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# Report of the 44<sup>th</sup> Board Meeting

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## 44<sup>th</sup> Board Meeting

GF/B44/18

11-12 November 2020 (Virtual Meeting)

### **Board Decision**

Purpose of the paper: This document presents the Report of the 44<sup>th</sup> Global Fund Board Meeting, held virtually, from 11-12 November 2020.



## **Purpose**

This document presents the Report of the 44<sup>th</sup> Global Fund Board Meeting, held 11-12 November 2020.

Agenda items: The Meeting comprised of nine (9) agenda items, two (2) pre-Board meeting sessions and two (2) executive sessions.

Decisions: The Report includes a full record of the three (3) Decision Points adopted by the Board (Annex 1).

Documents: A document list is attached to this Report (Annex 2). Documentation from the 44<sup>th</sup> Board Meeting is available [here](#).

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

Participants: The participant list for the 44<sup>th</sup> Board Meeting can be consulted [here](#).

Glossary: a glossary of acronyms can be found in Annex 3.

*The Report of the 44<sup>th</sup> Board Meeting was approved by the Board of the Global Fund via electronic vote on 19 February 2021 (GF/B44/EDP15).*

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# Report

## Agenda Item 1: Board Meeting Opening

1. The Board convened virtually on 11-12 November 2020 for the 44<sup>th</sup> Board Meeting, following pre-meeting sessions and a closed session of the Board held on 10 November. A quorum was confirmed. The Chair of the Board, Donald Kaberuka, welcomed participants and guests, acknowledging and wishing a speedy recovery to colleagues affected by the COVID-19 pandemic. Highlighting the unprecedented nature of the current times, he recognized the flexibility, commitment and speed displayed by the Global Fund management and staff in response to the crisis. The Chair also extended his appreciation to government, civil society, communities and private sector partners, who have played a key role in enabling the Global Fund to fulfill its mission.
2. The traditional candle of remembrance was lit by a representative of the Developed Countries NGOs constituency, Robin Montgomery, to honor the memory of the victims of AIDS, tuberculosis and malaria. Ms. Montgomery emphasized that while the path to the 2030 objectives has been somehow diverted, this is the time to think critically and to harness the momentum needed to get to the target destination, adding that the time for global health solidarity and collective action was now.

### Decision:

3. The Board unanimously approved the decisions to appoint Robin Montgomery, from the Developed Countries NGOs constituency, as rapporteur for the 44<sup>th</sup> Board meeting (GF/B44/DP01) and to adopt the agenda of the meeting (GF/B44/DP02).

## Agenda Item 2: Report of the Executive Director

### Presentation

[GF/B44/O3 Report of the Executive Director](#)

4. The Executive Director (ED) opened the session by reflecting on the scale and depth of the impact of COVID-19, and on the threats it will continue to pose to the Global Fund's core mission unless the global response is adequately sustained and proportional to the magnitude of the crisis. He also stressed the unique capacities and added value of the Global Fund as a key contributor to address the pandemic. The ED updated the Board on three core topics as outlined in his Report: progress against 2020 priorities; the Global Fund's response to COVID-19; and priorities for 2021 and beyond. The ED emphasized the acute pressures on the Secretariat and thus the need for prioritization and requested the Board's assistance in enabling the Secretariat to focus on the most critical priorities. He also commended the Board, Secretariat and whole Global Fund partnership for its commitment and collaboration throughout the COVID-19 crisis, acknowledging in particular the courage and commitment of frontline health workers.

## Board Discussion

5. The Board commended the Global Fund's contribution to the global response to COVID-19 and its critical role in the Access to COVID-19 Tools Accelerator (ACT-A) while delivering on its core mission. The Board discussion focused on the following key themes:
  - i. **Core mission:** recognizing the progress made so far, constituencies echoed the Secretariat's concern regarding progress in the fight against the three diseases and encouraged the Global Fund to continue building upon its core values and strengths to protect its core mission, while contributing to achieving the SDGs. Constituencies commented on priorities as follows:
    - a. Ensuring continuity of services as we move into the next cycle of grants;
    - b. Continued prioritization of vulnerable groups and key populations, and addressing human rights and gender-related barriers holistically;
    - c. The need to strengthen focus on prevention;
    - d. The importance of a people-centered approach in grant-making; and
    - e. The need for real-time data for informed decision-making.
  - ii. **COVID-19:** constituencies expressed appreciation for the Global Fund's rapid and flexible response to COVID-19 and remarkable collaboration with partners, including through the COVID-19 Response Mechanism and ACT-A. Constituency commentary reflected on:
    - a. Recognition of the Global Fund's role in bringing civil society voices to the ACT-A initiative, and the need for continued focus on community systems and engagement;
    - b. The value of building on lessons learnt from the fight against AIDS, tuberculosis and malaria in the COVID-19 response, including addressing barriers, as well as the need to draw lessons and seek opportunities from the pandemic response to inform the fight against the three diseases, including with respect to data and partnerships;
    - c. The Global Fund's leadership role, strengthening its contribution to advance on equity, inclusiveness and global solidarity, and to track investments in human rights and gender initiatives;
    - d. The continued health and economic impact of COVID-19, including on donor funding, and the associated need for the Global Fund to be catalytic and to pursue the integration of public and private systems for health;
    - e. The potential risks of over-prioritization of the COVID-19 response against the need to redouble efforts in the fight against the three diseases;
    - f. A call to remain focused on critical risks facing the mission; and
    - g. The importance of continued engagement in partnerships, including the Global Action Plan (GAP).
  - iii. **Sustainability, Transition and Co-financing:** reflecting on Sustainability, Transition and Co-financing-related considerations within the COVID-19 context, commentary noted the need to use data available regarding the impact of COVID-19 on national health and economic systems to inform the adjustment of transition plans, enabling timely preparation by countries. A call to ensure transition plans adopted a people-centered approach and were linked with discussions on Resilient and Sustainable Systems for Health (RSSH) to ensure long-term impact was also made. Constituencies expressed appreciation for the establishment of the new Health Financing Department and looked forward to the Global Fund's plans to address domestic resource mobilization in a constrained fiscal space.

- iv. **Strategy development:** constituencies noted the need to embed lessons learnt from the fight against AIDS, tuberculosis and malaria, and now from COVID-19, in the next Strategy, and to leverage the Global Fund's strengths and capacities, and address areas of relative weakness. Ahead of a dedicated session on day two, constituencies commented on the following:
    - a. The continued central importance of key populations, human rights, gender and community systems as priority areas for the next Strategy.
    - b. The need for focus on monitoring and evaluation, effective Key Performance Indicators (KPIs), use of data, domestic resource mobilization and sustainability issues.
    - c. The need for support to catalytic investments, innovation and accountable partnerships to strengthen systems for health.
    - d. Acknowledgment of the need to explore and balance potential tensions between investments in the fight against the three diseases and the Global Fund role in RSSH and global health security.
  - v. **Staff well-being:** sharing the ED's concern regarding staff workload and levels of fatigue, constituencies noted the importance of attention to staff health, alongside robust contingency measures and prioritization.
  - vi. **Diversity and Inclusion:** welcoming the priority placed on Diversity and Inclusion, constituencies echoed the ED's concern regarding Pulse Survey results on Diversity and Inclusion, urged the Secretariat to reinforce organizational culture, and requested regular feedback on this and gender issues. One constituency offered assistance to share institutional lessons learnt.
6. In addition to the discussions during the Board meeting, in their written statements, some constituencies emphasized the need to review the quality and timeliness of Technical Review Panel (TRP) submissions, noting the lack of focus on community systems, as well as on human rights and gender-related matters. Statements also called for more reflection on the impact of COVID-19 on strategic performance, reiterating the need to strengthen KPIs. Referring to the discussions on RSSH, a call to better explain the Secretariat's vision on enhancing impact on RSSH investments was made.

### Secretariat Response

- 7. The ED thanked the Board for the rich and insightful comments. Due to time constraints, he offered to address some of the key issues raised (including on RSSH, sustainability and transition, domestic resource mobilization, the role of communities, the need for better data an innovation, among other topics) during the following sessions.
- 8. The ED recalled that the worst-case scenarios on the COVID-19 impact on core programs had been averted thanks to the Global Fund partnership's commitment, efforts and capacity to innovate. He acknowledged, nonetheless, the setbacks especially in the areas of HIV prevention, TB case-finding and malaria diagnosis and case management, and the calls for ensuring these are addressed as soon as possible.

## Agenda Item 3: Office of the Inspector General Progress Report

### Presentation

#### GF/B44/04 Office of the Inspector General, Progress Report

9. The Vice-Chair of the Audit and Finance Committee (AFC), Edward Ouko, provided introductory remarks, focusing on the discussions that took place at the 14<sup>th</sup> AFC meeting in October 2020. The Vice-Chair noted the Office of the Inspector General's (OIG) efforts to address the needs raised by the COVID-19 epidemic and commended them on re-organizing their priorities and resources to ensure continuous service. He informed the Board that the OIG budget was approved at the last AFC meeting unanimously and recommended for inclusion in the overall OPEX budget.
10. Thanking the Vice-Chair for his remarks, the acting Inspector General stressed that assurance provision, given the disruption caused by COVID, continued to be extremely challenging. She stated that after re-planning and reprioritizing its assurance plans, and by improving its ability to conduct audit and investigations remotely, the OIG remained on track on providing assurance on key issues. She added the OIG would however need to continually adapt its assurance response to the external risk environment and further adaptations – major and minor – would be inevitable. The acting IG informed the Board that in 2021, OIG will focus its attention on the key portfolios, stressing that overdue Agreed Management Actions (AMAs) on Sexual Exploitation & Abuse, Supply Chain, and Program Quality represented open risks that could hamper the Global Fund's impact and reputation.

### Board discussion

11. Board members expressed their appreciation for OIG's report, and for its work in such challenging times. Members commented, or asked for clarification, on the following points:
  - i. **Leveraging in-country resources:** Emphasizing that for audits, building local expertise on financial assurance should be a key priority, the Board asked whether the consultants engaged to work on country audits would be local or international, and if the former whether that represented a long-term, sustainable, structural choice. With regards to investigations, the Board encouraged the OIG to use in-country resources and to work closely with the investigation units of donor governments and civil society to monitor potential wrongdoing.
  - ii. **Agreed Management Actions:** The Secretariat was asked to produce a clear timeline for the closing of long-overdue AMAs. Concerns over the long-overdue AMA on RSSH was expressed and it was suggested that Program Quality and Supply Chain AMAs should be prioritized.
  - iii. **COVID-19:** The Board requested the OIG to update its risk assessment and assurance model, to prioritize an audit on Global Fund COVID-19 expenditure (including personnel on the ground and supply chain issues) and to provide information on measures taken to prevent price surges or the circulation of poor quality products.
  - iv. **Domestic financing:** The Board commended the OIG's planned advisory review on Global Fund mechanisms to manage domestic financing, stating that it was a critical issue requiring systematic assessment, given the economic impact of COVID-19 on countries' fiscal space, and the stagnation of health financing particularly in Africa.

- v. **Human Rights and Gender:** The Board emphasized the need to mainstream these into the Global Fund's work and requested the OIG to help embed related activities across the organization.
  - vi. **Wambo.org internal review:** The Board asked the OIG to use the opportunity of the wambo.org audit to have a clear discussion with Stop TB and the Global Drug Facility.
12. In addition to the themes highlighted above, in their statements, constituencies commended OIG's adoption of a remote audit and investigation methodology and were supportive of the enhanced technology being employed, encouraging OIG to further develop these resources to streamline processes and reduce costs. For audits, close collaboration with partners and supreme audit institutions in country was encouraged given the benefits to the Global Fund of building local expertise on financial assurance.

#### OIG response

13. **Leveraging in-country resources:** The OIG informed that the choice between local or international providers would depend on the country. Adding that the OIG would need to navigate challenges around quality and independence of local providers, travel bans etc., it emphasized that its response would be tailored and flexible. With regards to investigations, the OIG said it will leverage strong existing relationships and collaborate with donor and implementing countries' investigative units. The OIG remarked on its graduated approach, assessing the partners' investigative capacity on each occasion, adding that for civil society organizations, who are important partners for OIG, the focus is on getting them to speak out and raise concerns.
14. **Maturity of Secretariat processes:** Responding to a question regarding organizational maturity rating, the OIG said it will produce an annual assurance opinion, as required by its Charter, providing as much assurance as it can and detailing the limitations in scope of its opinion. The opinion is unlikely to follow the same maturity scale used in the previous five years, as the Secretariat reached its desired maturity level at end of 2019.
15. **Risk assessment:** Even before COVID, OIG was moving to a more dynamic risk assessment model; COVID has further encouraged this.
16. **Human Rights and Gender:** The OIG reassured the Board that it will implement numerous 'I Speak Out Now' and other prevention activities in 2021, as well as on other issues.

#### Secretariat response

17. **Agreed Management Actions:** The Secretariat reported that delays were partly due to challenges in-country including resources being focused on grant-making for the new cycle, but also to constraints exacerbated by the COVID-19 crisis, adding that the closure of overdue AMAs may be staggered (some are projected to close by the end of the year, while others will carry over 2021 as they require a tailored response). The Head of Grant Management emphasized, however, that progress was continuing on open AMAs, stressing that most were between 50 and 70 percent complete.
18. **Domestic financing:** The Secretariat said the planned advisory review will be a good



opportunity to take stock of the situation and that it will inform future strategy.

## Agenda Item 4: 2021 Corporate Workplan and Operating Expenses Budget

### Presentation

[GF/B44/02A 2021 OPEX Budget and Corporate Work Plan](#)

[GF/B44/02B 2021 Operating Expenses Budget](#)

19. The Chair of the AFC provided introductory remarks recalling that the proposed OPEX budget for 2021 had been unanimously recommended by the AFC in its last meeting, and therefore been proposed for Board approval. Emphasizing on the need to adapt the OPEX cap to fit the current circumstances and the requirements of the new strategy, the Chair noted a sub-committee working group will be created to look at specific questions and to ensure appropriate coordination with other committees.
20. The operating expenses budget and corporate workplan for 2021 were presented to the Board for approval. The Secretariat proposed a budget of US\$ 315M and illustrated the high-level principles agreed under the 'OPEX Evolution' framework. The recommended budget will ensure that Secretariat resourcing is in line with the increased mandate and ambition in a COVID-19 context. The Secretariat committed to work with AFC to perform deep dive analysis to determine optimal budget levels and the appropriate level of reporting details needed by the AFC and Board to perform their oversight roles.

### Board Discussion

21. Board members commended the Secretariat for a robust proposal, especially noting the clear communication of the budget narrative. The following items were highlighted during the discussion:
22. **3-year budget cap:** Board members noted that when evaluating the OPEX 3-year cap, a clear rationale will be critical, with the narrative covering the following:
  - i. alignment of the budget to the new strategy;
  - ii. potential evolution in Global Fund operations;
  - iii. efficiency and focus on value for money; and
  - iv. consideration of recommendations from the Strategic Review 2020 (SR 2020) report.
23. **Impact from reduced travel:** The Board requested information on the operational consequences of reduced spending on travel and how this will impact in-country operations as well as Secretariat infrastructure needs.
24. **Monitoring and assurance activities:** The Board requested confirmation that the OIG, Local Fund Agents (LFAs), Country Coordinating Mechanisms (CCMs) and the Technical Evaluation Reference Group (TERG) will be adequately funded within the current COVID-19 context.
25. Other comments noted in the meeting, as well as in the constituency statements, also focused

on:

- i. Consideration of strategic capabilities needed in countries, to be factored into Secretariat capabilities to provide support.
- ii. With regards to the OPEX cap, the AFC may need support from other committees (e.g. from the Strategy Committee) to factor in the programmatic perspective and to determine an adequate fit that enables the Global Fund to do its work.
- iii. Consideration for adjusting the operating model of the Global Fund following the lessons learnt from the current cycle, including COVID-19 mitigation responses. This was noted by the Chair to be a bigger topic warranting a separate discussion.
- iv. Financial performance, including absorption and allocation matters on COVID-19 mitigation, C19RM expenditures and impact on funding for the three diseases, will be monitored as part of the forecasting, management and AFC oversight mechanisms.

### Secretariat Response

26. **3-year budget cap:** The Secretariat informed that a deep dive will be conducted, and detailed analysis provided, on how the cost base has evolved, on structural investments as well as perspectives in 2021 budget execution for the March 2021 AFC meeting, where the budget ceiling will be discussed. Finance was consulted and provided inputs to the SR 2020 recommendations. These recommendations will inform the next Global Fund Strategy and the OPEX evolution will be aligned with this. The Secretariat added that as it performs costing of the next Strategy, it will be able to respond to some of the recommendations from the SR 2020 report and provide the cost implications of these choices to enable the organization to respond. This is already evidenced in some elements which could be activated in 2021, already integrated into parts of the budget such as the enhanced approach to RSSH, prevention, etc. where resources are being shaped in the Secretariat to respond to challenges in program delivery.
27. **Impact from reduced travel:** The Secretariat stated that while there have been savings noted from the reduction in Secretariat travel, a significant increase in other costs (e.g. additional support to the TRP, as well as to IT services within the Secretariat and to countries and in-country stakeholders to manage the preparation of grants, both for C19RM funding and grant programs) was recorded.
28. **Monitoring and assurance activities:** The Secretariat reaffirmed that monitoring and assurance activities were not expected to be adversely affected. The OIG budget is developed independently and thus not impacted. Funding levels have been maintained at 2020 levels for the TERG and the CCMs.
29. **Budget:** The Secretariat informed that along with forecasts, the budget discussion in March 2021 will be used to assess any additional resource needs and will include a strong narrative on efficiency levers activated, focus on value and a clear vision of how the funds will be spent. This might include LFAs as we anticipate additional costs needed for in-country assurance.

### **Decision:**

30. The Board voted unanimously in favor of decision point GF/B44/DP03.

## Agenda Item 5: Executive Session

31. The Board met in Executive Session on 10 and 12 November. 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 6: COVID-19 Response and Business Continuity

### Presentation

[GF/B44/o6 COVID-19 Response & Business Continuity](#)

[GF/B44/o6 Annex 1 The Global Fund COVID-19 Update to the Board](#)

32. The ED provided the latest available updates on the four pillars of the Global Fund response: keeping our people safe, protecting the Global Fund's core mission, helping countries respond to COVID-19 and the Global Fund's role in the global response, as set forth in detail in the documents presented to the Board. Addressing points raised earlier on supporting community-led initiatives and incremental OPEX costs in relation to C19RM, the ED confirmed that (1) retrospective analysis will be conducted on spending on community-led initiatives, to be shared with the SC once completed, along with the outcomes of the OIG review; and (2) incremental OPEX costs in relation to C19RM will be USD 3.9 million for 2021, as reported in the context of the extension of C19RM.
33. With regards to the Global Fund's global role, the ED brought to the attention of the Board the urgent needs in relation to ACT-A, highlighting the critical gap in resources available for diagnostics and for health systems.

### Board Discussion

34. The Board commended the Global Fund's efforts in response to COVID-19 and its active leadership role in the ACT-A partnership and noted the critical need to maintain focus on safeguarding the core mission and the gains made in the fight against the three diseases. Board discussion included the following points:
- i. **Operating model:** Reflecting on the impact of COVID-19 on the working environment, suggestions were raised for the Secretariat to assess its operating model with regards to country presence, the role of LFAs and Principal Recipients, and collaboration with partners, as well as the approach to utilization of unoccupied space at the Global Health Campus.
  - ii. **Leveraging lessons learned:** Reflecting on the opportunities offered by the crisis, commentary noted the need to support health systems to enhance pandemic preparedness and response capacities; leverage community platforms; better showcase, share and institutionalize lessons learnt; foster innovation and address bottlenecks. Furthermore, constituencies reflected on the importance of real-time data gathering to monitor the impact of the pandemic at country level, and lessons regarding real-time data and strengthened monitoring for the fight against the three diseases.
  - iii. **COVID-19 Response Mechanism (C19RM):** Flexibility in the use of funds to address urgent needs was appreciated. Constituency commentary included reflections on:
    - a. The need for continued reporting on the use of C19RM resources, including focus on

- areas of the Global Fund COVID-19 response that bring added value.
- b. The need to balance investments in the COVID-19 response versus the need to continue focusing on the three diseases, with a request for information on the possible impact of C19RM on Portfolio Optimization and Unfunded Quality Demand.
  - c. A request for clear guidance to CCMs on C19RM.
- iv. **Core programs and barriers:** Constituencies noted concerns regarding the increase in human rights abuses in the crisis environment, and the challenges faced in terms of prevention and reaching vulnerable groups and key populations. Comments emphasized the importance of funding to local communities, investments to strengthen and adapt health systems, the removal of structural barriers to accessing health services and the protection of health workers. In addition, the environmental threats resulting from COVID-19 were noted.
  - v. **Community-led initiatives and community strengthening:** Discussion reflected on the importance of community-led initiatives in the COVID-19 response, and of learning lessons from their role in the pandemic response. Some constituencies urged the Secretariat to expand funding for community response and community-led initiatives, prioritizing C19 allocations for communities, civil society and key populations.
  - vi. **Partnership:** Constituencies acknowledged the importance of ongoing and strengthened collaboration, encouraging health agencies to take stock of the lessons learnt from the work on AIDS, tuberculosis and malaria to inform the COVID-19 response, while maintaining focus on long-term goals. A group of country-based partners supporting CCMs in the COVID-19 response was suggested.
  - vii. **Risk management:** Commentary reflected appreciation for a robust Risk Management Report and reflected on increased levels of risk in different areas (e.g. fraud or misuse of funds, program delivery and quality, sexual harassment and abuse, burnout, domestic financing and economic risk for transitioning countries). In this context, a number of constituencies looked forward to discussing adjustments to risk appetite, with the observation that increased acceptance of risk may be necessary to further explore and scale up innovation.
  - viii. **Resource mobilization:** Appreciating the Global Fund's resource mobilization efforts, discussions acknowledged the significant ACT-A funding gap. In addition:
    - a. A request was made regarding budget scenario planning to understand trade-offs in the absence of adequate funding for the COVID-19 response.
    - b. Some constituencies supported flexibility with respect to Sixth Replenishment funding, while others requested further information regarding the rationale for allocating resources between the COVID-19 response, and mitigation of impact on the Global Fund's core mission.
    - c. Some constituencies enquired about risks to Sixth Replenishment pledge conversion, and to domestic resources, alongside interest in the strategy to approach resource mobilization challenges in view of the Seventh Replenishment.
  - ix. **wambo.org:** Constituencies encouraged the Secretariat to ensure full transparency in the cost of health commodities, and also expressed support for efforts to coordinate global procurement of COVID-19 health products. Commentary recognized the role of wambo.org as a platform to provide access to diversified production and supply chains, through a transparent and efficient mechanism. One constituency called for expansion of

wambo.org, while another noted that it should remain an optional platform for countries.

### Secretariat Response

35. The ED thanked the Board for the rich and insightful discussion and invited the relevant Management Executive Committee (MEC) members to provide clarifications on the issues raised by the Board:

- i. **Operating model:** The Head of the Grant Management Division (GMD) noted that the operating model of the Global Fund had proven to be robust over the past few months, and reassured the Board of the effectiveness of the enhanced monitoring function performed by LFAs, with requirements adapted to the COVID-19 environment (e.g. requests for enhanced procurement and supply chain reviews, COVID-19 specific monitoring exercises, focus on areas of particular risk). He also confirmed that any ineligible costs found in LFA reviews of transactions during the year were subject to recoveries as per standard procedure. The virtual working environment was acknowledged as a challenge, as it has been in all countries, and the Secretariat has addressed it through continuous communication through the PRs, governments and CCMs. The Head of GMD cautioned that changes to the business model must take into account medium- to long-term steady state post COVID-19, noting that reflections on country presence and the business model should preferably not take place during the COVID-19 crisis.
- ii. **Community-led initiatives and community strengthening:** The Head of GMD recalled that funding proposals are prepared and submitted by CCMs, stressing that community involvement at CCM level is critical. Global Fund guidance encourages countries to include community-led initiatives in funding requests.
- iii. **COVID-19 lessons learnt:** The ED reflected on two areas where COVID-19 offered lessons learnt to build upon in the fight against the three diseases:
  - a. **Data:** A paradigm shift is necessary in the way data are collected, analyzed and used, requiring the commitment of the whole Global Fund partnership. Current data on HIV, tuberculosis and malaria are not updated frequently enough, nor are sufficiently disaggregated to provide adequate evidence for informed decision-making. Better data should help the Global Fund's partnership be more agile and more effective in addressing the needs of key populations and vulnerable groups and should be a driver of operational changes.
  - b. **Partnerships:** The global health partnership model has been more effective in the COVID-19 emergency context than ever before. Lessons learnt from ACT-A on the importance of purpose-driven partnerships driven by collaborative leadership should be used to inform the future evolution of the Global Action Plan (GAP).
- iv. **Risk management:** Noting the increase in level of risk across several areas, including grant-facing risk, the Chief Risk Officer reassured the Board of the robustness of the Global Fund partnership's response to the pandemic from a risk perspective, and confirmed that the risk framework remains effective. Adjustments are anticipated with respect to recalibration of risk appetite, expanding the mitigation toolkit, and increased focus on use of data to measure level of risk.
- v. **Resource mobilization:** The Head of External Relations and Communications (ERCD) confirmed that Sixth Replenishment pledge conversion is a priority for the

Secretariat and is on track. She clarified that resource mobilization for C19RM is complementary to Sixth Replenishment resources and recognized the donors who have already pledged additional funds. Noting the focus on funding for vaccines, the Head, ERCD recalled the need to balance incremental resources across all ACT-A pillars. In addition, it was noted that engagement with key stakeholders outside the Official Development Aid (ODA) space (e.g. Ministries of Finance and development banks) had started.

- vi. Looking ahead, both the Head of ERCD and the ED reflected further on the linkages between the COVID-19 crisis, its health and economic impact, the success of the next Replenishment, and recovering ground in the fight against the three diseases. Meaningful Global Fund involvement in the global COVID-19 response is essential to mitigate the impact of the pandemic on the three diseases, ensure continued focus on, and involvement of, communities and key populations, protect Sixth Replenishment allocations, ensure that the three diseases remain high on the global health agenda, and position the organization for a successful Seventh Replenishment.
- vii. **Communication:** The Global Fund provides public information on its COVID-19 response, including C19RM, on a dedicated section of the Global Fund website. This includes regular situation reports which provide in-depth information on the Global Fund COVID-19 response and mitigation of impact on the three diseases; information on funding awarded to countries and the ACT-A partnership.
- viii. **wambo.org:** The ED confirmed that the use of the wambo platform is optional for non-Global Fund financed purchases, and that other procurement mechanisms are available also for Global Fund grants, provided that the required transparency and quality standards are complied with.

## Agenda Item 7: Development of the Next Global Fund Strategy

### Presentation

#### [GF/B44/07 Development of the Next Global Fund Strategy](#)

- 36. The Board Chair opened the session by sharing reflections on the Strategy development process, emphasizing the importance of open and frank dialogue to take work forward on the next Strategy. He noted the need to define its structure, with clear roles for the Board and the SC and inputs from technical partners, while reiterating the Board's ownership and leadership of the strategy development overall.
- 37. The Strategy Committee (SC) Leadership shared a synthesis of the SC and Board input received through the Q4 2020 Strategy discussions, which focused on the Global Fund's future role in RSSH, global health security and strategic refinements to the partnership model to improve program impact. The Secretariat presented a high-level overview of the current health and development landscape to contextualize the Strategy development discussions, and in response to the Board's request, shared initial thinking on the Secretariat's vision for the next Strategy.

### Board Discussion

- 38. The Board thanked the Secretariat for sharing its initial vision for the next Strategy and



acknowledged that progress had been made through the Q4 discussions. Reflecting on the Secretariat's vision, constituencies appreciated the strong emphasis on equity, human rights and gender and community responses, and noted the need for the next Strategy to build on the Global Fund's comparative advantages.

39. Some constituencies noted that while leveraging strengths to address current and future epidemic threats more broadly was important, the Global Fund's primary focus should remain on ensuring the continuation of work to make progress against the three diseases. Other constituencies noted that any expansion to the Global Fund mandate would need to be accompanied by additional resources. Other constituencies also highlighted the expectation for the next strategy to have a stronger focus on sustainability and emphasized the importance of RSSH investments to ensure sustainable outcomes on the three diseases.
40. Following a request supported by various constituencies, there was general consensus that the last Board discussion of 2020 on Strategy development should be informed by a summary paper, highlighting areas of Board convergence and divergence through the Q4 2020 discussions to date, "the what" and "the how" of these topics, discussing trade-offs, and presenting the Board with options to take forward in its discussions.
41. Constituencies highlighted a number of other topics for discussion in more depth through the Strategy development process. These include: disease-specific issues including incidence reduction; ways of strengthening meaningful community engagement and leadership of the response; redoubling efforts to address human rights, gender and equity; strengthening programs to meet the needs of key and vulnerable populations; addressing risk appetite to facilitate improved program outcomes; engaging with the private sector; evolving the CCM model to increase integration and meaningful engagement; specific adjacent health areas that could be supported through Global Fund RSSH investments; further clarity around how the Global Fund can support a people-centered approach through its investment; what is needed to deliver better quality, more timely data to inform programming; resource mobilization and program sustainability; adapting to a changing environment and reviewing the interactions between health, climate and environment (including the One Health concept); and country ownership.
42. Constituencies also noted the importance of a strengthened key performance indicator framework to promote accountability in delivering on the next Strategy.

#### Secretariat Response

43. The Secretariat acknowledged the Board's request for a paper to inform the next Board discussion on Strategy development. The Secretariat also highlighted areas of convergence brought up during the session, including the importance of more meaningful community engagement and community and civil society leadership of the response; a strengthened focus on equity, human rights, gender and the most vulnerable populations; and the importance of strengthening the Global Fund's partnership model.
44. The Secretariat agreed on the importance of in-depth discussions going forward on other Strategy development topics, noting that these discussions will be undertaken in various ways including at the Partnership Forums in Q1 2021, with the follow up discussions on development of the next Strategy framework and narrative, and through associated policy discussions led by the Strategy Committee and Board, which will also take place throughout 2021-2022 (such as on the allocation model and disease split) and in preparation for Strategy

implementation and the first cycle of grants under the next Strategy from 2024.

45. The Secretariat also emphasized the importance of the Board providing steer on the way forward on the 3 focus topics of the Q4 2020 discussions, to give structure for subsequent Strategy discussions.
46. In response to questions raised (including from constituency statements), the Secretariat noted that:
- i. It will continue to work closely with technical partners in the development of the Global Fund's next Strategy and is participating in the Strategy development processes of its technical partners;
  - ii. SR2020 and TRP recommendations have been incorporated into background materials for Q4 Board and SC discussions; and
  - iii. The scheduling of Partnership Forums will account for the focus regions' time zones, with the Secretariat currently in the process of reviewing participant nominations in line with the participant selection methodology.
47. The Board Leadership concluded the session by affirming its commitment to advancing the Strategy discussions. Based on the feedback received from the Board, Board Leadership confirmed that they would work closely with the Secretariat to develop a paper to inform the last Board discussion of 2020 on Strategy development, noting that the scheduled date of 30 November for this meeting would likely be moved to December to give time for constituency review of the paper before the meeting.

#### Action points

- The Secretariat will develop a summary paper to inform Board discussions at a December 2020 meeting on Strategy development.

## **Agenda Item 8: Governance Priorities**

#### Presentation

48. The Vice-Chair of the Board introduced the agenda item, emphasizing the session was an opportunity to reflect on governance priorities, continuity and culture and invited committee leadership to share the highlights of their respective workplans and key priorities for the year ahead.
49. The SC's Vice-Chair noted the ongoing work of the Committee on strategy development and the different stages leading to the approval of the strategy, including the next Board retreat, the Partnership Forums and the approval of the strategy framework. She stated that in addition the Committee would focus on the following priorities:
- i. Monitoring and Evaluation, including the development of the new framework. In this regard, the Vice-Chair acknowledged the creation of an informal cross-committee working group on Monitoring and Evaluation (M&E) to facilitate and support the SC's contributions to M&E;
  - ii. Developing a new Key Performance Indicator (KPI) framework in line with the objectives identified in the new strategy. Acknowledging the preliminary findings of



the Governance Performance Assessment conducted by Nestor Advisors, the Vice-Chair reaffirmed these would be taken into consideration when developing the new framework. She added that adjustments to current KPIs had and will continue to take place to ensure strategic performance was adequately tracked; and

- iii. The review of eligibility and allocation methodology that will take place in 2021, in preparation for the next cycle of grants.
50. The SC Vice-Chair added that the list of priorities mentioned was not exhaustive and that to adapt to the new environment and to ensure efficiency, serious prioritization needed to be done, along with the adoption of new and creative ways of addressing issues.
51. The AFC Chair presented the following priority topics, calling for a cooperative approach with other committees on cross-cutting issues:
- i. OPEX, specifically identifying together with the other Committees, options and trade-offs for the Board's consideration;
  - ii. Risk management, looking at how the Committee uses risk in terms of its overview and oversight of the Global Fund and advising the Board on a potential update of risk appetite decisions in 2021;
  - iii. With regards to resource mobilization, in addition to conversion of Sixth Replenishment pledges, the Committee will continue to focus on domestic financing
  - iv. Human resources, noting that the Committee will consider reputational risk and risk with regards to completion of programmatic activities. In addition, the Committee will also consider how to ensure sound structures, processes, procedures and controls to mitigate issues;
  - v. Effective information-sharing, including tracking of funds, absorption, etc. He emphasized, referencing the conversation of the day before, the development of different dashboards to ensure efficient tracking of the various funding movements and streams; and
  - vi. The AFC looks forward to working closely with the next Inspector General.
52. Due to technological difficulties, the Board Vice-Chair presented the Ethics and Governance Committee (EGC) priorities on behalf of the Chair of the EGC. The presentation of EGC priorities was made available to constituencies via the Governance Portal. In session, the Board Vice-Chair highlighted the following EGC priorities:
- i. Governance strengthening initiatives, including on culture and governance effectiveness in the current context;
  - ii. Finalizing the assessment, and taking forward the outcomes of the Governance Performance Assessment; and
  - iii. Numerous appointments and selection processes taking place in 2021-2022 (including the next Board Leadership process).
53. The Board Vice-Chair presented the Board workplan, noting in particular the need to drive attention to current and new strategic objectives, ensuring high impact against the three diseases especially as COVID-19 continues, and underlining the importance of supporting delivery of the high volume of grants currently being processed by the Secretariat. The Vice-Chair recalled the Board would continue engaging in overseeing and supporting resource

mobilization throughout the Sixth Replenishment and in preparation for the Seventh Replenishment, including domestic financing. The Vice- Chair stated that the next Board meeting in May 2021 would address various key items, noting that the details can be found in the Governance Portal.

