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# Report of the 45<sup>th</sup> Board Meeting

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

GF/B45/22

11-12 May 2021, Geneva, Switzerland

### **Board Decision**

Purpose of the paper: This document presents the Report of the 45<sup>th</sup> Global Fund Board Meeting, held virtually, from 11-12 May 2021.

## Purpose

This document presents the Report of the 45<sup>th</sup> Global Fund Board Meeting, held virtually from 11 – 12 May 2021.

Agenda items. The Meeting comprised of nine (9) agenda items, including one (1) executive session.

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 45<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 45<sup>th</sup> Board Meeting can be consulted [here](#).

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

*The Report of the 45<sup>th</sup> Board Meeting was approved by the Board of the Global Fund via electronic vote on 21, July 2021 (GF/B45/EDPo7).*

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## Agenda Item 1: Board Meeting Opening

1. The Board convened virtually on 11-12 May 2021 for the 45th Board Meeting, following pre-meeting sessions held on 5 and 10 May, and a closed session of the Board held on 10 May. A quorum was confirmed. The Chair of the Board, Donald Kaberuka, welcomed participants and guests. The Chair recognized the flexibility and commitment displayed by the Global Fund to mitigate the impact of the crisis on HIV, TB and Malaria programs. He further acknowledged its impact on ways for working and the global community. The Chair also recognised that in responding to COVID-19 pandemic, important improvements in health and community systems are taking place.
2. The traditional candle of remembrance was lit by a representative of the Germany constituency, Birgit Pickel, to honour the memory of the victims of AIDS, tuberculosis and malaria. Ms. Pickel stressed the significant impact of COVID-19 on the Global Fund mission and particularly the most vulnerable populations, and expressed gratitude for the remarkable leadership in the global response to this crisis which is paramount to be sustained with spirit of global solidarity and unity.

### Decisions:

3. The Board unanimously approved the decisions to appoint Birgit Pickel, from the Germany constituency, as rapporteur for the 45th Board meeting (GF/B45/DPO1) and to adopt the agenda of the meeting (GF/B45/DPO2).

## Agenda Item 2: Update from the Executive Director

4. The Executive Director (ED) opened the session with a reminder of the six Secretariat priorities for 2021, noting priority 1 (Mitigate the impact of COVID-19) and 5 (Finalize the next strategy) are addressed as separate agenda items during the Board Meeting. His update included the following key points:
  - a. **On priority 2 (Launch next cycle of grants)**, based on current grant figures, the organization has made more rapid progress on launching the new grant cycle than ever before, and is ahead both on numbers of grants and dollar amounts, when compared to the last cycle. The ED further highlighted the high percentage of applicants rating the grant application experience as positive, as well as the TRP assessment scoring most requests as good or very good. Progress on attention to critical areas like Human Rights, Gender and HIV prevention had been made. Many grant disbursements have had a fast start and Wambo.org has seen significantly more order placements compared to the previous year. On HIV prevention, he cited the examples of stepping up advocacy around narcotic drug users and scaling -up AGYW services, and mentioned additional areas where increased efforts would be needed, for example young people living with HIV. Having founded the Youth Council in the previous year, the ED indicated that the next COVID-19 Board call would provide an opportunity to hear from this group.
  - b. **On priority 3 (Drive efficiency and effectiveness)**, the ED highlighted efficiency gains resulting from the COVID-19 crisis environment, which encouraged agility and sharpened focus. For example, travelling less has resulted in OPEX savings, while findings of a recent OIG audit show that coordination and collaboration across the Secretariat has improved. The current crisis provides powerful impetus for sharpening focus and priorities. However, efforts to streamline and reduce workload pressures are offset by new demands, in large part directly resulting from the crisis, but also from the Board and Committees. Overall, the ED expressed confidence with respect to current performance on efficiency and effectiveness, and noted

ongoing efforts to make improvements, particularly around grant implementation oversight, increasing transparency, addressing links between programmatic and financial performance, and drawing a clearer distinction between national and Global Fund performance.

- c. **On priority 4 (Invest in people)**, the ED noted marginal improvements around staff well-being and workload pressures in the latest pulse survey conducted with staff, and confirmed that additional staff were being added, with rapid progress in filling positions. 92% of staff were coping well with teleworking (pulse survey, March 2021). The ED emphasized the importance of the Diversity, Equality and Inclusion (DEI) initiative, led by a DEI working group. He noted that the Management Executive Committee is more diverse than ever before, given latest recruitments. On DEI, mandatory trainings are being implemented across the Secretariat, with thematic events being held on various topics every month. Just-released results of an independent PWC assessment of DEI maturity place the Global Fund ahead of other public sector organizations while providing several recommendations to be taken forward.
- d. **On priority 6 (Prepare for the Seventh Replenishment)**, preparatory work is under way. The ED cautioned that the required trajectory toward the elimination of HTM as epidemics by 2030 is getting steeper, including as a result of ground lost due to the COVID-19 crisis, and noted the consequent increase in financial needs, plus the imperative to accelerate innovation, and the deployment of new tools and new ways of working. Noting the downside risks to financing identified both by donors and the implementers, the funding gap going forward is likely to be bigger than before. In this context, the ED highlighted the importance of the new strategy in enabling effective resource mobilization, and the role of new health financing approaches. He also commented on the upcoming 20<sup>th</sup> anniversary campaign, and the need and efforts underway to revamp the Global Fund logo and brand to ensure a strong positioning in preparation for the 7<sup>th</sup> Replenishment. In closing, the ED recalled that the work for which the Global Fund was founded 20 years ago is not yet finished, and underlined the importance of the global commitment to protect everyone, including - and especially - the most marginalized populations, from the world's deadliest infectious diseases.

#### Board Response

- 5. The Board thanked the ED, the Secretariat and implementing partners for the work accomplished under difficult circumstances, highlighting the professionalism and resilience of staff and the ED's leadership. Key themes raised during the discussion included:
  - a. **Resource Mobilization and the 7th Replenishment:** The discussion noted the critical time for the Global Fund's resource mobilization efforts, considering the COVID-19 impact and the funding gap on the three diseases, as well as the current environment for ODA. The importance of the Strategy and the placement of the three diseases therein for resource mobilization efforts was acknowledged. Constituency commentary urged the ED to engage the Global Fund partnership as early as possible in advocacy efforts around the 7th Replenishment, and asked for a costed work plan for the 7th Replenishment to be shared with the AFC. There was also interest in information on donor and implementer engagement in the preparations, and observations that efforts to support domestic resource mobilization should continue. Some constituencies underlined the economic impact of COVID-19 on domestic resource mobilization and transition, calling for realistic targets. Expressions of support were shared regarding the new Health Financing department. The importance of diversifying and leveraging new funding mechanisms or sources was recognized, as well as the importance of an investment case firmly grounded in robust data. In addition, one constituency cautioned that focus on COVID-19 should not detract from 7th Replenishment preparations, and another sought clarification regarding the involvement of communities in the exercise to refresh the Global Fund brand.

- b. **Pledge Conversion:** The Board congratulated the ED for the successful pledge conversion efforts to date, with a follow-up question on the reasons for the end of year slight slow down in the number of contribution agreements signed.
- c. **COVID-19 and C19RM:** Several constituencies acknowledged the US, Germany and the Netherlands for their generous contributions to the C19RM in 2021. The Board highlighted its appreciation for the frequent Secretariat updates to the Board on COVID-19 and Business Continuity efforts underway. Several constituencies further mentioned the need for flexibility within the C19RM mechanism, including with respect to complex country contexts, while others sought insights regarding closing the funding gap for ACT-A. Commentary recognized the broad ongoing implications of the crisis for staff, implementers, and the next Replenishment.
- d. **CRG:** A number of constituencies expressed strong appreciation for the rich discussion during the pre-Board session and suggested that the topic should be a standing agenda item going forward, and noted the importance of CRG activities being embedded across Secretariat functions and appropriately represented at senior levels, including suggestions from some members that the ED might consider representation at Management Executive Committee level.
- e. **OIG and AMAs:** One constituency urged the ED to close outstanding AMAs as quickly as possible, while another emphasized the need for timely updates and discussion on sensitive OIG cases.
- f. **PSEAH:** Commentary noted the importance of this area of work and of continuing to roll out the respective framework and trainings. The most vulnerable, including women and girls, have particularly been exposed to heightened risk during the crisis and efforts taken to address this must be continued.
- g. **DEI and staff well-being:** Board members thanked the ED for the update and for making this a priority, noting the importance of this area for the organization's development.

#### Secretariat response

- 6. The ED expressed his appreciation for the rich discussion and good inputs. Given the time constraints, the ED limited his response to points and questions raised by several constituencies:
  - a. The ED concurred with importance of **PSEAH** and the urgency of closure of the related **AMAs**, pointing to the forthcoming dedicated sessions on risk, OIG and ethics for further discussions on these topics.
  - b. On **resource mobilization**, a costed action plan for the 7th Replenishment will be shared with the AFC in October. The ED re-iterated the positive steps forward made through the creation of the Health Financing Department, while recognizing the financing gaps remains a significant challenge. In addition, the ED provided reassurance that attention has not been diverted from HTM and the 7th Replenishment. Rather, the Global Fund has successfully raised more off-cycle funding than ever before. In addition, the Global Fund's **Brand Refresh** exercise had been through extensive consultation.
  - c. Regarding **CRG** matters, the pre-Board session demonstrated that these efforts were not siloed within one Secretariat department. Efforts in this area continue to take place across the Secretariat and require collective effort across the whole partnership. The ED acknowledged that more must be done, including due to the knock-on effect of COVID-19.
- 7. The Board Vice-Chair reiterated the Board's recognition of the Secretariat's work to roll out new grants while mitigating the impact of COVID-19, and extended appreciation to the Executive Director and staff.

### Agenda Item 3: OIG 2020 Annual Report and Annual Opinion on Governance, Risk Management and Internal Controls

8. The Inspector General (“IG”) noted that Despite the disruptions of COVID-19, HIV/AIDs, TB and malaria programs generally continued in 2020, albeit at different levels of disruption. Key internal controls functioned as expected, and Secretariat-level operations carried on.
9. The OIG has provided a "traditional" negative assurance statement. Nothing came to the OIG’s attention that indicates material weaknesses in governance, risk management or control processes which could significantly compromise the Global Fund’s strategic and operational objectives. The Inspector General (IG) noted that: (1) OIG engagements are risk-based, and do not cover every business process, organizational unit or country; (2) due to the pandemic, the OIG could not perform country missions and needed to revise its 2020 work plan mid-year; (3) the risk landscape remains volatile and has significantly increased the inherent risk profile of grant programs.
10. Specifically, the IG noted that programs will face a heightened risk of wrongdoing. Fraud and misuse of C19RM funding will require careful, proactive monitoring and oversight.
11. Lastly, the IG underlined that long-overdue Agreed Management Actions on Sourcing, the SEAH framework and the Policy to Combat Fraud and Corruption urgently need addressing.

