TB and malaria can continue to be met. Supporting the wider public health infrastructure of monitoring and response can help ensure effective use of the commodities that the Global Fund plays such an important role in providing. Equitable programmes need to be built on and strengthened to address the significant impact COVID-19 is already having on inequities. Prevention services for HIV, TB and malaria prevention are more important than ever as countries face increased pressure on limited resources.

We look forward to the discussion about the role of the Global Fund in the COVID-19 response and exploring how we can build on the potential of mechanisms such as the C19RM, as well as the Global Fund's role in the ACT Accelerator. It will be important to keep a strong focus on the fight against the three diseases and the maintenance of accessible essential health services. At the same time the Global Fund does have important capabilities which would be invaluable in the fight against COVID-19 – particularly in securing affordable access at scale to key commodities for low and middle income countries and we know that effectively tackling COVID-19 and strengthening health systems is in turn essential to maintaining progress on the three diseases. The challenge will be to carefully manage the relationship between these two roles in support of the global public health response, and ensure the Global Fund is well coordinated with other global health institutions and initiatives so that the global community is consistently adding value and avoiding duplication.

Western Pacific Region Constituency Statement

**43rd Board Meeting
14-15 May 2020**

1. COVID-19 Response & Business continuity

The WPR constituency is thankful to the Board Leadership, the Executive Director, and the Secretariat for all of the arrangements implemented in response to the threat of COVID-19. Furthermore, we appreciate the flexibility in the implementation of the current grants.

We appreciate the establishment of the COVID-19 Response Mechanism (C19RM) and the availability of the funds to assist countries in their fight against COVID-19. This includes interventions to mitigate the impact of COVID-19 on HIV, TB and malaria disease programs and affected communities, and initiatives to make urgent improvements in the health and community systems.

As we move from the acute phase of the COVID-19 pandemic to planning for a sustainable response which addresses AIDS, TB, malaria and COVID-19, we want to highlight the importance of meaningful involvement of civil society at all stages of the grant cycle. Community health services will continue to be a fundamental element of robust and resilient systems for health and will ensure that the response is person-centered and reaches the most vulnerable and marginalized.

We would like to highlight the importance of the provision of Personal Protection Equipment (PPE), alcohol, and sanitizer gels to health workers (both for public health facilities and community-led services).

In addition, there are some concerns arising from the COVID-19 response that will have an impact on program implementation. They include:

- A decrease in HIV prevention outreach activities, as shifting from vis-à-vis to virtual contact is not always efficient
- A decrease in the number of people seeking HIV tests
- A decrease in the number of PLHIV seeking Viral Load and CD4 testing
- Disruption to TB screening due to social distancing
- High risk of COVID-19 infection among PLWD and KAP

While Governments in the Western Pacific Region have taken measures including innovative policies and approaches to reduce the impact of COVID-19 on HIV, TB and malaria programs, implementation will require continued flexibilities including close coordination with civil society organizations.

The WPR constituency is concerned about the upcoming economic crisis caused by COVID-19 that will put budgetary pressure on donors regarding their pledge for the next funding period. This will affect the ability of countries, in their domestic resource mobilization, to co-finance the GF programs and continue building of sustainability mechanisms.

We strongly recommend that the Secretariat takes steps to explore the seriousness of the socio-economic impacts and create propositions to appropriately respond to the situation whenever it happens.

WPR appreciates the Secretariat's move to delay the timing of submission of proposals for the next phase of funding – from 2021 to 2023 – but would like to ask that further differentiation is put in place to take into consideration other major issues affecting different countries like natural disasters and others. COVID-19 combined with a natural disaster means that all health staff, including those working on HIV, TB and malaria, are required to work on the national responses making it an extreme challenge to also be putting together a proposal for funding. We urge the Secretariat to ensure that no country is disadvantaged because of circumstances beyond their control.

2) Office of the Inspector General Annual Report 2019 & Annual Opinion on Governance, Risk Management and Internal Controls

The WPR Constituency expresses its appreciation to the outgoing Inspector General, Mahoumadou Diagne, for his efficient work in leading the Office of Inspector General. During his term of office, he has demonstrated strong leadership, dedication, integrity, and efficiency in dealing with governance, risk management, and internal control.

We are sad to see him leave the Global Fund. We also extend our warmest congratulations to Mahoumadou Diagne for his new position as Vice President of Integrity for the World Bank. We wish him success in his new role.