54. The Vice-Chair reminded that an additional Board meeting will take place in mid-2021 when a decision on the new Strategy framework will be taken, ahead of the adoption of the full Strategy.
55. The Board's attention was drawn to the decision points coming to the Board after the meeting, including a high volume of funding recommendations, adjustments to the KPIs, appointment of the Inspector General, and revision of the Code of Conduct for Governance Officials.

### Board Discussion

56. Board members expressed general agreement that many matters should be addressed in a transversal manner, ensuring cross-committee collaboration, particularly on issues such as KPIs, M&E, fraud and corruption, and risk. Members stressed the importance of follow-up to themes raised in the recent Ombudsman Report, including the approach to matters relating to inclusion and diversity. Constituencies also emphasized the importance of the ongoing work in relation to sexual exploitation, abuse and harassment, as well as the upcoming deep dive on Strategic Objective 3 (SO3). On KPIs, it was suggested that a cross-committee working group be established.
57. Regarding the EGC workstream on governance roles and responsibilities, some constituencies called for a shift of terminology, from “simplifying” to “clarifying” roles and responsibilities. There was also a request to discuss length and format of governance meetings in the continuing virtual environment, to ensure meaningful engagement by Board and Committee members.
58. The Board Vice-Chair acknowledged the comments made, emphasizing that further discussion was required, including through the Coordinating Group.
59. On fraud and corruption, the AFC Chair emphasized focus on implementation of the Policy to Prevent Fraud and Corruption, to ensure processes and procedures are strong. He added the AFC's discussions on Human Resources matters would include focus on matters raised in the Ombudsman report.

### **Agenda Item 9: Closing session**

60. The Chair thanked members for the productive meeting, noting the important decisions that have been taken. In his closing, Dr. Kaberuka commended the Global Fund for the leadership it has shown in times of crisis, and in doing so, securing its core mission while demonstrating that risk-taking can yield high results.
61. He reiterated the significant economic impact that COVID-19 is having on the people the Global Fund serves, adding that some African economies may suffer their first recession in 30 years. This, he recalled, will in turn have an impact on the distribution of resources, and as such, the Global Fund will need to think innovatively with regards to the next Replenishment.

62. On the new Strategy, the Chair emphasized that it will define the Global Fund's legacy, saying that conscious consideration of what goes in the strategy would need to be made, ensuring it was not a strategy of "business as usual". He added that it was time to move from principles to practicalities, providing granularity to the issues discussed.
63. Lastly, Dr. Kaberuka thanked the Secretariat, its management and staff, for their hard work and commitment during this time, and called for ensuring that staff are heard, noting the importance of continuing the work on inclusion and diversity. He also recognized the work that the Office of the Inspector General had done during the transition and at a time of increased risks.

## **Item 10: Items Discussed in Writing**

64. As indicated in the 44th 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. Some of the queries shared by Board members are addressed below (with others reflected in the Secretariat responses in the previous sections).

### Report of the TRP and Country Funding Update

65. TRP recommendations: The Secretariat recognizes the value of TRP recommendations and the need for them to be appropriately addressed. The Secretariat has already operationalized a very robust monitoring system to ensure that that TRP issues/recommendations made in TRP Review and Recommendation Forms for country applicants are comprehensively addressed. These are recorded in and responded to through the Secretariat's Grant Operating System and in the 2017-2019 cycle almost 80% of the recommendations were cleared on time either during grant- making or grant implementation, respectively. The 'global' recommendations made by the TRP in their lessons learned reports can be addressed to applicants, partners or the Secretariat. While the monitoring of responses/actions to address these recommendations is less formalized, the Secretariat is considering setting up a monitoring and reporting system on these global recommendations.
66. Human rights and gender-related barriers: The Global Fund acknowledges the continuing challenges to address human rights and gender related barriers to services in Funding Applications. The Secretariat is advancing strategic initiatives to provide increased relevant and timely technical assistance to programs in Adolescent Girls and Young Women (AGYW) HIV incidence reduction, human rights, finding missing people in TB, and community led monitoring. The Community, Rights and Gender (CRG) Strategic Initiative continues to provide support for key populations to engage with Global Fund-related processes through short-term technical assistance and longer-term capacity development. In countries where responses are not recognizing criminalized and marginalized populations (i.e. internally displaced, MSM, etc.) the Secretariat is engaging partners, including faith-based organizations and leaders, to find ways to influence national responses to allow work to commence or continue. This includes leveraging existing platforms such as the HIV Situation Room and Global Prevention Coalition as well as exploring partnerships for advocacy with regional and global civil society organizations and networks supported by bilateral partners (e.g. Love Alliance supported by the Dutch Ministry of Foreign Affairs). Importantly, the Secretariat continues to

monitor the implementation of TRP recommendations on conducting formative assessments, estimating population sizes and developing differentiated service packages during grant implementation, while ensuring meaningful and safe engagement of key populations in the design and delivery of activities in this area.

67. Monitoring COVID-19 impact on Global Fund programs:

- i. The Global Fund's monitoring approach is dynamic, agile and focused on guiding understanding and decision making. To respond to the current health crisis, the Secretariat designed and rolled out a 'Covid Monitoring of COVID- 19 Impact' on Global Fund grant results and service delivery that monitors a range of key program indicators in 38 countries and conducts programmatic spot checks, carried out by LFAs, to monitor service continuity at 15 selected health facilities/community sites in each of these countries. In addition, every two weeks, the Global Fund conducts a survey to collect qualitative information from over 100 countries about their context, risk of disruption to grant creation and grant implementation, which contributes to rapidly identifying areas where there may be challenges for further investigation. The survey complements the service delivery information from the "Covid Monitoring of COVID-19 Impact" by providing insights into potential disruption to levels of national stocks by disease, in-country supply chains, lab services, Logistics Management and Information System (LMIS) and Health Management and Information System (HMIS) reporting capabilities and financial absorption of grants.
- ii. This is enabling Global Fund Country Teams (CTs) to better understand COVID-19 impacts on Global Fund supported programs, complementing the regular communications between the CTs, Principal Recipient (PRs), CCMs and partners, and helping CTs and countries to develop and implement targeted catch up plans and program adaptations. The monitoring information is designed for internal Global Fund audience and use, and is triangulated with the information received from other partners, including WHO.
- iii. The Secretariat has worked closely with community partners, especially through Disease Situation Room meetings, to monitor, understand and respond to COVID-19 disruptions to program performance, service availability, access and results. This has enabled responsive coordinated actions, including joint advocacy with country leaders to enable appropriate adaptations to programs and campaigns. This is critical to maintaining the important coverage gains achieved in previous years and to continue reducing disease cases in the COVID-19 era.
- iv. In addition to investing significantly in strengthening in-country HMIS and analytic capacity for decision making, in response to COVID-19 the Global Fund has supported countries to rapidly integrate the DHIS2 Covid-19 surveillance modules into their systems. In Burkina Faso, for example, where the Global Fund has supported DHIS2-based HMIS over many years, the national HMIS was successfully adapted to report on COVID-19 impacts, generating regular surveillance reports. This strengthened approach avoids adding new parallel systems and provides the Global Fund quality and timely reports.

### Risk Management Reporting

68. As described above, the bi-weekly survey continues to provide visibility of disruption levels, and monthly monitoring of key disease indicators across 38 high burden portfolios has helped

increase visibility of the impact on programs. These initiatives together with other Global Fund and partner data contribute to understanding where resilience and adaptations are working well and where a more focused effort on program adaptations is required. Building on lessons learned from 2020 the Global Fund will be working closely with implementers on the ground and partners, including through the Situation Room, to develop and implement risk mitigation strategies to bring risk levels down. The Committees will have an important role to play in helping to guide this process and the Secretariat will keep the Committees updated on progress.

## Annex 1. Decisions Taken at the 44<sup>th</sup> Board Meeting

Decision Point number	Decision Point text
GF/B44/DP01	<p><b>Appointment of Rapporteur</b></p> <p>Robin Montgomery from the Developed Country NGOs constituency is designated as Rapporteur for the 44<sup>th</sup> Board Meeting.</p> <p>The decision point was approved unanimously.</p>
GF/B44/DP02	<p><b>Approval of Agenda</b></p> <p>The agenda for the 44<sup>th</sup> Board Meeting (GF/B44/01 – Revision 1) is approved.</p> <p>The decision point was approved unanimously.</p>
GF/B44/DP03	<p><b>Approval of 2021 Work Plan and Budget Narrative and the 2021 Operating Expenses Budget</b></p> <p>Based on the recommendation of the Audit and Finance Committee, the Board approves the following:</p> <ul style="list-style-type: none"><li>a. 2021 Work Plan and Budget Narrative, as set forth in GF/B44/02A; and</li><li>b. The 2021 Operating Expenses Budget in the amount of US\$315 million, as set forth in GF/B44/02B (the “2021 OPEX Budget”), which includes US\$ 14.90 million for the Office of the Inspector General’s 2021 operating expenses.</li></ul> <p>The decision point was approved unanimously.</p>

## Annex 2. 44<sup>th</sup> Board Meeting Documents List

<i>Reference</i>	<i>Document Title</i>
<b>For Decision</b>	
GF/B44/01	44 <sup>th</sup> Board Meeting Agenda
GF/B44/02A	2021 OPEX Budget and Corporate Work Plan
<b>For Information</b>	
GF/B44/02B	2021 Operating Expenses Budget
GF/B44/03	Report of the Executive Director
GF/B44/04	Office of the Inspector General, Progress Report
GF/B44/05	Joint Agreed Management Actions (AMAs) Progress Report
GF/B44/06	COVID-19 Response & Business Continuity
GF/B44/06 Annex 1	The Global Fund COVID-19 Update to the Board
<b>Strategy Development</b>	
GF/B44/07	Development of the Next Global Fund Strategy
GF/B44/08	Technical Review Panel 2020 Lessons Learned <i>High-level summary of Lessons Learned Reports from Windows 1&amp;2</i>
GF/B44/09	Report of the Technical Evaluation Reference Group
<b>Governance Oversight</b>	
GF/B44/10	Report of the Coordinating Group
GF/B44/10 Annex 1	Annex to the Report of the Coordinating Group
GF/B44/11	Annual Report on Privileges and Immunities
GF/B44/12	Annual Report on Status of Board Decisions
<b>Commitment of Financial Resources</b>	
GF/B44/13	Financial Performance Update
GF/B44/14	Recoveries Report for the Period Ended 20 June 2020

Assessment of Organizational Performance	
GF/B44/15A	Strategic Performance Report mid-2020
GF/B44/15B	Adjustments to KPI Framework
Risk Management	
GF/B44/16	Risk Management Report
Resource Mobilization and Partnerships	
GF/B44/17	Update on Resource Mobilization
Supporting documents	
GF/SC14/07 Annex 2 (vol. I and II) <i>Shared Sept 2020</i>	Strategic Review 2020
GF/SC14/07 Position Paper	Technical Evaluation Reference Group: Strategic Review 2020 (position paper)
GF/EGC14/04	Nestor Advisors: Governance Performance Assessment (preliminary findings)
Public Document	The Global Fund Results Report 2020



### **Annex 3. Glossary of Acronyms**

<b>ACT-A</b>	Access to COVID-19 Tools Accelerator
<b>AFC</b>	Audit and Finance Committee
<b>ALM</b>	Asset Liability Management
<b>AMAs</b>	Agreed Management Actions
<b>AGYW</b>	Adolescent Girls and Young Women
<b>BLNC</b>	Board Leadership Nominations Committee
<b>CCM</b>	Country Coordinating Mechanism
<b>CFO</b>	Chief Financial Officer
<b>CRG</b>	Community, Rights and Gender
<b>CRO</b>	Chief Risk Officer
<b>CRP</b>	Country Results Profiles
<b>ED</b>	Executive Director
<b>EGC</b>	Ethics and Governance Committee
<b>ERCD</b>	External Relations and Communications Department
<b>GAP</b>	Global Action Plan
<b>GHC</b>	Global Health Campus
<b>GMD</b>	Grant Management Division
<b>HMIS</b>	Health Management and Information System
<b>HSS</b>	Health Systems Strengthening
<b>KPIs</b>	Key Performance Indicators
<b>LMIS</b>	Logistics Management and Information System
<b>MEC</b>	Management Executive Committee
<b>MSM</b>	Men who have Sex with Men
<b>M&amp;E</b>	Monitoring and Evaluation
<b>NGO</b>	Non-Governmental Organization
<b>ODA</b>	Official Development Aid
<b>OIG</b>	Office of the Inspector General
<b>OPEX</b>	Operating Expenses
<b>PR</b>	Principal Recipient
<b>RSSH</b>	Resilient and Sustainable Systems for Health
<b>SDGs</b>	Sustainable Development Goals
<b>SC</b>	Strategy Committee
<b>SDGs</b>	Sustainable Development Goals
<b>SIP</b>	Strategy Implementation Plan
<b>STC</b>	Sustainability, Transition and Co-financing Policy
<b>TERG</b>	Technical Evaluation Reference Group
<b>TRP</b>	Technical Review Panel
<b>UNAIDS</b>	Joint United Nations Programme on HIV/AIDS

**UQD** Unfunded Quality Demand

**UMI** Upper middle Income

**WHO** World Health Organization

## **Annex 4. Written Statements received from Constituencies**

The following Constituency Statements and Joint Position Papers are available on the [Governance Portal](#):

- a. African Constituency Statement
- b. African Constituency Interim Positions on the Next Global Fund Strategy
- c. Communities Delegation Full Report of Communities Consultations on the New Global Fund Strategy
- d. Communities Delegation Constituency Statement
- e. Developed Country NGO Delegation Constituency Statement
- f. Developing Country NGO Delegation Constituency Statement
- g. European Commission/Belgium/Italy/Portugal/Spain Constituency Statement
- h. European Commission/Belgium/Italy/Portugal/Spain, France, Germany and Point 7 Joint Position Paper on Global Fund New Strategy Development
- i. EECA, EMR, ESA, SEA and WCA Joint Constituency Statement
- j. Eastern Europe and Central Asia Constituency and WHO Joint Statement
- k. Eastern Mediterranean Region Constituency Statement
- l. France Constituency Statement
- m. Germany Constituency Statement
- n. Implementer Group Statement
- o. Latin America and the Caribbean Delegation Constituency Statement
- p. Private Sector Constituency Statement
- q. Southeast Asia Constituency Statement
- r. United States Constituency Statement
- s. Western Pacific Region Constituency Statement
- t. WHO Briefing on Impact of COVID-19 Pandemic on HIV, TB, and Malaria



## African Constituency Statement for the 44<sup>th</sup> Global Fund Board Meeting

The Eastern and Southern Africa, and West and Central Africa constituencies reviewed some of the critical issues and topics planned for discussion and decision at the 44th Global Fund Virtual Board meeting to be held on November 11-12, 2020. The Constituencies wish to bring to the attention of the Board meeting the following issues and input:

### Report of the Executive Director

We commend the Executive Director's strong leadership during the Global Fund's response to COVID-19 as can be seen by the strong business continuity response, including through partnerships that have been created to respond to the pandemic such as the ACT-Accelerator and increased interactions with and updates to the Board.

We welcome establishment of the Health Finance Department which we believe will transform the Global Fund's DRM portfolio, including through supporting countries with tools to expand their fiscal space and strengthen allocative and resource utilization efficiency, especially in light of the economic challenges faced by COVID 19.

Finally, COVID-19 has changed the Global Fund's operating environment given the likelihood of reduced financing from domestic resources and to some extent donor funding given the unprecedented economic challenges countries will face. Notwithstanding this situation, the commitment to ending the epidemics should not wane. While noting the plan to drive efficiency and effectiveness in 2021, the overall landscape dictates that the modus operandi of the Global Fund should intrinsically shift towards increased frugality. We request the Secretariat to share their reflections on how the Secretariat plans to further maximize available resources and catalyze better and nimbler implementation to further create increased value for money across the entire portfolio, especially among countries.

### The Office of the Inspector General

We commend the OIG for its plans to commission an advisory of management of domestic financing in 2021. This is critical given the economic impact of COVID-19 on countries' fiscal space but also the stagnation of health financing particularly in Africa. In the same vein, we request the OIG to also consider conducting advisories on the risk management portfolio of the Global Fund especially in the wake of COVID-19 and on RSSH given its importance to the Global Fund's mission.

We note that while all categories of AMAs (open, overdue and long overdue) have had a downward trend since 2017, in 2020 however there is a spike, due largely to COVID-19. As COVID-19 will likely

be around for most of 2021 and unaddressed AMAs represent increased risks, we request the Secretariat to provide some clarity on plans to address overdue AMAs.

## COVID-19 Response & Business Continuity

We commend the work done by the BL, the Coordinating Group, EGC, the Secretariat and all committee members and leadership for ensuring the Global Fund continued operating in a virtual mode since March 2020. The ability shown by all key stakeholders to find opportunities to leverage, and demonstrate forward-looking focus and flexibility is very commendable. We also commend the decision by the BL, in consultation with the CG and following consultation with all constituencies, to implement an expedited decision-making process for swift Board consideration of urgent and exceptional decisions related to the COVID-19 context. Relatedly, commendable was the adaptation of the expedited decision-making process under guidance from the EGC and with feedback from constituencies, so as to allow proposed amendments to exceptional decisions ahead of a voting period. Extending the Board Leadership's tenure and the weekly meetings between the board and the ED has facilitated real time information sharing by ensuring all stakeholders are abreast with developments.

## Development of the Next Global Fund Strategy

The African constituencies have had multiple engagements with multiple stakeholders across the continent and have identified the following top priorities, among others:

- For **RSSH** the next strategy should: amplify the Global Fund's role tied to SDGs and UHC; be a bit more prescriptive on what countries can invest in; focus on actual "system strengthening", link this support to emerging threats such as GHS and AMR; embed RSSH support within national systems to safeguard sustainability; and, migrate to stand-alone RSSH grants implementer over longer term periods.
- For stronger **Governance and leadership**: strengthen the policy processes to ensure that political commitments made are integrated in NSPs, and are tracked consistently; strengthen accountability mechanisms for performance; nurture political will to sustain momentum on progress and domestic resource mobilization to ensure sustainability; shift current paradigm of technical assistance that is currently globally located and determined rather by being driven by country need; and, for CCMs, prioritize integration of coordinating mechanisms and minimize fragmentation by donors.
- **Data driven programming** will be critical not only for evidence-based decision making but also supporting the identification of least served and vulnerable populations to ensure that no one is left behind through strengthened *real-time surveillance* and use of *granular data*.
- For **Domestic Resource mobilization** the Global Fund should support countries to expand fiscal space, enhance country capacity to develop sound investment cases in order improve allocative

efficiencies while identifying and addressing budget absorption bottlenecks, and accelerate technical support for DRM initiatives and dialogues.

- For **Community Systems Strengthening**, the Global Fund should invest in community health workers to provide primary health care services, support efforts to reorient community health worker training to create a polyvalent cadres, embed community-led monitoring and accountability frameworks, support meaningful communities engagement in terms of TA, capacity building and allocation of resources but also in terms of involvement covering strategic thinking and implementation and enhance transition and sustainability elements including social contracting.
- **Reorient partnerships** by redefining it, including in-country, to better distill inherent nuances and define roles and responsibilities within these partnerships; make accountability a cornerstone of partnerships, and improve the coordination of the technical assistance between all stakeholders, TA providers, Global Fund and countries by ensuring that all the activities are based on country needs, known, planned, reported and evaluated.
- Re-engineer laser focus on **human rights, gender and KVPs to address key disease challenges**—given they hold the key to stemming the epidemics.
- Within the context of geographic differentiation, provide **stronger attention on West and Central Africa** by: strengthening health sector governance, stronger in-country coordination and implementation of RSSH, strengthened TA coordination, promote regional learning including through creation of centres of excellence, transform DRM intervention to minimize out of pocket expenditures (OOP) and make community systems strengthening a top priority.

## Report of the Technical Review Panel: High-level summary of Lessons Learned Reports from Windows 1&2

The observation noting increased attention to human rights and gender, HIV prevention, RSSH, financial sustainability, VFM and better use of disaggregated data for program rationale in Window 1 is encouraging. However, we are concerned at the lack of i) better prioritization of high impact interventions and budgets, ii) greater consideration of longer-term sustainability, iii) setting and achieving more ambitious, realistic and comprehensive program targets, iv) higher quality of data and evidence, v) a focus of RSSH investments on systems strengthening rather than grant support activities, and vi) containment of program management costs.

We also strongly agree with the TRP's observation and concern regarding decreasing number of civil society Principal Recipients and need for the Global Fund to carefully examine the implementation arrangements of Principal Recipients and Sub-recipients for the 2020- 2022 cycle to ensure that there is sufficient funding for civil society implementers to ensure the sustainability of key programs and service delivery. This is critical given the needed stronger focus on human rights, gender equality, equity and KVPs in which Civil Society has a comparative advantage.

Related, local organizations should ideally also increasingly take precedence over international organizations given the increasing focus on transition and sustainability.

## **Financial Performance Update**

We commend the Secretariat and AFC guidance on achieving strong finance performance on sources and uses of funds despite the COVID impact.

While acknowledging the improvement in absorption compared to the previous cycle, it's clear that the COVID-19 has contributed to the improved absorption given the grant flexibilities and extension to the allocation utilization period. The battle against poor absorption therefore remains and, going forward, the Secretariat need to provide further clarity to the Board on measures being taken to further improve absorption in the current and next cycles.

## **Strategic Performance Report mid-2020**

We congratulate the Secretariat and the countries for the hard work as shown from the strong performance on KPIs related to AGYW incidence reduction, people on ART and VMMC, TB missing cases, LLIN distributions and grant absorption. We however remain concerned on the continued underperformance of a number of indicators, including service delivery, gender and age equality, those related to KP and supply continuity, a number of which are mission critical.

Additionally, COVID-19 has exposed a weakness; the Global Fund reporting is nearly a year behind which does not bode very well for real-time decision making. Strong consideration should be made as we reflect on the next strategy, and in particular given discussions on the M&E framework, for data flows that provide data within a short time frame.

## **Risk Management Report**

While noting the limitation to understanding the full impact of COVID-19 on the implementers, we welcome the Secretariat's recognition of the need to revisit the risk frameworks based on the new operating environment, including the recognition that the fund will have to operate with an increased acceptance of risks. The SR2020 makes similar assertion in their reference to the Global Fund's inclination towards fiduciary risk compared to programmatic risk.

We therefore look forward to the planned revisions to the risk management tools and the risk appetite framework which are expected in Q2, 2021. We expect this revision exercise to, among other considerations, incorporate the economic impact of COVID-19, particularly on implementing countries' likely inability to meet matching funds commitments and DRM expectations given the changed operating landscape.



**AFRICAN CONSTITUENCY BUREAU**  
FOR THE GLOBAL FUND

# **AFRICA'S INTERIM POSITIONS ON THE NEXT GLOBAL FUND STRATEGY**

**TOWARDS AN AIDS, T B & MALARIA FREE GENERATION BY 2030**

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# INTRODUCTION

## 1. INTRODUCTION

As the Global Fund develops its next strategy, the key aims and ambitions should remain aligned to the Sustainable Development Goal (SDG) of ending HIV, TB and malaria and attaining Universal Health Coverage (UHC) by 2030. Given the current trajectory across the entire epidemiology, especially given the renewed operating environment, the global community faces a much steeper curve to achieve the ambitious goals. We must not balk or shirk from the responsibility of an AIDS, TB and malaria free generation. Instead, we must buckle up, raise our ambition and with strong resolve address all the challenges in our trajectory to the north star head on.

While funding will be critical, it is not enough. Our science and innovations must evolve. The same applies to our resolve to bring down any barriers, including structural, suboptimal utilization of funds, partnership hiccups, health security, comorbidities, etc., that stand in our way of ending the epidemics. Perhaps now, more than ever before, we need to walk the talk on leaving no one behind, addressing equity, human rights, gender equality, how we operate in less-than-ideal-environments that the Global Fund operates in and having equally stronger community leadership and systems.

To do this strong leadership and political will will need to be a key pre-requisite across the entire continuum of leaders: Implementer Governments, Donors, Civil Society and Community affected by the epidemics, the Private Sector, Philanthropists, Academicians and Scientists, etc. The next Global Fund strategy must catalyze and harness this leadership to achieve our goal.

## 2. BACKGROUND

The two African Constituencies representing Africa namely, the Eastern and Southern African (ESA) and West and Central Africa (WCA), took a joined-up approach in 2012 with a twofold intent – to ensure that constituency priorities are reflected in Global Fund strategy and operational plans, and to strengthen the presence, voice and contributions of the constituencies, through their delegations, in all Global Fund processes. This was an important step given that the African continent is the most burdened continent with over 90% of the malaria burden, 70% for HIV and 25% for TB. Effective participation of the African region in the Global Fund process is thus key if the goal for elimination of the three epidemics is to be attained by 2030.

The African Constituency held twenty (20) virtual consultative meetings across the African continent as fully elaborated in the ESA and WCA constituencies engagement plan entitled 'Making Africa's voice heard in the Global Fund strategy discussions'.

The purpose of this report is to present a summary of priorities identified from Africa's engagements on the post-2022 Global Fund strategy.

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### **MAKING AFRICA'S VOICE HEARD IN THE GLOBAL FUND STRATEGY DISCUSSIONS**

**A Stakeholder engagement plan for ESA and WCA Constituencies**

### 3. EXECUTIVE SUMMARY

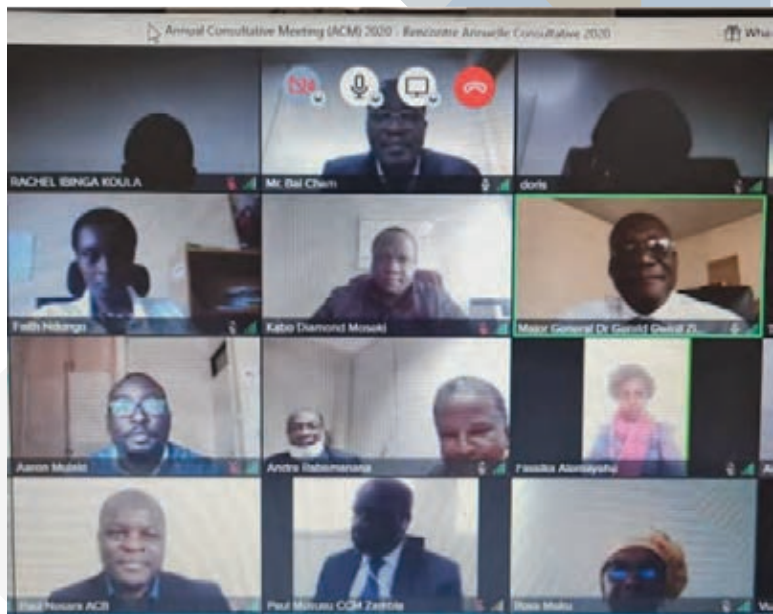
The African Constituencies have had multiple engagements with multiple stakeholders across the continent and have identified the following top priorities, among others:

Resilient & Sustainable Systems for Health (RSSH) should remain the cornerstone of our approach to ending the epidemics and attaining UHC. The next strategy Global Fund strategy should: amplify the Global Fund's role tied to SDGs and UHC; be a bit more prescriptive on what countries can invest in; focus on actual "system strengthening," link this support to emerging threats such as GHS, climate change adaptations and AMR; embed RSSH support within national systems to safeguard sustainability; and, migrate to stand-alone RSSH grants implementation over longer term periods.

We cannot achieve our ambitious goals and without stronger Governance and Leadership across the entire continuum of leaderships include among implementer governments, donors, Civil society, the private sector, philanthropies, academics and scientists, etc. towards walking the talk on increased funding towards the epidemics; leaving no one behind by addressing structural barriers to human rights for all and gender inequalities; and harnessing science and innovations. The Global Fund should use its convening space to catalyze and strengthen the policy processes to ensure that political commitments made are integrated in NSPs, and are tracked consistently; strengthen accountability mechanisms for performance; nurture political will to sustain momentum on progress and domestic resource mobilization to ensure sustainability; shift current paradigm of technical assistance that is currently globally located and determined rather than by being driven by country need; and, for CCMs, prioritize integration of coordinating mechanisms and minimize fragmentation by donors. Ensuring Data Driven Programming will be critical enabler not only for

evidence-based decision making but also supporting the identification of the least served and vulnerable populations to ensure that no one is left behind through strengthened real-time surveillance and use of granular data.

Domestic Resource Mobilization is another non-negotiable enabler. The Global Fund should support countries to expand fiscal space, enhance country capacity to develop sound investment cases in order improve allocative efficiencies while identifying and addressing budget absorption bottlenecks, and accelerate technical support for DRM initiatives and dialogues. Once again, as other pandemics before it, COVID-19 has exposed the danger to achieving our mission that weak last-mile efforts of our community actors pose. Community Systems Strengthening, the Global Fund should invest in community health workers to provide primary health care services, support efforts to reorient community health worker training to create a polyvalent cadres, embed community-led monitoring and accountability frameworks, support meaningful communities engagement in terms of TA, capacity building and allocation of resources but also in terms of involvement covering strategic thinking and implementation



and enhance transition and sustainability elements including social contracting. To further optimize the value of partnership, the Global Fund should Reorient Partnerships by redefining it, including in-country, to better distill inherent nuances and define roles and responsibilities within these partnerships; make accountability a cornerstone of partnerships, and improve the coordination of the technical assistance between all stakeholders, TA providers, Global Fund and countries by ensuring that all the activities are based on country needs, known, planned, reported and evaluated.



The Global Fund need to re-engineer a laser focus on Human Rights, Gender Equality and KVPs to address key disease challenges, given they hold the key to leaving no one behind and stemming the epidemics. Rapidly scaling up an evidence-informed and improved Breaking Down Barriers program across various regions, as appropriate, is the critical next step to achieving stronger impact against the epidemics.

To curb regional underperformance and avoid the pitfalls of a one-size-fits-all approach, the Global Fund should apply geographic differentiation by, among other efforts, providing stronger attention on West and Central Africa by: strengthening health sector governance, strengthening in-country coordination and implementation of RSSH, strengthened TA coordination, promote south-south learning including through creation of centres of excellence, transform DRM interventions to minimize out of pocket expenditures (OOP) and make community systems strengthening a top priority. Tackling malaria in this region should be critical and so is ensuring a better-aligned COE policy given nearly 70% of countries in the region are in less than ideal operating environments due to displacement, insecurities and fragility.

## 4. AFRICAN CONSTITUENCIES' TOP POLICY ASKS

This section provides details of the African Constituencies' top policy positions which are strongly recommended for the next Global Fund strategy.

### 4.1 CONTINUE BUILDING RESILIENT AND SUSTAINABLE SYSTEMS FOR HEALTH (RSSH)

Given their poor sate across the continent, building RSSH has been Africa's central theme for tackling the three epidemics and achieving UHC. It should remain the cornerstone of our approach to ending the epidemics and attaining UHC and to ending the three epidemics by 2030. The next Global Fund strategy should therefore advance the following;

- Clarify the existing fuzzy scope and boundaries of RSSH support by describing RSSH and the purpose thereof;
- Clearly articulate within the grant making process
  - ▶ What needs to be prioritized or demand for a framework to determine prioritization; and
  - ▶ How much should be allocated to RSSH.
- Clearly articulate emerging



threats to global health security (GHS) such as AMR within the context of RSSH in order to reduce the likely duplicity that will emerge, which only further reduces Country's ownership;

- Embed RSSH support within national systems to safeguard sustainability as stand-alone supported interventions in areas such as HMIS, Community Health Worker programs tend to be threatened when funding transitions to domestic or other; and
- Strongly consider having a stand-alone RSSH grant, as is the case with HIV, TB and malaria, including having longer timeframes for RSSH grants.