#### Board discussion

12. Board members expressed their appreciation for the OIG’s Annual Opinion and report and its work during 2020. Members commented, or asked for clarification, on the following points.
  - a. **Increased risk of fraud and abuse.** How the OIG plans to manage and respond to fraud risk during 2021.
  - b. **C19RM.** Members encouraged the OIG to be proactive in putting safeguards in place to mitigate risk, and sought further clarification around safeguards being implemented.
  - c. **In-country assurance.** While the OIG’s 2020 work found processes were working well at the Secretariat, there is a need to identify the in-country situation and challenges to aid decisions on investments. The OIG should mobilize and collaborate with national audit institutions, NGOs and communities for its audit work, and leverage other partners with an in-country presence.
  - d. **COVID’s impact on TB programs.** There is desire to understand the pandemic’s impact and the mitigating actions in place for TB programs. OIG is encouraged to engage with the StopTB partnership (Stop TB) and others to better understand the challenges.
  - e. **Agreed Management Actions (AMAs).** (i) Commentary noted the need for a strong push on Open AMAs, in particular GF-OIG-19-007 AMA3 (developing a framework for sexual exploitation, abuse and harassment) and GF-OIG-19-006 AMA5 (implementing the Policy to Combat Fraud and Corruption), and a timeline for their closure. (ii) Some members enquired as to whether the Joint AMA Progress Report is fit for purpose, noting that more analytical content would be appreciated, with actions prioritized by risk.
  - f. **Sexual exploitation, abuse and harassment (SEAH).** The OIG investigation into misconduct affecting Global Fund grants in Ghana (GF-OIG-21-005) is alarming and demonstrates gaps in this area. The Board appreciates the actions taken, and noted the need to embed these into Global Fund-financed programs, and to keep the spotlight on SEAH, driving and accelerating efforts over the coming year.
  - g. **Quality Assurance (QA) of health products.** The OIG’s TANA audit reveals the need for assurance on this issue. The Global Fund is encouraged to invest in QA, and explore mechanisms to improve assurance over this area which include local partners and affected populations.

## OIG Response

13. In response to comments from constituencies, the IG provided the following clarifications:

- a. **Increased risk of fraud and abuse.** OIG is planning multiple counter-fraud and proactive activities, e.g. raising awareness on phishing fraud. Proactive investigations will try to disrupt fraud. OIG's planned Fraud Risk Maturity Assessment will provide valuable information.
- b. **C19RM.** OIG will cover the additional C19RM funding in its country audits.
- c. **In-country assurance.** The OIG is working with state auditors and on-ground consultants to compensate for not being able to travel. It recently began working with the South African Supreme Audit Institution and is actively looking to work with more similar partners,
- d. **COVID's impact on TB programs.** OIG will work with StopTB on its audits of Wambo and Procurement/Supply Chain.
- e. **Agreed Management Actions.** (i) The OIG is reassured by how many AMAs have been closed and has seen a lot of progress on AMAs. (ii) The OIG is in agreement that the Joint AMA Progress Report can be significantly improved and has committed to revamping it to meet Board and AFC expectations, with analytical content which provides a better view on the areas that should concern the Board.
- f. **Quality Assurance of health products.** The Risk Department has been closely following outstanding AMAs. This issue is something OIG always looks at (and often finds issues with) in its country audits, given the Global Fund spends so much money on health products.

## Conclusions

14. In closing the session, the Vice-Chair of the Audit Finance Committee (AFC) noted that concerns about quality assurance, the pandemic's on-the-ground impact, C19RM-related risk and the increased risk of SEAH require sustained attention, and reiterated the encouragement to make effective use of in-country audit and monitoring systems.

## **Agenda Item 4: Risk Management Report and Annual Opinion of the Chief Risk Officer**

15. The Secretariat highlighted the factors that have resulted in increased risk levels and provided an overview of the analysis conducted to ensure risk ratings reflect COVID-19 related disruption. The Secretariat noted that an increase in risk levels does not necessarily mean risk appetite needs to be increased. There are choices; maintain current targets and objectives; innovate, adapt or scale up; or extend target timeframes. For the current Risk Appetite Framework to remain relevant, lessons learned must be leveraged to further strengthen mitigating actions. The next step will be to engage with Situation Rooms and partners on level of ambition and then use this input to determine the level of risk appetite that is needed. This will then inform recommendations to the Committees and the Board.

## Board discussion

16. Board members expressed appreciation for the continued risk mitigation efforts during the pandemic and comprehensive presentation and approach to risk by the Secretariat, and asked to reflect and / or respond on the following points:

- a. **Risk oversight.** For many identified risks, there are different responsive actions which may impede visibility of persistent or systemic challenges. The Board may have a clearer understanding of the overall comprehensive approach to mitigate risks by distilling and overseeing risk at a higher level of detail, particularly for risks that persist over time
- b. **C19RM.** The need for timely information, processes and safeguards on C19RM and how

implementers are being supported to manage increased risk levels, as well as additional processes and safeguards, given the large amount and fast pace of distribution of funds under this mechanism.

- c. **Human rights, gender, sexual abuse and harassment risks.** An update on a ground-up analysis of the risks associated with human rights and gender and, given the increased risks around SEAH, whether there would be value in having a specific risk covering SEAH.
- d. **Risk taking and lessons learned.** Ensuring that any exploration of additional risk taking is combined with adequate oversight. The importance of leveraging lessons learned and whether there is a systemic approach to collecting these lessons or good practices in relation to adaptations at the community level. Leveraging the COVID crisis to sustain adaptations and new ways of working, taking into account principles of differentiation and flexibility.
- e. **Increased risk levels.** Concerns around increases in risk levels, including programmatic and financial and fiduciary risks.

#### Secretariat response

- 17. **C19RM.** Monitoring and oversight has been significantly enhanced, including to improve information timeliness and transparency. Local Fund Agent (LFA) budgets are being increased and incremental funding is also going to CCMs.
- 18. **Human rights, gender, sexual abuse and harassment risks.** The Integrated Risk Management tool has been updated, including with new root causes, to enable a ground-up risk assessment of the Human Rights and Gender Inequality risks. SEAH is part of the In-Country Ethics risk. This risk has been built out in the Q1 Organizational Risk Register (ORR) to better reflect the SEAH component.
- 19. **Risk taking and lessons learned Inherent risk.** The decision-making mechanism for risk acceptance is the Portfolio Performance Committee. Country Portfolio Reviews are used to strike the right balance between advancing program implementation and mitigating risk. Technical teams are working on capturing lessons learned and getting feedback from communities. The Community Rights and Gender Department (CRG) will lead in relation to human rights and gender related mitigating actions.
- 20. **Increased risk levels.** The risk of fraud is increasing, and a number of steps are being taken to respond to this including increased LFA assurance, ensuring procurement through robust channels, and continuing to leverage our recoveries mechanism.

#### Action Points

- 21. Engage with Situation Rooms and partners on level of ambition and present preliminary recommendations to the Committees in July.
- 22. Consider whether a stand-alone risk should be created for SEAH.

### **Agenda Item 5: Annual Report and Opinion of the Ethics Officer**

- 23. The Vice Chair opened the session by reiterating the Global Fund's zero tolerance to Sexual Exploitation, Abuse, and Harassment (SEAH). The Ethics Officer presented the Annual Ethics Opinion Report and provided an update focusing on Protection from Sexual Exploitation, Abuse and Harassment (PSEAH) related work, emphasizing:
  - a. SEA are human rights violations and require a survivor/victim centered approach from beginning to end including safe program design; and international coordination and in-country localization to address differing contexts. The Global Fund is one of several funders and must coordinate PSEAH work at global and local levels.
  - b. Ongoing PSEAH activities include reporting to the Board and Committees; awareness and training for Governance Officials and staff; aligning procedures; communicating prohibitions

and requirements to CCMs and PRs; managing cases, investigations and survivor/victim support.

- c. There is a need to focus on community level including through collaboration with the CRG Department.
- d. The Ethics Office is coordinating work to close an outstanding AMA to develop a framework. The entire Global Fund takes PSEAH very seriously and is focused on this topic

#### Board discussion

24. Commentary from Board touched on the following issues:

- a. **Country support.** Emphasized the importance of focusing efforts on PSEAH, corruption and other matters at country level/implementation level, and bringing clarity around support countries can receive in the long term;
- b. **Operational ethical procedures.** Highlighted it is crucial to further strengthen CCMs and ethical procedures at operational level by informing and training CCMs and PRs as well as beneficiaries on ethics related matters while coordinating with partners;
- c. **Decision making.** Stressed the importance of ethics matters for policy and decision makers and for enabling better decision making;
- d. **Trainings:** Inquired about plans to increase CCM training modules and making these accessible to constituencies to also learn about Global Fund processes. In addition to training, CCMs need to work closely with communities and play a stronger role in preventing the risks of human rights violations;
- e. **Staff wellbeing.** Referred to the low wellbeing scores of staff and the need to institutionalize a 'speak up' culture, and asked what measures have been put in place to respond improve wellbeing; and
- f. **PCFC.** Encouraged the Ethics Office to enhance anti-corruption controls at all levels and to adapt the anti-corruption model to the Global Fund as well as individual country contexts, and asked about how and where the PCFC would be rolled out.
- g. **Mitigation.** Urged the Global Fund to continue to improve mitigation measures and policies, including a survivor and victim centric framework to prevent SEAH and to anchor PSEAH at the highest management level.
- h. **Zero tolerance.** Highlighted that zero tolerance for SEAH must be a fundamental principle of the Global Fund; that awareness of Codes of Conduct must be raised at all levels while ensuring support to survivors and victims; that cases need to be confidential while the Board needs timely information on ongoing investigations.

#### Secretariat response

25. The Secretariat responded that:

- 26. Taking ethics work to the ground should happen through working with CCMs and embedding these matters into grant activities, which requires more effort. We can help implementers and CCMs leverage existing guidance on PSEAH such as through the IASC, MOPAN guidance etc. and connect to in-country networks while ensuring requirements are flowed down.
- 27. Speaking up is a core part of the culture the Global Fund needs. Channels to speak up have been clarified in 2020. Further sessions for staff are planned and a speak out campaign will roll out in 2021. Psychological safety is also being addressed, with 97 wellbeing sessions with staff organized during the COVID-19 crisis. In Q1 2021 there was a decrease in sick leave and increase in the use of annual leave.
- 28. Agree that PSEAH must be housed at highest level. The ED has publicly affirmed that the Global Fund has zero tolerance and is determined to close overdue and new AMAs addressing in-country SEAH risks expeditiously. Awareness raising for hundreds of organizations is a significant endeavour that the Global Fund is committed to pursue.

## OIG Response

29. The IG stressed that all allegations must be handled appropriately and in a timely manner. Board Members must always be advised promptly when a case is substantiated as it can be challenging for the Board to find out at a later stage. SEA related cases can take a significant amount of time, as complete information may not always be provided, and it takes time to collect any evidence that substantiate vague allegations. The OIG Investigations Unit takes a risk-based approach, ensuring prompt action when possible and findings are always shared with Secretariat at an early stage. It is important to minimize risk on the ground to be able to mitigate matters early on. Lastly, the OIG has an obligation to conduct appropriate due diligence before sharing information more widely.