Regarding the Annual 2019 Report from the Office of the Inspector General, we thank the office for the comprehensive report. We acknowledge the overall progress made by the Global Fund grants in achieving significant programmatic impact, through decreasing mortality and infection rates. We also acknowledge that the Global Fund's overall control environment and risk management processes, which includes Strategy, Partnership and Fundraising, Grant management, Finance, Risk management, and Governance, have reached an embedded stage of maturity.

We encourage the Secretariat to take concrete steps in improving the area of sourcing and supply chain management, because this is an important part for strengthening the Health System.

Lastly, we are concerned about the challenges posed by the quality and the unavailability of data that can seriously impact analysis. This can risk the ability to appropriately analyze situations, whether it be related to the state of diseases or management. We strongly recommend that the Secretariat deploys more resources, such as technical assistance, to tackle the data issue so as to ensure its accuracy and availability.

Implementer Group Statement: The Global Fund's Response to the Covid-19 Context

The rapid evolution of the global Covid-19 pandemic has pushed us as Global Fund Champions to reflect, rethink and explore how we: i) protect and advance the significant gains that have been made over the last 20 years in the fight against AIDS, TB and malaria; ii) not avert our focus from our core mandate; and, iii) ensure that no one, no community, is left behind.

We appreciate the early and ongoing efforts of the Global Fund and its partners to respond to country needs and the evolving implications of the pandemic. The rapid and deepening impact of Covid-19 reinforces the importance of both realizing the resources pledged at the 6th Replenishment and mobilizing additional resources to protect progress made against the Global Fund's core mission to save lives and end the three diseases.

Given this evolving context and needs, the Implementer Group would like to urge the Board to consider the following principles and actions in its discussions around responding to the challenges posed by Covid-19.

1. Leverage the power of multi-stakeholder engagement and partnerships at national and global levels

- Mitigate the impact of Covid-19 through coordination, meaningful participation and resourcing to enable the greater involvement of all CCM stakeholders, including civil society, communities, government and private sector partners; working in tandem with National Covid-19 strategic response plans and actors.
- Maximize the use of global partnership platforms (e.g., ACT-Accelerator), which should include civil society and communities at all stages to negotiate affordable prices for diagnostics tests and other tools ensuring equitable access and allocation to low- and middle-income countries while promoting harmonization with established procurement mechanisms and transparency.

2. Ensure that Global Fund Covid-19 mitigation and response strategies protect the populations most affected and at greatest risk of HIV, TB and malaria

- Respond to increased human rights challenges and access to health barriers. For example, the need for long term strategies to manage the human rights impact of Covid-19 lockdowns; appropriate inclusion of these as part of its Breaking Down Barriers initiatives as well as advocacy efforts to remove human rights and access to health barriers as a key focus of its in-country response across all three diseases.
- Are grounded in the critical and urgent needs of country contexts, with particular attention to vulnerable and key populations that we serve.
- Ensure that the particular needs triggered or exacerbated by community lockdowns and quarantine (such as responses to gender based violence and nutritional support) of key and vulnerable populations (as defined by the Global Fund) are adequately addressed, resourced and remain at the center of the Global Fund's response.

3. Enhance guidance, monitoring and risk management:

- The Global Fund responses need to be informed by the current rapidly evolving context in a timely manner. Regular guidance about Global Fund opportunities and flexibilities should be provided to enable countries to ensure equitable coverage of needs.
- Establishment and support for effective monitoring mechanisms, recognising the particular value of community led monitoring approaches.
- Analysis and tracking of the evolving epidemiological and economic impact of Covid-19 in affected countries is critical, and needs to be reflected in Global Fund's risk assessment and mitigation measures. This includes regularly reviewing co-financing flexibilities in light of challenges to meet ambitious domestic resource mobilization targets.

4. Champion Quality, Accountability and Oversight

- Recognize the importance of enhanced board engagement to ensure appropriate governance, accountability and oversight of the Global Fund's evolving role in the context of the Covid-19 pandemic response, including more detailed regular written reporting.
- Harness the power of the Global Fund's existing partner engagement mechanisms to champion and support effective and coordinated responses during the rapidly evolving Covid-19 context – for example involving global partners (such as those represented in the partner GAC) in facilitating support of new funding requests without delaying the overall process.