#### 4.2 CATALYSE GOVERNANCE AND LEADERSHIP

We acknowledge that good governance is essential in delivering on the promise to ending the three epidemics. We recommend the following;

- Strengthen country ownership, political will and leadership to tackle intractable challenges including DRM, RSSH, and breaking down structural barriers around violations of human rights and gender inequality that are responsible for leaving many behind, hence disproportionately affected by the epidemics;
- Strengthen the policy processes to ensure that political commitments made with respect to HIV, TB and Malaria are integrated in NSPs, and are tracked consistently;
- Strengthen accountability mechanisms for performance across the three diseases;
- Nurture political will to sustain momentum on progress and domestic resource mobilization to ensure sustainability;
- Shift current paradigm of technical assistance that is currently globally located and determined rather by being driven by country need. Thus, the Global Fund needs to fund mechanisms that incentivize country led TA; and
- On CCMs – Support integration of coordinating mechanisms of funders e.g. PEPFAR by linking them to the national systems rather than the existing approaches that fragment coordination mechanisms by donors.

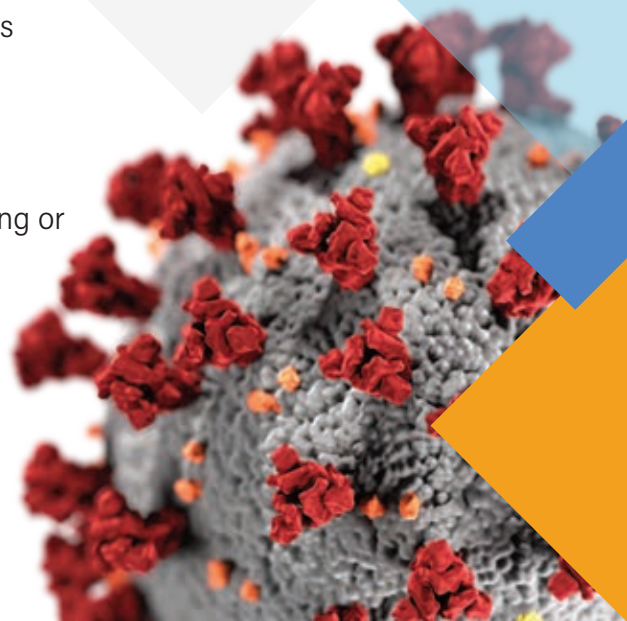
#### 4.3 DATA DRIVEN PROGRAMMING

Quality desegregated and right up to subnational levels is a critical enabler during these last mile efforts. We acknowledge that robust data systems are critical not only for evidence-based decision making but also supporting the identification of least served and vulnerable populations to ensure that no one is left behind. The Global Fund should:

- Invest in real-time surveillance by, inter alia, borrowing lessons from COVID-19 response as most countries now have real time data that percolates to the highest offices in the country for decision making; and
- Prioritize Granular data: Likewise, borrowing from COVID-19 response invest in granular data across the three diseases to ensure that interventions are targeted and address gender, equity and human rights concerns to ensure that no one is left behind

#### 4.4 DOMESTIC RESOURCE MOBILIZATION

With development assistance for health (DAH) either flatlining or declining, in addition to many countries now grappling with constrained fiscal space due to depressed economies on account of COVID-19, doubling our efforts around DRM remains critical. We further acknowledge our responsibility to progressively increase domestic resources across the



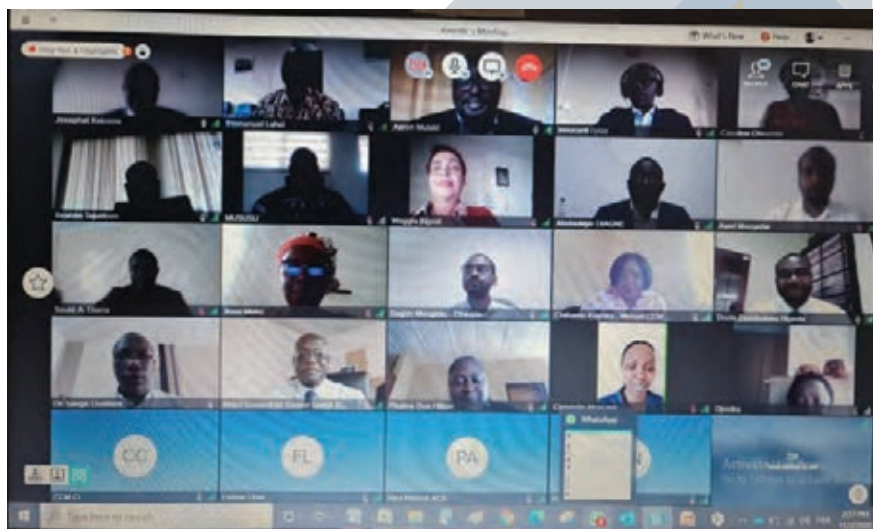
three diseases in a predictable and sustainable manner to reduce out of pocket expenditure and deliver on the promise of UHC. Finally, we acknowledge that the clarion call for more money for health needs cannot be separated from the call for more health for the money. We therefore recommend the following emphasis in the next strategy:

- Continue supporting the African Union's post-ALM initiatives that are aimed at strengthening DRM work across the African continent;
- Support countries increase fiscal space for health through innovative mechanism that are anchored in evidence-based health financing policies;
- Enhance country capacity to develop sound investment cases in order improve allocative efficiencies while identifying and addressing budget absorption bottle necks; and
- Accelerate technical support for DRM initiatives and dialogues.

#### 4.5 COMMUNITY SYSTEMS STRENGTHENING

COVID-19 has exposed the danger to achieving our mission that weak last-mile efforts of our community actors pose. We acknowledge that strong community systems is an even more critical imperative not only as the first line of defense against the epidemics but also crucial to the advancement of UHC. We therefore recommend that the strategy take the following into account:

- Invest in community health workers to provide primary health care services to address TB missing cases, malaria resurgence and advance HIV prevention particularly among AGYW and KPs;
- Reorient community health worker training and efforts in integration of services using polyvalent cadres, active case finding as learnt from the COVID-19 experience; and
- Support meaningful community engagement in terms of TA, capacity building and allocation of resources but also in terms of involvement in process of decisions. Their engagement should start from the strategic thinking to implementation.



#### 4.6 REORIENT PARTNERSHIPS

The Global Fund's partnership model remains one of its strongest unique features of the institution. However, there is need to evolve it further to optimize the it's ability to meet the unique challenges we face and the ambitious mission. This should be addressed as follows:

- The Global Fund should define what partnerships mean to the Global Community and in-countries to better distill inherent nuances and define roles and responsibilities within these partnerships
- Depart from current practice where accountability is vertical i.e. where global part ners evaluate countries to horizontal accountability where there is mutual account ability by Countries (Govt leaderships; technical decision makers; communities) and the Global partnerships (Global Fund engagement, processes etc.)
- Improve the coordination of the technical assistance between all stakeholders, TA providers, Global Fund and countries by ensuring that all the activities are known, planned, reported and evaluated. This is in order to avoid repetitive/same action but

also for efficiency and target and strong interventions.

#### 4.7 ADDRESS HUMAN RIGHTS, GENDER DISPARITY AND LEAVE NO-ONE BEHIND

Maintain sharp focus on key and vulnerable populations to address key disease challenges– We acknowledge that vulnerable populations that include displaced persons (especially children requiring ARVs), those in fragile systems, sex workers, men who have sex with men, adolescent girls and young women hold the key to halting HIV and TB and should occupy a prominent role in the strategy. Stronger political will and leadership will be needed from implementing countries to achieve this objective.

#### 4.8 ADDRESS UNDERPERFORMANCE IN WEST & CENTRAL AFRICA

In keeping with the principle of differentiated approaches that precludes a one-size-fits-all approach, stronger attention on West and Central Africa – a region with over 50% of malaria cases and morbidity, over two-thirds of countries in the Global Fund's challenging operating environment – will be needed to stem the epidemics in the region.



## 5. DETAILED POLICY POSITIONS

### 5.1 HEALTHY SERVICE DELIVERY

#### 5.1.1 HIV prevention among Adolescent Girls and Young Women (AGYW) and key and vulnerable populations (KVPs)

There is wide acknowledgement that considerable progress has been made in the AGYW interventions in the past decade. The agenda for AGYW is more visible than before and such a visibility has helped countries to have a more focused understanding of the HIV epidemic. Policies and frameworks are now in place and have helped in bringing a coordinated response at programming level. Reduction in new infections is evident where 18 out of 21 countries that showed a decline in new HIV infections between 2010 and 2019 were from Africa. Integration with other programs such as the DREAMS, PMTCT, and Sexual and Reproductive Health services is evident, although some work still needs to be done.

Despite the progress made, however, much more needs to be done to bring these interventions to full scale. Of critical importance, these programmes are yet to be better implemented and the body of evidence on what works is still not yet sufficient. There are still underserved geographical areas and populations that lack access to services. Multiple concurrent sexual partnerships, intimate partner violence, low condom use with a non-regular partner, and low education level remain as avenues to new HIV infections. With support from UNICEF and other partners, the “All In! to #EndAdolescentAIDS” initiative was conceived to inspire a social movement and drive better results for adolescents through critical changes in programs and policy, thereby contribute towards ending the AIDS epidemic by 2030. It is critical for the post-2022 strategy to therefore work with countries and continue to support initiatives that:



*“Promote country initiatives that disseminate information speedily”*

- Address structural barriers related to policy, social and cultural determinants that have brought about gender inequality, gender-based violence, human rights abuse, stigma and discrimination;
- Promote country initiatives that disseminate information speedily such as the use of social media platforms (Facebook, Twitter, Instagram, etc.);
- Tie resources and incentivize community health system to better manage appropriate youth friendly services;
- Establish size estimates for KPs;
- Include KP indicators for routine monitoring;
- Promote community dialogues to improve community dialogues while breaking social and cultural barriers that limit access to HIV information;
- Drastically increase domestic funding of KVP intervention;
- Improve access to information and education among the AGYW such that they are empowered to negotiate for safer sex, delayed sexual debut, and knowledge of where HIV services are accessed; and
- Incentivize programs that allow AGYW and KVPs to participate in program design, implementation and evaluation so that they are active agents for positive social change.

#### 5.1.2 TB Missing Cases

The Moscow Declaration to End TB held in 2017 reaffirmed commitment to end the TB epidemic by 2030 as envisaged in the Agenda 2030 for SDGs, the WHO End TB Strategy, and the Stop TB Partnership Global Plan to End TB 2016-2020. The declaration underscored the need to address all the determinants of the TB epidemic, achieve rapid progress towards the goal of universal health coverage through health systems strengthening, while ensuring universal access to quality people-centred TB prevention and care services. The declaration also outlines that in accessing services, no one should be left behind. Despite the great strides made in TB detection and treatment over the past decade, "missed cases" continue to represent one of the challenges in the fight against TB. Access to TB services is further hampered by several factors such as limited preventive, diagnosis and treatment services. It is imperative that the noble ideas as presented in the declaration are translated into concrete actions to achieve rapid results and build on the momentum already gathered. It is an opportune moment therefore for the post-2022 strategy to:

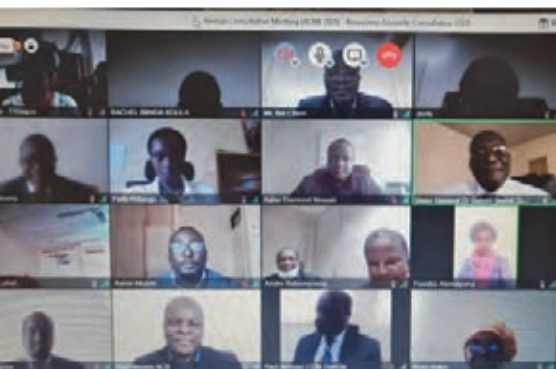
- Strengthen Health Care Worker interventions for TB case finding, screening, diagnosis and treatment in communities;
- Support interventions that actively engage and involve people and communities affected by, and at risk of TB;
- Strengthen civil society and private sector engagement, especially, the informal sector to enhance notification;
- Strengthen national systems to document the burden of TB disease and identify gaps in case-finding efforts;
- Develop a multi-sectoral strategy for TB that cuts across different sectors (education, mining, transport, commercial, etc.);
- Strengthen awareness and advocacy strategies to reach out to missing cases, and



scale up the use of digital systems;

- Address childhood TB by investing in diagnostic capabilities to test children;
- Rapidly increase domestic funding for health for TB programmes;
- Strengthen collaboration and engagement with private health care providers; and
- Enhance standards for implementing and evaluating laboratory quality assurance services.

### 5.1.3 Malaria Resurgence



The Harare Declaration of 2-4 June 1997 on Malaria Prevention and Control in the context of African Economic Recovery and Development, and the subsequent African Initiative for Malaria control in the 21st century gave birth to the Roll Back Malaria in Africa. Subsequently, the Abuja Declaration on Roll Back Malaria by the African Heads of State and Government further committed to halving the malaria mortality for Africa by 2010; initiate actions at country level to provide resources to facilitate realization of RBM objectives; work with partners in malaria-affected countries towards the agreed targets by ensuring necessary resources from private, public sectors and

non-governmental organizations are availed; and to create an enabling environment that permits increased participation of international partners in malaria control actions. While there are considerable gains made in the past decade as evidenced by mortality among the under 5 which has fallen by 39% as of 2018, the African continent continues to bear most of the malaria burden and remains a cause for concern for vulnerable populations, including pregnant women. West and Central Africa is the most impacted region, with 2000-2017 WHO data showing that 10-40% of deaths in children under 5 years of age were a result of malaria. Accelerated efforts in the fight against malaria are needed, and is important that the post-2022 strategy takes the following into consideration:

- Provide support to actions that raise communication and awareness
  - ▶ Strengthen communication and awareness in the community about malaria; and
  - ▶ Strengthen community-based interventions at all levels, by also involving the youth.
- Strengthen community surveillance systems and integrate with the national electronic systems;
- Organize consultations with communities to identify their areas of needs with regards to malaria;
- Improve cross-border collaboration to combat the spread of malaria, including optimal prevention of vulnerable populations such as prisoners, refugees and internally displaced persons;
- Monitor and adapt to resistant insecticides and mosquito nets;
- Strengthen the monitoring and distribution systems for malaria by maintaining the quality of stocks and effectiveness of the mosquito nets;
- Strengthen the quality assurance for diagnosis and treatment;
- Strengthen provision of Intermittent Preventive Treatment (IPT) for pregnant women;
- Improve the provision of treated nets to also cater for vulnerable populations such as refugees, internally displaced persons, etc.;
- Strengthen multi-sector intervention and ensure coordination of structures dedicated to malaria control; and
- Advocate and monitor the progress of the malaria vaccine.

## 5.2 RESILIENT AND SUSTAINABLE SYSTEMS FOR HEALTH

### 5.2.1 Governance and Leadership

Gains in HIV, TB and malaria require a resilient health system that is supported by political commitment and good governance. The World Bank Institute research into governance shows that there is a strong causal relationship between governance and development outcomes. However, polarization between governance on one hand and political commitment on the other hand has tremendous implications in the response. Documented persistent challenges include weak involvement of governments in systems strengthening such that early successes are not guaranteed, and there are high chances of rapid reversals of the gains should international funding commitment waver. In addition, weak leaderships have not fully operationalized some of the declarations/frameworks in order to comply with international guidelines, as a result, efforts to measure progress towards attaining the global targets are being undermined. Such gaps have a huge bearing towards ending the HIV, TB and malaria epidemic by 2030. It is critical therefore that calls for greater political commitment and leadership be accompanied by concrete support for better governance and improved leadership for greater impact on the course of the 3 epidemics. The post-2022 Global Fund strategy should focus on:

- Strengthening political leadership by increasing government oversight role on HIV, TB, Malaria and NCDs interventions to promote sustainability;
- Strengthen government involvement and participation to ensure health systems are resilient in the aftermath of Covid-19;
- Strengthen policy coordination on KP programming, access to services and addressing human rights issues;
- Strengthen existing policies/standards/guidelines for an integrated people-centered health service response in the fight against AIDS, TB, malaria and NCDs and ensure stigma and discrimination is addressed, KPs have access to services;
- Promote multi-sectoral coordination to facilitate the development and implementation of sectoral investment plans, including infrastructure, equipment, human resources for a sustained health system;
- Strengthen national mechanisms, collaboration and coordination across sectors, ministries, between public and private sectors, regulatory organs and alignment of resources for AMR; and
- Include all levels of government in advocacy efforts and encourage transparency and accountability.

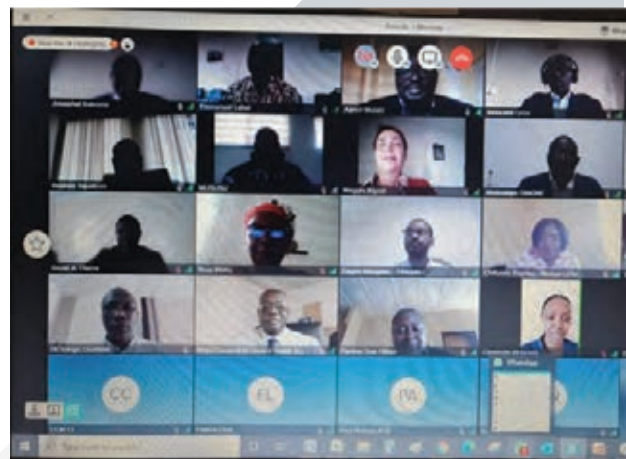
### 5.2.2 Health Financing

For Africa, the Abuja Declaration of 2001 pledged countries to set a target of allocating at least 15% of their annual budget on health. Despite the noble initiative, yawning gaps still exist and in 2020 alone, it was reported that 49 countries dedicated less than 10% of their annual budget on health. Recently in the African Leadership Meeting (ALM), a declaration was made on investing in health by increasing and utilizing domestic funds in an effective and efficient way. In order to attain impact in programming, the ALM Declaration called for multi-sector partnerships to invest in health, and to also involve the private sector. The same meeting tasked African Union ministers of finance and health to convene a meeting every two years and discuss implementation arrangements of health financing reforms and to review progress made against the benchmarks. The Catalytic Framework also provides a business model for investing for impact. Operationalizing these declarations and the frameworks with clear timelines and milestones can bring countries to account. The post-2022 Global Fund strategy should target these high-level recommendations:

- Synergize efforts between ministries of health and ministries of finance to increase overall fiscal space to finance health and ensuring macro-economic variables such

has high debts and interest rates do not crowd out;

- Promote private sector engagement through strategic purchasing and corporate social responsibility;
- Addresses declining fiscal space through progressive taxation to increase benefits for the most vulnerable populations;
- Allocates additional resources into primary health care as a key driver to achieving UHC goals;
- Enhances capacity of countries on technical and allocative efficiency to ensure available resources are invested in programs with maximum impact;
- Tie policy targets with financial protection to reduce out-of-pocket expenditure and attain UHC;
- Fosters strategic collaboration for DRM and advocates for strong leadership to promote investment decision trade-offs, accountability and efficiency
- Incentivizes countries to come up with innovative ideas that shape how investments in epidemic constrained economies could shape up;
- Develop investment cases that prioritizes addressing top drivers of epidemics, including human rights, gender equality and key and vulnerable populations that include AGYW, MSMs and transgender people, sex workers, prisoners, IDUs, etc.; and Strengthen funding mechanisms infrastructure, including through dual track financing and social contracting.



### 5.2.3 Human Resources for Health and Community Systems Strengthening

In its strategic priorities for Community Systems Strengthening, the Global Fund provides core components of community systems essential for creating functional, effective community systems and enablers to contribute to improved health outcomes. Social mobilization, building community linkages, collaboration and coordination, community-based monitoring, community led advocacy, institutional capacity building, planning and leadership development are identified. Further, the 2030 Agenda for Sustainable Development Goals (SDGs) comes with a vision to leave no one behind. It underscores a shared vision of equitable access to health workers within strengthened health systems, and the right to enjoyment of the highest attainable standard of health and global health security. The Dublin Declaration on Human Resources for Health further reaffirms commitment to accelerate progress towards strengthened health systems in order to achieve the SDGs. Human resources with appropriate technical and organizational capacities to improve health outcomes to manage HIV, TB and malaria is also stated. However, of the 47 countries in the African constituencies, 36 have critical shortage of HRH, with only about 0.8 qualified health personnel per 1000 population yet the minimum acceptable ratio is 2.3 per 1000 population. Thus, there remains existing gaps at community level evident by weak structures and systems, weak engagement of community actors and community-based organizations, and poor coordination between communities and formal health services, among others. To this end, there is need for the Global Fund to:

- Invest in strengthening task shifting/sharing to address developmental and implementation gaps arising from HRH shortages;
- Increase investments in HRH for sustainability and push government to increase

- counter-part funding by committing funds within national and sub-national budgets; Provide mechanisms for countries to retain and augment capacity of critical staff in periods of health system shocks, at both facility and community levels through incentivizing public health physicians who are in the public health sector, so they remain competitive;
- Strengthen the governance and leadership of human resources for health through the development of normative guidance and the fostering of effective national coordination and social accountability;
- Work with countries to enhance policy oversight for CSS and ensure guidelines and protocols are localized and made widely available to support service provision and task shifting; and
- Invest in building the capacities of community-based organizations, community actors and civil society to support linkage, advocacy, community-led surveillance, prevention, community monitoring and reporting, mobilization and representation in decision making and program implementation.

#### 5.2.4 Health Management Information Systems (HMIS)

As the responses target eliminating the three epidemics by 2030, the support for resilient systems that generate and improve the quality of data become crucial. The African Union's Catalytic Framework to end AIDS, TB and malaria acknowledges the role of HMIS and surveillance to generate quality data through monitoring and improvement. Along the same view, the WHO developed the consolidated strategic information guidelines to help countries monitor and improve the quality of data at multiple levels. Notwithstanding, country monitoring tools are still verticalized and mostly remain at project level, thereby render ineffectiveness for sustainability and wider impact. In most countries in Africa, the WHO guidelines have been localized to produce standard operating procedures that help to improve the quality of data generated across different service delivery points.

However, operationalizing these guiding documents to promote routine use of these documents is still weak and not to scale. Yet Africa continues to face multiple epidemics which can be better monitored through integrated HMIS. Lack of interoperability means that the data systems largely continue to generate verticalized HIV, TB and malaria data, thus rendering ineffectiveness for wider timeous analysis, research, stock management or clinical care support. To this end, there is need for the post-2022 Global Fund strategy to:

- Enhance interoperability across disease programs to allow data interchange, reduce data re-entry and promote person-centred approach;
- Strengthen the integration of already existing tools and optimize data collection across multiple intervention while ensuring that the tools are person-centred as opposed to disease-centred;
- Scale up data audits/assessments to ensure accurate and high-quality granular data are collected at sub-national levels;
- Invest in health information systems to ensure timeous data collection, processing and dissemination for quick course correction, while at the same time ensuring duplicate roles which impact on data quality are eliminated across all levels of the HMIS;
- Strengthen community surveillance systems on HIV, TB and malaria and integrate with the national electronic systems;
- Invest in and build the capacity of HRH for a strong organizational leadership to manage the HMIS;

***“Country monitoring tools are still verticalized”***



- Forge innovative partnerships with technology providers to enable uptake of digital health services - data collection and entry, including implementing to scale interoperable systems that enhance data interface with other sector data, e.g., private and community vital registrations, displaced population, service delivery, logistics and procurement. This should include use of low-cost and accessible technologies in low-bandwidth settings to reach as many people as possible.
- Establish integrated lab surveillance systems to detect AMR (for HIV, TB and malaria) and other emerging diseases and address issues of drug resistance which is threatening; and
- Strengthen pharmacovigilance and quality assurance for diagnosis and treatment.

### 5.2.5 PSM & Market shaping

Access to affordable and quality assured medicines, commodities and technologies is one of the strategic approaches of the Catalytic Framework. The focus is that the supply chain distribution must meet standards in terms of quality and conformity with international regulations, while ensuring equitable availability. However, the supply chain continues to face numerous challenges that include inaccurate forecasting and weak distribution mechanisms. It is important therefore that countries leverage on the post-2022 strategy and use the Global Fund resources to:

- Improve data generation for improved focusing and distribution system to avoid stockouts;
- Strengthen compliance through enhancing guidelines and protocols;
- Facilitate price negotiation and move towards pooled procurement;
- Lobby for access to quality assured and affordable medicine;
- Address issues of quality of medicines, short shelf life and safeguard against counterfeits;
- Repurpose medicines produced so that they do not cause harm;
- Ensure automation of the supply chain, from ordering to distribution; and
- Capacitate human resources to manage the supply chain at the peripheral level.

## 5.3 OTHER KEY INTERESTS IN PUBLIC HEALTH

### 5.3.1 Human Rights, Equity and Gender Equality

In 2001, heads of states and governments made a declaration of commitment on HIV. The HIV pandemic was seen as a global crisis which urgently required concerted global action to review and address the problem at every level. Human rights was identified to be a fundamental freedom for all if vulnerability to HIV was to be reduced, also recognizing that without interventions, they can obstruct access to services as well as increase risk of HIV transmission. The Universal Declaration of Human Rights and other international human rights instruments, such as the Convention on the Elimination of All Forms of Discrimination against Women, and the Declaration on the Elimination of Violence against Women, do recognize equal rights and inherent human dignity as enshrined in the Charter of the United Nations. In Africa, the Catalytic Framework to end AIDS, TB and malaria and the AU's Agenda 2063 both recognize issues of human rights, equity and gender, with the latter providing clear milestones that should be achieved by 2030. Notwithstanding, there are equity, gender and human rights gaps that continue to exist in some sub-populations such. Sex workers, trans-



gender, men who have sex with other men and people who inject drugs are criminalized and discriminated against. With funding through the GF, it is important for the post-2022 strategy to:

- Incentivize countries to mainstream and institutionalize issues of human rights, equity and gender into country proposals and strategies for an integrated monitoring and reporting;
- Empower counties to address social determinants of health and other structural barriers across programs;
- Improve access to justice for all and support meaningful engagement of the under served populations;
- Enhance country systems for transparency and accountability to ensure those discriminated against, experienced GBV or have experienced some forms of abuse can see that justice is being served;
- Strengthen advocacy to deal with stigma and discrimination, which both are a cause and a consequence;
- Improve national coordination of gender and human rights strategies and policies, across and within sectors/programs;
- Re-enforce and embed social accountability measures within country proposals to ensure there are mechanisms to monitor equity, gender and human rights issues at the implementation level;
- Roll out access to justice programmes; and
- Strengthen implementation capacity (invest in training of, e.g., health policy makers, health workers, police, judiciary, etc.) on the rights-based approach.



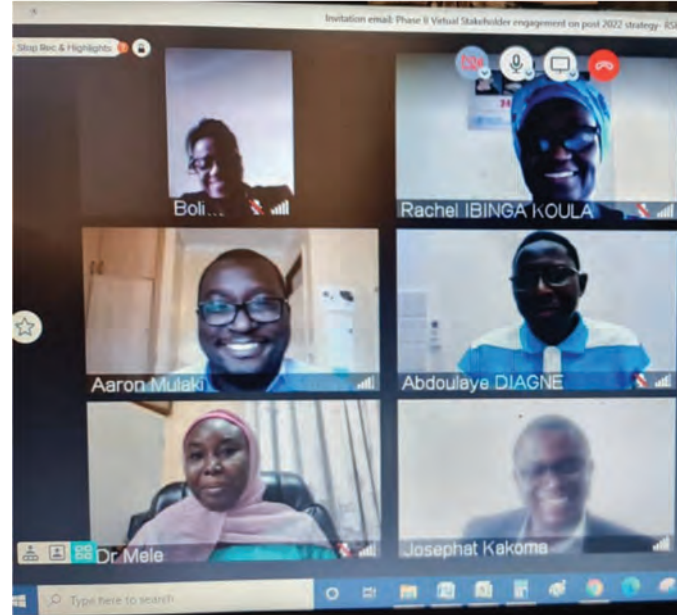
### 5.3.2 Comorbidities with Non-Communicable Diseases (NCDs) and demographic shifts

NCDs are the cause of 70% of deaths globally, many of them preventable or premature. People living with chronic communicable diseases such as tuberculosis and HIV/AIDS are most likely to develop comorbidity with NCDs. The 2011 UN Political Declaration on NCD Prevention and Control, sets out the call to the control of NCDs. The WHO Global Action Plan for the Prevention and Control of NCDs also provides an overarching goal to reduce the number of premature deaths from NCDs by 25% by 2025. With the global prioritization of NCDs and associated commitments, the responsibility for action has shifted to the national and regional level. However, progress at the national level has been insufficient and highly uneven, to use the words of the then UN Secretary-General Ban Ki-moon. Fewer countries have a national NCD action plan or national NCD targets and indicators. The situation is even bleaker when it comes to resources for NCDs. With only 5 years to achieve the global 25 by 25 NCD mortality reduction goal, there is a lot of work at stake. Health-care systems in resource-limited settings are poorly equipped to deal with multiple diseases, and disease-specific health-care approaches do not represent the most efficient response. Therefore, greater emphasis is ought to be on multidisciplinary collaboration and integrated strategies. Demands for financing new health interventions that address the burden of HIV, TB and malaria, and their co-infections and co-morbidities will certainly rise. The next strategy could:

- Improve integration in the prevention and management of CDs/NCDs and strengthen intersectoral collaboration;
- Increase participation of government, communities, experts, institutions and policy makers to support prevention and control of CDs/NCDs;
- Strengthen health systems to handle comorbidities by mainstreaming them in the

whole health system response;

- Support broad screening for NCDs in the HIV, TB and malaria response and vice versa;
- Strengthen people-centred and human rights approaches to provision of care by integrating NCDs with HIV, TB, malaria care and ensuring the affected communities are involved in design and oversight of the services; and
- Lobby for comorbidities with main NCDs as a substantive part of the Global Fund portfolio.



### 5.3.3 Displacement, Fragility & Instability

The 2001 UN General Assembly pointed out that conflict and displacement, among others, have the potential to increase vulnerability to the population thereby increase the risk of HIV transmission among the displaced population. Recent literature shows that over 90% of the displacements are a result of intrastate conflicts, which cause people to flee and seek refuge elsewhere within the country or cross the borders to other countries. In such situations, susceptibility to HIV can be direct or indirect, depending on situation and circumstances; however, the displaced populations are fragile and do face challenges that include a breakdown of social structures, lack of income and basic needs, sexual violence and abuse. While the displaced populations do not necessarily have high HIV or TB prevalence rates, as the HIV prevalence rates in Sierra Leone in 2002 at the end of its prolonged civil war or the low rates in civil-war affected southern Sudan (now South Sudan) in 2003 show, the point here is to

highlight that the increased interaction with the host population may be a risk factor. Thus, populations affected by conflicts must be included in any HIV, TB or malaria interventions. The Global Fund post-2022 strategy could therefore:

- Strengthen country and cross-border implementation mechanisms to provide adequate HIV, TB and malaria response in situations of crisis, emergencies, and challenging operating environments;
- Strengthen regional coordination to curtail displacement and instabilities through the involvement of regional economic blocks (WAHO, SADC, ECOWAS, ECCAS, etc.);
- Involve development actors and other organizations involved in the emergency and humanitarian response in discussions with CCMs and regional players (UNHCR, IOM, WAHO, NGOs, etc.);
- Decentralize the monitoring of implementation in the country to also





include communities to identify vulnerabilities among people who have been displaced;

- Undertake country risk profiles (e.g. human movement patterns and structures and linkages to changes in disease patterns including implications for ATM, NCDs risk factors).
- Improve cross-border collaboration to combat the spread of malaria, including optimal prevention of vulnerable populations such as prisoners, refugees and internally displaced persons; and
- Revisit the Global Fund's Challenging Operating Environment (COE) policy to ensure fitness for purpose.

#### 5.3.4 d) Climate Change and Environment

The Paris Agreement of the UN Framework Convention on Climate Change recognizes the importance of the right to health and its links to climate. It recognizes that climate change influences disease patterns. Climate shocks and environmental changes bring about displacement, loss of income and other challenges which predispose individuals to negative behavior changes that undermine progress in HIV, TB and malaria prevention and treatment efforts. Extreme weather variability increases food insecurity, ultimately affecting antiretroviral adherence while poor socio-economic adaptation measures, overcrowding, improper waste disposal, expose humans to disease vectors. Ecological changes also alter the ecosystem, thereby



lead to conditions that facilitate microbial adaptation, drug resistance, changes in virulence or facilitate the transmission of zoonotic diseases. While the role of climate change and the environment on the three diseases may be direct/indirect, it is important for countries to undertake interventions that are multi-sectoral and holistic. The GF post-2022 strategy therefore to consider that countries:

- Strengthen public health infrastructure that look at health environmentally, and ensure monitoring mechanisms are in place to account for the fidelity of the implementation;
- Support interventions that strengthen early warning systems for improved emergency preparedness and responses to TB and malaria, and the environment;
- Increase awareness in the community to enhance joint program that address adverse effects for both health and environment;
- Strengthen national emergency and response plans that jointly address health and environmental risks, e.g., impact on livelihoods, social economic determinants of health (e.g., food security, nutrition), etc.;
- Strengthen community systems to incorporate environmental practices that affect health and vice-versa: e.g., water use and conservation that affects household hygiene, food security that affects nutrition, etc.;
- Strengthen multi-sector intervention and ensure coordination of structures dedicated to malaria control;



- Scale up early warning systems and generate quality entomological data for planning;
- Improve cross-border collaboration to combat the spread of malaria, including optimal prevention of vulnerable populations such as prisoners, refugees and internally displaced persons; and
- Support social protection intervention measures that address natural disasters that typically make vulnerable populations even more vulnerable (e.g., cash transfers, temporary housing, access to clean water, provision of mosquito nets, etc.).