## Action points

30. Continue with the current workplan to rapidly increase our maturity in relation to PSEAH.
31. Continue with the current PCFC workplan, including piloting and delivering the plan to further embed the PCFC at country level.

## **Agenda Item 6: Operating Expenses Cap 2022**

32. The Board Chair opened the session by introducing the Decision Point, requesting the Board to increase the Operating Expenses by US\$ 30M for the three-year allocation period, 2020-2022, from US\$ 900M to US\$ 930M.
33. The Chair of the AFC provided introductory remarks recalling, the increase had been unanimously recommended by the AFC for Board approval. The AFC will continue to work with the Secretariat on the OPEX cap Evolution to fit the new strategy and risk management requirements, which are not contingent of the proposed decision.
34. Taking into consideration AFC feedback, the Secretariat introduced the new presentation of the OPEX Framework integrating thematic areas and activities of the Global Fund, and presenting operating costs per thematic areas. Since 2015, the Secretariat has built a robust process, integrated value for money principles and cost efficiencies as a way of costing the OPEX budget and allocating resources. It was confirmed the proposed increase of the 3-year ceiling only applies to the 2020-2022 cycle, and that; the Secretariat will perform the same level of scrutiny and financial discipline on the additional US\$ 30M OPEX. Following discussions with the AFC Informal Working Group on OPEX, the AFC will make recommendations to the Board on trade-offs related to the costing of thematic areas and the establishment of a ceiling over a three-year or a six-year period linked to both the replenishment cycle and the strategy implementation plan, respectively.

## Board discussion

35. The Board expressed support for the proposed decision and approach to the OPEX Evolution, noting that additional capabilities are needed. Board Members commented, or asked for clarification, on the following points:
- a. **Efficiency and Value for Money:** the Secretariat should explore all operating efficiencies and present a holistic cost view, including in preparation of the 2022 budget;
  - b. **Comparing the savings and investments:** elaborate on the use of savings related to the move to the Global Health Campus and remote ways of working;
  - c. **Costing of the new strategy – OPEX Evolution:** request to work closely with the AFC to present future OPEX budgets and a workforce plan that allow for necessary capacity increases, and consider revisions including moving out of catalytic investments which should be costed as on-going core operational costs (e.g. CCM, Monitoring & Evaluation and Key Performance Indicators). In relation to the new Strategy, place early focus on how the organizational structure evolves and associated costs involved;

- d. **Future of work** – elaboration on the impact on the current budget and planning for next OPEX budget;
- e. **Workforce planning:** elaboration on how workforce planning is taken into consideration in planning for the next OPEX budget, including in relation to the increased use of external human resources;
- f. **C19RM 2.0 and OPEX:** Need to closely monitor C19RM, and request for more clarity on activities that will fall under OPEX versus C19RM three percent management and operating budget. - Budgets and potential implications of C19RM OPEX expenses for the general OPEX budget should be closely monitored;
- g. **Areas of interest for future Financial Updates:** Board members expressed interest during the session or in their statements to receive detailed information on:
  - i. Key Performance Indicators (KPIs) related to finances (suggestion to report on it in the financial updates);
  - ii. the use of the additional US\$ 30M when 2022 budget is submitted;
  - iii. new areas of work identified, including market shaping strategy, supply chain and quality assurance, in country technology and digital services;
  - iv. budgets breakdown for some items (e.g.: Programmatic capabilities);
  - v. current Secretariat staff capabilities in Communities, Right and Gender and the potential need to increase it;
  - vi. in-country technology and digital services investments;
  - vii. how reprogramming for COVID-19 impacts measures of absorption rates related to core program funding prior to repurposing of funds to address COVID-19; and
  - viii. Strategic Initiatives absorption.

#### Secretariat response

36. The Secretariat provided the following clarifications:

- a. **Efficiency and Value for Money:** the Secretariat reaffirmed that the highest standard of efficiency and value for money guide all decisions taken related to OPEX. The Secretariat performs monthly monitoring of budget and a quarterly forecast on OPEX utilization to enable dynamic reallocation.
- b. **Comparing the savings and investments:** operating expenses are managed with flexibility and agility. For example, savings related to the Global Health Campus move gives flexibility for other strategic priorities and capacity building, like establishing the Health Finance Department without seeking additional funding.
- c. **Costing of the new strategy - OPEX Evolution:** recognizing the added value of budgetary discipline introduced by the “cap” concept, the ceiling should not be arbitrary but rather be linked to the Strategy and ways of working. To this end the Secretariat will provide the AFC and Board a high-level estimate of the cost to implement the next strategy. Methodology and data will be shared with the AFC informal Working Group for OPEX regarding costing of the new strategy and trade-offs including options to mainstream activities currently in catalytic investment in OPEX. Specifically, on CCM, the Secretariat confirmed that the success of the Global Fund depends on the successful resourcing of CCM and some in-country partners, and will continue to look at additional resourcing needs and take these actors into account in the allocation of resources.
- d. **Future of Work:** the Future of Work initiative had recently kicked off considering multiple factors across workplace design, workforce and work. This initiative is considering various feasible options and policy implications of moving to a hybrid model with potential changes in uses of the Global Health Campus facilities. The Secretariat will provide an update to the Board and Committees early next year.
- e. **Workforce planning:** Workforce planning already incorporates differentiated contract types; a dedicated financial controller ensures proper cost and value for money of HR related decisions.

- f. **C19RM 2.0 and OPEX:** the AFC and the Board will receive a segregated reporting for C19RM which will be incorporated into the Financial Performance and Reporting Framework.
  - g. **Areas of interest for future Financial Updates:** the Secretariat will take into consideration those suggestions.
37. AFC Chair confirmed that AFC will provide inputs to the Secretariat focusing on clarifying further C19RM implementation costs, areas of overlaps with OPEX and specific risks underlying to C19RM activities.

### **Decision Point**

38. The Board voted unanimously in favor of decision point GF/B45/DP02: Operating Expenses for the 2020-2022 Allocation Period.

### **Agenda Item 7: Strategy Development**

39. The Board Chairs opened the session by reflecting on the impact that the COVID-19 pandemic has had on the global health landscape and the work of the Global Fund, highlighting the importance of continued Strategy discussions on the role of the Global Fund in pandemic preparedness and response (PPR).
40. The Secretariat acknowledged the concerns of the Board, highlighted in many of the constituency statements, that the framing of PPR in the latest draft of the Strategy Framework does not sufficiently reflect the Board's input from the Board Call on 19 April 2021. The Secretariat noted that there nonetheless remain a number of important areas of agreement on PPR, some misunderstandings, as well as the importance of coming to agreement on the appropriate framing of the Global Fund's role in PPR going forward. The Secretariat shared an illustrative updated Strategy Framework, which aimed to respond to Board feedback, by placing PPR as an evolving objective under the other mutually reinforcing contributory objectives.

### **Board discussion**

41. The Board noted the importance of adapting to the evolving context and acknowledged the contribution that the Global Fund has already made in increasing countries' PPR capabilities through its existing work to fight the three diseases. The Board guided that the Global Fund's contributions to PPR should build from its work to end the three diseases, and its contributions to build people-centered Resilient and Sustainable Systems for health (RSSH), to build community engagement and leadership, and maximize equity, human rights and gender equality. The Board noted that going forward, the Global Fund has scope to be more intentional in its contributions to PPR. The Board guided that in the next Strategy Framework, PPR should not be a goal of the Global Fund, but instead be expressed as an important 'how' objective to deliver upon the Global Fund's core mandate of accelerating and building resilience in the fight against HIV, TB and malaria and building the resilience and strengthening of systems.
42. The Board thanked the Secretariat for sharing an illustrative updated version of the Strategy Framework based on the feedback from constituency statements. Some Board Members indicated that the placement of PPR could work as presented, with PPR situated as an evolving objective under the other mutually reinforcing contributory objectives. Some Board Members expressed that PPR could be placed alongside the other mutually reinforcing contributory objectives as an additional vertical objective. The Board noted the importance of ensuring that PPR does not become a parallel or competing work area relative to core HIV, TB and malaria aims. Some Board Members noted the importance of the Strategy remaining nimble to adapt to the evolving global context and

developments across the global health architecture as the global response to the COVID-19 pandemic and future PPR roles and responsibilities take shape.

43. In relation to other areas of the draft Strategy Framework, several Board Members noted their support for the placement of people and communities living with and affected by the three diseases at the centre of the Strategy Framework and the Global Fund's work. Some Board Members voiced their support for the Strategic Shift on encouraging climate, environmentally- sensitive and "One Health" approaches. Reflecting on the Partnership Enablers, it was requested that through the Strategy Narrative, the complementary roles and accountabilities of each actor in the Global Fund partnership be articulated, including highlighting the importance of partnership and complementarity of implementer governments and communities, each with distinct and essential roles. , It was also suggested that the Strategy Narrative clarifies the position of the Global Fund vis-a-vis other actors across the Global Health Landscape, in line with the Global Action Plan for Healthy Lives and Well-being for All. A number of Board Members also expressed their support for a six-year Strategy, to align with allocation and replenishment cycles and to allow the next Strategy's impact to be measured in line with the 2030 Sustainable Development Goals (SDGs).
44. It was suggested that an explanatory paper, to accompany a revised Strategy Framework, would help resolve these discussions, by clarifying the intent behind the areas highlighted in the Strategy Framework, especially in relation to the Global Fund's future role on PPR.

#### Secretariat response

45. The Secretariat acknowledged the Board's clear steer on the Strategy Framework. The Secretariat also highlighted the substantial level of agreement between the Board and the Secretariat on much of the Strategy Framework, and agreed that an explanatory paper would help clarify intent on the Global Fund's future role in PPR, as well as other areas of the Strategy Framework. The Secretariat also highlighted the importance of ensuring clarity and agreement on the goal and objectives of the next Strategy, to ensure that work is measurable through the future KPI and M&E Frameworks.

#### Action Points

46. The Secretariat will develop a brief explanatory paper that articulates the intent behind the next draft the Strategy Framework, reflecting the feedback of the Board. The paper will accompany the updated draft Strategy Framework for Strategy Committee review and recommendation to Board at its Extraordinary Meeting on 15 June 2021.
47. Immediate follow up from Constituencies on the illustrative updated Strategy Framework presented at the Board meeting was welcomed, noting the short turnaround time for the Secretariat to develop the documents in advance of the Extraordinary Strategy Committee Meeting.