### 5.3.5 Health Security & COVID-19

The COVID-19 pandemic has highlighted the vulnerability of countries and communities to the risks and impacts of health emergencies and disasters. The pandemic has demonstrated that many health threats require actions outside the ability of any single country or organization to address by themselves. An effective response ordinarily depends on local, multisectoral preparedness and response capacities as well as the coordinated ability of the international community to act. Unfortunately, past crises have also shown that attention and funding for emergency preparedness and response capacities tend to drop off once the acute response phase is over. The world therefore needs to break this “panic-then-forget” cycle for a sustained response. With support from the Global Fund, countries pointed out that the post-2022 strategy should:

- Strengthen emergency preparedness and response, to include the HRH with the capacity to effectively respond to public health threats;
- Scale up cross border collaboration and collaborative learning by implementation international health regulations;
- Train community health and outreach workers on infection prevention measures;
- Decentralize services to enable sub-national levels to take ownership and respond to health security threats effectively;
- Strengthen joint planning across countries on the understanding that there are shared vulnerabilities when it comes to public health threats; and
- Invest in surveillance systems that detect public health threats, drive decisions and investments.

## 6. CONCLUSION

The development of the next Global Fund strategy coincides with the COVID-19 pandemic which threatens to take us back to the pre-2005 HIV, TB and malaria epidemiological landscape and threatens to plunge the entire global community into an economic recession. We cannot balk at our mission which must remain to end these epidemics by 2030.

This should therefore raise our ambition on a number of top priorities. To do this, we will need increased resources both from traditional and new donors but also from domestic resources. More than ever before, we cannot leave anyone behind. Our ambition to build resilient and sustainable systems for health, financing, data and community systems as core, must become even stronger. Evolving our science and innovations is an imperative. Our focus must be to ensure those disproportionately left behind are targeted with better-designed and better-exe-

cuted programmes. Better and nimbler implementation will be critical, including drastically eliminating allocative and implementation inefficiencies, waste and sub-optimal absorption of funds.

Over the years it has become increasingly clear that to tackle the three epidemics we need to address other priorities including global health security and COVID-19, climate change adaptations, Non-Communicable Diseases (NCDs). ATM+ must therefore become a reality in the next strategy while avoid the risk of mission creep.

We will need stronger leadership and political will to achieve all these priorities across the entire leadership continuum from implementer Governments, Donors, Civil Society and affected communities, the Private Sector, Philanthropies, academics, etc. The next Global Fund strategy must catalyze this political will and leadership.

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# Communities Delegation

to the Board of the Global Fund to fight AIDS, Tuberculosis and Malaria

## GLOBAL FUND 44TH BOARD MEETING CONSTITUENCY STATEMENT

The Communities Delegation commends all the efforts and achievements of the Global Fund, Secretariat, partners and implementers amidst all the challenges that 2020 brought our way. We appreciate all efforts made to protect the response to HIV, tuberculosis and malaria, the creation of funding mechanisms like C19RM and the flexibilities provided. [The Communities Delegation extends a special recognition to all civil society and communities that have played a vital role in the response to COVID-19 around the world and efforts to mitigate the negative effect of the pandemic to the HIV, tuberculosis and malaria responses. We call for the Global Fund to continue recognizing the vital role of communities and value our wide ranging expertise as equal partners, not just as passive beneficiaries and for the adequate remuneration of the work carried out by communities.](#)

The Communities Delegation hereby takes the opportunity to submit our comments on the agenda items for the 44th Board Meeting for consideration:

### **GF/B44/03 Report of the Executive Director:**

The Communities Delegation welcomes and appreciates the comprehensive report of the Executive Director and commend the work of Peter Sands and the Secretariat in 2020, particularly actions around business continuity amidst COVID-19. We note the delays in TRP submission, the ongoing logistical constraints, in-country capacity etc. and we look forward to hearing about the successes and lessons learned on the interim arrangements and flexibilities offered on grant signing to ensure there are no interruptions in service provision and grant implementation at country level.

The delegation acknowledges that despite the current challenges, we see a forecast in increased allocations. We are however worried about the quality of applications submitted and the observations of the TRP on the weaknesses of the investment in community systems as well as the limited focus on human rights and gender, and thus request to explore with the Secretariat opportunities for the implementation of innovative solutions to close these gaps. The intense time constraints for signing the next Funding request should not be used as an excuse for insufficient focus on recommendations made by the TRP on CRG challenges.

The Communities Delegation remains concerned with the resurgence of human rights related barriers to accessing health services for key populations, increased stigma and gender based



violence and the diversion of HIV, TB and Malaria resources to COVID-19. We request that the Board be informed on how these issues will be addressed.

We are particularly worried about the increasing new HIV infections, the 3 million undiagnosed TB cases and 1.5 million TB related deaths annually, and the alarming deaths as a result of malaria in high burden countries. **Whilst COVID-19 is cited as a main cause of missing the targets, could it also be that the extreme focus on COVID-19 is one of the reasons for missing the targets?** To this matter, we echo the statement of the Developing Country NGO Delegation that 'the Board now needs to critically assess and prioritise the extent of our response to COVID-19, to ensure that we remain on track with our core mission related to HIV, TB and malaria.'

Finally, the Communities Delegation looks forward to updates and results in the investing in people initiatives mentioned in the report.

#### GF/B44/O7 Development of the Next Global Fund Strategy:

The Communities Delegation regards the process for the next Global Fund Strategy as high priority. We have previously provided comments on the results of our community consultations in our constituency statements, and in addition will separately submit a full report of our community consultations for the New Strategy.

In regards to process we would like to highlight the following:

1. We express disappointment with the process during the Board retreat. We approached the discussions with the expectations of reaching some agreements, which did not happen;
2. Our Delegation is concerned with the significant focus on COVID-19 in Strategy development conversations. We recommend that we take a step aside from the narrow focus on COVID-19 and start planning for a future of the HIV, TB and malaria response that takes into consideration external factors (climate, political unrest, forced migration etc.) but does not limit itself into 1 biological factor that may very likely present very different circumstances in the near future;
3. The Global Fund must address the fragility of the HIV, TB and malaria response that has been made evident during the COVID-19 pandemic and must work towards resilient health systems;
4. The Communities Delegation strongly supports maintaining the focus on the 3 diseases within the context of an evolving world;
5. We call on the Global Fund to focus on building the capacity of key and vulnerable populations and to provide resources and technical assistance for effective engagement and representation in the CCMs;
6. We call for deliberate efforts to efficiently fund community and key population led services and for the Global Fund to fulfill the global commitment that at least 30% of all service delivery is community-led by 2030;
7. We underline the need to ensure responsible transitions that take into consideration the realities and needs of communities and key populations;
8. The Global Fund must likewise ensure meaningful engagement of communities in the Partnership Forums.



The Communities Delegation would like to recognize the outstanding work of the Secretariat in relation to SOGI. This is evident in the Partnership Fora application forms. We have received extremely positive feedback from the transgender community and request that the Secretariat broadly adopts the use of gender inclusive language in all processes that require demographics of applicants and/or respondents.

#### GF/B44/10 Report of the Coordinating Group:

The Communities Delegation appreciates the report of the Coordinating Group, particularly the actions taken for effective transition and multiple reflections the Coordinating Group engaged in. We request that the Coordinating Group conduct an assessment of the actions taken for effective transition and share any lessons learned. We note the extensive reflections of the Coordinating Group on Committees ways of working and governance continuity, and would like to get a sense of their actionable suggestions and recommendations as this will help steer conversations and decision making at the Board level.

#### GF/B44/17 Update on Resource Mobilization:

The Communities Delegation applauds and appreciates the work of the Secretariat on resource mobilization but would appreciate some clarity on the priorities for the next few months as it seems they are all concentrated in resource mobilization for COVID-19. We have lost significant gains on the 3 epidemics and this will require additional resources to get back on track. We also note that there are no red flags in relation to pledges for the current allocation period, however, we would like to hear from the Secretariat what mitigating actions may be taken to reduce possible delays given the fiscal constraints of many countries.



# Full Report of Community Consultations of the Communities Delegation on the New Global Fund Strategy



## Communities Delegation

to the Board of the Global Fund to fight AIDS, Tuberculosis and Malaria

October 2020

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## How we consulted

The Communities Delegation held nine online focus group discussions with the communities of sex workers, people affected by TB, people affected by malaria, women living with HIV, people living with HIV, men who have sex with men, transgender people, community for children affected by HIV and adolescents and young people affected by HIV. Participants in each group came from all over the world. We also received written submissions from online consultations held by Global Network of People Living with HIV, International Community of Women Living with HIV, Global Network of Young People Living with HIV, International Network of People who use Drugs, the Global Network of Sex Work Projects and the Coalition of Children Affected by AIDS.



## Where we consulted

We heard views from over 55 countries, from every region in the world. The countries were: Argentina, Afghanistan, Belarus, Belize, Burundi, Canada , Cambodia, Cameroon, China , Colombia, Costa Rica, Cote d'Ivoire, eSwatini, Estonia, Ethiopia, Georgia, Germany Ghana, Guyana India, Indonesia, Honduras , Kenya , Kyrgyzstan, Laos, Lebanon, Northern Macedonia, Malawi , Malaysia, Mauritius, Mexico, Myanmar, Nepal, Nigeria, Pakistan, Paraguay, Philippines, Rwanda , Russian Federation, Senegal, Sierra Leone, South Africa, Sri Lanka, Tanzania, Thailand, Trinidad and Tobago, Tunisia, Uganda, Ukraine, United States, Uzbekistan, Viet Nam, Zambia , Zanzibar, Zimbabwe.





## How this report is presented

Across the ten community groups that took part in the consultation, each group had an important perspective unique to their community. This report shows these unique perspectives highlighting the diversity of the Community Delegation itself. In addition, the consultation also brought to light some clear and consistent themes noted across all community consultations which are also presented in the report.

Alongside this report, a Position Paper was produced for the 14th Strategy Committee (SC) meeting, October 2020.

## Key points

- Increase focus on health inequities, human rights, social justice, gender equality and other social political and structural barriers within a holistic people-centred approach.
- Meaningfully involve communities of those living with and affected by HIV, TB and malaria, particularly key populations and vulnerable groups as experts, at all levels of the Global Fund from Secretariat to Board to country-level including Provincial and District.
- Find a creative mechanism to fund community-led responses – for example, through directly entering into multi-year service agreements with community-led organizations.
- Key Populations refers to specific groups of people and/or communities who are underserved, criminalized and disproportionately affected by HIV, namely: men who have sex with men, transgender people, sex workers and people who use drugs.
- Vulnerable groups refer to groups of people disproportionately affected and more at risk for tuberculosis and malaria, such as migrants, indigenous peoples, internally displaced people, refugees, etc.



## Community voices together

Although the communities making up the Communities Delegation are extremely diverse, there are a number of areas of synergy. The most common point raised across most of the communities is the need to explore and find creative and feasible options to find a mechanism to directly fund community-led organisations.

The Global Fund Strategy for 2023-30 should ensure prioritisation is given to:

### 1. Improve its performance of promotion and protection of gender equality and human rights.

***“People living with HIV and affected by all 3 diseases need and deserve services that integrate issues such as gender-based violence, comprehensive sexual and reproductive health education, bodily autonomy, etc.” GNP+, ICW & Y+***

There is a need to broaden and strengthen the understanding and scope of both gender and of human rights within the Secretariat, the Board and at country-level. The Global Fund can make a significant impact to ensure gendered proposals that fully respect human rights, particularly of key populations and the most vulnerable groups, are funded. It is time to close the gap between the Global Fund policies, theory, implementation and practice **on the ground**. Funding approval should be contingent on evidence of strong gendered and rights-based programmes and services. Technical support on gender and human rights should be increased and prioritized, especially focused on community organisations where language can be a serious barrier.

***“There are many documents on the GF website talking about gender equality but in real terms on the ground, it’s next to none. There is a need for improvement.” WLHIV FGD***

### 2. Place people at the centre of all responses.

***“Why can’t you see us beyond the person to the reached?!”***  
**MSM FGD**

Promote a population and people-centred approach that recognizes individuals’ diverse needs, not only for bio-medical care and commodities, but to address other factors that negatively impact the **well-being of the individual**. Approaches to each of the diseases should be comprehensive holistic and inclusive and should focus on the well-being of the individual rather than on absence of a particular disease. For example, investing in prevention initiatives, alongside care, support and treatment. Meanwhile, synergies should be created or expanded, for further integration of services. Such approaches are critical to achieve results across Sustainable Development Goal 3, including Universal Health Coverage.

***“As community organizations, we should be at the centre of the Global Fund-supported programmes***  
**WLHIV FGD**

### 3. Promote and support advocacy to remove structural barriers to responses to AIDS, TB and malaria.

***“We are struggling to reach out to sex workers, access issues have become a challenge both for health service and representation due to law irregularities – since sex work has been abolished, no more brothels in Indonesia.”***  
WLHIV FGD

The Global Fund strategy should facilitate support and resources for advocacy by communities to increase accountability and transparency and to remove the structural barriers (such as criminalisation, stigma and violence) that impede effective action on the three diseases. *Communities are well-placed and have the expertise to conduct advocacy* that is led by those most affected, including in challenging contexts which are crucial for programme success.

### 4. Engage with communities as professionals with valued expertise.

***“Expert knowledge about drug use does not lie within technical partners, private sector, academia, INGOs or government. If GF is serious about partnership with communities it must recognise and accept the skills, knowledge and expertise of people who use drugs as professionals.”***  
INPUD Consultation

The model of meaningful community inclusion within the Global Fund needs to be strengthened. Community experts should be afforded the same status as other technical experts as they are a fundamental part of a comprehensive and effective response to the three diseases. Their expertise should be valued by country teams, Secretariat and Board alike. This must include *recognition of community expertise as equal partners and stakeholders* within all diverse groups including people living with HIV, those affected by TB, malaria, key populations and vulnerable groups.

***“Sex workers know about sex work.”*** NSWPC Consultation

### 5. Keep a focus on AIDS, TB and Malaria, while situating them in the wider, emerging context of planetary health<sup>1</sup>.

***“Our networks noted a deep concern that services for HIV, TB, malaria, hepatitis, mental health, NCDs and sexual reproductive health and rights have been de-prioritised during COVID-19. Our movement will not allow one epidemic to be pitted against another.”***  
GNP+, ICW & Y+

To achieve the global goals set for 2030, the Global Fund should keep its unique focus on the three diseases – recognizing that there remains much to be done, with many countries and regions off track. However, the institution’s work should be positioned within the wider context in which it operates – such as connecting its work to other global issues (such as COVID-19 and climate change or other emerging global issues) and articulating its role within global challenges (such as health security). The Strategy for 2023-30 should clearly articulate how the Global Fund’s work on the three diseases makes a significant contribution to wider responses to health and, in turn, achieves wider health and wellbeing for all. In addition, *any action to address emerging issues should be exclusively to protect the core of the Global Fund: HIV, TB and malaria and the achievements to date.*

***“The GF should not be diverted from its core business, but to take cognizance of the nature of emergency.”***  
FGD TB

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1. Achievement of the highest attainable standard of health, wellbeing, and equity worldwide through judicious attention to the human systems – political, economic, and social – that shape the future of humanity and the Earth’s natural systems that define the safe environmental limits within which humanity can flourish.

## 6. Prioritise community systems strengthening to support community-led interventions and community-based organizations thereby contributing to resilient and sustainable systems for health (RSSH).

***“It is always said that we, community-led organisations don’t have capacity, but who and how can we build our capacity without funding?” WLHIV FGD***

Community-based and led monitoring should be scaled up and community data systems strengthened and linked to the national data systems, in order to improve access and quality of services. *More flexible funding channels to support a range of community system and responses (CSR)* should be explored and innovative solutions beyond the PR-SR model sought. For example, multi-year service agreements for smaller community organisations and networks (including key population and vulnerable groups organisations), with less burdensome reporting requirements and funding that is not contingent upon government approval. The lack of clarity and understanding among global and country level stakeholders on the aims and scope of CSR needs to be addressed. CSR is under-invested, often with no investment in many RSSH grants, furthermore CSR programmes are often not effectively designed, or implemented, with a sustainability focus.

***“At a national level, communities have the expertise to contribute to policy development, to programme delivery and in monitoring quality. Invest in community-led networks and the movement will reap the benefits.”***  
GNP+, ICW & Y+

## 7. Maintain current four strategic objectives but strengthen delivery of objectives to ‘Promote and Protect Human Rights and Gender Equality’.

***“The GF should provide and increase funding for Human Rights and Gender Initiatives that are Adolescent and Young People Based and Led and that can easily reach the grass roots.”***  
AYPLIV FGD

***“The GF must consider a separate funding mechanism for people who use drugs and other key population and community-led organisations.”***  
INPUD Consultation

The basic structure of the Global Fund’s new Strategy should remain the same as that for 2017-22. The *four existing objectives* still serve as *logical and effective pillars* for the institution’s work, adding up to a comprehensive approach. The Global Fund must resist ‘change for change’s sake’, which risks confusion among stakeholders. However, measures should be taken to ensure that issues of gender and human rights are not siloed within one objective. Incentivized programmes on such issues may continue to play an important role and to catalyse focused action. However, such issues should be integrated throughout the organization’s work and embedded into all relevant proposals, programmes and policies for all three diseases.

***“We want a GF that works for women. How does it work for women? We need funding and for that, we need capacity building.”***  
Women living with HIV FGD

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2. Technical Evaluation Reference Group (TERG): Position Paper - Thematic Review on Resilient and Sustainable Systems for Health (RSSH), July 2019

3. 1) Maximise impact against HIV, TB and malaria; 2) Build resilient and sustainable systems for health; 3) Promote and protect human rights and gender equality; and 4) Mobilise increased resources.

## 8. Increase accountability of the Global Fund, including greater attention to the quality of approaches, services and programmes.

***“It is critical to have access to data that can be disaggregated to reflect the experiences and challenges facing specific groups, particularly key populations and women and girls.”***  
GNP+, ICW & Y+

The 2023-30 Strategy should drive increased accountability at all levels of the Global Fund, from countries to the Secretariat. This should include a monitoring and evaluation approach with key performance indicators that not only address quantity (such as the number of services delivered), but quality (such as the efficacy of such services). This will require a **reframing of the understanding of accountability** – to extend beyond financing to programmes. This will also involve an exploration of what quality means – such as in terms of gender equality and human rights – and how different stakeholders can be held to account for their achievement. Continued work is needed to source and analyse appropriate data, such as through the disaggregation of programme results according to whether they are community or key population led.

## 9. Intensify monitoring and guidance for country-coordinating mechanisms to ensure communities and key-population led networks have an equal say in decision making at country level.

***“Conflict of Interest policy is being misused by some countries to keep community leaders away from the CCM.”***

***“In some countries, CCMs are the government’s puppet. Only active community involvement will ensure we develop resilient and sustainable health systems.”***  
Malaria FGD, GNP+, ICW & Y+

The Global Fund should ensure better enforcement of rules for country-coordinating mechanisms (CCM). Conflict of interest policies need particular attention to ensure the voices of communities are not left out. It is essential that the political imbalance of power between Government representatives and community representatives on the CCM are addressed in decision making, accountability and transparency through focused resources for effective inclusive constituency building.

***“GF must place conditions that can address the hostility that key populations face when developing proposals.”***  
Sex Worker FGD

## 10. Prioritise and increase investment to deliver comprehensive, integrated, rights-based health services that include sexual and reproductive health and mental health. Universal health coverage must be a priority to ensure that all people regardless of country or status have access to quality health services and treatment.

## 11. Renew commitment to responsible transitioning, where communities and countries are supported.

***“For Eastern Europe and central Asia whose countries are transitioning, GF should insist that sex workers and other key populations are recognised as experts and included in the dialogues and decision-making around transitioning of the grants.”***  
Sex Worker FGD

The Global Fund must ensure community voices are included meaningfully and valued in the country-level assessment transition planning and throughout the transition period.



# Community expertise in all its diversity

## People affected by Malaria

***“There must be increased funding for remote, traditional geographic communities who must be seen and treated as partners, not just beneficiaries - migrants, refugees, internally displaced people and ethnic minorities”.***

***Malaria FGD***

- Global Fund should invest in building capacity of community-led groups working on malaria.
- Global Fund should increase focus on transparency and accountability for malaria in CCM decision making and oversight, by improving participation of malaria impacted communities.
- Global Fund should increase regional approaches and funding for more effective malaria elimination oversight which will ensure resources are better targeted towards stigmatised populations - migrants, refugees, internally-displaced people, ethnic minorities and others adversely affected by malaria with poor political power to address their health needs.
- Outcome indicators for malaria should be improved, better tracked and measured, and then linked specifically to community, rights and gender.
- Human rights and gender as they relate to malaria need better articulation and greater technical support to improve understanding and implementation for real impact.
- Global Fund must demand better disaggregation of data for malaria including improvement in data collection methodology with greater emphasis on community-led monitoring and collection.
- Global fund must maintain dual track financing so that civil society and communities working on malaria have direct control of resources.
- Global Fund should consider a small grant mechanism so that essential funding reaches community-led organisations that have the greatest opportunity to improve service delivery.
- Stop funding case and foci investigation for malaria. It is a waste of money, with little evidence of impact and the funding can be better allocated to meeting the real needs of communities.
- Global Fund should improve the application process and documentation so that disease integration across all three diseases is funded without parallel processes.
- Effective funding is required for Integrated Community Case Management (ICCM) of febrile illnesses.
- More investment is needed in environmental management and vector control.
- Global Fund should ensure a better balance between malaria control activities and malaria elimination activities.
- Global Fund must demand that funding requests ensure key and vital interventions on malaria are included in the main concept note and not in Unfunded Quality Demand (UQD).
- There is a need for improvement of private provider contributions in hard-to-reach areas
- In order to reach those at risk in hard-to-reach areas, more effort into producing materials in local languages is needed.

***“Global Fund should focus more on value for lives than value for money.”***

***TB FGD***

- Recognise that TB is the number one killer among all infectious diseases - invest more Global Fund resources on TB.
- Improve the disconnect between what is articulated in policies and what actually happens in practice on the ground.
- Strengthen the capacity of TB key and vulnerable populations to effectively take part in CCMs and receive Global Fund grants.
- The Global Fund should ensure increased investments in community systems strengthening (CSS) to support the meaningful engagement and participation of TB survivors, people affected by TB and TB key and vulnerable populations, including prisoners, urban poor, mobile and migrant populations, indigenous people, people who use drugs, people living with HIV and miners.
- Strengthen existing, and support new TB partnerships and networks (including national multi sectoral Stop TB Partnerships and national TB survivor networks).
- The Global Fund should commit to further channeling its procurement of TB goods (drugs and diagnostics) through the Global Drug Facility
- Ensure access to modern effective treatment of all forms of TB, including new drugs and all-oral shorter treatment regimens for DR-TB.
- Invest in live TB data through strengthening TB data and information systems for timely, evidence-based TB responses at the national level and globally.
- Roll out innovative technology solutions for TB detection, treatment and prevention.
- Global Fund should ensure that scaled up community, rights and gender (CRG) interventions include support for national TB CRG Assessments, TB Stigma Assessments and development of costed action plans and stigma reduction strategies
- Global Fund should strengthen Key Performance indicators and M&E for TB CRG, including for stigma reduction, gender -esponsive interventions, identifying and overcoming human rights barriers, and TB Key Population engagement.
- Global Fund should continue partnerships that work for people affected by TB such as that with the Stop TB Partnership. However, this needs to be strengthened at the country level.
- Global Fund should provide a checklist to ensure human rights and gender are adequately addressed in country proposals.
- Global Fund should support countries in domestic resource mobilization towards better transition and sustainability

## Children affected by HIV and AIDS

***“Who are the champions for children in the GF structure? Children cannot form advocacy networks of their own so we must support networks of champions for them instead – these are often women’s networks.”***  
***Children FGD***

- Champion political leadership for vulnerable children, adolescents and their caregivers.
- Prioritise those facing social and structural exclusion, including adolescent mothers and their children.
- Promote a holistic approach in which the biomedical, social and economic needs of each child and/or adolescent are addressed together through services in and delivered by communities themselves.
- Introduce country-specific milestones for children so that countries target children and track progress for them specifically.
- Develop a catalytic fund for children so that domestic governments start thinking critically for children and it is possible for the Global Fund to track progress
- Strengthen the key performance indicators (KPIs) on children to get a better sense on paediatric HIV. This is about improving both data collection and the KPIs themselves. Children’s consultation
- Have more women leading CCMs.
- Scale up proven innovations for children, including point of care early infant diagnosis, index testing, paediatric formulations and community-based differentiated service delivery.
- Ensure integration of social protection, mental health and psychosocial-economic support for HIV-positive mothers and adolescents.
- The Global Fund should prioritise working with manufacturers and partners to support development of new treatment options for children – currently, they are very limited.

***Specifically, co-host a high-level meeting in 2021 on adolescent mothers affected by HIV, TB and malaria; and work with us to evaluate the extent to which the GF supports integrated, community-led support for children and adolescents affected by the 3 diseases.”***  
***CCAA Consultation***



## Transgender people

***“GF is leaving trans people out of the loop. We cannot live on condoms and lubricants only – stop using us and give us a place.”***  
***Transgender FGD***

- Include transgender people representation in the CCM.
- Recognise the expertise, skills and knowledge of the transgender community.
- Strengthen and fund community-led responses, particularly those led by the transgender community and other key populations.
- Invest more funds to actively collect data in a way that recognises key populations, in particular transgender people including transgender men.
- Invest in capacity building for transgender organizations and view transgender communities as professionals and experts.
- Invest specifically in the advocacy capacity of transgender organisations so they can better advocate on gender-based violence, human rights violations, and for adolescent and young transgender people.
- Introduce key performance indicators for transgender people

***“Most of the time we are invited to meetings because GF has said you must have a trans representative. But how many times does a report actually reflect the perspective of a trans individual?.”***  
***Transgender FGD***

## Women living with HIV and AIDS and affected by TB and Malaria

***“When sexual and reproductive health and rights are not addressed and gender is marginalized, many women - transgender women, young women and girls are left behind.”***

**GNP+, ICW & Y+**

- Prioritize and increase investment to deliver comprehensive, integrated, rights-based health services that include sexual and reproductive health and rights and mental health.
- Increase screening and prevention health services for young women and girls.
- Research should be inclusive and document the diverse side effects that women, youth and children experience from treatments for HIV, malaria and TB.
- Invest in programmes that empower women and girls to advocate for their rights.
- The Global Fund should improve its guidance and monitoring of gender to ensure that health programmes are addressing gender inequality and injustices
- The Global Fund should collect and continue to make available data that can be disaggregated to reflect the experiences and challenges facing specific groups, particularly women and girls and key populations.
- The Global Fund should introduce regional grants for key populations, but in particular to support networks of women living with HIV.
- Women4GF should be supported and strengthened
- Prioritise mental health services for women and girls and key populations.

***“GF needs to prioritise young women’s health by engaging and championing large scale roll outs of prevention programmes to stop preventable disease.”***

**GNP+, ICW & Y+**

## People who use drugs

***“The GF has fallen short of targets to promote and protect equity and human rights. They must engage more with global, regional and country user-led networks to better understand the barriers and to develop realistic solutions.” INPUD Consultation***

- Strengthen community-led responses and rights-based programming for people who use drugs.
- Address the structural barriers, such as criminalisation of people who use drugs and gender inequality, that prevent access to health and a fulfilment of human rights.
- Address health inequities around the world and across key populations, including people who use drugs, in a person-centred approach.
- Ensure meaningful involvement of people who use drugs and other key populations as experts in the development, implementation, management and evaluation of policies and programming.
- Fund community-led responses through directly entering into multi-year service agreements with community-led organisations so funding is not contingent on government approval.
- Ensure greater representation of people who use drugs on the TRP.
- Social justice must drive decision making – in practice as well as policies.
- Be stronger at encouraging countries to include harm reduction and other services for people who use and inject drugs in funding proposals rather than on the PAAR and insist that drug user-led organisations are contracted to deliver those services as SRs. Also, encourage countries to include harm reduction in their national health and social policies.
- Scale up advocacy for de-criminalisation, removal of punitive law, policies and practices that target and weaken the human rights of people who use drugs and other key populations.
- Make human rights and gender equality an inviolable condition for a successful grant application
- Engage with drug user-led and injecting drug users in deciding on commodities, using their expertise and knowledge to improve the system and the quality of the commodities.
- Well before transitioning, ensure that rights-based programmes and services for people who use drugs and other key populations are fully embedded in the disease response.



## Adolescents and Young People living with HIV and AIDS and affected by TB and Malaria.

***“GF needs to put a face to young people affected by malaria – we are missing.”  
Adolescents and Young people FGD***

- Provide more funding for communities and organisations run by adolescents, young people and women living with HIV and affected by TB and malaria.
- Meaningfully engage communities of adolescents and young people living with and affected by the three diseases, including young key populations.
- Focus on the comorbidities of the three diseases – in particular around HIV and sexual reproductive health needs. This should include prioritisation of adolescent and youth-friendly services.
- Prioritise community-led responses and facilitate capacity-building and technical support needed to fully engage with adolescent and young people networks.
- The Global Fund should invest in more small grants such as ‘HER VOICE’ with a wider scope as most youth organisations are not eligible to become sub-recipients directly.
- Ensure focus on adolescent boys and young men.
- The CCM policy should specifically mention the representation of adolescents and young people.
- Continue to strengthen adolescent and young people involvement through CCMs, the Youth Council and within the Implementer Group Delegations.

***“Adolescent boys and young men have been left out in the programming. They should be involved to ensure gender equality, especially in relation to seeking TB and other health services.”  
Adolescent and Young people FGD***

***“Decriminalising of sex work would have the greatest effect on the course of HIV epidemics across all settings, averting 33-46% of HIV infections in the next decade.”***  
**NSWP Consultation**

- Strengthen community-led responses and rights-based programming.
- Address the structural barriers that prevent access to health and a fulfilment of human rights.
- Address health inequities around the world and across key populations, including sex workers, in a person-centred approach.
- Meaningful involvement of sex workers and other key populations in the development, implementation, management and evaluation of policies and programming. This includes within CCMs.
- Ensure that key population seats on CCMs are held by key populations themselves.
- Global Fund should invest in translation of information and documentation – both into local languages and into simpler language – language is a major impediment to effective engagement of sex workers, who may not have accessed formal education.
- Scale-up support for community-led advocacy for decriminalisation.
- Meaningfully engage key population-led organisations which includes recognising and giving equal weight and status to the skills, knowledge and expertise of sex workers and other key populations as professionals and experts.
- Fund community-led responses through directly entering into multi-year service agreements with community-led organisations.
- Increase support for key-population-led para-legal and legal services within grants.
- Escalate investment in programmes that address stigma, discrimination and violence against sex workers.
- Global Fund should make protection of human rights and gender equality an essential condition of a successful grant application.
- Global Fund should be cautious with innovations, particularly those such as biometrics for data collection that may cause harm to criminalised populations.
- Intensify efforts to address stigma and discrimination.
- Invest in programmes that address mental health, safe abortion, social security, sexual reproductive health and rights services and those that support sex workers to provide education their children.

## People living with HIV and AIDS

***“Criminalization fuels stigma and discrimination and undermines the HIV response as well as individuals’ access to essential health services.”***

**GNP+, ICW & Y+**

- Invest directly in our networks to amplify the power and successes of health programmes and services that are conceptualized, implemented, and coordinated by people living with HIV.
- Intensify support to eliminate all forms of stigma and discrimination.
- Adequately address co-morbidities (HIV-TB co-infection, HIV and cardiovascular disease, HIV and diabetes, HIV and hepatitis) as well as side effects of HIV treatment.
- Invest in gender transformative programmes and interventions that integrate gender.
- Increase focus on human rights including through investing in infrastructure and capacity required to respect, protect and fulfil human rights.
- Address issues with the CCM Conflict of Interest policy that exclude networks of people living with HIV from participating.
- Collect and share disaggregated data.
- Include a social audit as part of all Global Fund interventions.
- The Global Fund should partner with agencies and find innovative ways to invest in increased research on treatment options and the creation of new treatment and diagnosis technologies such as home testing kits and access to them, PrEP, PEP and their reimbursement, long lasting injectables and implantable solutions.
- Increase meaningful involvement of people living with HIV at all levels of the Global Fund – see community as experts.
- Maintain progress on HIV, TB, malaria, mental health, NCD, sexual reproductive health and rights services alongside the COVID-19 response.
- Increase measures to protect health data and confidentiality, including monitoring and prohibiting the surveillance or selling of biometric data to states or countries where HIV is criminalized.
- In the context of transitioning, it is even more important that the Global Fund has stronger dialogue with countries about investment in public health to ensure sustainability of critical health services.



## Men who have sex with men (MSM)

***“GF says key populations are part of the response but in reality our skills and knowledge are not recognised because we are not viewed as technical – activism is not for free!” MSM FGD***

- CCMs need to reflect the diversity within the community, by having one seat per population
- Directly fund community-led responses, in particular those led by MSM and other key populations.
- Invest in capacity-building for communities to be able to receive the funds and upscale service-delivery and treatment.
- Global Fund should focus on decriminalization and addressing legal barriers that negatively affect key populations.
- Addressing stigma and discrimination against MSM and other key populations, should be required in each funded proposal.
- Support key population organisations to collect data that can contribute to the overall understanding and needs of MSM.
- Strengthen partnerships with different communities across the three diseases to avoid working in silos.
- Do more to address the language barriers faced by MSM and other key populations at country level.
- Prioritise sex-positive conversations and behavioural interventions instead of disease-driven approaches only.
- Revisit the country-eligibility criteria – for instance, GDP is not representative of income and does not take into consideration health disparities.
- Fund regional responses and organisations so that sensitive work on structural issues across countries focused on MSM and other key populations can be coordinated and implemented by communities.
- Extend and improve the transition process so investment is not lost.
- Ensure advocacy by MSM and other key population groups is funded within country proposals.

# DEVELOPED COUNTRY NGO DELEGATION

Developed Country NGO Delegation

Constituency Paper 44th Board Meeting

November 11-12 2020

The Developed Country NGO Delegation congratulates the Global Fund Secretariat for its nimbleness and responsiveness to the COVID-19 pandemic. Indeed, this has been a difficult year for all, but as always, economic and health crises are more difficult for the most vulnerable. We are proud to continue to represent partners from around the world that are working in solidarity to assure that key and vulnerable members of the global society are able to remain healthy during this time.

In light of the COVID-19 pandemic, our delegation strongly believes that the GFATM must continue its central mandate to prevent and treat AIDS, TB and malaria. We express our concern that engagement in pandemic preparedness by the Fund should be focused on the impact of COVID-19 on populations affected by and vulnerable to AIDS, TB and malaria.

Because of the limited time frame and virtual nature of the 44th Board Meeting, we will be focusing our constituency paper primarily on the areas that will not be addressed within the Board Agenda Nov 11-12, 2020. We also have circulated an additional paper specifically focused upon new strategy development.

## **GF/B44/03 Report of the Executive Director**

Our delegation sincerely appreciates the leadership of the Executive Director and the Secretariat during the COVID, however, we remain concerned that inadequate resources for the three diseases, particularly TB will be impacted negatively by the need to respond to COVID. We commend the comparison made between TB and COVID in the Executive Director's report and align our voice with that of STOP-TB Partnership and others who seek to expand support for TB at this time. We agree with the Executive Director's statement that, "At current rates, TB and COVID-19 will likely kill roughly the same number of people in 2020 – around 1.5 million. Total global expenditure on TB

## DEVELOPED COUNTRY NGO DELEGATION

prevention and treatment is around \$6.5 billion; the equivalent figure for COVID-19 is more than a hundred times more."

To meet the UNHLM targets, the original estimate for TB was 13 billion USD per annum. According to Stop TB's new financial need estimate, because of the devastating impact of COVID had on TB programs, the needs have increased by 10% from the UNHLM target. Just for GFATM-eligible countries, the resource need for 2021 is expected to go up by 3.4B USD from the previous estimated in the Global Plan (of 10.7B). TB funding is dependent on the Global Fund as the primary source of TB Funding from donors, with nearly 75% (\$750 million in 2018) from the Global Fund. In the absence of other major international TB funders (with the notable exception of the US and a handful of others), the Global Fund certainly has a responsibility to step up its efforts and allocate more GF resources for TB. More than ever, the Global Fund's role has become very critical for meeting the targets and commitments of the High-Level Meeting on TB and the goal to end TB by 2030.

### **GF/B44/05 OIG Joint Agreed Management Actions Progress Report**

We acknowledge that overdue AMAs have increased since the onset of the Covid-19 crisis.

- What is the perspective of the Secretariat on the potential for mitigation during this crisis? For example, it is noted that Mozambique has had chronic problems with retention in care, it is hard to imagine that this "long overdue" AMA will be able to be corrected in this period when many services are at a stand still.
- What is the Secretariat's approach to the long overdue/longstanding problems in light of COVID?

It is worrisome that one of the long overdue AMAs is to create a framework around workplace harassment, despite the assertion on p.14 of the ED report that "we have made considerable progress in implementing our updated policies and internal justice procedures for the Secretariat itself".

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- In light of the Ombudsman's report and the problems throughout the UN system, the Delegation would like to see a formal timeline for this AMA to be completed.

### **GF/B44/08 Report of the Technical Review Panel: Lessons Learned**

We acknowledge the important and concise lessons learned shared by the TRP. Our delegation agrees with the TRP in their highlighting the need to increase the focus of the review process on human rights and gender.

- To this end, our delegation believes that TRP's should include expertise in community systems and community led monitoring. Structural change in the TRPs to assure a depth of understanding of the importance of community engagement will assure that these all programs are tethered to strong community systems.
- Similarly, we believe that metrics that evaluate the community engagement and issues such as discrimination in the provision of services.

### **GF/B44/15b Adjustments to the KPI Framework**

The delegation appreciates the detailed discussion about changes in the KPI framework. Yet, even as these KPIs are being revised, we are thinking ahead to the new strategy development.

- We feel strongly that disease-based targets are critical to evaluate efforts in RSSH. Currently, the process indicators--often focused on centralized process indicators (such as supply chain) are inadequate to measure progress against the three diseases. Moreover, we strongly encourage significant and meaningful KPIs that assess community engagement--community care delivery systems and community based monitoring.
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# DEVELOPED COUNTRY NGO DELEGATION

Global Fund Board Meeting

November 11-12 2020

Developed Country NGO Delegation

Strategy Development Constituency Paper

As the Global Fund continues its Strategy Development process, we would like to offer the following reflections: 1) we strongly oppose any mandate expansion without a commensurate and substantial increase in resources - the Global Fund should remain **focused on HIV, TB and malaria** and the unfinished business of ending the 3 epidemics; 2) the Global Fund should enhance its commitment to **accountability** and position **equity and solidarity** at the heart of its investment strategy 3) the Global Fund should focus on **program quality** and track the efficacy of its investments towards impact and outcome goals; 4) the Global Fund should support broad-based well-funded **community systems strengthening**, including but not limited to community-led monitoring, leadership, advocacy, and service delivery.

The Global Fund was founded in 2002 as a collaborative, multilateral response to three of the deadliest diseases the world has ever known. Now, as we sit together for our 44th meeting as a Board, the world is coming to grips with another global public health crisis that requires thoughtful, deliberate and collective action. The Covid-19 crisis has reinforced the fact that only in solidarity, bound by commitments to equity, inclusion and access, can we make any headway against global health threats.

With that said, our delegation urges radical accountability to these principles -- of solidarity, of inclusion, of access and of equity -- as the Global Fund pursues its original mission: the fight to vanquish AIDS, TB and malaria.

We recognize the need to evaluate where the Global Fund leverages its political and financial strength in rising to new challenges, and the need to put forward the strongest possible investment case for the next replenishment of the Global Fund in the face of a multitude of competing priorities for health funding triggered by the COVID-19 pandemic.

But more than ever, when we see the hard-won gains in outreach and diagnosis, management and treatment of the three diseases threatened to be undone by a diversion of attention and a diversion of resources, we must be resolute and maintain our focus on what we do best.



There can be no expansion of the Global Fund's mandate without an increase in available resources.

We are committed to a strategy that places meaningful community participation squarely at its core. The participation of key and vulnerable populations must be central to every objective, every intervention and every investment guided by the Global Fund's strategy for the next strategic period. We strongly believe that when communities with lived experience are at the center of decision-making processes, what will emerge is a blueprint that ensures that the needs of the most vulnerable and the most marginalized are driving investments in service delivery, advocacy and policy engagement.

To achieve this recentering of priorities, we strongly advocate the consideration of a necessary and measurable commitment to increase investment in communities at every level; including a particular focus on strengthening community systems and structures, tackling the social and structural drivers of the three diseases and increased community-led programming (in line with the target set in the 2016 UN political declaration on ending AIDS to ensure at least 30% of service delivery is community-led by 2030).

We urge that the strategy's foundation be grounded in a commitment to rights-based, inclusive, people-centered service delivery, and to promoting the best science and technology that considers equally value for money and the ability of countries to adopt and integrate that science into their own national strategies.

Only then can the fight against the three diseases, enhanced by targeted investments in the building blocks of systems for health, yield needed sustained structural and systemic change envisioned in the Sustainable Development agenda.

Our recommendations also include strong advocacy for the inclusion of metrics that assess enhancements in equity and the quality of interventions in the next KPI framework.

**1. Grounding strong and resilient systems for health in community leadership, with an emphasis on investment in community system strengthening**

In exploring new dimensions in the Global Fund's strategy for investment in resilient and sustainable systems for health, we note the apprehension raised by SR2020 about current investments being largely limited to the operationalization of disease-specific programming.

We share the Secretariat's own concerns about the low levels of provider performance, diagnostic accuracy, and limited adherence to clinical guidelines: each of them hallmarks of poor quality of care.

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We encourage a reinvigoration of the approach to investments as laid out in the previous 2017-2022 strategy, which correctly emphasized the importance of a differentiated approach to investments in RSSH across the Development Continuum.

In keeping with the need for differentiation, the delegation would also seek to revisit constraints on investments that contribute to human resources for health in different contexts and at all levels of systems for health. Whether it is health promotion officers or laboratory technicians, nurses or clinical managers; community-level providers in the public sector or diagnosticians at the central level, each of these cadres of health workers contribute to a resilient and more sustainable system for health, and their compensation may be a necessary and valid area for Global Fund investment.

We would also note with concern the need for more explicit language and clear implementation guidelines on differentiation as relates to challenging operating environments (COE), recognizing that fragile and low-resourced countries are far too often conflated at great cost. Countries rebuilding systems destroyed by conflict need different tools and investments from those who need targeted investments to support the invigoration of systems that are already in place. Flexibilities already envisioned under the Global Fund's existing COE policy must be operationalized as part of the RSSH strategy under review, to enable bold and strategic investments that will lift barriers to service delivery and ultimately improve equitable access to care.

Recognizing that sustainable and resilient systems for health must also be founded on principles of efficacy and value for money, we strongly urge a more deliberate effort by the Global Fund to expand its use of market shaping tools beyond the pooled procurement mechanism (PPM) . We endorse and echo concerns raised in SR2020 about the limitations of the Global Fund's current approach to addressing risks and ensuring equitable access to commodities and diagnostic tools associated with a shift to domestically funded and/or managed procurement.

It is with this framing in mind that we emphasize the need to move beyond the PPM/ Wambo.org as the only support availed to countries, and toward a more comprehensive and systematic approach that prioritizes stronger and more accountable national procurement capacities and systems, while also supporting civil society and communities to play a more prominent role in market shaping, procurement and supply chain processes.

More broadly, we see the need for a more concerted approach to measurement of impact of the Global Fund's investments in the strengthening of health systems, and advocate strongly

for the addition of new KPIs that measure the extent to which a component of the system is able to meet disease-specific targets as a demonstration of the strength of that system.

Building on that approach, we strongly believe that investments in health systems through RSSH be measured through KPIs that measure patient outcomes.

We offer the following recommended additions to the strategy discussions:

- To acknowledge the value and import of community-led monitoring and ADD CLM metrics as part of the monitoring, learning and evaluation framework under development, which requires a commitment to active support for scale-up of CLM in funding requests and improved coordination with technical partners
- To ADD monitoring and mitigation into normative guidance on supply chain management to produce a KPI for supply chain that evaluates the availability and accessibility of commodities at facility and community level
- To ADD normative guidance for participation by for-profit enterprise in service delivery and financing of the response at country-level that ensures access to good quality health care through an explicit rights- and equity-based framework
- To integrate results of analysis about how to mitigate the limits on quality, access, extent and completeness of data that emerges from countries into ADDED normative guidance to ensure effective targeting and prioritization of resources
- To ADD an increased focus on in-country supply chain capacity that enhances partnership between government and civil society in the delivery and monitoring of commodity supply and stock-outs
- To ADD normative guidance on the introduction and bringing to scale only those innovations and digital tools that are ‘disruptive technologies’ that are fit for purpose and contextually and fiscally appropriate as determined by countries themselves

## **2. Emphasizing solidarity in pursuit of global health security**

We call upon the Global Fund to promote a community-led, rights-based person-centered framing that will move the Global Health Security paradigm beyond its current conceptualization of a narrow state-centric fear of contagion towards a more globalist human rights-based approach. We see significant risks associated with a narrowly defined Global Health Security agenda that could lead to a disproportionate focus on short-term emergency

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responses, and the considerable potential for militarization, discrimination and exclusion that skews resources and attention towards issues that pose security threats to wealthy nations.

We urge a reconsideration of the framing of this paradigm, while recognizing the Global Fund's strategic role in the fight against infectious diseases. We strongly endorse a leadership role from the Global Fund that emphasizes solidarity, aligned with the assertion from the executive director that *"A new approach to global health security must embrace a much broader notion of health security than we've typically used... it won't work if it is only focused on pandemics."*

Any consideration of GHS through a lens of solidarity must extend to equitable and universal access to new technologies and treatments. The Global Fund may here bring its expertise and experience in market shaping including through its pooled procurement – in close collaboration with other actors and while learning lessons from the limitations of current approaches.

We recognize that Global Fund investments are already contributing significantly to support the building blocks of global health that keep us all more secure. We thereby offer the following recommendations at a time of heightened global concern about public health, to guard against a new strategy that does little beyond maintaining the status quo while failing to demarcate processes to make measurable progress toward achieving targets of improved human rights, inclusion and equity.

Most importantly, while we recognize the need to put forward the strongest possible investment case for the next replenishment of the Global Fund in the face of a multitude of competing priorities for health funding triggered by the COVID-19 pandemic. However, we strongly urge that the Fund maintains its focus on the fight against HIV, TB and malaria and remains loyal to its core values and principles of equity, rights-based patient-centered care and inclusion.

We offer the following guidance about where and the extent to which we see value in the Global Fund engaging in GHS strategy discussions:

- To ADD a commitment to community-led, patient centered framing that moves the Global Health Security paradigm beyond its current conceptualization of a narrow state-centric fear of contagion towards a more globalist human rights and equity based approach of global health solidarity
- To ADD recognition that evidence and data flows must be bidirectional, and commit to drawing on knowledge produced in-country and by communities

- To KEEP the Global Fund's focus on health equity, including the imperative of a right to care and a right to be treated without discrimination, at the center of any engagement in global health security/solidarity strategies, while maintaining an emphasis on the value of rights-based, patient-centered approaches at every level of health security - including at the heart of pandemic preparedness and response
- To KEEP the effectiveness of prevention, case finding and treatment activities related to the three diseases at the core of any possible expansion of mandate to look at pandemic preparedness and response
- To shape any expansion of the Global Fund's mandate into GHS to align with already existing disease-specific priorities, with a particular focus on identifying where gaps in funding for TB could be met with investments that could also strengthen a country's pandemic preparedness
- To consider the extent to which an emergency fund able to draw from flexible funds would be deployable as part of support for pandemic preparedness to protect the core mandate of HIV, TB, malaria

### **3. Prioritizing partnerships that meet identified needs**

As articulated in the SR2020, the Global Fund's partnership model remains a work in progress. It requires continued focus, attention and care to evolve and strengthen this model to enhance equity, engagement and impact. Perhaps one of the core challenges remains the lack of alignment between what is aspired to at global level and the practical realities of implementation on the ground.

Such missed opportunities for alignment, yielding robust and evidence-informed proposals for maximum impact among key or vulnerable populations, are most noticeable in contexts that can least afford to maintain the status quo. The 'business as usual' approach robs vulnerable, marginalized, and criminalized populations of agency, capacity to learn, and room to champion their needs.

We note with concern the statements emerging from the TERG review of the SR2020 that recognize 'varying degrees of transparency and intrinsic control' of partnerships by the Secretariat, which leads to a 'considerable challenge to monitor and identify the way these modalities translate into real impact and genuine change'.



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CCMs have been long-identified as a weak link in the Global Fund's chain, lacking the support they need to be more effective in participatory, inclusive governance and coordination. Rather, in a number of contexts, CCMs fail to engage, or silence or ignore civil society, community-based groups and the voices of key and vulnerable populations.

There are considerable knock-on effects to the closure of civil society space in these countries. When a CCM is closed to civil society and communities, they are less likely to be recipients of Global Fund investments; this in turn limits the reach, effectiveness, and impact of programming designed to serve the most vulnerable.

We urge a closer analysis of the strengths and limitations of the existing partnership model in order to drive the development of the next strategy as it is on the basis of this modality that the Global Fund can maximize its impact and make sustainable progress against the three diseases. We offer the following additions for consideration as part of that analysis:

- To ADD a phased transition away from reliance on UN agencies and international NGOs into requirements for dual track financing that also incorporate minimum required levels for in-country vs global-level spending
- To ADD KPIs for removing human rights-related barriers and improving performance toward achieving targets under SO3, with special emphasis on key and vulnerable populations
- To ensure that in its pursuit of targets under SO3 that it ADDS a recognition that gender is not a binary construct and that our drive towards gender equality must be inclusive and celebrate gender in its most fulsome diversity.
- To ADD investments in multi-year grants for regional, multi-country and national civil society and community-led initiatives in advocacy, education and outreach as well as service delivery at the national and sub-national levels to reach key and vulnerable populations
- To ADD an expanded definition of expertise that cultivates a broader and more diverse complement of technical assistance providers able to respond with culturally relevant, community-friendly and timely support to country-identified needs, drawing on expertise from civil society and communities
- To design and test performance-based approaches to partnership, oriented toward achievement of improved results, and ADD a range of tools, metrics, transparency and accountability arrangements identified by the SR2020

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- To consider an audit of the technical capacity of the Secretariat and identify areas for collaboration and coordination with other partners to enhance internal operations, exporting that greater skill and capacity to country-level and regional-level programming

In closing, this paper focuses on the 3 priority areas that have been identified by the Global Fund Secretariat: RSSH, GHS and the Partnership Model. While these are critical areas to the development of the next Global Fund Strategy, they are by no means the only areas of interest for our delegation. We hope there will be an opportunity to provide further input on other cross-cutting and thematic areas and will be sharing further thoughts in advance of the next Board Retreat.

**Developing Country NGO 44<sup>th</sup> Board Meeting Constituency Statement**  
**11-12 November 2020**

The Developing Country NGO constituency commends all the Global Fund partners, especially implementers and the Secretariat for the very difficult work done in 2020. Given how stretched to capacity the Secretariat is, we agree that now is the time for urgent robust reprioritisation and that the Board and Committees must be flexible with this collectively. However, given the fast-changing context in which we are operating, in order to prioritise, oversight and guidance is needed more than ever.

Specifically, we remain concerned that the bigger picture analysis of the ever-evolving risks is not sufficient to inform and course-correct the work of the Global Fund or to allow the Board to provide oversight. We are also disappointed at the general lack of thoughtful assessment of the impact of Covid-19 on our current work and performance, especially when we know of the unprecedented disruption in HIV, TB and malaria services. The lack of reflection of the impact of Covid-19 in the Strategic Performance reporting is particularly problematic, and highlights the need for timely and disaggregated data and strengthened Key Performance Indicators (KPIs).

Additionally, while we have the modelling that illustrates the current disruptions in HIV, TB and malaria services, we need real-time evidence from countries on what the true impact is and what the risks are. We cannot simply accept that we have lost the gains made in the HIV, TB and malaria responses. We need to reprioritise and focus on addressing these urgently and streamline our ways of working. To do this, we need evidence to inform our decisions, including program data from the first half of 2020 to better understand if the projections on the impact of COVID in HIV, TB and Malaria, are correct and where our focus is needed.

We echo the statement by the United States on the importance of connecting financial performance to program performance and request the Secretariat provide program performance data to the Board so as to avoid our learning about severely underperforming grants only through OIG audits and reviews.

The Developing Country NGO constituency provides the following comments and questions on the 44<sup>th</sup> Board Meeting documents:

**GF/B44/03: Report of the Executive Director**

The Developing Country NGO constituency commends Peter Sands and the entire Secretariat for the achievements of 2020 under the most difficult of circumstances. We are well aware that staff and the Executive Director are under severe stress and are approaching burnout and we fully agree that robust reprioritisation is necessary to ensure that we deliver the best quality of programming possible.

While we note the measures put in place to address the impact of the increased workload on mental health of the Secretariat, *is the issue of mental health taken into account when it comes to implementing partners? How can this issue which is becoming increasingly important be embedded in the Global Fund principles and strategies at all levels?*

We are also concerned that the continued focus on our response to Covid-19 may be overshadowing other priorities. In the initial stages of the emergency it was necessary to respond quickly, the Board now needs to critically assess and prioritise the extent of our response to Covid-19, to ensure that we remain on track with our core mission related to HIV, TB and malaria. As we have stated before, we strongly believe that the many other social and structural barriers to us reaching our mission still exist, such as criminalisation of key populations and other human rights barriers, and our focus on Covid-19 should be primarily on mitigating the impact on the three diseases.

The reasons for delays in signing grants are understandable, however, it is critical to ensure uninterrupted service provision and programming on the ground. The Global [State of Harm Reduction 2020](#) reports that harm reduction service delivery has been disrupted by the pandemic. We know that programmes for key populations in many cases implemented by SRs and SSRs are at higher risks of the delays, because the longest funding chain is from donor to implementers on the ground. We again request that the informal Covid-19 calls include deep dives on the impact of Covid-19 on key population services such as harm reduction for people who use drugs.

As noted in the report, Covid-19 has created challenges for Sustainability, Transition and Co-Financing (STC). We request more reflection and analysis on the impact of Covid-19 on STC, beyond an assurance that the tools and framework are flexible enough for countries to adapt. We call for a halt to any planned transitions for countries, until the approach to sustainability has developed a new strategy and realistic plan that takes into account this new context, especially with regard to:

- Transitioning, and the impact of the economic crises most countries are facing and how this will impact their income classification and most importantly their ability to sustain the gains of the fight against the three diseases
- Human rights and involvement of communities in the Covid-19 responses
- Access to medicines and other health products and the impact of the disruptions in supply chains globally, and how this increases countries' dependence on solidarity supply mechanisms

### **GF/B44/07 Development of the Next Global Fund Strategy**

The Developing Country NGO constituency reaffirms that at the center of the development of the next Global Fund Strategy must be Community Systems Strengthening (CSS). At the Strategy Committee Cluster calls and the Board Retreat, there was consensus of the need and value of community systems strengthening as a way of strengthening our new strategy and addressing RSSH, Global Health Security and Partnership actions of the Fund. We strongly believe that we now as a Board need to move to addressing *how* we can do this.

The many ways that the Global Fund can translate its high-level support for CSS into action at country level include:

- Creating KPIs and targets to track coverage and outcomes for the main sub-elements of CSS e.g. community-led monitoring.
- Incentivise and support countries to request adequate resources for all aspects of community systems and response through RSSH and HTM modules (in line with 2016 UN political declaration on ending AIDS target that at least 30% of service delivery is community-led).

- Making dual track financing a requirement to guarantee resources to civil society and communities, and strengthen community leadership. Where possible, resources should go to local community organisations and NGOs instead of repeatedly supporting the same international NGOs or UN partners.
- Flexible multi-year financing channels for community-led responses (beyond the PR-SR model) that can adapt to changing community needs, rather than creating parallel responses e.g. multi-year service agreements for smaller community organisations and networks (including key population organisations), as suggested by the Communities delegation.
- Restore regional/multi-country grants which make effective use of regional expertise and are critical for civil society to do difficult human rights-related work that will not be done by the Government partners involved and cannot be done safely by local organisations, including in non-eligible countries.

In terms of the topics beyond the Partnership Model, Resilient and Sustainable Systems for Health and Global Health Security outlined in the Synthesis Memorandum, we believe that human rights and gender equity needed to be added as topics. Although these are meant to be cross-cutting areas, the discussions have not included these topics sufficiently to inform the next Strategy.

We also request that for the upcoming Board Retreat, a document that pulls together and synthesises the discussions and input from all constituencies thus far, to provide an informed starting point for the discussions be prepared. This will be needed to steer us forward to consensus on the 'how' of the new strategy and to enable the Board to begin to unpack the details and steer the Secretariat.

### **Office of the Inspector General Matters**

We commend the Office of the Inspector General on an excellent report and work and for their flexibility under difficult circumstances.

In terms of the outstanding Agreed Management Actions, while we understand that Covid-19 has created delays, we request that the Secretariat produces a clear timeline on when and how these long overdue AMAs will be settled, some of which have been overdue since 2018. We ask for timelines specifically in the case of Myanmar and Nigeria, as well as the AMA of Managing investment in Resilient and Sustainable System for health.

### **GF/B44/06 Covid-19 Response and Business Continuity**

We have consistently been calling for assurance of the meaningful inclusion of communities and civil society in the Covid-19 Response Mechanism (C-19 RM), and the survey on civil society and community engagement regarding C-19 RM worryingly shows that one third of respondents were not at all involved in the concept note drafting at all and half respondents and one third of CCM members did not see the final draft of the application. While we note that some of the processes were conducted in haste, communities and civil society have played a critical role in the Covid-19 response, and are best placed to understand where HIV, TB and malaria resources have been disrupted. *What assurances can the Secretariat give that this will be addressed?*

We cannot keep continuing to assess the new reality using “old lenses”. The risk framework was developed in the time before Covid-19. Key risks to delivering on our core mandate, such as the potential costs of the risks, are not highlighted in the Risk Management report presented. We again request the following risks related to Covid-19 to be presented:

- An analysis of the increased economic risks for transitioning countries, as well as the risk of new countries becoming eligible for Global Fund grants due to changing economic status.
- The risks of staff burnout and implications staff wellness and ability to deliver on their work plans.
- A supplement to the established risk matrix, specifically prioritising and ranging COVID-19 related risks, as well as risk mitigation strategies.

In terms of resource mobilisation, there are significant unprecedented risks related to resource mobilisation due to Covid-19. During the 6th Replenishment, to meet our resource needs, a 48% increase in Domestic Resource Mobilisation (DRM) was programmed. This increase in DRM is unlikely to occur.

We acknowledge the resource mobilisation efforts made in relation to Covid-19 response but see a risk of reducing donor funding for HTM due to the perceived overlap and new prioritisation related to the current fundraising efforts linked to the Covid-19. There will be a need for stronger Global Fund stakeholders’ voice to ensure that ongoing COVID-19 resource mobilisation efforts do not undermine the 7th Replenishment resource mobilisation efforts. *We ask what will be done to mitigate this risk?*

We also note and commend the work done on “delivering sufficient supply of HTM health products” and would like to note on this subject the need to increase involvement of national stakeholders including civil society and communities in relation to access to medicines.



**Covid-19 response:** We commend the Global Fund's Secretariat for its timely and efficient response to the Covid 19 pandemic, ensuring flexibility, creating new mechanisms, and making resources available for countries. We appreciate this has been done so through a concerted multilateral approach with WHO and other key global actors. We expect this collaboration to continue at country level, and to expend throughout the Global Fund portfolio.

We believe this swift response was necessary to limit as much as possible the disruption in prevention and treatment for the three diseases, being aware that this response has increased the workload and stretched the capacity the Secretariat during an already very busy year.

Given the persistence of Covid-19 in the next months, we should consider the new risk scenarios within which the Global Fund operates, and the subsequent potential overall changes that may be required.

- The need for data to assess the effectiveness of the COVID-19 response until now is essential for future steps. It is also required for the upgrade of the risk management strategies. We wish to know what the capacity to collect data at country level is and how to access it.
- The impact of a long-term persistence of COVID-19 will have on the Secretariat in terms of organizational changes, recruitment of human resources and financing also needs to be assessed.
- Additionally, we would like to learn about the risk-assessment of operating in a COVID context, and the plans to develop a strong risk-management approach and to revise the risk appetite.

**AMAs:** We would like to raise concerns about the long overdue AMAs, and the potential impact on the quality of the programs and the achievement of the objectives of the Fund. While we are well aware of the Covid 19 constraints, we encourage prioritisation in implementing these AMAs. We believe it is fundamental that these challenges identified through OIG engagement, and acknowledged by the Secretariat, are addressed with a clear timeline, especially when they involve critical areas such as supply chain and programme quality. Recognising that some of them are longer term issues, and involve work with partners, we would appreciate having some progress reporting until they are completed.

**Next strategy of the Global Fund:** Our input related to the development of the next Global Fund strategy have been shared through the **joint position paper together with France, Germany and Point 7 constituencies**. We want to reiterate the need for a people-centred approach, and considering the current challenging environment, our constituency will continue to stress both the primordial importance of human rights-driven policies and programs as well as of building **strengthened systems for health** which are necessary to effectively deliver on the three diseases we target.

**Joint position paper on Global Fund new strategy development:  
EC/Belgium/Italy/Portugal/Spain, France, Germany and Point 7 constituencies**

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**Vision and Principles: evolve towards a people-centred approach**

The Global Fund (GF) mission plays a significant role in achieving the SDG 3 agenda and contributing to Universal Health Coverage (UHC) with underlying values of equity, sustainability and ownership.

We envision a Global Fund in 2030 that empowered low- and middle-income countries to drastically reduce incidence, mortality and resistance of HIV/AIDS, Tuberculosis and malaria (HTM) and of adjacent diseases among populations most affected, while also contributing to drive impact in view of the broader health agenda. This will be best achieved through an integrated, holistic and people-centred approach that focuses on strengthening systems for health, thereby also on preventing resurgence after the GF has transitioned.

Our vision for the future is a Global Fund that puts countries and communities back at the centre of our approach, taking a long-term perspective. This will also mean moving away from some short-term interventions and increasing our risk appetite to leverage our programmatic impact and leave more room for innovative approaches. We should allow countries more leeway to “experiment” within an agreed framework. We are also cognisant of the vastly different contexts in which the Global Fund operates, and we expect that differentiation will remain central in our implementation approach.

Whereas the overall goals of the current strategy remain largely valid, with principles of effective cooperation explicitly included, the operationalisation of these principles requires further work. The GF also needs to anticipate future challenges on the road to 2030, including financial constraints for both donor and implementing countries, and therefore leverage areas of comparative strengths in coordination with other global health initiatives. The One Health approach with its holistic and inter-sectoral view on health is one area, exploring adjacent health areas that can benefit from GF programs is another one. The success of the Global Fund will depend on partnership being able to deliver on the following through the strategy:

- **empowering national health systems**, including community-led structures, to build a continuum of science-based and data-driven quality health and social services tailored to groups where HTM incidence, mortality & resistance are highest. These services need to be able to be resilient in times of crises and donor transitions.
- **integrating human rights and gender in all our programs**, and focus our added value to Global Health Security in helping countries and communities preserve HTM gains and ensure continuity of outreach to the most criminalized and marginalized groups.
- **achieving long-term impact**: the GF partnership operating model should evolve, with a view of ensuring country ownership in collaboration and alignment with partners and donors at global and country level in line with the SDG 3 Global Action Plan (GAP).

Overall, the success of our next strategy needs to be measured not only through indicators on incidence, resistance and mortality for HTM but equally measure our impact of RSSH as well as Human Rights and Gender investments through clear metrics as they contribute substantially to ensuring long-term sustainability and successful transition.

**1. Empowering national health systems**

**The current pandemic demonstrates how fragile our gains are, and that strong and inclusive national systems for health are critical for long-term results on HTM.** We should overcome the perceived trade-off between “finishing the job on the fight against HTM” and “investing in systems for health”. Only strong systems for health allow countries to prevent, detect and respond to health emergencies effectively, while providing access to primary health care (PHC) including HTM services. To achieve this, GF investments need to be based on national health plans and parallel structures need to be avoided. We need to make sure that our RSSH investments focus on strengthening systems for long-term outcomes against the three disease and adjacent health areas.

**Proper integration of GF programs in health systems** is critical. Whereas health system weaknesses (e.g. in regulations, governance, human resources for health, health financing, health products,

community systems) represent the most critical barriers to achieving disease impact, most of our RSSH investments are related to health system support, unlikely to make a significant contribution towards UHC and sustainability of health outcomes. Going forward, we need to invest more in long-term health system strengthening and capacity-building of governmental and community-led organisations to boost impact, ensure country ownership and sustainable systems as intended by the RSSH Roadmap.

**More robust work on RSSH and proper funding** is needed: We need to give more room for RSSH interventions in country proposals, under proper guidance of what we understand as high quality health system strengthening investments.

**National ownership should be the guiding principle:** prioritized RSSH interventions should derive from a country's national health sector strategy and align with investments by other donors at country-level.

## **2. Integrating Human Rights and Gender focus in all programs**

**Community-led civil society organisations (CSOs)** are central partners of the national health systems and critical for long-term results. They are best placed to work where no one else can reach out to groups that are stigmatized and discriminated against in access to health services, to provide them with quality services, to monitor government-led health activities, to demand transparency and accountability from the government and to advocate for health and rights. Empowered, financed and organized communities are the backbone of strong and resilient health systems.

**Human rights and gender programming** is a leverage to increase the quality of our investments and their health outcomes on people we serve. We need to integrate human rights and gender in all our programs and investments to increase retention and decrease incidence, mortality and resistance among communities and key populations. Data and operational research focusing on human rights and gender barriers experienced by communities and key populations should also be developed and scaled up.

**Only if the next strategy ensures that communities and CSOs are meaningfully involved and have sufficient capacities,** they can hold governments accountable on the reduction of human rights and gender related barriers and advocate for meeting health financing needs at country level.

## **3. Strengthening national leadership and the partnership model**

**Strengthening the partnership model at national level is essential.** Our added value is to empower national public, private and community structures to develop a continuum of quality health services and rights adapted to the needs of groups most affected and able to subsist through crises and donor transition. For this to be achieved, investments need to be aligned with national health sector plans.