### **Agenda Item 8: Development of M&E and KPI Frameworks: Focus on Independent Evaluation and KPIs**

48. The Strategy Committee (SC) Vice Chair acknowledged the close engagement by SC in the preparation of the Monitoring and Evaluation (M&E) and KPIs Frameworks and the options of models for the independent evaluation function. The consultations with the SC Working Group (WG) and the Technical Evaluation Reference Group (TERG) were also well noted. The SC Vice Chair proceeded to summarize the discussion from the 15th SC meeting.
49. M&E and KPI Frameworks. The Secretariat presented an overview of the conclusions from the lessons learned analysis on the current KPI Framework and emphasized that one of the conclusions referred to the need to consider the next KPI Framework as part of a comprehensive M&E Framework for the next Strategy. The Secretariat proposed that future KPIs are guided by four main principles (importance, integration, accountability and actionability). It was also noted that the

M&E Framework and KPI development process will be guided through a series of technical measurement consultations with technical experts.

50. Independent Evaluation. On the 3 models proposed for the independent evaluation function, the Secretariat noted no Board support for Model 1 (embedded evaluation unit with limited oversight from an independent Evaluation Committee (EC)) and divergence in opinion among constituencies between Model 2 (embedded evaluation unit with high level of oversight from an independent EC) and Model 3 (structurally independent evaluation unit). The Secretariat emphasized that both Models 2 and 3 describe independent functions, however, as also stressed by TERG, Model 2 will be more likely to balance tensions inherent to evaluation between independence, utility and quality and is more suited to addressing the challenges with the current evaluation function identified by the independent review of the TERG (2019) and M&E Review (2020).
51. The Chair of the M&E Working Group (WG) clarified that the WG is a sounding board for the Secretariat to incorporate the recommendations made by the SC and the Board. The WG Chair also emphasized that, in the context of evaluation, it is important to learn from new and emerging good practices in this field as well as to examine what can be learnt from relevant practices implemented by the OIG.

#### Board response

52. Board members commended the Secretariat's analysis and preparatory work on the M&E and KPI Frameworks and the options for the independent evaluation function. The following items were highlighted during the discussion:
- M&E Framework:** the importance of alignment with country level/national systems and strengthening country and CCM M&E capacity.
  - KPI Framework:** Board members broadly endorsed the principles proposed to guide the development of the next set of KPIs, with some constituencies commenting on the need to appropriately nuance the principle of accountability according to the purpose of the KPI. Board members recognized that KPIs are one important measure of progress but need to be considered alongside other data and information situated in a comprehensive M&E Framework. It was highlighted that both Frameworks should take into consideration the issue of measuring inequalities in relation to health outcomes. The view was also expressed that the next KPI Framework should include ambitious targets for: human rights; key vulnerable populations; gender inequalities; and Resilient and Sustainable Systems for Health (RSSH). On the technical measurement consultations, the inclusion of technical experts from affected communities and civil society was recommended.
  - Independent evaluation function:** Although there remained some difference in opinion among constituencies on the preferred model, there appeared to be greater support for Model 2 with recognition by several constituencies that this model can achieve functional independence. Clarification was sought on how the shift in the level of effort from the current TERG to the Secretariat under Model 2 can be achieved. It was also stated that evaluation should be conducted in greater synergy with partners to maximize coherence and minimize the impact on stakeholders being regularly approached with similar questions.

#### Secretariat Response

53. The Secretariat thanked the Board for the rich and insightful comments and provided the following responses:
- M&E Framework:** On the alignment of M&E with country systems, there is already strong alignment with the national data systems, as identified in the M&E Review (2020). This is also supported through the Strategic Initiative on in-country data systems strengthening.

- b. **KPI Framework:** In response to comments on the principle of accountability, the Secretariat described that at level 2 of the 'conifer of control', KPIs would monitor the performance of funds, mobilized from donors and invested by the Global Fund in grants. These would be directly tied to targets in grants, i.e., national targets set at the country level. Level 1 of the conifer would correspond to indicators related to the performance of the whole partnership, including progress against the global plan targets. The Secretariat already reports to the Board on performance at levels 3 and 4 of the 'conifer of control': for instance, level 3 is where financial KPIs are reported, and level 4 includes regular reporting to the Board and Committees, such as on human resources matters or updates on OPEX.
- c. **Independent evaluation function:** The Secretariat noted that in Model 2, although the proposed evaluation unit is situated in the Office of the Executive Director (OED), the unit would have a dual reporting line to both the OED and the Evaluation Committee (EC) and the EC would report directly to the Board. The EC would provide oversight to ensure functional independence. The models were developed by an independent senior M&E consultant, who shared the view in session that recent evaluations of structurally independent evaluations models clearly show the trade-offs to relevance and utility of evaluation to the organization. This model is unlikely to solve the pain points related to learning. The Chair of the WG concluded that the TERG has a strong preference for Model 2, and the WG will continue to work with the Secretariat, TERG and OIG to further detail out the two models.

#### Action Points

- 54. The Secretariat asked Board Members to propose subject matter experts for the technical measurement consultations.
- 55. The Secretariat to detail roles and responsibilities, operational modality as well as resource needs for the new model for independent evaluation, to discuss at the next SC session in July 2021, ahead of a recommendation for Board decision in November 2021.

### **Agenda Item 9: Governance Matters & Closing Session**

- 56. During the closing session the Vice-Chair of the Board and Committee Leaderships outlined the key priorities for the year ahead.
- 57. The AFC will focus on:
  - a. Monitoring absorption of funds for the current grant cycle;
  - b. Assessing the OPEX needs and risk to controls and assurances to support the implementation of the next Strategy;
  - c. A revamped dashboard to monitor the flow of resources, including those dedicated to C19RM;
  - d. Risk appetite framework
  - e. Together with the OIG and Secretariat, overseeing increased risk and adjustments to assurance associated with COVID-19, particularly around fraud and corruption;
  - f. Adjusting the external audit plan as necessary and appointing the next external auditor;
  - g. Continuing the work on HR matters, including attention to diversity and inclusion; and
  - h. Collaborating with the new Heads of Supply Operations and Health Financing; and supporting the 7th Replenishment efforts.
  - i. The AFC Chair stressed that the impact and context of COVID-19 will be closely monitored and taken into consideration across all AFC work areas in close collaboration with the EGC and SC.
- 58. EGC: key work areas will include:
  - a. Finalizing the Governance Action Plan 2.0, anchored in the governance performance assessment recommendations, taking into consideration Board inputs.

- b. Continued focus on governance continuity in the ongoing COVID-19 context, as well as on building a culture of trust and collaboration.
- c. Launch of key selection processes: for Board Leadership by September 2021, supported by a Board Leadership Nomination Committee, and for Committees by Q3 2021.
- d. The recruitment process for the next Ethics Officer, from July 2021, supported by revised Terms of Reference upon Board approval, and a selection panel formed by the ED, EGC Vice Chair and EGC independent expert on ethics.
- e. Consideration of appropriate length and staggering of tenure for the Board Leadership and Committees, taking into consideration lessons learned, recommendations of the governance performance assessment and input from the Board;
- f. Reviewing the Guideline for the Performance Assessment of the ED and IG;
- g. Embedding the recently-updated codes of conduct and ethics frameworks, as well as training to support business processes.
- h. Continued commitment to supporting the work on prevention of sexual exploitation, abuse and harassment, including the closure of the outstanding AMA.
- i. The SC will primarily focus on the development and recommendation to the Board of the next Global Fund Strategy. The SC and Board will hold extraordinary meetings during Q2-3 2021 to approve the Strategy Framework, with the full Strategy Narrative due to be approved by the Board in November 2021.

59. Additional SC priorities include:

- a. Advancing the work on a holistic approach to Monitoring and Evaluation in collaboration with the TERG, and finalizing the next KPI Framework, both to be approved by the Board in Q2 2022.
- b. A recommendation on the independent evaluation function in October 2021, ensuring changes can be incorporated ahead of the commencement of the new Strategy.
- c. Review of the Eligibility Policy and Allocation Methodology, including a recommendation on the global disease split for Board recommendation.
- d. Additional deliverables and focus areas, including TRP and TERG matters, risk, wambo.org, market shaping, and health financing.

60. The Board. The Board Leadership shared an ambitious 2021/2022 work-plan to deliver against the six core functions of the Board. The Vice-Chair noted that virtual collaboration and virtual Board meetings are expected to continue to be the primary way of working in the months to come. Attention continues to be paid to effective working modalities, and the Board Leadership remains committed to prioritization of agendas, effective meetings, focused discussions and timely information sharing.

### Board discussion

61. During a round of brief comments, constituencies touched on the following areas:

- a. Time zones. Requests were made for consideration of alternative scheduling of governance meetings, noting the different time zones where Governance Officials are based.
- b. Board and Committee Leadership terms. When assessing tenure, in addition to considerations such continuity, the significant time commitment by Leadership needs to be considered.
- c. Virtual operations. The ongoing importance in the virtual setting of effective information flow and mechanisms to addressing issues or questions raised through channels such as constituency statements.
- d. In-person meetings: while waiting for worldwide travel restrictions to be lifted and safe across regions, the Board Leadership could further explore options for hybrid meeting approaches.

#### Board Leadership response and closing

62. The Vice Chair confirmed the continuation of bi-weekly information calls with the Secretariat on the impact of COVID-19 on Global Fund programs, operations and staff.
63. The Vice-Chair thanked the Board for their inputs, and the Secretariat, OIG, TRP, TERG and Committee Leaderships for their contributions during the preparations and discussions resulting in a productive meeting. Outgoing Board Members, Constituency Focal Points and the TRP Chair were thanked by the Vice-Chair and Board for serving in their roles.

#### **Agenda Item 10: Items discussed in writing**

##### Update from the Technical Evaluation Reference Group

64. **Request for the Global Fund adopt a clearer definition of the private sector. The landscaping analysis in the review uses WHO's definition of the private sector—which includes services provided by a wide range of “non-state actors,” including NGOs and non-profit organizations in health service provision—while focusing the analysis on examples from the for-profit private sector.** As noted in the response, the Secretariat believes that it is helpful to have a clearer definition. We would also note that there is value in aligning with others, while in any case that the definition should not drive how or what the Global Fund engages in.
65. **Request for more granular analysis needed to avoid overstating the role of the for-profit private sector in health service delivery.** The Secretariat recognizes the need for further analysis. The landscape was not intended to and could not look across every detail. It identifies that further analysis and learning is required, and also that there is wide variation across countries.
66. **Recommendation that a Private Sector Engagement Strategy be developed in close collaboration with the SC and approved by the board based on independent analyses of current initiatives. The strategy should be based on a more robust evidence base “as the evidence presented here is incomplete and insufficient to guide strategy or decision-making” (p. 41). The strategy should be based on independent analyses of current PSE initiatives.** The landscape review was not intended to define a strategy but provide inputs for the Global Fund Strategy discussions. It identifies—and the Secretariat agrees—that a more strategic approach is required. However, The Secretariat does not believe that an overarching strategy will add value. It believes that building private sector engagement within the core thematic and country level strategies is more relevant and impactful. These will be reviewed by the SC as part of the regular process. This more effectively allows the PSE strategies to be seen in context, to reflect the goal of optimizing the contribution from the private sector and understand how they will contribute to driving impact.
67. **Despite out-of-pocket (OOP) expenses being one of the largest funding sources for services provided by the (for profit) private sector, the report does not mention the very strong correlation between level of OOP and incidence of catastrophic and impoverishing health expenditures. The report neither recognizes the SDG3 objective to reduce or eliminate OOP to improve financial protection and achieve UHC. Instead the report claims that “extensive private spending by low-income patients reveals an ability and willingness to pay” (p. 9). We have serious concerns with this distorted description of health financing for the population that the Global Fund serves, and**

**request that it be re-visited by the SC at its next meeting in July 2021 and addressed appropriately.** The Secretariat also recognizes this concern. The Secretariat has consistently framed this as optimizing the role of the private sector within mixed health systems. As the Secretariat response details, this means ensuring a more significant contribution to equitable impact. This may also include reducing the role of the private sector in some places and/or ensuring that OOP expenses are reduced for people who cannot afford to pay. While the report may not frame this well, the conclusion that TERG summary makes, and the Secretariat supports, is that dealing with this issue requires the Global Fund to engage with and through the private sector to reduce the burden vulnerable and increase the scale and quality of impact where people are accessing services.