**GF programs to be integrated in national financing strategies.** Our aim is to ensure that countries become (sooner or later) independent from our support in the future. This can only be achieved by involving national actors and structures in grant management and implementation and by promoting national leadership, coordination and accountability. This also requires activities of the GF to be integrated into broader national financing strategies and to better leverage investments to increase Domestic Resource Mobilisation.

**Provide Country Coordinating Mechanisms (CCMs) with the capacity, resources and information** needed to exert their leadership with a view to increase key populations and communities' inclusion as well as coordination and alignment of CCMs with existing government coordination mechanism.

**Reaffirm differentiation as a country-led process,** rather than a Secretariat-led one. Country-level operational research can be a key mechanism to ensure science-based program optimization.

**Collaboration with other global health initiatives should be a principle of GF engagement globally and in country.** It needs to focus on what no one else does better, and to discard what others do better. In this regard, the development of a Theory of Change by the main partners involved in countries, and already engaged in the Global Action Plan, may be useful in better identifying roles and responsibilities, and eventually help the Global Fund make the necessary trade-offs on what to focus on and where to reduce investment.

## **Operational recommendations**

### **1. Evolve towards people-centred approach**

- Measure performance against incidence, resistance and mortality in groups where these are highest; focus disease-related indicators on quality, people-centred health outcomes and resilience of services provided.
- Envisage a One Concept Note approach to facilitate the integration of disease structures and embed co-morbidities, RSSH, human rights and gender investments in a cross-cutting manner.
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### **2. Empowering national health systems**

- Consider expanding the time horizon of investments and performance measurement on system strengthening, human rights and gender beyond the three-year cycle for a longer-term effect.
- Provide more flexibility to countries on share, scope and modalities of RSSH investments; provide clearer guidance for Secretariat on RSSH expectations; ensure that country RSSH requests include CSS, and TA, especially on procurement, data, health workforce, financing, integration, community-led and key populations-led monitoring, service provision and advocacy.
- Support development of quality funding requests on RSSH based on country dialogue, partners consultation, quality data and research, aligned with national health strategic plans (NSP), and adapted to country context and specificities.
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- Support inclusion of RSSH experts and representatives of the health workforce on CCMs, ensure CCM articulation with Ministries of Health, Youth, Interior and Finance, and facilitate CCM dialogue with relevant national health, rights and One Health coordination bodies and stakeholders.

### **3. Integrating Human Rights and Gender focus in all programs**

- Expand human rights and gender key performance indicators (KPIs) to the whole portfolio, ensure minimum qualitative and quantitative human rights and gender standards in all grants and supported programs.
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### **4. Country leadership at the center of differentiation, innovation and optimization**

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## Joint Statement of EECA, EMR, ESA, SEA and WCA Constituencies

The Global Fund is developing its next strategy! That's the buzz word in global health, especially among partners that are integral to the fund. With 2030, the year the global community agreed to end HIV, TB and malaria, nearly on the horizon, much is expected from the Global Fund's strategy.

The public seats within the Implementer Group are united among a number of top priorities for the next strategy. In particular, we are united in having a strategy that builds on the current strategy's strong on resilient and sustainable systems for health (RSSH). A continuing prioritization of RSSH is critical not just for ending AIDS, TB and malaria but also for attaining Universal Health Coverage (UHC). The next Global Fund strategy must therefore be intentional about RSSH remaining a priority, with a very clearly spelt out role for the Global Fund and also for other partners to ensure accountability for results.

At the same time, the government constituencies are urging the Global Fund to monitor and proactively react in the EECA, EMR, ESA, SEA and WCA regions which are facing huge challenges with the Covid-19 pandemic. As we know, countries and health systems of EECA, EMR, ESA, SEA and WCA countries are right now faced with a new wave of the Covid-19, which is expected to worsen in upcoming weeks and months. EECA, EMR, ESA, SEA and WCA regions remain one of the worst affected regions, and we are gravely concerned with the rise of cases and response to pandemics. EMR is a main area where internal and cross-border conflicts occur while struggling with malaria, TB and HIV. Thus, it should be a focus for HSS and facilitating access to services for affected populations. Humanitarian crises pose important challenges in EM region which hosts a large number of refugees and displaced people due to ongoing conflicts or post-conflicts making very difficult the management of COVID-19 pandemic. Clearly, the demands presented to the health systems are beyond the capacities and we are calling for the Global Fund to provide flexibilities and support EECA, EMR, ESA, SEA and WCA countries urgently in response to pandemics with a close collaboration with the national health authorities and provision of quick support to the countries.

### THE CASE FOR RSSH

#### a) Governance and Leadership

To foster stronger political will and leadership the post-2022 strategy focuses on:

- Strengthen political leadership by increasing government oversight role on HIV, TB, Malaria and NCDs interventions to promote sustainability;
- Strengthen government involvement and participation to ensure health systems are resilient in the aftermath of Covid-19;
- Strengthen policy coordination on KP programming, access to services and addressing human rights issues and gender equality;
- Strengthen existing policies/standards/guidelines for an integrated people-centered health service response in the fight against AIDS, TB, malaria and NCDs and ensure stigma and discrimination is addressed, KPs have access to prevention and care services;

- Promote multi-sectoral coordination to facilitate the development and implementation of sectoral investment plans, including infrastructure, equipment, human resources for a sustained health system;
- Strengthen national mechanisms, collaboration and coordination across sectors, ministries, between public and private sectors, regulatory organs and alignment of resources for AMR;
- Include all levels of government in advocacy efforts and encourage transparency and accountability.

## b) Health Financing

Globally, leaders have made commitments to increased funding for health. Operationalizing these declarations and the frameworks with clear timelines and milestones can bring countries to account. It is important that the post-2022 GF strategy targets these high-level recommendations and:

- Synergizes efforts between ministries of health and ministries of finance to increase overall fiscal space to finance health and ensuring macro-economic variables such as high debts and interest rates do not crowd out;
- Promotes private sector/communities/civil society engagement through strategic purchasing and corporate social responsibility;
- Addresses decline fiscal space progressive taxation to increase benefits for the most vulnerable populations;
- Allocates additional resources into primary health care as a key driver to achieving UHC goals;
- Enhances capacity of countries on technical and allocative efficiency to ensure available resources are invested in programs with maximum impact;
- Ties policy targets with financial protection to reduce out-of-pocket expenditure and attain UHC;
- Fosters strategic collaboration for domestic resource mobilization and advocates for strong leadership to promote investment decision trade-offs, accountability and efficiency;
- Incentivizes countries to come up with innovative ideas that shape how investments in epidemic constrained economies could shape up.

It should be noted that COVID-19 pandemic has impacted the health programs and the economies in two regions leading to further weakening of health systems and reducing of domestic resources mobilization. Providing more flexibility and more technical assistance are very important interventions to support countries.

## c) Human Resources for Health and Community Systems Strengthening

There is need for the Global Fund to:

- Invest in strengthening task shifting/sharing to address developmental and implementation gaps arising from HRH shortages;

- Increase investments in HRH for sustainability and push government to increase counter-part funding by committing funds within national and sub-national budgets;
- Provide mechanisms for countries to retain and augment capacity of critical staff in periods of health system shocks, at both facility and community levels through incentivizing public health physicians who are in the public health sector, so they remain competitive;
- Strengthen the governance and leadership of human resources for health through the development of normative guidance and the fostering of effective national coordination and social accountability;
- Work with countries to enhance policy oversight for CSS and ensure guidelines and protocols are localized and made widely available to support service provision and task shifting;
- Invest in building the capacities of community-based organizations, community actors and civil society to support linkage, advocacy, community-led surveillance, prevention, community monitoring and reporting, mobilization and representation in decision making and program implementation.

#### d) Health Management Information Systems (HMIS)

The post-2022 strategy should:

- Enhance interoperability across disease programs to allow data interchange, reduce data re-entry and promote person-centred approach;
- Strengthen the integration of already existing tools and optimize data collection across multiple intervention while ensuring that the tools are person-centred as opposed to disease-centred;
- Scale up data audits/assessments to ensure accurate and high-quality granular data are collected at sub-national levels;
- Invest in health information systems to ensure timeous data collection, processing and dissemination for quick course correction, while at the same time ensuring duplicate roles which impact on data quality are eliminated across all levels of the HMIS;
- Strengthen community surveillance systems on HIV, TB and malaria and integrate with the national electronic systems;
- Invest in and build the capacity of HRH for a strong organizational leadership to manage the HMIS;
- Forge innovative partnerships with technology providers to enable uptake of digital health services - data collection and entry, including implementing to scale interoperable systems that enhance data interface with other sector data, e.g., private and community vital registrations, displaced population, service delivery, logistics and procurement. This should include use of low-cost and accessible technologies in low-bandwidth settings to reach as many people as possible;
- Establish integrated lab surveillance systems to detect resistance for the three diseases (HIV, TB and malaria) and other emerging diseases and address issues of drug resistance which is threatening;
- Strengthen pharmacovigilance and quality assurance for diagnosis and treatment.

e) PSM & Market shaping

Countries should leverage on the post-2022 strategy and use the GF resources to:

- Improve data generation for improved focusing and distribution system to avoid stockouts which can lead to the treatment discontinuation, the development of resistance with serious consequences on people's health;
- Strengthen compliance through enhancing guidelines and protocols;
- Facilitate price negotiation and move towards pooled procurement;
- Lobby for access to quality assured and affordable medicine;
- Address issues of quality of medicines, short shelf life and safeguard against counterfeits;
- Repurpose medicines produced so that they do not cause harm;
- Lobby for the automation of the supply chain, from ordering to distribution;
- Capacitate human resources to manage the supply chain at the peripheral level;



## **Joint EECA Constituency and WHO Euro statement ahead of the 44th Global Fund Board Meeting**

Countries in Eastern Europe and Central Asia (EECA) and KAPs expect the next GF Strategy to deliver against challenges and priorities of the region. Countries in the EECA region have been severely affected by COVID-19 pandemic with highest incidence of cases observed during spring-summer 2020. This year had brought a great challenge for local governments, stakeholders and partners to sustain and ensure continuation of essential health services for population, including vulnerable population groups, affected by TB and HIV.

A sharp decline in access to HIV and TB prevention, early diagnosis, treatment and care programs in EECA, accompanied by a rapid increase in new cases of the COVID-19, became the main concern and challenge to national governments, as it often times indicates failure in leadership role to ensure provision of health services during the pandemic. Number of COVID-19 case are rapidly growing in the WHO European Region, causing many countries to introduce physical distancing and quarantine measures. At the same time physical distancing and quarantine are creating environment where person-to-person TB service delivery, as well as delivering critical supplies are affected by inability to travel to healthcare facilities and meeting up with services provider(s). TB & other health programmes have been reshuffled for COVID-19 response. These changes include but are not limited to repurposing healthcare staff, restructuring inpatient (and outpatient) service and the use of TB diagnostics for COVID-19. This includes the use of GeneXpert platforms that are used as an initial diagnostic test for tuberculosis and rifampicin resistance (as recommended by WHO) in many countries, especially in the Eastern part of the Region for the COVID-19 diagnostics.

It turned out to be a severe test for the entire health system of all countries of entire region. Peculiarities of post-soviet health systems, health reforms in progress, political instability, limited human capacity and financial resources coupled with transition from donor funding, turned into a very difficult process that is associated with democratic development and respect of human rights. It had triggered the limited capacities of public health to respond to unprecedented burst of COVID-19 and led to high death tolls, temporary intermitting TB/HIV services, which in whole often led to unfavorable consequences.

Building up on that, the EECA Constituency calls on the 44th GF BM to address the urgent need for support countries of EECA to respond to an unprecedented collusion of four blended/interspersed epidemics, including COVID-19, HIV, tuberculosis and viral hepatitis. Starting from March, 2020 COVID-19 led to more than 5 million diagnosed cases in the region and over 288 thousand deaths. Stringent lockdown measures definitely slowed down the progression of infection, but they also directly affected functioning of health systems and provision of HIV, TB and viral hepatitis care. Recent modelling that was done by the WHO suggests that if the COVID-19 pandemic led to a global reduction of 25% in expected TB detection for 3 months – a realistic possibility given the levels of disruption in TB services being observed in multiple countries – then we could expect a 13% increase in TB deaths, bringing us back to the levels of TB mortality that we had 5 years ago. This may even be a conservative estimate as it does not factor in other possible impacts of the pandemic on TB transmission, treatment interruptions and poorer outcomes in people with TB and COVID-19 infection. Between 2020 and 2025 an additional 1.4 million TB deaths could be registered as direct consequence of the COVID-19 pandemic worldwide. European region demonstrated a significant reduction in TB, HIV and hepatitis testing in the last 6 months, which obviously negatively impacts on the progress towards controlling HIV and eliminating viral hepatitis. The severity of these affects calls also for a long-term and holistic approach of all these regional and global challenges in the context of GF Strategy development.





## **Strategy development**

The EECA countries appreciate ongoing efforts of the GF and partners to ensure an inclusive and broad forum for the development of the Strategy 2023. Our constituency members understand the limitations imposed by the COVID-19 restrictions, including effectiveness of virtual discussions.

However, we want to make sure that the GF is considering all opportunities to ensure an inclusion and participation of every relevant stakeholder in the process of the Strategy development.

Moreover, the COVID-19 pandemic is widely proving that RSSH and implementation of integrated people-centred care are key to efficient containing of communicable diseases. The pandemic represents a significant threat to planned “graduation” of countries from the GF support, put at risk the sustainability of national response to communicable diseases.

We call on the GF to ensure that the next strategy makes RSSH and implementation of integrated people-centred care and all related issues as key priority.

In a region marked by turbulent political processes and weak/unstable political will - viable and resilient health systems, strong multisectoral response and increased accountability had to be recognized in order to avoid disruption of essential health services for TB/HIV/Hep population affected by COVID-19 pandemic.

Further on, the GF and partners should strengthen/target the cooperation with countries to make RSSH a key priority for National Strategic Plans.

The COVID-19 pandemic also reveals the need for multisectoral engagement and accountability of decision-making/process influencing stakeholders at regional level. Lockdowns and isolation, remote and thus difficult forums of dialogue impose the need to improve communication and experience sharing between countries. The resource savings associated with COVID-19 need to be redirected to improve communication and engagement of key actors at the regional level.

In addition to accountability at regional level it is very important to strengthen multisectoral accountability and coordination at national/country levels to accelerate the implementation of political commitments to meet the targets towards the Sustainable Development agenda and progress to end the TB epidemic by 2030, especially in health emergencies and transition from donor funding. Currently, WHO Regional Office for Europe is supporting countries in adaptation and implementation of Multisectoral accountability framework on TB (MAF-TB) developed by WHO upon request of 1st WHO Global Ministerial Conference on “Ending TB” and UNGA HLM on TB. The GF and partners have been recognized as key players in providing support to countries to strengthen accountability and coordination with engagement of civil society and disease-affected communities.

## **Sustainability, Transition and Co-Financing.**

We call upon the GF Board and the Secretariat to return to the STC policy and its connection with the RSSH and people-centered approach to service delivery.

It should be recognized that GF support in a number of countries has contributed to the creation of “parallel systems” to support HIV, TB and malaria programming. This created a threat to future sustainability of disease response, diminishing national ownership and capacity, which we are now, unfortunately, receiving confirmation.



In context and reality of the COVID-19 pandemic, we invite the GF to learn from all past successful and unsuccessful transitions, make efficient use of the CCM roll-up program to sustain such coordinating mechanisms at the national and regional levels. Adaptation and use of the MAF-TB tool will strengthen and sustain the CCMs as a potential body for MAF-TB implementation and monitoring.

We want to see the GF's readiness for a rapid reallocation of funds, given the impact of the COVID-19 pandemic, including on the countries of the EECA region. We must not forget that in the conditions of the new reality, additional technical support is needed to ensure the effective work of the Government Constituencies on the Global Fund Board.

The EECA constituency is eager to provide all assistance and implication needed to make the learning and experience sharing process efficient and useful for other regions.

### **Emergency responsiveness to COVID-19**

COVID-19 has triggered old and painful problems in EECA region related to diagnostics, procurement and supply chains, uneven access to key services for affected populations, poor/inaccurate information and unwillingness of people to follow preventive measures. The GF and partners' support is needed to strengthen the lab and testing capacities, develop the treatment and prevention guidelines, foster collaboration with the private sector and the CSOs, enlarge the supply chain options for countries to access COVID/TB/HIV/Hep drugs and products needed to respond to these pandemics.

In addition, the COVID-19 pandemic provided an opportunity to develop and implement innovative approaches and practices to prevention, diagnosis, treatment and care delivery that need to be shared, sustained, and widely implemented.

The COVID-19 pandemic is posing additional pressure on EECA countries, which is environmental. This represents an enormous challenge at every level of society in our countries, and waste management is no exception. And there is never a simple trade-off between health care concerns and economic ones.

Unlike other disasters, the COVID-19 pandemic environmental side-effects will not be over in a matter of days. Most probably, it will be with us for several years. Waste management in developing countries is usually not operated in accordance with international standards, and so there have been additional difficulties with an increased amount of potentially infected waste which requires additional, careful handling and treatment processes.

In this respect, the EECA Constituency calls upon the GF to initiate and conduct evidence and needs based dialogue with countries on waste management – from policy and guidelines development to action plans to be supported and implemented in grant recipient countries.

Let us all make our continent and planet a bit cleaner for our children and next generations, so that they are able to act and defeat the communicable and non-communicable diseases in a favorable environment. This is our collective responsibility and within our reach if we act responsibly, and leave no one behind access to quality care during the pandemic and beyond.



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

## **EMR Constituency Statements for 44th 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 the overwhelming workload 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 and comments on main topics of discussion during 44<sup>th</sup> board meeting.

### **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.

We know that COVID-19 clusters with pre-existing conditions, interacts with them, and is driven by larger political, economic, and social factors. Pre-existing conditions such as NCDs, mistrust in science and leadership, and a fragmented health-care system have driven the spread and interacted with the virus. These synergistic failures have caused more death and devastation in some contexts.

### **The next Global Fund Strategy**

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. In recent years, many countries have made enormous advances in medicine, but too many have neglected their basic public health systems which are the foundation for responding to infectious disease outbreaks. This pattern of inadequate funding and capacity for communicable diseases is also evident in some technical agencies. GF plays extensive role in ACT-Accelerator and mitigating impact of COVID-19 on HTM (Three Diseases), is highlighted in the report of ED. However, to avoid any conflict of interests, fragmentation, mis-communication and confusion at the point of service delivery, and also to maximize harmonization, technical advice, evidence-based policy making and practice, and to enhance harmonization, we strongly request the Board to continue support WHO involvement as the technical arm of the GFATM in every aspect. Just through this full-collaboration we can trust that our good-will concludes in tangible improvements in this difficult situation of pandemic and particularly in conflict areas.

The role of the GF should be emphasized in reducing these gaps through investment, market shaping for public health goods and medicines, and political advocacy around global health investment to fulfill Universal Health Coverage.



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

Priority areas could be integrated surveillance systems and timely information generation on health outcomes, breaking down Human Rights barriers and other structural hurdles for access to health care, supply chain improvement, enhancing health workforce and sustainability of programs. Improving engagement with partners including affected communities and NGOs with clear division of responsibilities can also help in this regard.

Considering the process for development of the new strategy and revisiting the partnership model, we would like to emphasize on the engagement of technical partners such as WHO, UNAIDS and others in the development [and implementation] of the next strategy and also in building upon their capacities while revising the partnership model, rather than refurbishing the GF as a parallel technical entity.

#### **Sustainability, Transition and Co-financing**

Progress on STC with increasing domestic financial resources will be too difficult in the context of 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.

EMR is a main area where internal and cross-border conflicts occur while struggling with increase in malaria, TB and HIV and overwhelmingly with COVID-19. The impact of COVID-19 on care of the three diseases was significant in almost all countries of the region due to a weak health system. HIV Community-based testing and prevention were severely disrupted. This may have an impact on the incidence of the 3 diseases and more financial support is needed to reverse the trend in the coming years.

Thus, it should be a focus for health system strengthening and facilitating access to services for affected populations with the 3 diseases. Humanitarian crises pose important challenges in EM region which hosts a large number of refugees and displaced people due to ongoing conflicts or post-conflicts making very difficult the management of COVID-19 pandemic. Clearly, the demands presented to the health systems are beyond the capacities and we are calling for the Global Fund to provide flexibilities and support to countries especially through regional grants and partnership mechanisms.

During the COVID-19, the world is witnessing an economic crisis which will affect mostly disadvantaged communities. We would like to call on extending partnerships for reducing vulnerabilities and improving their access to health care. In the same direction, we would like also to ask revision of eligibility criteria for GF grants to consider WHO as PR and to put greater weight on inequalities, on barriers related to Human Rights, on prevalence of key and vulnerable populations (migrants, refugees, displaced people), in a given country in addition to overall income categorization.

<b>Déclaration de circonscription de la France - French Constituency Statement</b>
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Alors que s'ouvre le deuxième conseil d'administration en format virtuel du Fonds mondial de lutte contre le sida, la tuberculose et le paludisme de l'année, la circonscription française tient tout d'abord à remercier le Secrétariat du Fonds mondial pour son engagement sans faille et son travail remarquable dans cette période si difficile.

Nos opérateurs et notre réseau diplomatique, fortement mobilisés sur le terrain, ont pu témoigner de l'efficacité et la réactivité du Secrétariat sur la riposte au Covid-19, associé à une implication très forte des partenaires de mise en œuvre et acteurs nationaux (institutionnels, secteur privé, communautés et organismes de la société civile) et de tous les membres du conseil d'administration. C'est toute l'équipe du Fonds mondial qui répond présent à cette crise sans précédent. Nous saluons dans ce contexte la mise en place d'un processus accéléré pour permettre la validation par le Conseil d'administration de décisions exceptionnelles liées à la réponse au Covid-19 et l'implication importante du Fonds Mondial au sein de l'accélérateur ACT.

Les modélisations de l'impact du Covid-19 sur les 3 pandémies sont alarmantes, et l'engouement unanime de Lyon est aujourd'hui mis en péril par les conséquences d'une pandémie inattendue et inédite par sa violence et son impact sur l'ensemble de la planète. Atténuer cet impact constitue une priorité et nécessite de poursuivre les efforts afin d'atteindre l'élimination des trois maladies d'ici 2030.

Face aux conséquences sanitaires, économiques et sociales dévastatrices dues au Covid-19, la mobilisation politique et financière de toutes les parties prenantes à la santé mondiale est plus que jamais essentielle, tandis que des ressources supplémentaires dédiées à la riposte internationale au Covid-19 via ACT-A sont nécessaires. L'indispensable coordination entre grands acteurs du secteur (Fonds mondial, Unitaïd, Gavi, Banque Mondiale) doit être consolidée, notamment sur les sujets transversaux tels que le renforcement des systèmes de santé (RSS), afin de pouvoir catalyser nos investissements et développer les synergies.

***Continuité de la gouvernance et de l'efficacité du Fonds mondial durant la pandémie de COVID-19***

Depuis le début de cette crise sanitaire mondiale, le Fonds mondial a su faire preuve d'une réactivité, de capacité d'adaptation et de résilience remarquables. Il nous faut désormais trouver les moyens d'inscrire efficacement cet effort dans la durée, car les effets de cette crise vont perdurer. Les échanges réguliers d'informations sont particulièrement appréciés et importants dans ce cadre, et doivent être accessibles à tous. C'est pourquoi le multilinguisme doit continuer d'être protégé, particulièrement dans un format virtuel qui ne facilite pas toujours les échanges.

Nous félicitons le Fonds mondial pour sa participation à ACT-A sous le leadership de l'OMS et en collaboration avec les autres acteurs de la santé mondiale. Au regard de la part des intrants dans la programmation du mécanisme C19RM, le recours des pays au mécanisme d'achat groupé du Fonds mondial et à la plateforme wambo.org ne devrait pas être imposé par le Fonds mondial.

### ***Plan de travail 2021 et OPEX***

La France remercie le Secrétariat pour la proposition de budget de l'OPEX 2021, ainsi que des efforts réalisés en matière d'efficience, d'efficacité et de pertinence des investissements prioritaires nécessaires à la mise en œuvre de la stratégie du Fonds Mondial. La crise du Covid-19 a eu un impact sur les programmes financés du Fonds mondial mais également sur le fonctionnement du Secrétariat à Genève, et la France félicite les équipes du Fonds mondial pour leur réactivité, tout en considérant que l'ensemble des difficultés inhérentes à ce nouveau mode de fonctionnement à distance doivent être pleinement prises en compte et analysées.

Nous devons cependant garder à l'esprit que ce dont nous discutons pour l'année 2021 servira de base à la discussion du budget de l'OPEX pour l'intégralité du cycle 2020-2022. Bien que le Secrétariat ait naturellement besoin d'un niveau approprié de ressources d'OPEX pour fonctionner et remplir ses missions, il relève de notre responsabilité à tous de mener une réflexion approfondie sur le modèle de fonctionnement actuel pour envisager une approche différenciée du fonctionnement du Secrétariat afin que le Fonds mondial continue d'avoir un impact maximal en lien avec les discussions et attentes de la prochaine stratégie.

Nous serons donc attentifs à la poursuite des discussions sur le potentiel déplaçonnement de l'OPEX lors des comités de mars prochain.

### ***Bureau de l'Inspecteur Général***

La France remercie vivement le bureau de l'Inspecteur Général pour le rapport d'étape et la présentation de sa feuille de route pour 2021.

A la lumière de la crise du Covid-19, il sera essentiel de tirer toutes les leçons de la crise du Covid-19 le moment venu, et nous félicitons à ce sujet l'OIG pour son suivi attentif des processus mis en place par le Secrétariat. A ce sujet, la circonscription française considère qu'il serait très utile de bénéficier d'une réactualisation de l'opinion émise par l'OIG suite au rapport du présenté lors du 43<sup>e</sup> conseil d'administration qui soulignait le niveau de maturité auquel était parvenu le Fonds mondial.

### ***Priorités des comités et du CA : gestion des risques.***

Nous pensons qu'une mobilisation transversale du Comité de la stratégie et Comité Audit et Finance sur le cadre gestion des risques dans le cycle 2020-2022, ainsi que sur la prochaine stratégie du Fonds mondial, et le cadre de suivi-évaluation, est indispensable. Elle permettra notamment de mettre en cohérence la gestion de l'absorption et des risques fiduciaires avec les objectifs de qualité et de soutenabilité des interventions et d'opérationnalisation des objectifs stratégiques 2 et 3. Elle permettra également d'analyser la faisabilité opérationnelle et budgétaire des orientations envisagées par le comité de la stratégie et enfin d'intégrer la performance opérationnelle du secrétariat dans le futur cadre de suivi-évaluation du Fonds mondial, de manière à en assurer la cohérence avec ses objectifs stratégiques.

### ***Stratégie***

Nos propositions figurent dans la déclaration conjointe sur le développement de la nouvelle stratégie du Fonds mondial avec les circonscriptions UE/Belgique/Italie/Portugal/Espagne, France, Allemagne et Point 7.



<b>Déclaration de circonscription de la France - French Constituency Statement</b>
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As the second virtual Board Meeting of the Global Fund to fight HIV, tuberculosis and malaria of the year begins, the French constituency commends the Secretariat for its commitment and remarkable work in these challenging times.

Our operators and diplomatic networks, strongly invested and active on the field, underline the efficiency and reactivity of the Secretariat on COVID-19 response, in close collaboration with implementing partners and national actors (institutional, private sector, communities and civil society). The response to this unprecedented crisis involves and mobilizes the whole range of Global Fund Partnership actors at every level. In this context, we commend the implementation of the accelerated exceptional decision process for the Board relating to COVID-19 issues, and salute the important implication of the Global Fund within ACT-Accelerator.

Forecasts on the impact of COVID-19 on the three diseases are alarming, and last year's shared enthusiasm from the replenishment in Lyon is now challenged by the consequences of an unexpected and unprecedented pandemic. Mitigating its impact on our core mission is a priority, and it implies doubling our efforts to get back on track to reach the elimination objective by 2030.

In order to face the devastating health, economic and social impacts of covid-19, political and financial mobilization of all stakeholders is now more than ever essential. Coordination between major actors of the health sector is indispensable (i.e Global Fund, Unitaïd, Gavi, World Bank...) and must be consolidated, especially on cross-cutting issues such as Health Systems Strengthening (HSS), in order to develop synergies and ensure the catalytic impact of our investments.

***Governance continuity and effectiveness in the COVID-19 context***

Since the beginning of the worldwide health crisis, the Global Fund has shown its abilities in terms of reactivity, adaptability and resilience. We need now find our pace because this crisis is here to stay. The Global Fund shall be exemplary in terms of transparency. To do so, regular exchanges of complete and clear information are particularly important and appreciated, and must be accessible to all. That is why multilinguism has to be preserved, particularly in the virtual format that does not always facilitate discussions.

We commend the Global fund for its participation to ACT-A under the leadership of WHO and in collaboration with other major health actors. Considering the share of commodities in C19RM funding, we wish to recall the importance for wambo.org to remain optional for countries.

***2021 Work Plan and Budget Narrative***

France thanks the Secretariat for the budget proposal for the OPEX 2021, which illustrates the efforts moved forward to ensure the efficiency, effectiveness and the relevance of the priority investments required to implement the Global Fund's strategy. The Covid-19 crisis has had an impact on the Global Fund's programmes as well as on the functioning of the Secretariat in Geneva; France congratulates the responsiveness of the Global Fund's teams while recognizing the difficulties inherent to the remote workplace environment.

However, we must bear in mind that what we are discussing for 2021 will serve as a basis for discussion of the OPEX budget for the entire 2020-2022 cycle. While the Secretariat naturally needs an appropriate level of OPEX resources to operate and fulfil its missions, it is the responsibility of all of us, board and committee members to reflect on the current business model to consider a differentiated approach to the Secretariat's ways of working to enable the Global Fund to continue having maximum impact in line with the discussions and expectations of the next strategy.

We will therefore be attentive to further discussions on the potential removal of the OPEX cap at the March committee meetings

### ***OIG 2020 Progress Report***

France warmly thanks the Office of the Inspector General for its progress report and the presentation of its roadmap for 2021. In the light of the Covid-19 situation, it will be essential to draw all the lessons learned from this crisis when the time comes. In this regard, we congratulate the OIG for its constant monitoring of the processes put in place by the Secretariat. The French constituency would therefore be interested to hear the IGO's views of the situation as a follow-up of its opinion presented at the 43<sup>rd</sup> Board meeting which highlighted the level of maturity reached by the Global Fund.

### ***Committee and Board priorities: risk management***

We consider a cross-cutting mobilization of Strategic Committee and Audit & Finance Committee is necessary on the issue of risk management in the 2020-2022 cycle, the next Global Fund Strategy and M&E framework. This would allow to link absorption management and fiduciary risks to objectives that focus on quality and sustainability of interventions, thus operationalizing objectives 2 and 3. It would also allow to analyze the operational and budgetary feasibility of orientations suggested by the strategic committee. Moreover, it would allow to integrate operational performance of the Secretariat in the future monitoring and evaluation framework of the Global Fund, in a way that would allow coherence with strategic objectives.

### ***Strategy***

Please note that our positions are included in the Joint position paper on Global Fund new strategy development: EC/Belgium/Italy/Portugal/Spain, France, Germany and Point 7 constituencies.

## Germany Constituency Written Comments

**Development of the next Global Fund Strategy** (Documents: GF/B44/07)

The Global Fund's (GF) **very successful replenishment** in October 2019 has created the momentum, commitment and confidence of the global community that we can and must "step up the fight". **The COVID-19 pandemic has since altered our outlook significantly.** The last months have been extremely challenging not just for our partnership, but the entire global health community. Despite these challenges, **the GF has proven itself as a strong and adaptable leader in this emergency situation while also ensuring continuity of its core business.** We would like to start by **thanking in particular the Secretariat and all GF partners for their incredible work and quick reaction and leadership in the midst of this global pandemic:** through continuous support to the 2020-22 grant cycle, use of grant flexibilities, the creation of the COVID-19 Response Mechanism (C19RM) and wider and very active engagement in the ACT-Accelerator.

**COVID-19 has shed light on strengths and weaknesses** of the GF partnership, structures and systems. We are now at a critical point to determine how we can best use these insights as an input to the development of the next strategy of the GF, which will lead us towards 2030. We are therefore keen to **agree on a common vision for the GF with regard to the "what", in order to then develop recommendations on the "how"** that can feed into the partnership forums. With regard to the "what" and the "how" we are pleased to make reference to the strong inputs given by **implementers, communities and civil society at the opening of last week's Board Retreat. We believe that the examples given should inform further deliberations on the keep and build, add and discard framework.**

We would like to highlight a few of our views based on our previous inputs at Board and Committee level along with feedback from internal consultations and our bilateral programmes (see also the Joint Input Paper with France on RSSH and joint EU Paper on the GF Strategy Development). As COVID-19 has thrown us off track and threatens the gains that we have made, it has also underlined the **importance of resilient and sustainable health and community systems** (RSSH) to ensure that the outcomes of our investments against the three and adjacent diseases are sustained in the long-term. Therefore, the GF's interventions to **strengthen pandemic preparedness** should be clustered **under RSSH activities.** These interventions should be fully coordinated with WHO and other health agencies, and promote an interdisciplinary and cross-sectoral approach **considering the mutual interactions between health, climate and environment in line with the One Health concept.**

We therefore reiterate our vision of the GF as an initiative that does not only support partner countries in the fight against HIV/AIDS, Tuberculosis and Malaria (HTM), but also empowers them develop their health systems (away from a disease-specific) **towards a more people-centered approach. We see this approach as important to work towards sustainability and believe that this premise of sustainability needs to be embedded in the next strategy.** This also includes an increased focus on the reduction of human rights-related barriers, scaling-up prevention activities, and the strengthening of community-led structures. We also believe that coordinating HTM activities with technical partners through deepened collaboration and alignment with partners and donors as outlined in the **Global Action Plan for Healthy Lives and Well-being for all is crucial.** The strategy should set out how the Fund sees its role in the broader global health architecture, working in close cooperation and partnership with other key global health actors.

Lastly, while we pay a lot of attention on the development of the next GF strategy beyond 2022, we must **not forget about the current grant cycle and need to ensure that the current strategy drives sustainable impact despite the pandemic.**

**Report of the Executive Director** (Documents: GF/B44/03)

We appreciate the **timely and highly informative report and guidance by the Executive Director** (ED) on where we stand and our next steps to reach our joint goals. In advance of the upcoming exchange at Board level we raise the following questions and comments.

- The recent strategy discussions at Board and Committee level revealed a lot of attention on the way forward with the GF's RSSH approach beyond 2022. We are therefore **keen to better understand what the ED envisions when talking about enhancing impact in RSSH investments in the next grant cycle** as a strategic priority for 2021. How will this approach reflect the recommendations by the Office of the Inspector General (OIG), Technical Review Panel (TRP) and Technical Evaluation Reference Group (TERG) that already fed into the RSSH roadmap in early 2019? In this context, we would again refer to our joint input papers on RSSH and the next strategy and stand ready for further exchange with the Board as well as TRP and TERG on the operational recommendations in the annex.
- While the **discussion on transition is currently overshadowed by the economic impact of the pandemic, we still need to look at how the Fund can better prepare countries for transition** (i.e. early planning) to render our investments sustainable beyond Global Fund support. We therefore highly welcome the planned OIG advisory report on domestic resource mobilization/transition to inform the work of the new Health Finance Department. This analysis should build on the TERG Review on the Sustainability, Transition and Co-financing Policy (if feasible). Will this report be available in time to feed into the strategy development process? How will efforts of the new Health Finance Department be coordinated with other development partners in line with the Global Action Plan for Healthy Lives and Well-being for all?

**Office of the Inspector General Progress and AMA Reporting** (Documents: GF/B44/04+05+14)

- We find the adaptations to the OIG Workplan very timely and appropriate and **commend the OIG's efforts to adapt to this challenging situation through the remote audit methodology**. We especially welcome the close collaboration with partners and supreme audit institutions in country. We would like to ask, if the consultants that are being deployed are local or international consultants, as building up local expertise on financial assurance should be a key priority of the Global Fund.
- The report also states that only **a small share of Agreed Management Actions (AMA) have been implemented and not all country audits have been conducted**. How will the Secretariat and the OIG ensure that they will be implemented in addition to the workload of the 2021 workplan?
- How is the Secretariat planning to **address the recurring issues of programme quality and in-country supply chain in a more effective manner**? These topics are extremely critical components regarding the sustainability of our investments and especially capacity building measures in these areas should be scaled up and prioritized across the portfolio.
- In this context, we like to share some feedback from our bilateral programmes regarding financial oversight mechanisms: We **welcome the piloting of Focused Country Evaluations**. However, we encourage to share the results of those evaluations in writing with the country to ensure transparency and accountability building upon the merits of the current Local Fund Agent (LFA) system. Therefore, we would like to stress the **importance of written evaluation reports being shared with the CCMs as a general procedure** – as opposed to upon request or decision by the GF country team. We also encourage the implementation of these recommendations being monitored and followed up on by the country teams.

**2021 Corporate Work Plan and OPEX** (Documents: GF/B44/02a+b)

- We believe that the increase in budget is appropriate in light of the heightened demand to the Secretariat. However, we would like to ask how the **significant reduction in the travel budget** as a result of COVID-19 has affected the flow of funds and level of activity? What lessons were learned about remote working that may save travel costs (and climate impact) in the future, and how has this affected the budget for 2021 in detail?
- We would like to share our impression that the **OPEX reporting was not always as clear and straight forward as it could be** and would like to suggest considering easier digestible formats with accessible language for future reports.
- It seems reasonable to review the three-year cap in 2021 and we look forward to seeing further work of the AFC in that regard. In this context, it will be important to make sure there is a **clear rationale and measurable outcome linked to each additional proposed investment. Budget categories could be linked more strongly to the GF's strategy, especially to the strategic objectives of RSSH and CRG.**
- We believe that the **independent evaluation function should be fully and sustainably funded from OPEX.**

**COVID-19 Response & Business Continuity** (Document: GF/B44/06)

- The **COVID-19 pandemic confirms once again that we need to increase community and civil society engagement and financing** to ensure that no one is left behind. Further, there is a need to **increase support to strengthening Country Coordinating Mechanisms (CCMs)** as the pandemic is negatively impacting their oversight role.
- Given that the C19RM and the grant flexibilities were created as an emergency response, **how is the GF planning to address the long-term effects of the pandemic?** It would be good to hear more details on how the remaining grant flexibilities will be utilized or not. On the C19RM, we would like to see more details on how funds were used for mitigation as well as COVID-19 beyond the information from the situation reports.
- Regarding the **ACT-A**, the outstanding funding gap remains high. **What activities does the GF foresee to contribute towards closing this gap through sufficient funding?**

**Online Discussion only: Report of the TRP & Update on Country Funding** (Document: GF/B44/07)

- We have seen that **funding requests currently do not meet the expectations when it comes to human rights and gender equality.** How is the Global Fund addressing the issue of certain countries being unwilling to acknowledge the existence of certain key population groups (e.g. MSM), as it was highlighted in the review by the TRP? In this context, we reiterate the importance of TRP recommendations being followed up on (as pointed out by Strategic Review 2020 Operational Recommendation 1.1.).

**Online Discussion only: Strategic Performance Reporting** (Documents: GF/B44/15A+15B)

- We would like to highlight that **for the development of the next KPI Framework beyond 2022 it will be extremely important to apply the lessons learned from measuring impact during the current strategy period**, in which targets often had to be adapted due to difficulties in measurement. We need to set ambitious but at the same time feasible targets. **Especially regarding RSSH and human rights we need clear metrics and targets to present tangible results and ensure accountability.** To ensure this, an expert working group including representatives from WHO should elaborate these indicators.

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**Statement from Implementer Group (IMG) Members: LAC, ESA, WCA, WPR, SEA  
Developing Country NGO, Communities, and Developed Country NGO Delegations**

**The Global Fund's Strategy Development Process  
Submission for the 44<sup>th</sup> Global Fund Board Meeting.**

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As the Global Fund (GF) continues its new strategy development process, the IMG would like to recognize and support emerging Board consensus around: **i.** the importance of continued focus on the GF's core mandate – ending the three diseases of HIV, TB and malaria, underpinned by the principles of global health solidarity; **ii.** the engagement in and value of a unique multi-sector partnership and country led model as the foundation to build on for the upcoming strategy; **iii.** the ongoing critical importance and value of the GF's mandate to attract and invest resources to drive progress towards ending the three diseases; and **iv.** the focus on cross-cutting principles of equity, quality, accountability, people centred, rights-based and impact driven approaches.

We recognize and value the continued efforts of the Global Fund and its partners in using the lessons learnt in implementing the existing strategy and from this rapidly evolving COVID-19 pandemic in development of its new strategy, one which ensures that no one and no community is left behind. To ensure the next strategy remains steadfast in its commitment to end the threats of the three diseases, it will be critical to revisit global health strategies at each level and by all partners, and to ensure effectiveness and efficiency in coordination and implementation. We need to abandon an approach of only managing limited resources in favor of renewed ambition and focus on building capacity to do what is necessary to end the diseases. The COVID-19 pandemic has shown us that no one in isolation can meet all the needs and we therefore need to work in partnership and solidarity.

Please find below some of the key topics and strategies of concern that the group would like to highlight and urge the Board to consider in its discussions and actions as part of the Strategy Development Process. We note the important and obvious overlaps and interdependencies between a number of these issues, including, between RSSH and CSS, as well as DRM and STC. However, we believe these areas are also worthy of specific consideration as part of the development of the new strategy.

1. **Resilient and Sustainable Systems for Health (RSSH):** Recognising the need for a more holistic and critical view on the GF's role in helping to strengthen countries' health systems, in support of equity, inclusivity and people centred, rights-based approaches; the GF should consider the following, as part of its Strategy:
  - The Global Fund's entry point to investments in RSSH should focus on supporting outcomes against the three diseases, building on its core strengths, differentiated by country context and priority needs.
  - Embedding RSSH support within national systems to ensure sustainability and stronger interventions (e.g. in areas such as HMIS, Community Health Worker programmes) especially in light of transitioning from GF's funding.
  - Prioritising community systems and structures as a cornerstone of systems for health and recognising the importance of engaging with communities as professionals with valued expertise essential to inclusive models of RSSH.
  - Investing in community health workers to provide primary health care services to address TB missing cases, malaria resurgence and advance HIV prevention particularly among AGYW and KVPs.
2. **Community System Strengthening (CSS):** Linked to the above call for a holistic approach to RSSH, there is an urgent need to increase investments in people centred, rights-based approaches and to align and strengthen national health and community systems. Regarding CSS, the GF should consider the following, as part of its strategy:
  - Committing to the prioritization of community systems and structures which tackle the social and structural drivers of the three diseases using rights and gender-based approaches, supporting broad-based and well-funded community system strengthening that incorporates strong investments in community-led monitoring (CLM), leadership, mobilization, participation, service delivery and advocacy to challenge social and cultural norms that limit equity, diversity and access and inclusion and to hold duty bearer accountable to achieving patient and community centred outcomes.



- Commitment to strengthening the meaningful involvement of communities affected by the three diseases at all levels, bringing their voice, experience and knowledge to effective programme planning, design, decision making and implementation.
- Address the need to increase investment in Community Led responses. This includes opportunities such as dual track financing as a requirement to guarantee resources to civil society and communities and strengthen community leadership; channeling resources, wherever possible, to local NGOs instead of repeatedly supporting international NGOs; and exploring other mechanisms to more effectively deliver this investment.

3. **Sustainability, Transitioning and Co-Financing (STC):** There is an urgent call to the Fund to re-evaluate the STC policy, in light of COVID-19, to take into account the challenges countries will now encounter in transitioning. It is recommended that, for the strategy, the following should be considered:

- Analysing the impact of economic crises which most countries now experience with the aim of understanding how this affects their income classification and ultimately how these countries can, if possible, sustain the gains across the three diseases.
- Establishing synergized efforts between Ministries of Health and Ministries of Finance, and other relevant stakeholders to increase overall fiscal space to finance health.

4. **Domestic Resource mobilization (DRM):** We observe that in many countries, donor support is either flatlining or declining, in addition many countries are now grappling with constrained fiscal space due to depressed economies on account of COVID-19. We further acknowledge our responsibility to progressively increase domestic resources across the three diseases in a predictable and sustainable manner to reduce out of pocket expenditure and deliver on the promise of UHC. Finally, we acknowledge that the clarion call for more money for health cannot be separated from the call for *more health for the money*. We therefore recommend the following emphasis in the next strategy;

- Support countries to increase fiscal space for health through innovative mechanisms that are anchored in evidence-based health financing policies
- Enhance country capacity to develop sound investment cases in order improve allocative efficiencies while identifying and addressing budget absorption bottlenecks
- Accelerate technical support for DRM initiatives and dialogues
- Transforming DRM, including allocative and resource utilization efficiency and providing countries with the necessary tools to expand their fiscal space, especially in light of the economic challenges faced by COVID-19.

5. **Commitment to ensuring equity, Human Rights and gender equality:** Emphasizing the need for enhanced accountability and a renewed commitment to put equity and solidarity at the heart of the next Global Fund Strategy. The Fund is urged to consider the following:

- Ensuring that the needs of the most vulnerable and marginalised drive investments to promote equity and access in service delivery, advocacy and policy engagement.
- Harnessing the value of regional and multi-country grants which make effective use of regional expertise; promote learning and dialogue; and are critical for civil society to do human rights-related work that cannot be done safely by local organizations, including in non-eligible countries.
- Introducing Key Performance Indicators (KPIs) for removing human rights-related barriers and strengthen measurement of performance towards SO3, including for key populations.
- Exploring strategies to leverage Global Fund Resources to support activities such as decriminalisation and other major barriers, which breach the fundamental human rights of individuals, especially of key and vulnerable populations.

6. **Enhanced focus on program quality to achieve impact:** The next Global Fund strategy and partnership should focus on quality of services, including a commitment to people-centred delivery, informed by local and community experience and monitored by end users. The Global Fund is urged to consider the following:

- Promoting and delivering the best approaches, science and innovative health technologies that consider value for money and access at the point of delivery; as well as investing in countries' ability to adopt and integrate quality data, science, and evidence into their own national strategies, systems and decision-making processes.

- Incorporating the metrics that assess the quality of interventions and activities into the next KPI framework as key indicators to help track efficacy of investments towards the Global Fund's outcomes and impact goals.
- Areas of focus for improving quality can include: strengthening the lab and testing capacities, developing treatment and prevention guidelines, fostering effective and inclusive multi-sector partnerships and collaboration, including within CCMs; expanding options and strengthening the supply chain for countries to access quality affordable drugs and other health products.

**Moving the Strategy Development process forward:** We are pleased to see some emerging alignment around cross-cutting principles and high-level themes discussed so far in the Strategy Development process. However, we remain concerned about the limited scope of issues considered so far; a lack in clarity of key concepts as they relate to the GF, and what this means for evolving the GF's strategic approach, priorities and focus. We would therefore request feedback from the Strategy Committee as to how and when these issues will be explored in more depth, enabling us as a board to develop, align and deliver an effective and operationalizable GF strategy 2023-28.

**LAC CONSTITUENCY STATEMENT TO THE 44<sup>th</sup> BOARD MEETING OF THE GLOBAL FUND:**  
**“NEW GF STRATEGY 2023-2025”**

**General Overview**

The Global Fund’s core mission of ending HIV/AIDS, Tuberculosis (TB) and malaria (HTM) by 2030 plays a significant role in achieving the broader SDG 3 agenda and contributing to Universal Health Coverage (UHC). It is relevant to maintain the current focus on HIV, TB, and malaria and step up support to reach the last mile to elimination where technically appropriate, upholding gender and HHRR principles as well as contributing to strengthen Health Systems components (supply system, data system, Community Health Workers). **RSSH strengthening**, as well as human rights and gender focus, are levers to increase the quality health outcomes of biomedical investments, and their resilience to crisis and donor transitions. Coherence and consistency between the RHHS component and the investments (what and how) on HIV/AIDS, TB and Malaria components are critical requirements.

As noted by the Technical Review Panel (TRP) part of the new strategy development process will be determining how best to resolve competing tensions, such as prioritization based on solid evidence for short-term versus long-term investments or furthering country-ownership versus accountability to Global Fund donors. LAC Constituency identifies the need to move towards an investment model based on a country driven approach instead of a supply driven model as well as generate real time data and evidence-based information related to outcomes and not only limited to inputs.

In the new Strategy’s operationalization, we concur with the TRP identified need to include additional corporate performance indicators that measure country progress (with number of countries as the unit of measurement as a complement to aggregates across the portfolio), so that the Global Fund grants incentivizes country-centered change and evolution.

On **GHS**, we need to avoid presenting only the negative side of the impact of COVID-19 on HIV/AIDS, TB and Malaria. We also need to leverage on the investments made, the capacity built and the lessons learned by the GF over the last 20 years (i.e.: community systems, surveillance, contact tracing, behavioral communication, acceptance and proper use of condoms and bed nets to inform communities about risks and use of protective measures, adherence to treatment and measures), instead of only protecting from the epidemics impact, since the Global Fund (GF) has become one of the most powerful and well-resourced organizations in global health and the largest multilateral investor in grants for health systems. The GF’s future contributions to GHS should primarily build on the GF’s current mandate and deliver its mission against HIV, TB and malaria in a way that supports

and strengthens countries' capacities for prevention, preparedness and response. We support the opportunity for the TGF to contribute towards GHS through RSSH strengthening with specific attention to community and national system preparedness and response capacities. Moreover, TGF is well positioned to ensure that countries adapt their HIV, TB and malaria programs, as it is doing with its COVID-19 response. This could be further reinforced through alignment and meaningful contributions at the global and regional partnership forums and opportunities along the ones provided by SDG 3, GAP and ACT-A.

### **LAC Key Messages**

#### **1) TGF as a critical actor in ending the three diseases, achieving the SDGs 3 and aligning with a revised Agenda 2030.**

As a major financial player, the TGF is called to align its coming strategy to the SDGs if the global commitment will be sustained for the successful achievement of the 2030 goals, in spite of the pandemic impact.

As a new actor created in the spirit of the MDGs, with the 3 diseases being specifically identified but with the shortcomings of a vertical approach, TGF now requires to fully embrace the SDGs and adjust its strategy for the last decade, taking advantage of the experiences provided by the quick adaptation to the demands posed by COVID-19 in the global and country scenario. By focusing in the three diseases with a clear view of the contributions to several of the SDGs (1,5,8, 10 and 12) but mainly on the SDG3, TGF will continue being a key driver for an inclusive, integrated and sustainable development.

We are only one decade from the accomplishments set up by the SDGs. The Agenda 2030 will be severely impacted. LAC is the most unequal Region at Global level, with high level of wealth concentration and 20-60 % of the population under the poverty line. The World Bank will have to review their qualifying factors, since a national income indicator does not always classify the entire territory or measure internal inequities in middle-income countries and we propose using allocation indicators such as the GINI index. It is crucial to consolidate universal and comprehensive social protection systems, including health policies based on a human right and intercultural and gender-sensitive approach, with mechanisms aimed at addressing the barriers and specific needs of different population groups. This is particularly critical for mobile and migrant populations and cross border activities. Furthermore, we urgently need to address false dichotomies; it is not either HIV/TB/Malaria or COVID-19 or UHC, it is both in an integrated response.

The LAC Region is unique and pioneer in relation to elimination strategies for the three disease, but in the current COVID-19 pandemic scenario, the services have been affected

and there is a negative impact on patients' recruitment, forcing us to think on a relaunching, strengthening and push forward in the new GF strategy 2023-2025 in order to be able to retake the pace to achieve the shared goals within the SDGs. On July 2020, this message has been addressed by Joint report from PAHO and ECLAC Health and the economy: "a convergence needed to address COVID-19 and retake the path of sustainable development in Latin America and the Caribbean". It is also important to note that those countries that achieved elimination, as in malaria, may require in future the necessary funding support to sustain their gains, due to the negative impact from the COVID-19 pandemic on the programs. Sustainability is not only about funding; it is also about political commitment. Until the response to the three diseases becomes a central component of the political agenda for the governments and represents a substantial portion of the health policies, we will not be sure about programmatic and financial sustainability for the three diseases response, since it will depend on the political will. The GF should strengthen actions for political incidence at the highest political level and with national authorities in order to be able to secure the commitments and to translate them into State policies. It is also necessary to increase technical assistance to countries in order to define criteria for carrying out responsible transition processes oriented to institutionalize the national financing, on an integrated approach and guaranteeing sustainability with a long term view. The Disease Elimination should not be considered the end of financial and/or technical support, it is just the beginning of an innovative strategy to retain and sustain the achievements.

## **2) TGF as a successful partnership governance model.**

As TGF set a new scenario for partnership governance it is now called to strengthen it not only at global level but also at regional, sub regional, country and local level. Embracing the Paris agreement of Aid effectiveness and building on the central role played in the covid19 pandemic global scenario, the new strategy requires to expand the governance model and include all sectors and players with a complementary approach to the limited mandate of the CCMs.

TGF is called to play an important role in the convening and alignment of the multisectoral/interagency support to the 2030 SDGs goals. Following the opportunities created by the political/economic integration processes and the need to be country, sub-region and region specific, TGF should consider articulating partners' committees or alliances at each of these levels to ensure aid alignment, efficiency and effective and sustainable investments and results by ensuring complementarity, advocacy, accountability, quality and timely technical assistance and rapid reactions and adaptations to crisis and challenges.

### **3) TGF as a renewed financial and operational business model**

As TGF takes stock of the TERG, TRP, OIG and other critical assessments, there is a need to revisit the performance indicators, from inputs to outcomes, from supply driven to country driven, which will require new business models and staff competences to embrace evidence based and data driven decisions, operational research and continuous learning, knowledge sharing and rapid adaptations, capturing and scaling up innovations. Long standing AMAs as well as the need for differentiated funding streams and actions for NGO/SCO diverse roles as well as for Private sector and domestic financing leveraging require full attention in the new strategy, particularly building on addressing the identified barriers and challenges that have negatively affected the much needed progress on these issues.

The optimization of the financial support and assistance provided by the GF secretariat as a responsible partner is mainly considered a matter of governance. The GF should broaden their understanding of the political scenario and realities at Country, Regional and Sub-Regional level. In that sense, the GF portfolio managers should be trained to improve their knowledge of the political realities and scenarios of the implementers countries in order to reach out to key stakeholders at country level and potentiate their technical and financial approaches. Moreover, the GF should also increase internal feedback taking advantage of interactions between the different Units that integrate the GF Structure, such as, Gender Teams, Ethic Officer, auditors, among others. Another relevant aspect, is the need to reinforce GF jointly collaboration with their natural technical partners, since the GF has no presence at country level and this collaboration will increase the effectiveness of their outreach efforts, transparency and mutual accountability. In the same way, the third high level conclusion of the TERG SR2020 highlights that the Global Fund business model does not always work to create strong and clear incentives for partners and other stakeholders to improve program results. Furthermore, the opportunities to do so through the structuring of contracts, arrangements, and processes are often missed. These recommended actions aim to act as enabling factors of the proposed country driven approach to articulate across the different grants, in a synergistic dialogue with the realities of the Region; as well as, to increase Regional and National Capacity building to reduce countries dependence, increase country ownership, strengthen research development and technology innovation also looking at their sustainability.

The GF partnership model posed the involvement of communities in the initial planning and design stages of a proposal, in order to achieve truly well-placed proposals that rely on the experience, knowledge and voices of the community throughout the entire process. Several crucial components of an inclusive response still depend of the GF financing mechanism in the LAC Region, such as, the transfer and migration to primary health care models, the





incentivize working models in association and coordination among different actors with presence in the response, including civil society, and the replication of good practices in incorporating CSOs as health providers. It is critically important that the GF and their partners develop a strategic mechanism to ensure that the monitoring and social control of programs exercised by the civil society remains sustainable, as well as to safeguard transparency and independence of the financing of civil society as a watchdog outside of the government funding, in order to protect the gains achieved and the investments made.



## Private Sector Constituency Input

44<sup>th</sup> Global Fund Board Meeting, 11-12 November 2020

### I. 2021 Work Plan and Budget Narrative (GF/B44/02A+B)

The Private Sector notes the challenges facing the Secretariat in 2021 due to an increase in grant making activities, scaling up of the COVID-19 response, and investments in strategic capabilities. We would appreciate a more real-time mechanism to measure Opex utilization throughout the year to ensure that expenditure is aligning with the changing dynamics due to COVID-19.

We recognize the constraints inherent to operating within an OPEX cap, and we encourage the Secretariat to provide the Board with a strong business case, including trade-offs associated with budget decisions, when it presents the OPEX Evolution in 2021. We note our strong belief that an increase in pledges alone should not necessitate an increase in the OPEX cap and look forward to receiving more clarity on the business justification for any increase. Any funds allocated for an increase in the OPEX cap are funds that are unable to be allocated for country programs, and the rationale for making such a trade-off must be clear. For example, we would like to see a breakdown of costs by activity, how these expenses will be deployed, what outcome is expected from each activity, and what medium-to-long term follow-on costs will arise (e.g. what are one-off costs vs. expenses that will generate the need for additional resources down the line?). Costs broken down by category and tied to specific outcomes are more helpful than aggregated net amounts.

The Private Sector continues to hold that the Secretariat must find efficiencies in its business practices and expects the OPEX Evolution to present clear evidence of the synergies factored into the budget request. This is particularly important as we approach a Replenishment in the context of the economic impact of COVID-19. Part of the Global Fund's brand story and value proposition for the next Replenishment must stem from its diligent approach to efficiency – focusing on its core capabilities and tightening scope of Secretariat-led activities to provide essential services central to the role of the Global Fund and impact on the three diseases.

Finally, the Private Sector would like to ensure that a culture of value for money is instilled across all aspects of the Global Fund. By way of example, we appreciate the invaluable role that the TRP plays and we understand the difficulty of circumstance that has arisen from COVID-19, but we are concerned at the swift uptick in TRP associated costs as reflected in the Executive Director's report and the 2021 Opex.

### II. Report of the Executive Director (GF/B44/03)

The Private Sector thanks the Executive Director for the comprehensive report and greatly appreciates the hard work of the Secretariat during these unprecedented times. We would like to raise the following points in response to the report:

- The Private Sector is aware of the immense pressure put on the Secretariat and recognizes the risk of burnout due to increased expectations. We believe this is an important inflection point to discuss how much additional work the Global Fund is taking on due to COVID-19 vs. the three diseases and determine how to strike the right balance moving forward. It is critical that this conversation happen in parallel with the conversation on the 2021 OPEX and the OPEX Evolution.
- We appreciate the focus on securing rapid and cost-effective access to innovative products as a key COVID-19 mitigation method, and we emphasize the importance of procuring high quality health products in order to provide the best quality of care to recipients and achieve value for money.
- The Private Sector is concerned by the discussion on moving away from independent evaluation (or 'structural independence' as described in the report). While we agree that learning should be a primary objective of M&E activities and know that the Secretariat has the capacity to conduct internal evaluations, that does not supersede the need for a robust, independent evaluation body. 'Learning' should not be a trade-off to 'assurance' – these are interconnected objectives. We strongly support independent evaluations and believe that through the process of developing a new M&E Framework, the Secretariat must take an active role in ensuring that the new processes allow for its active participation in the analysis and implementation of any learnings.

### III. [OIG 2020 Progress Report \(GF/B44/04\)](#)

The Private Sector appreciates the OIG's agility to reprioritize resources to contribute to the Global Fund's pandemic response, including proactively redeploying staff to mitigate COVID-19 risks. Given the significant funding that the Global Fund is investing to combat COVID-19, closer monitoring of fraud and wrongdoing at a country level and finding the right balance of the three lines of defense continues to be of critical importance. We are supportive of the enhanced technology currently being employed remotely and believe these resources should continue to be incorporated in the OIG's response to streamline processes and reduce costs. However, we strongly encourage the OIG to utilize resources on-the-ground and work closely with the independent investigation units of donor governments and civil society to monitor potential wrongdoing.

### IV. [COVID-19 Response & Business Continuity \(GF/B44/06\)](#)

The Private Sector appreciates the update on the Global Fund response to COVID-19 and the Global Fund's work to ensure business continuity around the three diseases.

We note the increased pressure on LFAs to provide in-country assurance due to the current travel limitations. Despite many LFAs reporting low to moderate impact on their work, is there a more detailed analysis of how the current crisis is impacting their ability to provide assurance and monitor potential fraud and corruption, especially in those countries that are experiencing higher disruptions?

With regards to the breakdown of C19RM funding provided, the Private Sector would appreciate additional details on what is considered "other funded activities" and what specific activities within grant savings were reprioritized to COVID-19.

We all recognize the importance of reinforcing health systems, labs and supply chains and strengthening community-led systems. The Global Fund has allocated existing funds and seeks to raise a significant amount of additional funds to address COVID-19. The Private Sector would like to see if/how the funds are

reaching and supporting the strengthening and improvement of the health system to support continuity of care for the three diseases, as well as for COVID-19.

Finally, we recognize the increased pressure placed on the Secretariat and believe this Board meeting presents an important opportunity to discuss the balance of the Secretariat's focus on COVID-19 vs. HIV, TB and malaria. We believe the right balance must be struck between the many competing priorities currently at play, and now that we are over six months into the COVID-19 pandemic, some of the current activities could be streamlined or adjusted in order to allow for more flexibility within the Secretariat.

#### V. Development of the next Global Fund Strategy (GF/B44/07)

As the Global Fund enters this critical phase of its Strategy development process, the Private Sector reiterates that driving efficiency and impact on the three diseases must be at the core of the new Strategy. The reality is that COVID-19 has created severe economic turmoil and as ODA budgets are strained, the Secretariat will need to find innovative ways to do more with the same amount of funding. The risk report, AMAs, and TRP reports all emphasize these points, and it is important that the Secretariat take a close look at the specific barriers to success that it is experiencing country by country and to develop mechanisms to measure and demonstrate impact at a country level.

#### VI. Report of the TRP: Lessons Learned (GF/B44/08)

The Private Sector strongly supports the assessment that the Secretariat and partners must focus their efforts on programmatic results and impact. We recognize that COVID-19 is causing serious disruptions to programs, but more proactive measures should be taken to pinpoint what is working effectively and not working in-country.

#### VII. Report of the TERG (GF/B44/09)

The Private Sector would like to highlight the following takeaways from the report:

- With less than ten years left to reach the 2030 goal of elimination of the three diseases, we need to define a simple set of priorities and operating principles that will remain consistent. Adapting grant modalities to give a longer time horizon may be a necessary change.
- The Global Fund must work to reduce silos in program implementation. Adopting a more differentiated approach based on country specificity may be critical to achieving progress in diverse settings.
- Investing effectively in RSSH is critical to facilitating programmatic impact and ensuring that gains will persist as countries transition but determining how the Global Fund can focus its limited RSSH investments to be more impactful will be critical.
- We support the Global Fund's efforts in gender, equity, and human rights, recognizing that addressing the needs of key and vulnerable populations is a key component of improving programmatic impact, while also recognizing the potential constraints posed to the Fund's ability to drive change by domestic political factors.
- We welcome the mention of the strategic importance of partnerships with the private sector and the need to fill the current gaps.

While we discuss the next Global Fund Strategy, we would appreciate the Secretariat's thoughts on how they could incorporate many of these recommendations in the current allocation period.

Finally, we note the work on the Private Sector Engagement thematic review, and we believe that the plan put forward can provide meaningful input to the strategy development process. We welcome the opportunity to engage with the Secretariat and the TERG as it prepares for and conducts the thematic review.

#### VIII. Update on Financial Performance (GF/B44/13)

The Private Sector is concerned that COVID-19-related fund utilization success is being used to ‘mitigate’ the negative impact of COVID-19 on absorption of regular grant activities with the intent of meeting KPI targets. While we recognize that differentiating the data between COVID-19-related expenses and those related to core programming is difficult, we find it concerning that the true absorption levels will not be seen until Q3 of 2021.

More broadly, we would like to understand the budgetary impacts of COVID-19. We note that most countries have already used their program savings or are unable to shift funds from HIV, TB and malaria programs. Could the Secretariat please provide an update on what will happen to the remaining USD 283 million of grant flexibilities related to COVID-19 that were approved in March 2020? We would also like to better understand what exactly was funded by C19RM and any related impacts on the availability of funding for HIV, TB and malaria, and more specifically which activities, might have been sacrificed.

#### IX. Strategic Performance Reporting and Adjustments to KPI Framework (GF/B44/15A-B)

The Private Sector appreciates the update on the three diseases and the KPIs currently under review. However, the fact that the report presents progress prior to COVID-19 and does not address the impact of the pandemic on the three diseases, RSSH and other Global Fund priorities in the current environment makes it difficult to draw meaningful conclusions about where to strategically refocus efforts.

On specific KPI revisions we have the following comments:

On KPI 6a, originally intended to measure in-country procurement system strength, the Secretariat proposes moving from a measure of “admin lead time” and “on time in full” (OTIF) to a measure focused solely on product prices. This is not consistent with the intent of the KPI, nor does the proposed measure provide meaningful information. In fact in its analysis of the proposed revision to the KPI, the Secretariat notes that “more than half of the total product cost was purchased at PPM reference price or lower” and that “in many cases” the price paid is only slightly higher than the PPM reference price, “and the “total amount paid would have been almost the same if the countries procured at the PPM reference price.” Conversely, in OTIF – the data “seems to indicate that OTIF through national procurement channels is significantly lower than PPM” – yet the Secretariat is proposing to change the indicator because OTIF reliable data is “challenging to get.” This is not a good enough reason to fundamentally change the focus and purpose of a KPI.

On KPI 12b, the Private Sector notes that the Secretariat is proposing to potentially revise the 2021 KPI target on PPM savings for two reasons: (1) this KPI is not adequate in the current circumstances (COVID-19 related), and (2) some price increases are also expected due to raw material and labor increases. The Global Fund has been successful at leveraging its position in the market and deriving savings from manufacturing efficiencies. We support the Secretariat in their assessment that this KPI should potentially

be revised, but more fundamentally, we encourage the Secretariat to look for a KPI that would be more suitable to track value for money in procurement activities and would also promote a sustainable supply chain for health products.