68. The Secretariat also recognizes that this statement does not address the issue of catastrophic expenditures. Nor does it address people forgoing care because of cost. Across the Global Fund partnership there is a desire to reduce OOP expenditures generally and increase equity in access to services. For example, India's experience with public-private mix (PPM) in TB has led to dramatic improvements in case notifications and the quality of services while increasing affordability through subsidies furnished to private health care providers. Much of the PPM in India is financed through domestic resources but has benefited from extensive support from the Global Fund and other partners. The Secretariat is concerned that in other countries, hesitancy to engage and subsidize private providers is impeding the expansion of PPM and its use to address similar challenges in malaria and HIV. The Secretariat concurs with the TERG report's concern that this represents a missed opportunity to support vulnerable people where they are accessing care.

#### Strategic Performance Reporting - 2020 year-end results

69. **Proposed adjustments to KPI 11: Now that financial constraints to fulfilling commitments are becoming clearer, what risks have been considered in the proposal? How will this be monitored and managed by the Secretariat, particularly for countries that have made early co-financing commitments on procurement of health products or other core interventions, and that due to financial challenges, may be at risk of disruption?** Acknowledging the statements from constituencies on the proposal of extending the KPI 11 target to the current allocation period (2020-22), the risks regarding the impact of Covid-19 have been considered. The current proposal is for co-financing requirements that are based on 2018-2020 domestic expenditures, and Covid-19 is not expected to have a strong effect on this period as most of these expenditures have occurred before the crisis. However, the impact of Covid-19 might become more pronounced in later cycles. Even if it is not addressed in the current proposals for KPI adjustments, it will need to be considered for future indicators and targets on domestic funding in the new Strategy.
70. **Performance on Human Rights KPIs. Commentary noted concern about weaker performance against human rights KPIs, particularly in countries outside the Breaking Down Barriers ("BDB") initiative, as well as requests to know more about how the Secretariat intends to improve performance in this area going into the next Strategy, including scaling up beyond the BDB initiative.** The mid-term assessments currently being concluded in countries as part of the BDB initiative are clearly showing the results and impact that can be generated through sustained efforts over time, including:
- a. assessments of human rights and gender related barriers to services and of gaps in the programmatic response to overcoming these barriers;
  - b. incentivizing investments in programs to reduce barriers through meetings and establishment of standing working groups to develop and then oversee implementation of country-owned multi-year plans to reduce human rights-related barriers; and
  - c. technical assistance to improve implementation capacity and quality of programming.

71. The mid-term assessment findings are now being used to finetune efforts, with the goal of further increasing country ownership and to comprehensively strengthen programming to reduce human rights related barriers. Beyond the efforts undertaken in the 20 BDB countries for the allocation cycle 2020-2022, and guided by the BDB Steering Committee, lessons learnt from BDB are being mainstreamed in 10 other High Impact portfolios. Efforts are also underway to ensure progress across the entire portfolio, including through expanding the KPI9b cohort to include all HIV grants, through expanding the human rights outcome indicators on the core indicator list and improving the quality of Work Plan Tracking Measures.
72. The consultations on the next Strategy have firmly emphasized human rights issues. Building on the input received to date, further consultations are starting which will aim to define how the Global Fund's efforts to reduce human rights related barriers can be further strengthened, including through:
  - a. efforts to ensure the progress made in the 20 BDB countries can be sustained and expanded to other countries;
  - b. an even stronger focus on efforts to eliminate all forms of stigma and discrimination and on advocacy and other efforts to remove laws and policies that create barriers instead of facilitating access to health services;
  - c. a more deliberate focus on reducing gender inequalities through the human rights work; and
  - d. strengthened partnerships with technical partners and others, such as the innovative partnership with the Thomson Reuters Foundation.
73. **C19 RM reporting: request for additional information on how the Secretariat is planning the development of the C19RM KPIs. Given the magnitude of the funding and strategic learning opportunities that C19RM 2021 presents, commentary included a request that the monitoring framework under development be shared with the SC for comments and input prior to operationalization.** The Secretariat has developed the C19RM M&E Framework (including indicators to track progress) to ensure consistent reporting of investments and progress in C19RM across countries. It was developed through widespread consultations across the Global Fund and shared with partners in the disease situation rooms and the Joint Working Group. Further, consultations with partners are ongoing to identify specific measures to improve the quality, timeliness, non-duplication, sharing and use of COVID-19 response data. These include WHO/WHE, USG, ACT-A partners, among others.
74. The framework complements the M&E frameworks developed by technical partners. It builds on and uses existing programmatic indicators and data from partners to avoid duplication of efforts. In addition, financial, procurement and service disruption related information will be sourced from Global Fund grants as well as in-country surveys and spot checks.
75. The C19RM M&E Framework allows consistent reporting of investments and progress in C19RM across countries. It was developed to respond to the Global Fund data needs for management oversight, agility in investment decisions and course correction during implementation. In addition to providing information on COVID-19 burden in countries and extent of service disruption, it addresses the reporting commitments outlined in the paper to the Board. The C19RM M&E framework is being operationalized together with C19RM assurance and enhanced monitoring and oversight of C19RM activities at country level
76. The C19RM M&E Framework emphasizes the measuring of inputs such as the scale-up of diagnostics, PPE, and treatment and outputs such as timely availability of commodities, expenditure tracking and through in-country assurance activities of service delivery. In addition, key impact measure of C19RM investments will be to assess if countries are able to achieve their grant HIV, TB, malaria targets for the 2020-2022 allocation period and for the overall 2017-2022

Strategy period, despite service disruptions from COVID-19. This is measured through targets set in HIV, Tuberculosis and malaria grants which largely maintain pre-COVID-19 levels of ambition.

77. C19RM does not follow the same traditional approach to target setting as for regular grants. There are no separate KPIs or targets set for C19RM. COVID-19 is an evolving epidemic with great uncertainties on transmission. Successive waves and new strains further complicate the prediction of transmission patterns and the burden of disease. Total program needs are difficult to forecast, and any targets set may change quickly.
78. Assessing the impact of C19RM investments to support learning on what has worked or not worked well for C19RM delivery will also be examined through independent evaluation managed by the TERG (first phase of evaluation currently at the design/planning stage). The Secretariat will also coordinate with ACT-A partners on evaluations/studies and modelling approaches to estimate impact. The TERG will be presenting its C19RM evaluation approach at the upcoming 16<sup>th</sup> SC meeting scheduled in July 2021.

#### Resource Mobilization

79. **Request for an ambitious costed resource mobilization strategy for the Seventh Replenishment and to leverage the attention on COVID-19 to make a case for HIV, TB and Malaria and ensure efforts to protect focus on the three diseases.** The Secretariat will present a work plan on replenishment preparations to the AFC during its October session.
80. **Request for greater visibility, if it is public information, on pledge conversion and who has signed agreements.** This information is not made public for confidentiality reasons. As noted in the Secretariat's update, pledge conversion remains on track and in line with previous Replenishment cycles. The number of agreements reported as signed in 2020 was 31, which is in line with the number achieved at the same time of the cycle in previous Replenishments. However, while we secured an unprecedented number of country pledges for the Sixth Replenishment, some negotiations were delayed in Q4, thereby impacting the percentage of agreements signed at this stage. Most donors with pending completion of their agreements are either new or implementing countries, many of which required more time to familiarize themselves with Global Fund processes. Acknowledging the disruptions experienced due to the COVID-19 pandemic, the Secretariat also decided to allow implementers to focus on grants and their COVID-19 response at this point in time. In summary, the material impact of this slight delay in donor agreement signings is minimal. Most donors remain on track with the usual pattern of agreement completion.
81. **Request for information about the amount of resources the Global Fund needs explicitly to mobilize in 2021-2022 for C19RM and the ACT-Accelerator.** The Global Fund has secured commitments of approximately US\$3.7 billion towards identified needs of up to US\$10 billion in 2021, and is therefore seeking to secure up to a further US\$6.3 billion for 2021 to respond to the most immediate and urgent needs and to play our part in the global fight against COVID-19, and protect the gains in the fight against HIV, TB and malaria. This figure includes about a third of the overall financing needs of the ACT-Accelerator. While the 2021 financial needs of ACT-Accelerator are substantial, they represent only a fraction of the overall funding required to respond to the unprecedented magnitude of the COVID-19 crisis comprehensively and equitably.

## Annex 1. Decisions Taken at the 45<sup>th</sup> Board Meeting

Decision Point number	Decision Point text	Voting summary		
		For	Against	Abstain
<b>GF/B45/DP01</b>	<b>Appointment of Rapporteur</b> Birgit Pickel from the Germany Constituency is designated as Rapporteur for the 45 <sup>th</sup> Board Meeting.	Unanimous		
<b>GF/B45/DP02</b>	<b>Approval of Agenda</b> The agenda for the 45th Board Meeting (GF/B45/O1) is approved.	Unanimous		
<b>GF/B43/DP03</b>	<b>Operating Expenses for the 2020-2022 Allocation Period</b> Based on the recommendation of the Audit and Finance Committee, the Board approves the increase of forecasted aggregate operating expenses available for the 2020-2022 allocation period by US\$ 30 million, in order to facilitate the implementation of critical activities in 2022; such that the amount made available for operating expenses for the 2020-2022 allocation cycle shall be US\$ 930 million.	Unanimous		

## Annex 2. 45<sup>th</sup> Board Meeting Documents List

For Decision	
GF/B45/01	45 <sup>th</sup> Board Meeting Agenda
GF/B45/02	OPEX Evolution 2020-2022 Budget Ceiling Revision
For Information	
GF/B45/03	OIG 2020 Annual Report and Opinion on Governance, Risk Management and Internal Controls
GF/B45/04	COVID-19 Response and Business Continuity <i>Note: shared two weeks ahead of the Board Meeting, complemented by regular updates and web reporting</i>
Strategy	
GF/B45/05A	Development of Strategy Framework <i>Note: shared two weeks ahead of the Board Meeting</i>
GF/B45/05B	Background Paper to Strategy Framework Discussion
GF/B45/06	Annual Update on Community, Rights and Gender & Strategic Objective 3
GF/B45/07	2020 Technical Review Panel Lessons Learned
GF/B45/08	Report of the Technical Evaluation Reference Group
Governance Oversight	
GF/B45/09	Global Fund Ethics Office Annual Report and Opinion 2020
GF/B45/10	Report of the Coordinating Group
GF/B45/11	Governance Performance Assessment – Prioritization and Future Governance Action Plan v.2.0 <i>Note: shared one week ahead of the Board Meeting</i>
Commitment of Financial Resources	
GF/B45/12	Recoveries Report for the period ended 31 December 2020
GF/B45/13	Financial Performance Update
Assessment of Organizational Performance	
GF/B45/14	Strategic Performance Report end-2020
GF/B45/15	Update on M&E Matters
GF/B45/16	Lessons Learned from the Implementation of the 2017-2022 KPI Framework
Risk Management	
GF/B45/17	Risk Management Report & CRO's Annual Opinion
GF/B45/18	Joint Agreed Management Actions (AMAs) Progress Report
Resource Mobilization	
GF/B45/19	Update on Resource Mobilization Matters
Supporting Documents	
GF/B45/20	Summary of Electronic Board Decisions approved since December 2020
GF/B45/21	2020 Governance Performance Assessment Final Report

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

ACT-A

AFC Audit and Finance Committee

AMAs Agreed Management Actions

BDB Breaking Down Barriers

CCM Country Coordinating Mechanism

CFO Chief Financial Officer

CRG Community, Rights and Gender

C19RM Covid-19 Response Mechanism

CRO Chief Risk Officer

EC Evaluation Committee

ED Executive Director

EGC Ethics and Governance Committee

IG Inspector General

GHC Global Health Campus

KPI Key Performance Indicator

LFA Local Fund Agent

M&E Monitoring and Evaluation

NGO Non-governmental organization

OED Office of the Executive Director

OIG Office of the Inspector General

OOP Out of Pocket

OPEX Operating Expenses

ORR Organizational Risk Register

PSE Private Sector Strategies

PPM Public-Private Mix

PPR Pandemic Preparedness Response

QA Quality Assurance

RSSH Resilient and Sustainable Systems for Health

SDGs Sustainable Development Goals

SC Strategy Committee

SEAH Sexual exploitation, abuse and harassment

TERG Technical Evaluation Reference Group

WG Working Group

WHO World Health Organization

## Annex 4. Written Statements received from Constituencies

All Constituency Statements and Joint Position Papers received on the occasion of the Global Fund Board Meeting are circulated to the Board in real time and further made available on the [Governance Portal](#)

The following constituency statements and joint position papers are attached to this report:

- a. Africa Constituencies (Eastern and Southern Africa & West and Central Africa) Statement
- b. Canada – Switzerland – Australia Constituency Statement
- c. Communities Delegation Constituency Statement
- d. Developed Country NGO Delegation Input on Strategy Framework
- e. Developed Country NGO Delegation Constituency Statement
- f. Developing Country NGO Delegation Position Paper
- g. Donor Group Joint Communication on Strategy and PPR
- h. European Commission/ Italy/ Belgium/ Portugal/ Spain Constituency Statement
- i. Eastern Europe and Central Asia Constituency and WHO Euro Joint Statement on COVID-19 Response and Business Continuity
- j. Eastern Europe and Central Asia Constituency and WHO Euro Joint Statement on post 2022 Strategy Development
- k. Eastern Mediterranean Region Constituency Statements
- l. France Constituency Statement
- m. Germany Constituency Statement
- n. Latin America and the Caribbean Constituency Questions for Board Input on Global Fund Strategy Framework
- o. Latin America and the Caribbean Constituency Statement
- p. Private Foundations Constituency Statement
- q. Private Foundation Technical Brief Bill and Melinda Gates Foundation on PPR and Malaria
- r. Private Foundation Technical Brief Bill and Melinda Gates Foundation on Private Sector Engagement
- s. Private Sector Constituency Statement
- t. Southeast Asia Constituency Statement
- u. United Kingdom Comments on Updated Strategic Framework
- v. United States Constituency Statement
- w. WHO Inputs on Comorbidities and Coinfections for the Global Fund Strategy Framework
- x. WHO Statement on Update on Community, Rights and Gender and Strategic Objective 3
- y. Western Pacific Region Constituency Statement



## **45<sup>TH</sup> GLOBAL FUND BOARD MEETING – MAY 11-12, 2021, VIRTUAL**

The Eastern and Southern Africa and West and Central **Africa Constituencies** reviewed the critical issues and topics planned for discussion and decision at the 45<sup>th</sup> Board meeting on May 11-12, 2021 (virtually). The Constituencies wish to bring to the attention of the Board the following issues and input.

### **GF/B45/03: The OIG 2020 Annual Report**

As the risk of fraud increases during the COVID-19 pandemic, it is increasingly important for the Secretariat to be clear on what innovative approaches will be used to reduce the risk at the level of implementation. In particular, we highlight the importance of engaging with country accountability institutions, like the Supreme Audit Institutions (SAI) and other internal audit offices of the State, depending on the country context.

In terms of sexual exploitation, abuse and harassment, we strongly support the zero-tolerance policy and zero-tolerance to non-action. We encourage the Global Fund to help raise awareness and build the capacity to identify, report and support victims of such cases among the implementers, contractors and other stakeholders. We also encourage the Global Fund to work with local institutions to prosecute such cases.

In addition, we need a clear articulation of the role of CCMs in ensuring mitigating SEAH and strengthening compliance oversight for PRs and Sub-recipients (SRs) or sub-sub-recipients (SSRs) and contractors, if any. For example, PRs and respective (S)SRs to require to have sexual harassment policies as part of grants management, conduct regular training on SEAH, and conduct background checks on all employees to avoid perpetrators from being recruited.

### **GF/B45/04: COVID-19 Response and Business Continuity**

We commend the Secretariat for the great work done ensuring that business processes have been sustained, including grant-making and all staff safety. It is encouraging also to note that in-country implementation continues, albeit with a few disruptions.

We strongly commend the Secretariat for its enormous work on raising additional resources for the countries to shore up the gains against HTM amid COVID-19; continuation of grant-making with full approvals with \$9.9billion reviewed by GAC; and, keeping on track with strategy development.

We thank all donor countries for the commitment to fighting COVID-19 globally. We note in particular the strong leadership from the US Government, as can be seen by the renewed investment in the C19RM 2.0. Given the pandemic's economic impact and the importance

of domestic resources in achieving impact, we welcome the Secretariat's new Health Financing Department and the OIG advisory on DRM.

We view health system strengthening as the central aspect of C19RM 2.0 to safeguard the gains against HTM. C19RM 2.0 investments should also be directed towards time-limited health system inputs/support directly linked with COVID-19 prevention, care, and case management. Such support should extend beyond personal protective equipment and oxygen supply to include a reliable backup power generator and other appropriate support for disproportionately affected populations such as KPs, AGYWs and other vulnerable populations.

We commend the Secretariat for quickly drawing clear metrics measuring the impact of the C19RM 2.0 support to ensure the greatest impact amidst all other resources directed for COVID support at country levels.

Whereas implementing mitigation strategies ensures continuity of services in the short term, it is time to begin looking at innovative approaches and sustainable initiatives. Examples are using interactive voice responses phone systems to increase information flow to communities, elements of self-care - self HIV testing, self-administered contraceptives, use of phone-based counselling and tracking of patients.

#### **GF/B45/19: Update on Resource Mobilization Matters**

We commend the Secretariat for excellent progress in maintaining the donor confidence and commitment to meeting their pledges to the 6th replenishment and generating new resources towards C19RM.

It is also critical for the Secretariat to consider the effects negative of short and medium economic impact of COVID-19 on most implementer countries and ensure realistic targets are set on domestic resource mobilization, transition and sustainability.

#### **GF/B45/02 OPEX Evolution 2020-2022 Budget Ceiling Revision**

Considering the challenges associated with COVID-19, we support the request to increase the OPEX budget by \$30m.

#### **GF/B45/05 A and B – Strategy Development**

We commend the Secretariat for the tireless and great work done during successive iterations. We are deeply aware of the efforts needed to find consensus on a strategy to meet the needs of all constituencies.

For the Framework proposed, we wanted to highlight a few elements linked to our deep knowledge of our countries and the implementation of the current and previous strategies.

- **We reiterate that the scale of the interventions and our ambitions, including the continuing priorities of DRM, STC, building RSSH and addressing Human Rights, Gender Equality and Equity, require even stronger partnership with Governments that are custodians of health for their people. The importance of**

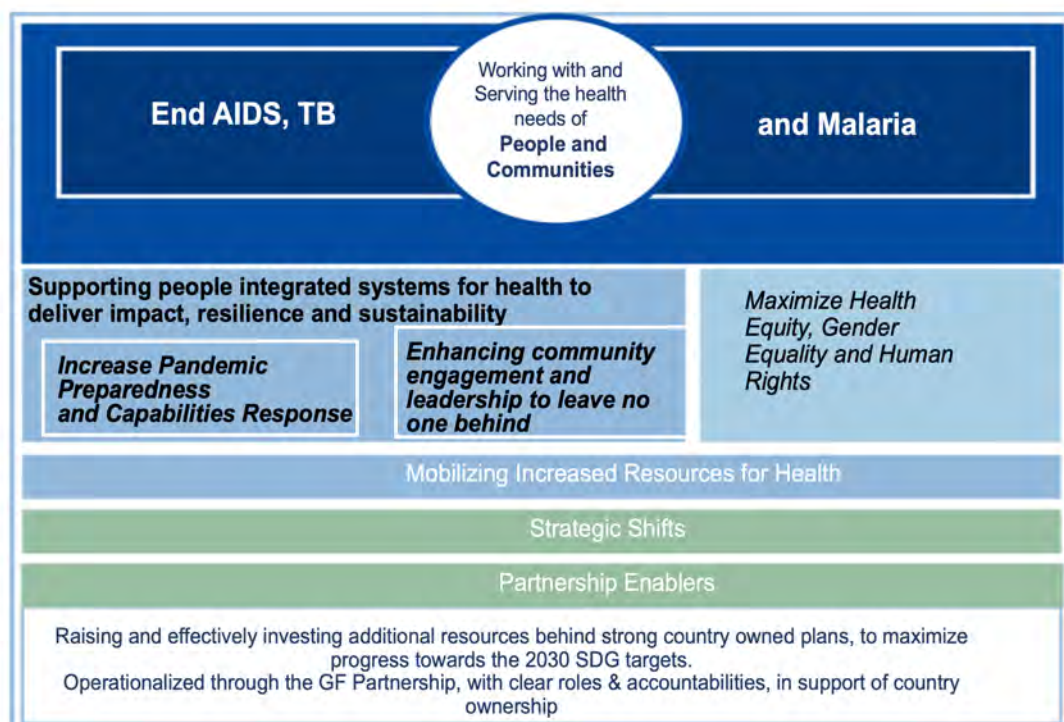
**implementing governments and the necessary complementary efforts between communities and governments cannot be overemphasized.**