**X. Risk management report (GF/B44/16)**

The Private Sector notes the increased risk due to COVID-19 across the Global Fund portfolio, and we appreciate the Secretariat's efforts to manage the complex task of mitigating risk in these difficult circumstances. Noting the increased risks forecast for several areas, we look forward to more information on implications for this increase in risk on what additional actions will need to be taken to address these increased risks. The annex on COVID-19, which shows the dramatic impact of the pandemic on service disruption and resources (among others), underscores the disconnect of the reported achievements under the KPIs from the current situation. We would like to understand how the Secretariat is planning to address the question of having meaningful KPI results that reflect the current situation, specifically given the lack of data about the current situation on the ground and about which KPIs are currently at risk of not achieving targets.

**XI. Resource mobilization update (GF/B44/17)**

We appreciate that conversions remain on track with previous Replenishments, but we would appreciate continued and more detailed updates on the delays in the signing of contribution agreements and more importantly, any delays to the fulfillment of annual commitments.

# THE SOUTH EAST ASIA (SEA) CONSTITUENCY

## The Global Fund

### To Fight AIDS, Tuberculosis and Malaria

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#### The SEA GF Constituency Position Paper

for

#### The 44<sup>th</sup> Board Meeting of the Global Fund to Fight HIV/AIDS, TB & Malaria

(10<sup>th</sup> - 12<sup>th</sup> of November 2020)

**Introductory:** As the Global Fund Board meets for the second time at a virtual Meeting under a streamlined meeting approach, the SEA Constituency extends our appreciation to all at the Secretariat under the leadership of Executive Director Peter Sands for conducting business more than as usual despite the considerable challenges that has been thrown in by the uninvited COVID-19 Pandemic.

1. **COVID-19 Pandemic:** As COVID-19 pandemic has been challenging, in particular health and community systems with its impact causing unprecedented high mortality and morbidity in several countries where preparedness is less adequate if not totally absent, likely to roll back our gains recently made in fighting AIDS, TB and malaria. The poorest and most vulnerable populations who are on the fringe of instability and social collapse are the worst hit.

In this challenged time of Covid-19 Pandemic that tests the strength and resilience of every nation, we applaud the leaderships of all the Countries for working hard to contain the pandemic while trying their best not to neglect anyone who is suffering with and from AIDS or TB or Malaria.

2. **Bhutan and COVID-19:** Bhutan, the home of the SEA Board Member, so far have been able to effectively manage the Covid-19 Pandemic and keep every citizen safe. It is due to the selfless leadership of the People's King, Who lead from the front. Under personal care of His Majesty The King we have only 356 confirmed positive cases all



imported, 326 have recovered and 30 active under isolation and in treatment as on 3<sup>rd</sup> of November 2020. All our cases are imported and any person entering Bhutan remains under a 21 days quarantine at the hospitality of the State. We are fortunate that not a single soul was lost to it due to observance of WHO health protocols and safety measures very strictly under dedicated supervision of the Ministry of Health. The Global Fund's support had also contributed towards this success.

His Majesty The King and His Majesty the Fourth King had returned from an inspection of the high-risk areas in the southern borders to first hand assess the real situation and to raise the morale of all people physical guarding the invasion of virus.

As part of Governments' initiative to keep every sections of society safe from any virus, the vulnerable or high-risk population were given the flu vaccines. In the first phase, flu vaccines were provided to elderly citizens over the age of 65 and children between the age of 6 to 24 months, medical and health professionals and people with chronic medical conditions including pregnant women and frontliners serving in the red zones. Flu vaccination for rest is planned to be administered in the coming months. That goes without saying that persons having issues of three dreaded diseases are all included under this coverage irrespective of any classification.

3. **44<sup>th</sup> Global Fund Board Meeting:** The SEA Constituency Meeting ha prepared ourselves to attend the forthcoming 44<sup>th</sup> Global Fund Board Meeting effectively. It will be represented, as per our approved system of rotation, by the SEA Leadership along with delegates from CCMs of Bangladesh, India, Indonesia, Myanmar, Timor Leste and Thailand. In addition, Executive Secretary of SRCMF, SEA RCM included as a delegate.
4. **The SEA GF Constituency:** The SEA Constituency where 25% of population counts is one of the most affected regions by COVID-19 pandemic. As of 31<sup>st</sup> of October, 9.25 million or 20% of world total cases and 144,232 deaths were reported in 10 countries of the region. India, suffering 8.18 million just second to the US in total number, Bangladesh, Indonesia and Nepal are all over 100,000 total cases. In term of total cases per 1M population, Maldives 21,444, India 5,910 and Nepal 5,825 and

Bangladesh 2,467 are among the highest. Notably, COVID-19 hit regardless of development continuum even Bhutan, home of the highest altitude living population has 358 cases and 25 active, 333 recovered. Fortunately with no loss of life as on 6<sup>th</sup> of November 2020.

5. **GF COVID 19-Response Mechanism (C19RM):** The Global Fund, as a major contributor in fighting AIDS, TB and malaria, is well recognized to respond urgent need and protecting vulnerable populations and community. We appreciate the swift grant flexibilities and COVID 19-Response Mechanism (C19RM) counted to 723m USD allocation.
6. **Electronic Decisions:** We also hail the electronic decision to Extend C19RM and Operational Flexibilities for COVID-19 the Board recent decision for extension of C19RM fund towards March 2021, but we all need to note the appalling fact finding that revealed 48m USD of grant flexibilities and 47m USD of C19RM or together only 4.9% of the entire amount has been deployed to High Impact Asia. The amount was seriously unproportionate to current country needs. Therefore, the amount of emergency relief fund be increased to prioritized areas both national and subnational where pandemic is spreading, particularly SEA countries with timely TGF resource mobilization. the Covid-19 & Global Fund response to pandemic and
7. **Wambo.org for COVID-19 Product:** The SEA Constituency hails the electronic decision to Extend Expansion of Wambo.org for COVID-19 products – extension of time and grant for Non-eligible countries in crisis, and also welcome the new Inspector General. The SEA recommends the WAMBO made efficiently accessible to all at predetermined rates so that smaller economies can get the critical supplies without any hassle and corrupt procurements.
8. **Executive Director & Annual Report:** We are grateful to the Executive Director for his comprehensive Annual Report and keeping us updated regularly.
9. **Audit and Office of the Inspector General:** We look forward to welcome the new Inspector General wish him/her all our best to excel the superior standard set by the outgoing incumbent. We appreciate the good work of the Office of the Inspector

General Office of the Inspector General Progress Report. The SEA also notes with concern the findings of the audit reports on the use of GF funds by countries. We hope those involved will respect the Agreed Management Actions.

10. **Board Leadership ED and Secretariat:** Our sincere appreciation for the excellent secretarial support received by us all under trying times under pandemic; and Board Leadership, Coordination Group, Three Board Committees, Technical Evaluation Reference Group (TERG), TERP, OIG, Portfolio Managers, CCMs for giving their best at a time of considerable stress and uncertainty. And facilitating regular Governance Briefings from Committee Leadership (AFC, EGC, SC) and Commitment of Financial Resources and Update on financial oversight matters, Risk management Report. The Strategic Review 2020 and associated TERG Position Paper, as well as TRP recommendations are found to be very valuable.
11. **Partners and Donors:** Above the SEA Constituency thank all the partners and donors for supporting the GF in its efforts to fulfill its strategic objectives.
12. **Governance Performance Assessment:** We look forward to listen to the preliminary findings and interactive discussion session of Governance Performance Assessment.
13. **2021 Corporate Work Plan and Operating Expenses budget:** Above all the SEA is happy to endorse the 2021 Corporate Work Plan and Operating Expenses budget.
14. **Development of GF next Strategy:** Finally and most importantly the SEA Global Fund Constituency looks forward to the Board deliberation on the Development of the next Global Fund Strategy and building sound Partnership given the scenario of great uncertainty and un-predictability brought in by the Covid-19 Pandemic.

Given that the Global Fund is responsible to take care of the three diseases for good by 2030, the reality of this pandemic is upsetting posing more questions than we have answers. Thus there is no choice but to adopt a radical approach to ward off every eventuality to prevent it rearing its head.

Thus, the next Strategy must be serious enough to end all the threats of three diseases. Therefore, it is very critical for a proper revisit of all global health strategies at every level by every partner and stake holder. For the Global Fund it is essential to reassess its effectiveness and efficiency in coordination and implementation at the different levels: at the partnership, national government and field level, project level with pre-defined outcomes and pre-determined impacts assessment measures. Abandoning the approach of only biting how much can be chewed but instead building capacity to chew all that is necessary in order to stem the presence of the three diseases or any disease. The goals must be worked out, not on how much is possible to be delivered but to totally resolve in entirety.

The COVID-19 Pandemic have shown us that none in isolation can solve the needs of the benefactors with a mere fulfilment of psychological satisfaction of the donors and organizations.

In the case of the SEA the issues such as **country ownership** cannot for the time being understood but to be responsibility led by the national government, with the CCMs effectively supported by the political leadership for its needed resources. Because in the end, it is very important that, national health system should take over the Global Fund supported programmes so that people will continue to receive the services and thus enabling the sustenance of the externally funded health programmes.

In the South East Asian countries, it will be the national government that need to be made the main point of contact, as the national government had the sole role and responsibility for delivery/provision of public health for the common people.

All partners responding effectively to priority needs of vulnerable communities, based on a specific country context, and not only through GF fiduciary lens but with the evolved **CCM** that is inclusive capable of supporting public health services (**RSSH**) towards ensuring health security for all (**GHS**) with support of a well-coordinated and proactive partners (**Partnership Model**), if we are serious in achievement of UHC and SDG.

15. Towards this, SEA Constituency recommends Global Fund to continue supporting Health system strengthening with more emphasis on District Health System strengthening and the Cross-Border Health Systems. Cross Border Health System strengthening will not only ensure inclusion of border population which is often sizable but not accounted, population movement and disease elimination but also prevent disease outbreaks and pandemics due to proper implementation of IHR Regulations. That is if the UN GA and WHA are serious in attainment of the goals for SDGs and the GF is responsible to eliminate the HIV/AIDS, TB and Malaria.

**Let us give a healthy and happy Global Community!**

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## COVID-19 and Business Continuity

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The United States thanks the Secretariat for its great work and flexibility at the onset of the pandemic creating new mechanisms and making resources readily available for countries. We also acknowledge U.S. government personnel in our embassies across the world who were on the ground with their epidemiology, surveillance, and medical training expertise to support country efforts and who continue to work with governments and civil society to respond to COVID-19, protecting both United States-supported bilateral and Global Fund programs, for the people we jointly serve.

We do not have full visibility into the breadth and depth of COVID's impact on Global Fund programs, particularly on prevention programs, many of which curtailed during various phases of lockdowns and other COVID-19 mitigation measures. As we learn about the virus, some assumptions made earlier in the pandemic need to be reexamined. For example, we are now seeing that younger age groups have dramatically different outcomes than older groups, which may have implications on our response in populations with lower median ages.

COVID-19 is cutting into our gains, and we need to understand the drivers affecting our progress to adequately address them and ensure we have the resources to serve our clients. Fortunately, we are not starting from zero. Pre-clinical work and systems (including our work on surveillance, laboratories and national reference laboratories, health care worker preparedness, public health responses, and data systems) developed over the last decade in support of the three diseases and other pandemics such as SARS and MERS, and the recent Ebola outbreak, are now the backbone of the platforms used for COVID diagnostics. There are lessons learned from previous health threats now applied to our COVID-19 response, and we are bearing witness to how work on prior diseases can accelerate work on new health threats. What we have accomplished together for HIV, TB, and Malaria, we now leverage for a more rapid response to COVID-19.

Prior to the pandemic, there were gaps in national responses to HIV, TB, and Malaria that we hoped the 6<sup>th</sup> Replenishment would address, bolstered by the unprecedented \$14 billion raised. For example, tuberculosis programs, without adequate resources could not scale diagnostics for case finding or provide sufficient therapeutics or prevention interventions. Despite the increase in the 2020-2022 allocation, we remain far short of resources needed to achieve the UN High-Level Meeting targets for TB. The gaps that were identified in the 6<sup>th</sup> Replenishment investment case remain. COVID-19 needs represent an additional pressure.

We reiterate that we do have the full or complete view of the health and economic impact of COVID-19. We should maintain focus on the three diseases as a matter of policy and statutory authority and carefully monitor and repair injury done to our collective response to the three diseases. We should promote those adaptations of service delivery made due to covid that are valuable and potentially worth making permanent. **However, repurposing U.S. government investments to end HIV, TB and Malaria for a 'one health' approach is an unsupported mandate for the United States.**

## OIG Joint Agreed Management Actions Progress Report

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We understand that delays due to COVID-19 have affected progress addressing AMAs. The Global Fund is also assuming more risk in the current operating environment. Given AMAs have already been identified to reduce known risks, we encourage the Secretariat to prioritize implementing the AMAs, particularly those that pose a high risk to the organization the longer they remain open.

### **Report of the Technical Review Panel**

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The United States strongly supports the TRP's recommendation to place greater emphasis on national program results over grant performance driven by absorption.

The United States is concerned about the decreasing number of civil society PRs and sub-recipients, especially local organizations, as key populations services delivered by KP-led organizations and local organizations are critical for future program sustainability.

### **Update on Financial Performance**

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The United States is disappointed in the low absorption reported for grants ending this year. The Secretariat noted COVID-19 mitigation measures have compensated for negative impact on core program absorption. We would appreciate Board level discussion on measures the Global Fund is taking to bolster absorption for the 2020-2022 cycle beyond COVID-19 mitigations. We would like to learn whether unused funds from the 2017-2019 allocation will be repurposed for C19RM and whether C19RM expenditures will be an aspect of country-level absorption measurements.

The United States reiterates the importance of connecting financial performance to program performance and requests the Secretariat provide program performance data to the Board. The Board only learns of program performance through OIG audits and reviews, often when a grant is severely underperforming. While the Monitoring and Evaluation Framework that is currently under development will provide some transparency on grant performance, it is critical that the Board understand the impact per dollar given the large investments and the unprecedented amount of money raised for the 2020-2022 cycle.

### **Risk Management Report**

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We look forward to learning more about the plans to meet program targets in the three diseases and risk mitigation strategies that are under development. We also request that the timeline on the delivery of the revised risk appetites and mitigation toolkits be made known.



## **Western Pacific Region Constituency Statement**

**44th Board Meeting  
11-12 November 2020**

### **Executive Director's Report GF/B44/03**

The WPR constituency expresses its appreciation to the Executive Director for his comprehensive report which reflects well the progress made in 2020 and challenges we face due to COVID-19. The analysis in the report is thoughtful and the observations on the way forward coherent and inspiring.

### **Progress against priorities for 2020**

The WPR constituency congratulates the Secretariat on the progress that has been made during a year of extreme disruption by COVID-19. We note with satisfaction that in the development of high impact grants for the next three-year cycle, 90% of the initial allocated amount is expected to be reviewed and recommended by the TRP by the end of 2020. This is good news. We are also pleased to note that US\$400 million of catalytic funding for the new cycle, including matching funds, multi-country funds and strategic initiatives, will be put forward for Board approval this year. This funding includes support for critical activities in the Western Pacific Region including the globally-significant RAI3E malaria grant.

We are encouraged that despite the significant negative impact of COVID-19 on Global Fund grant implementation, the overall allocation absorption is projected at 97% and in country absorption at 85%, higher than the 75% target of the KPI on Fund Utilization.

We commend the Secretariat for the increased investment in human rights initiatives from US\$11 million in the previous grant cycle to nearly US\$80 million in this cycle, fulfilling the wishes of many of our constituency members. This is critical to progress in our region where 70% of new HIV cases are occurring among key populations and their partners. We congratulate the Secretariat for the progress made in many other areas including in the Wambo project; while this modality of accessing commodities may not be preferred by all countries, the \$1.1 billion purchases by 84 countries speak strongly for its usefulness. The WPR constituency welcomes the scaling up of treatment of people with drug resistant-tuberculosis, an issue of high importance to our region.

Despite important progress as above mentioned, we share the concern of the Executive Director that without urgent action, the gains achieved over decades could be lost. In the WPR constituency as elsewhere, progress in reducing HIV deaths has not been matched with a reduction in cases, with the vast majority of new cases among key populations and their partners. Despite great progress in finding missing cases, WPR still contributes to the three million people infected with TB who remain undiagnosed and untreated. Much work also remains to integrate efforts to address HIV-TB coinfections. On malaria, while there has been very significant progress in reducing mortality there has been some recent slowing of the trend in reducing the number of cases, including in the Greater Mekong Sub-region where very significant levels of malaria drug resistance remain a threat for malaria control worldwide.

The WPR constituency notes the progress made in the development of the next Global Fund strategy and looks forward to engagement in the planned partnership forum.

### **COVID-19 impact and response**

The report notes that 70% of service delivery programs of all three diseases have experienced disruptions due to COVID-19. We commend the Secretariat for its continuous monitoring of the impact of COVID-19 and frequent updates. While levels of COVID-19 have remained relatively low in a number of WPR countries, in others HIV, TB and malaria programs have been strongly affected by COVID-19. All efforts must be made not only to mitigate the damage but to protect the gains dearly achieved over the last decades; we commend the Secretariat for its commitment to revitalizing progress towards the 2030 targets as its main priority.

We highly commend the Global Fund response to COVID-19 both through flexibility with allocated funding and C19RM. Several WPR constituency countries have commented on the importance of this contribution to their response to COVID-19; other countries that did not require support during the first round of C19RM funding may yet seek support as the pandemic continues to unfold.

We urge the Secretariat to work with the CCM and PRs in countries of the Western Pacific Region, as elsewhere, to address the impact of COVID-19 on service delivery for HIV, TB and malaria to help them find appropriate solutions as soon as possible. Among the immediate impacts of COVID-19 on program implementation, reported by the constituency's countries, that are of serious concern are:

- A considerable service disruption for HIV prevention on Key populations, which have not yet returned to the pre-COVID-19 period levels;
- For PLHIV on ART, there was a significant increase in loss to follow-up and the number of those seeking Viral Load and CD4 tests has been reduced;
- Disruption to TB screening due to social distancing and other COVID-19 related factors;
- The high risk of COVID-19 infection among marginalized and key populations;
- The actual and longer-term economic impact and increased vulnerability of the poor and near poor, including on key and vulnerable populations affected by HIV, TB and malaria.
- Delays in the availability of commodities due to longer shipment times and other factors.

The WPR constituency commends the Global Fund's four-pronged response to COVID-19 and believes it has been very beneficial to countries. It notes and agrees with the reported positive operating changes that have taken place in the COVID-19 context including improvements in flexibility and timeliness in support to countries and Global Fund engagement and collaboration with partners. We note that the eventual introduction and massive roll-out of SARS CoV-2 vaccines will represent a major increase in the burden on health systems. We encourage the Global Fund's continued engagement in preparing, with other partners, to address the challenge. We hope that the spirit of "Unite and Fight" will persist when the COVID-19 crisis is over.

## Priorities for 2021 and beyond

The WPR constituency endorses the priorities set out by the Secretariat for 2021. We note the efforts to ensure that certain deferred activities will be addressed as soon as possible. Of particular interest are development of the M&E framework and the processes to ensure its effective implementation, including the independent evaluation function and the role of the TERG, and the CCM evolution. The WPR constituency would like to see these given the priority they require as essential elements of the Global Fund system.

The WPR constituency notes the thoughtful comments on the finalization of the next strategy and in the closing observations. In particular, we agree that COVID-19 should be seen as an opportunity for change, and applaud the call for “a reconceptualization of global health security” that includes not only acute or future threats but also ongoing epidemics such as HIV, TB and malaria. We believe the Global Fund can play a key role in inspiring and providing support for achievement of this important aim.

Finally, we acknowledge the strong leadership shown by the Executive Director and the Global Fund senior staff as well as the commitment and hard work of the entire staff, during an extremely difficult year. We are sure they will continue to lead and deliver strongly in the fight against HIV, TB and malaria in 2021.

## 2021 OPEX Budget and Corporate Work Plan GF/B44/02A and GF/B44/02B

The WPR Constituency appreciates the description of the work plan for 2021 and the proposed, and well-conceived, OPEX evolution. We recognize that a 40% increase in pledges since 2011 and the associated increased workload have not been accompanied by an increase in OPEX and consider that a review of OPEX is appropriate. The proposal put forward opens the question of the cap on the OPEX budget as well as its structure and content. In that context we would like to suggest that the AFC, looking beyond 2021, considers not only the items included within the proposed categories of the OPEX Budget but also operational expenses currently funded outside of the OPEX Budget, for example, independent evaluation, which is currently funded within the strategic initiatives of the catalytic funding. We believe that Monitoring Learning and Evaluation functions are critical to the Global Fund’s further evolution and impact. Components of MLE, and specifically independent evaluation should not be treated as special initiatives and should receive consistent funding within the OPEX alongside the assurance work of the Secretariat and the OIG, allowing for more coordinated planning and implementation of these activities across a three-year cycle.

The WPR Constituency notes that not all activities in the Priorities component of the planned work for 2021 will be able to be immediately funded. We note that *Priority 5: Finalize the next Strategy and prepare for implementation* is the priority with the highest proportion of activities labelled as “Fund later”. This Priority contains a number of important activities. We would like to know which activities will need to be postponed and whether postponement may have a negative impact on the work that needs to be completed before implementation of the next strategy. Similar information would also be appreciated on the “fund later” element of *Priority 2: Launch next cycle of grants & accelerate support to national programs in COVID context*.

## Development of the Next Global Fund Strategy GF/B44/07

The WPR Constituency thanks the Secretariat for its informative overview of the strategy development process. In particular, we appreciate the thought that has gone into the planning

of the Partnership Forums, including the grouping of topics into four focus defining areas and four areas on how the goals will be achieved. This should help to facilitate productive discussion.

We are, however, concerned that the inclusion of very broad topics such as Climate Change and Social Determinants of Health will draw time and attention away from core issues central to the Global Fund agenda and needing input. In a post-COVID-19, catch-up-on-lost-momentum period, with added expectations around a contribution to Global Health Security we doubt that it is feasible for the Global Fund to take on a substantial role in these areas. Conducting a productive discussion on how the Global Fund might, in a realistic way, consider these issues in its work would take time and skilful facilitation and may not be possible in the context of the Partnership Forums. Arguably the Global Fund already gives attention to social determinants of health through its strong emphasis on vulnerable groups and key populations and a growing emphasis on equity. While climate change is perhaps the most important issue facing the world, a thorough analysis of whether and how the Global Fund can take this into account may be more useful than discussion in the Forums.

The WPR Constituency considers that the Partnership Forums, given the diversity of participants, provide a good opportunity to discuss how core areas of the Global Fund's work could be made more impactful through focus, innovation and increased coordination between different stakeholder groups. The robust and appropriate call for stronger civil society leadership in the next strategy period requires innovated approaches that build strong complementarity and collaboration with government led-leadership in order to be successful. Innovation is also needed in other core areas, including promotion and protection of human rights and greater engagement with the private sector. Such focused discussions are more likely to be productive than wide ranging discussions of ill-defined and new topics.

We note that Partnership Forum III is labelled Asia and MENA. We would like to request that the modality and timing of the forum will allow participation from across our geographically extensive region, including the Pacific. We would like also to ask whether the nomination and participant selection process has resulted in the expected range of participants and, if not, whether the nomination period can be extended.

### **Reports from the TRP and TERG GF/B44/08 and GF/B44/09**

The WPR constituencies welcomes the reports from the TERG and TRP. We acknowledge the importance of the lessons learned through both entities. We agree with the "Areas of priority attention" identified by the TERG in its Position Paper, based on the Strategic Review 2020 (SR2020) and other TERG evaluations. We note, however, that much of the value of the TRP and TERG reports is found in the insights provided in the detailed TRP and TERG reports and reviews (for example, SR2020). It is not clear what processes are in place to maximize the learning from these reports, which should be important in improving execution of current grants and the development of the next strategy.

### **Report of the Coordinating Group GF/B44/10**

The WPR Constituency appreciates the report of the Coordinating Group and acknowledges its essential role in ensuring coordination and cooperation across the Governance Bodies.

It notes and supports the planned foci of attention for 2021. The CG's role will be critical in ensuring that the oversight and assurance functions across the Global Fund are adequately funded, balanced and coordinated.

# WHO BRIEFING ON IMPACT OF COVID-19 PANDEMIC ON HIV, TB, AND MALARIA

## Global Fund 44th Board Meeting

10 November 2020

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### Background

The Global Fund Board and The Global Fund Partnership are asking for more regular data and/or real time data on how the COVID-19 pandemic is impacting on malaria, tuberculosis and HIV. This briefing note provides information which can be useful for the Global Fund Board deliberations regarding:

- 1. Data or reports on the impact of COVID-19 on HIV, TB and malaria programmes**

Data and reports are available. WHO programmes for HIV, TB and malaria have all compiled and reported data for 2020 on impacts on delivery of prevention and treatment services (details below). WHO has also conducted a survey about impacts on 25 essential health services (including those for HIV, TB and malaria). This data collection and reporting is in addition to modelling that has been done about the impact of COVID-19 on the disease burden caused by HIV, TB and malaria.

- 2. Timeliness of data for management decisions**

WHO is supporting countries to establish or strengthen capacity to compile and report timely data, as close to “real-time” as possible.

### HIV, TB and malaria

1. WHO collaborates closely with the Global Fund Secretariat on the Strategic Initiative for Data. This includes provision of guidance, apps and tools for digital case-based surveillance, and associated analysis and use of data, in as close to real-time as possible, across HIV, TB, malaria and other health services.
2. HIV, TB and malaria are part of the WHO Pulse surveys, which are being used to assess disruptions to 25 essential health services. Results from the first survey were published in August 2020.

The [WHO pulse survey](#) demonstrated that COVID-19 had impacted on the supply and demand of health services. Three quarter of countries reported reductions in outpatient care attendance due to lower demand and other factors such as lockdowns and financial difficulties. Service delivery was impacted by challenges to the health workforce and interruptions in supplies. As part of efforts to coordinate the global response, WHO has been trying to ensure a sharing of information on disruptions and a more harmonized approach to measurement.

WHO and partners, including the Global Fund, are planning to support countries to identify health systems bottlenecks and track the continuity of essential health services. A suite of health facility and community demand assessment tools will be used to support rapid and accurate assessments of the current surge and future capacities of health facilities throughout the different phases of the COVID-19 pandemic, which can be used to mitigate the disruptions.

WHO deliverables & tools to monitor the effect of COVID-19 on essential health services and actions to mitigate the risks:

[Maintaining essential health services: operational guidance for the COVID-19 context](#)

[Community-based health care, including outreach and campaigns, in the context of the COVID-19 pandemic](#)

[Continuity of essential health services: Facility assessment tool](#)

[Infection prevention and control health-care facility response for COVID-19](#)

[Diagnostics, therapeutics, vaccine readiness, and other health products for COVID-19](#)

## HIV

### *Data*

**WHO Global HIV, Hepatitis and STIs Programmes, UNAIDS and UNICEF are collecting monthly data on key programme and target indicators through the Global AIDS reporting mechanism (GAM).** Daily data updates are not currently possible with our systems; however, challenges at country level that require interventions are addressed as soon as the challenge/issue is identified. **WHO works with UNAIDS and UNICEF to collect (using our regional and country offices) monthly service data from countries with District Health Information Software 2 (DHIS2) systems on HIV testing, treatment and prevention.** This is used to assess trends and any disruptions, as shown in our WHO presentation attached.

At the start of COVID-19 pandemic, WHO worked to develop an HIV and COVID-19 Questions & Answers which is now being updated; WHO developed a systematic review to assess the impact of antiretrovirals (ARVs) use to prevent, treat, and reduce severity & death related to SAR-CoV2 infection.

### *Modelling*

WHO convened a group of 5 modelers with UNAIDS to assess the short- and long-term impact on HIV services and did the same for Hepatitis. This group meets weekly to review the impact of COVID-19 related disruptions on HIV services and scenarios for interventions, and to share service and disruption data. When needed, WHO has intervened with direct donations of ARVs and movement of stocks of ARVs from one country to another to fill gaps.

Modelling of the impact of COVID-19 related disruptions on HIV services includes:

1. Mortality and Infection impacts for adults, children and pregnant women
2. Scenarios for resuming HIV prevention and treatment services

### *Other*

WHO and UNAIDS collaborate weekly with the Global Fund Secretariat and partners. Topics covered include:

1. HIV, Hepatitis and Sexually Transmitted Infections (STI) service disruptions survey shared and updated in June and September and a survey update will be gathered for November.
2. Feeding results from the WHO pulse survey back to the Global Fund HIV focal points and to partners, to ensure HIV data is assessed in the context of other health services.
3. Participating in a data triangulation task force with the Global Fund to review disruptions and challenges / solutions in each country and share and comment on the Global Fund Local Fund Agent (LFA) data which assesses challenges and risks per country. Updates on wider WHO COVID-19 related modeling.

4. WHO partnered with the Global Network of People Living with HIV (GNP+) at the start of the COVID-19 pandemic to support evidence gathering, sharing information and advocacy on COVID-19 and its impact on diverse communities of people living with HIV. This work involved the gathering and synthesis of survey data from 37 countries and reporting on the findings to key decision makers. The initiative evolved in response to community calls for up to date, accurate and accessible information on COVID-19 tailored for people living with HIV resulting in an initiative called the VOICE+ App. The app platform has now been developed and includes three key features: Information, Chat, Report. It will continue to drive the collection and sharing of real time data on the pandemic from the perspectives of people living with HIV.

## Resources

Documents that WHO Global HIV, Hepatitis and STIs Programmes have contributed to or led below:



- <https://www.who.int/news/item/11-05-2020-the-cost-of-inaction-covid-19-related-service-disruptions-could-cause-hundreds-of-thousands-of-extra-deaths-from-hiv>
- [Presentation Disruption in HIV, Hepatitis and STI services due to COVID-19](#)
- [Clinical management of COVID-19](#)
- [Corticosteroids for COVID-19](#)

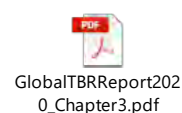
## Tuberculosis

### Data

The WHO Global TB Programme has collected 2020 data on:

- **The impact of the COVID-19 pandemic on delivery of TB services and associated mitigation strategies.** In April-May 2020, data were reported by **184 national TB programmes**, as part of the WHO 2020 round of global TB data collection from all Member States.
- **Trends in monthly notifications of TB cases from January-June 2020 in high TB burden countries.** In July 2020, **14/30 high TB burden countries with 61% of global cases reported such data**, using Global TB Programme's online data collection system. Several other regional priority countries also reported data.

**Results from this 2020 data collection were reported in the [Global TB report 2020](#)** (in particular Chapter 3, called "The COVID-19 pandemic and TB: impact and implications"), which was released on 14 October 2020. Weekly data for India specifically for January-June 2020 were also featured.



[Global TB Report Executive Summary](#)

WHO plans to continue to collect data on TB notification on a monthly basis, from at least high TB burden countries that are able and willing to report such data.

### Modelling

Chapter 3 of the WHO Global TB Report 2020 includes results from modelling analyses about the impact of the COVID-19 pandemic on TB mortality and TB incidence, with a particular focus on its



impact on the global number of TB deaths in 2020 (e.g. see Fig. 3.1).

### **Other**

The full WHO Global TB Report report is available at [https://www.who.int/tb/publications/global\\_report/en/](https://www.who.int/tb/publications/global_report/en/). Information was also summarized in the UN Secretary-General's 2020 progress report on TB (see in particular section IV), which was prepared with WHO support (see <https://undocs.org/en/A/75/236>).

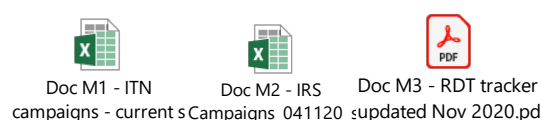
## **Malaria**

At the beginning of the COVID-19 pandemic, WHO galvanized the malaria community around a harmonized global response to malaria and COVID-19.

### **Data**

Many countries are compromised by the lack of accurate and timely data to track and monitor the extent of disruptions on essential health services. **A range of global trackers have been developed by partners to monitor disruptions in broader essential health services during the COVID-19 pandemic, including some specifically for malaria. Trackers have been used to understand the progress of the malaria campaigns and identify bottlenecks in the supply of commodities (see attached documents M1, M2, and M3). The Global Fund Secretariat has been involved with these trackers and is active in the global coordination and feedback on commodity tracking.**

COVID-19 has shone a light on the importance of reliable and timely data. Countries need to be supported in building their data systems and capacities to monitor the trends in diseases and the broader health system. WHO is supporting countries in establishing repositories of malaria data and broader data platforms, to be used by countries to plan their malaria response and mitigate against any further disruptions. The Global Fund Secretariat is involved in the country discussions.



### **Modelling**

Modeling demonstrated that disruptions from COVID-19 could set us back 20 years. Partners united to help countries overcome some of the immediate challenges posed by COVID-19 in delivering critical malaria services. Although disrupted or delayed, many of the campaigns for insecticide treated nets and seasonal malaria chemoprevention were conducted safely. However, COVID-19 has had devastating impact on the provision of routine services.

**This year's World Malaria Report will include a chapter on COVID-19 and malaria that considers the impact of COVID 19 on malaria mortality. We will be sharing the headlines with the Global Fund Secretariat this week, in advance of the launch of the report at the end of the month.** The analysis suggests that even if malaria prevention campaigns are completed in 2020 as planned, disruptions in access to effective antimalarial treatment could lead to considerable loss of life.