- **We appreciate people and communities at the center, focusing not only for communities living with or affected by the diseases but also those with increased vulnerabilities for preventing the diseases.**
- The Global Fund – with its strong funding infrastructure and linkages with key global health players, including governments, donors, Civil Society and communities – is uniquely placed to play a key role with PPR to ensure protection of the gains in the fight against the three diseases.
- However, the Global Fund should remain focused of fighting HTM, and PPR should therefore not be a subsidiary goal. While critical, PPR is clearly not a “what” but a “how”. **In terms of its implementation, we highlight the impossibility of preparing for a pandemic and responding adequately without good data systems that provides timely granular data, surveillance, laboratory capacity, infrastructure & equipment capacity, human resources for health, community health workers, procurement, and supply chains well as good leadership and governance.** Clearly, therefore, ramped up RSSH should become the cornerstone of the PPR response. We therefore stress the importance of not only streamlining the Global Fund’s RSSH approach but also allocating increased resources to RSSH.
- **The current proposal on the Framework will high likely elevate PPR as a vertical program with its own data system, its own procurement and supply chain, or its own community health workers dedicated only to it.** Vertical programming is how we have invested in fighting HIV, TB, and malaria in our constituencies in the past; it has not always proven optimal in terms of impact.
- A strategy is as good as its implementation modalities. **Clearly, we need to address PPR, human rights and structural barriers, gender and equity matters, including among KVPs, and with an integrated system, leaving no one behind. To achieve these ambitious results requires innovativeness and stronger flexibilities** by increasing program assurance.
- As the COVID-19 pandemic wreaks havoc on countries, big and small, it is vital to recognize the importance of efficient government implementers coordinating the collective efforts of the administration, communities, civil society organizations, private sector, partners effectively. **Among the strategic shifts that we would like to see is stronger complementarity between implementing governments and communities at the country level.**
- **Our propositions are summarized in the diagram below:**

**What we do:**  
**Our Goals**

**How we work:**  
- Mutually reinforcing contributory objectives

- Strategic Shifts to improve effectiveness  
- Working through the inclusive GF Partnership Model



### **GF/B45/15: Update on M&E Matters**

We applaud the Global Fund's commitment to strengthening the independent evaluation function to address the challenges noted by both the TERG evaluation and the M&E review. On **the options of the evaluation function**, we support the Secretariat refocus the mandate of an independent evaluation committee proposed under option 2. While we support creating a dedicated and appropriately resourced evaluation unit in the Secretariat, we are concerned about the independence of this function. We insist on the independence of the evaluation function for that unit's work to be substantially useful.

### **GF/B45/14 ANNEX 3: Proposed Adjustments to the KPI Framework**

We wish to commend the secretariat and implementer countries for ensuring that

While we are supportive of the need to evolve the KPI framework, we however would like further clarity on some of the proposed changes to the indicators.

The change on KPI5c on service coverage to KPs requires a reliable estimate of key population sizes. This indicator, therefore, brings to sharp focus the need to develop robust data systems; could more clarity be given on number of countries with population size estimates for KPs.

For change on KPI 6c on the use of RSSH Disaggregation, could the secretariat provide more clarity on why the new indicator will only apply to some High Impact countries and drop all the core countries and the high-impact COE ones with an acute situation. In WCA, most countries are classified as "Core Countries," and ten are COEs. We need to leave no country behind by the change of the indicator.

## **GF/B45/07 2020 Technical Review Panel Lessons Learned**

We appreciate the concise reports on lessons from the TRP with clear insights and recommendations. Some of the findings and recommendations of the TRPs echo the top asks of the African constituencies. We cite here three. First, the need for more focus on national program results over the performance of discrete grants. Second, the need for increased coordination and synergy across partners in supporting national disease program efforts. Third, the need to streamline the SIs to avoid fragmentation, transaction costs and management issues and improve the approach to TA.

We strongly support these findings. Better national coordination, often led by implementer governments, is vital to improve efficiency and obtain value for money. TA should be sourced whenever possible from the country or the region so that experts be more familiar with the country's context and the feasibility/practicability of the advice provided. Also, those who receive the TA, whether CCM, government implementers, communities, and civil society organizations, should be more meaningfully involved in selecting and evaluating the TA providers.

## **GF/BM45/08: GF/B45/08 Report of the Technical Evaluation Reference Group (TERG)**

We strongly support TERG's recommendation that the Global Fund must play an important role in supporting countries to strengthen national capacity for HIV prevention programs, coordination and delivery platforms and documenting successes with community-led actions. Prevention among AGYW is vitally important in ESA, where 600 of them are infected with HIV *every week*, according to the UNAIDS. We cannot end HIV as an epidemic unless we reduce this high transmission among vulnerable populations. Such prevention should take a multi-sectoral approach that finds AGYW and young people in general in school and out of school.

We need to invest in carefully tailored combination approaches and not only in biomedical approach for HIV prevention. The primary prevention should seamlessly stitch together bio-medical, behavioural, community, and structural interventions. Infuse HIV primary prevention, care, and treatment with community-led programs.

We request the Global Fund lead or support the development of normative guidance for the prevention of HIV. Such guidance exists for the treatment and care of HIV. We also need to meaningfully involve local universities and research institutions in research on what works for prevention in different contexts and different KVPs.

We support and agree with the recommendations of the TERG review on the role of PSE in optimizing the GF investments. Nevertheless, the finding suggests that additional work is required for a fully comprehensive and rigorous study on the motivations for businesses to engage in HIV/TB and Malaria in a variety of different geopolitical contexts. We also suggest that more research involving local institutions be conducted to understand the return on investment and opportunities for the private sector, including endogenous small- and medium-sized enterprises (SMEs), relevant to ending the three epidemics.

We continue to appreciate the work and leadership of TERG on PCEs. We expect the findings to strengthen the evidence base required to improve the development of the next Global Fund strategy. In particular, we highlight the TERG recommendation on the need for more flexibility and responsiveness in implementation by simplifying grant revision processes to encourage their use throughout the grant cycle. This flexibility and adaptability clearly exist in the Secretariat, as it has demonstrated in its COVID-19 response. The same can be channelled towards grant management to improve their performance and save even more lives.

#### **GF/B45/18: Joint Agreed Management Actions (AMAs) Progress Report**

We are concerned with the slow action on management actions related to recommendation GF-OIG-19-007 Audit of Global Fund Human Resources Management Processes. The AMA covers the development of a framework related to sexual harassment, bullying and abuse of power in the context of Global Fund programs. We strongly agree with the observation made by the OIG that, aside from the unacceptable abuses themselves, sexual abuse, exploitation and harassment have become major areas of legal and reputational risk for many organizations. This AMA is expected to set the Framework on how the Global Fund addresses harassment, including sexual harassment, bullying and abuse of power in the context of Global Fund programs. This AMA needs to be monitored and prioritized to ensure it is implemented as soon as possible.

Further, considering the increase in reported cases of SEAH during the COVID-19 pandemic it's prudent for the Global Fund's to prioritize SEAH policies in the HR management process and ensure they are approved and implemented across the Secretariat and by CCMs, suppliers and implementers. Similarly, managing ethics and integrity should be expedited to effectively deal with the increased risk of fraud and corruption during the pandemic.

**Canada – Switzerland – Australia Constituency**

**Statement at the 45<sup>th</sup> Board Meeting, May 11-12 2021**

**Strategy Development**

With thanks to the Strategy Hub and Board colleagues for supporting the development of the draft strategy framework, our constituency looks forward to coming to a consensus on the framework and turning to other important areas of discussion.

**Pandemic Preparedness and Response**

Our main concern with the draft strategic framework remains with its depiction of PPR as a goal which is, at least visually, “above” the strategic objectives, and on a similar level to that of ending the three diseases which seems to threaten a fragmentation of effort and resources between the two goals, rather than emphasizing how they complement one another. Following the helpful information session provided by the Strategy Hub, we understand the Secretariat positioned it here mainly because it is a “what” – an achievable end - rather than a process. While we agree that PPR is a “what” we do not feel that it should be a standalone goal of the Global Fund, but rather a way of pursuing HTM goals while making broader contributions to the capacity of Global Fund countries to address infectious disease. To this end, we support the framing of this issue as conveyed in the Donor Group statement.

**Vision**

Our constituency supports Vision Option 2: “A world free of the burden of AIDS, tuberculosis and malaria with better, equitable health for all.” In our view, this version emphasizes equitable health improvements in a way that simply supporting “better health for all” does not.

**Mission**

Our constituency supports Mission Option 1: “To attract, leverage and invest additional resources to end the epidemics of HIV, tuberculosis and malaria, reduce health inequities and to support attainment of the Sustainable Development Goals.” Similarly to our rationale for the Strategic Framework, we are concerned that option 2’s inclusion of pandemic preparedness may give this secondary goal too high a status relative to others, and risk a competition for scarce resources.

**Community Rights and Gender**

Our Constituency views CRG as central to the Global Fund’s overarching efforts to end the three diseases, and we are pleased that community, rights and gender have been clearly placed in the new Global Fund strategy as strategic objectives. As the Board turns its attention to discussing how the Global Fund will implement its strategy and measure outcomes, our constituency would emphasize the need for the Secretariat to be better able to measure and communicate progress on human rights and gender. We also support recent discussions which emphasized the need to improve disaggregated data collection and use in support of efforts to address the drivers of inequality, as well as the need to incentivize the integration of community, rights and gender components in grant requests.

### **Protection from Sexual Exploitation and Abuse, and Sexual Harassment (PSEAH)**

Following the OIG Investigation on allegations of sexual abuse, we would like to reiterate our constituency's support for the zero tolerance policy of the Global Fund on this issue and its response to the allegations. It is important for our constituency that relevant outstanding AMAs on this issue, including the framework on harassment being developed in response to AMA 3 of GF-OIG-19-007 Audit of Global Fund Human Resources Management Processes and the other AMAs on which it depends, be completed as quickly as possible.

### **Operating Expenditures (OPEX)**

Our Constituency supports the expansion of the OPEX ceiling for 2020-2022, as this will be essential to supporting the organization through this demanding period while maintaining its high level of ambition. We note however that the Global Fund's lean and efficient structure sets it apart from peers, and so it is important to our constituency that the Global Fund demonstrate its continuing commitment to efficiency, impact and value for money in the use of these funds.

### **Disease Split**

While not on the agenda at this Board meeting, our Constituency would like to emphasise our support for a review of the Global Disease Split. While we acknowledge that any changes to the disease split could only be incremental, given the current treatment commitments in HIV, we still believe that the exercise is worth conducting to allow the Board to guide our future investment strategy with a clear picture of what the split should look like.

### **Governance Performance Assessment**

We'd like to thank the Ethics and Governance Committee for their work on the Governance Performance Assessment and Governance Action Plan. Our Constituency is broadly supportive of the proposed areas of focus including term lengths, committee roles and responsibilities and enhancing strategic focus of the Board. We are also supportive of any efforts that can be made to reduce the work load and increase the time available to prepare for the increasing number of Board and Committee meetings. Finally, while these reforms are important, we are cognizant that the current emergency environment may not be the best time to introduce such reforms. As such, we would request the EGC proceed in a measured way, taking into consideration that these are longer-term changes that need to occur.

# Communities Delegation

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

## GLOBAL FUND 45TH BOARD MEETING CONSTITUENCY STATEMENT

The Global Fund Board is amidst developing its new strategy which will define how we work, where we work, and what we work on in the upcoming years. We should not take our decisions lightly. Ultimately, our decisions translate to life or death to our communities on the ground. Coming from the memories of our loved ones that have perished to HTM, and from our lived expertise of people living with HIV, tuberculosis and malaria, the development of the new strategy is a priority for our delegation. It is long overdue that Communities are given the leadership role in addressing HTM. Our voices, expertise, knowledge, technical capacity and unique lived experience must be recognized and valued as an equal partner in designing and implementing the next strategy.

### NOTHING FOR US WITHOUT US!

The Communities Delegation wishes all our partners successful deliberations in the 45th Global Fund Board meeting and requests that we engage in active dialogue (which includes actively listening to each other) instead of focusing on a reading of statements. In this effect, we take the opportunity to submit our comments on the 45th Board Meeting documents below:

#### GF/B45/05 Strategy Development

The Communities Delegation appreciates the work of SC and Secretariat in the Strategy Framework. Since the beginning of the process, we have had numerous contributions from all constituencies, several Board discussions, feedback from the partnership forums, etc. However, after a series of iterations about the Strategic Framework, there is still a clear disconnect between the Board's feedback and guidance, and the documents that are presented to us. Our delegation is concerned that a possible preconceived vision of where the Global Fund should go is clearly interfering with the duty of the Board to shape the new Global Fund Strategy.

A clear example of this communication gap is the discussions around pandemic preparedness. The Board has made it clear that the Global Fund must focus on HIV, tuberculosis, and malaria, and yet, at each iteration of the Strategy Framework, pandemic preparedness is added as a goal. The Communities Delegation has repeatedly stated that the Global Fund has, throughout its history, contributed to pandemic preparedness. It was this same contribution that prevented beneficiary countries from the Global Fund from being in a worse state due to COVID-19. We fully agree that perhaps we need to be more proactive in pandemic preparedness but to do so does not require pandemic preparedness as a goal but to shift how

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we work, finance, and implement in pandemic preparedness. Therefore, the Communities Delegation sees pandemic preparedness as a how not as a what. At times, within the Global Fund, we have been accused of speaking from our 'HIV bunkers' when expressing our reservations about expanding the mandate beyond HTM to include pandemic preparedness. Yes, we speak from our 'bunkers,' but we are not in our HIV bunkers by choice. We have been placed in these 'bunkers' by governments that criminalize us, by societies that kill us, and by institutions that continuously choose to ignore us. Placing a conditional goal makes no sense to our delegation. To make an educated decision, our delegation requires clarity on the following:

1. Exactly what are the conditionalities?
2. What does additional funding mean? Are we to assume that HTM funding should at least be to the current level?
3. Will donors be allowed to earmark their contributions, stating what is for HTM and what is for pandemic preparedness? This is contrary to the essence of the Global Fund. Are these opening doors for other forms of earmarking contributions? For example, to include or to exclude specific populations?
4. Presently we do not have adequate levels of funding for HTM, will we be unambitious to fulfil them? Tuberculosis is currently greatly underfunded, how will this fit in the conditionalities and additional funding concept?

The term 'Communities at the Centre,' which the Communities Delegation fully supports and believes should guide all the Strategy Development process and its future implementation is being used loosely. Having communities at the centre starts with listening to communities. Without actively listening to the voices of people living with and affected by HTM the term becomes tokenistic; with a few privileged individuals, who in the vast majority are oblivious to our realities, deciding what is good for us instead of WITH US. Ensuring communities are at the centre requires for communities to be both a what and a how. We need a Global Fund where a focus on equity and human rights are embedded in its primary objective: HTM.

The Global Fund's response to COVID-19 has taught us a major lesson. C19RM has clearly demonstrated that with a tad of willingness it is possible to set and implement funding streams, dedicated funding streams for something specific. Hence there should no longer be an excuse to set up systems that provide direct funding to communities, KPs and CBOs. Placing people at the centre also means eradicating the barriers in accessing funding from the Global Fund.

On Mission and Vision, the Communities Delegation supports option 2 for the vision and option 1 for the mission. The Communities delegation will NOT support the inclusion of any language on pandemic preparedness in the mission of the Global Fund.

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

*Vision 2 A world free of the burden of AIDS, tuberculosis, and malaria with better, equitable health for all.*

*Mission 1 To attract, leverage and invest additional resources to end the epidemics of HIV, tuberculosis and malaria, reduce health inequities and support attainment of the Sustainable Development Goals.*

## GF\_B45\_061 Update on Community, Rights and Gender and Strategic Objective 3

The Communities Delegation commends the work of the CRG Department of the Global Fund and its leadership in CRG issues, particularly amidst the current challenges. Nevertheless, we note that leadership and championing on CRG issues are being confined mainly to one department instead of embedding CRG issues in the whole institution. When our delegation refers to CRG issues, we are not talking about a department but the work on Communities, Rights and Gender that should be undertaken and prioritized by the Global Fund as a whole. We request that all future CRG updates focus more on CRG related efforts across the Global Fund. In this line, the Communities Delegation recommends:

1. That the Global Fund addresses the low investments in community-led advocacy and research and other community responses which remain low. This portrays a clear lack of commitment across the Secretariat to meaningfully support communities and treat us as equals.
2. Most SO3 funding is focused on specific regions and countries that are focused and assessed for impact on AGYW. As is the case of the work around BdB. There is a need to increase the covered countries and regions using results obtained from previous implementation.
3. Provision of disaggregated data should be regularly and consistently used to inform grant making. It will ensure reach to larger VKPs with fewer resources and capabilities.
4. When calculating population size and prevalence among VKPs in countries most affected by HIV there is a need to get the latest VKP population size and HIV prevalence data which many of the countries lack. We call on all partners to urgently support ongoing efforts to address this issue.
5. The Global Fund must embed human rights and gender considerations throughout the system from Global Fund secretariat, board, PRs, SRs and CCMs and ensure the appropriate levels of funding and human resources to ensure the real changes we need to see a move from written or verbal commitments to reality.

## GF/B45/02 & Annex Operating Expenses Cap 2022

The Communities Delegation is aligned with AFC discussions on Operating Expenses Cap 2022 but would like a more detailed budget for items such as Programmatic capabilities. Our

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delegation believes it would be extremely beneficial to have a better understanding of how much of the 84.4M goes to Disease advisors, RSSH, Human Rights and AGWY, Market shaping and supply chain, Procurement systems, Health financing department, M&E, Supporting countries of DRM, etc.

## GF/BM45/15 Development of M&E and KPI frameworks: Focus on Independent Evaluation and KPIs

The Communities Delegation appreciates the work on the development of M&E and KPI frameworks and the options of models presented. On the proposed options for models for the structure for the evaluation function at the Global Fund, the Communities Delegation fully supports model 3.

## GF/B45/17 Risk Management

The Communities Delegation appreciates the detailed report and is deeply concerned about the increase in Human rights violations and the increase in Gender-based violence that sparked service disruption because of Covid 19. We believe much more than guidance is required at the operational level. We recommend that the OIG fraud whistleblowing hotline be used to report abuses.

The Communities Delegation believes that within Risk Management, CCMs are critical to identifying risk and developing risk mitigation strategies as part of a differentiated model. We recommend that Civil society and communities that are part of the CCM be fully supported in their role to undertake their due diligence function more effectively.

**Input on Strategy Framework ahead of 45th board meeting  
May 11-12 2021**

The Developed Country NGO Delegation is pleased to offer the following comments, questions and revisions on paper **GF/B45/05A Development of Strategy Framework GF/B45/05A**

**Framework (slide p.7)**

Our delegation has significant concerns with both the framing and positioning of Pandemic Preparedness and Response within the Strategy Framework. We offer the following comments:

- We believe the framing of the PPR goal as “*conditional and evolving*” lacks sufficient clarity as to what conditions apply beyond resources, what metric is being used for comparison and how this goal could “evolve” over time in the absence of clear criteria and process. We are concerned that such an open-ended goal risks making the Global Fund’s mandate elusive and arbitrary.
- As we shared in our joint Communities and Civil Society paper in advance of the April 19th intersessional Board meeting, we believe that the current language signals an imbalance of ambition between PPR and other contributory goals, i.e. “increase” PPR and “support” RSSH and Communities. We feel that this should be inverted.
- The current placement of PPR within the draft Framework suggests that it is “what” the Global Fund does, secondary to ending AIDS, TB and Malaria, but above the RSSH, Communities and Community, Rights and Gender sub-objectives, which are framed as the “how”. In other words, the current framing within the draft framework identifies PPR as a goal on its own rather than a reflection on how Global Fund “contributes” to PPR through its contributions to end ATM.

Our delegation suggests the framework should look at resourcing / financing the response more holistically. **Mobilizing increased resources for health** currently omits the crucial partnership, supportive role and financial commitment provided by donor governments and ODA.

**End AIDS, TB and Malaria and Increase PPR Capabilities (slide p.8)**

On End AIDS, TB and Malaria, we offer the following comments, questions and suggested language revisions:

- We believe that the Global Fund’s fundamental purpose of saving lives and reducing infection, illness and death should all be captured upfront within the first sentence.
- We note that very few of these objectives reflect a high level of ambition and “acceleration”, which is inconsistent with the acceleration described in the Strategic Shift section.

We also have the following questions for clarification:

- Does each bullet point represent an “*operational objective*” similar to the current Global Fund strategy?
- Have these objectives aligned with the strategic plans of Technical Partners? If not, we believe it is important to ensure coherence in our messaging so that the full Global Fund Partnership is clear in its contributions towards global targets. ?

**Recommended edits and additions:**

Current objective wording:	<u>Recommended Change:</u>
Focus on precision prevention, with behavioral, biomedical and structural components tailored to needs of populations, to reduce incidence & improve equity (slide 8)	<u>Focus on scaling up HIV combination prevention services that have the greatest impact, with behavioral, biomedical and structural components tailored to needs of populations, to reduce incidence &amp; achieve equitable and equal access to services.</u>
	<u>Focus on scaling up community-led HIV combination prevention services.</u> <b>High level 2025 target:</b> 80% of service delivery for HIV prevention programmes for key populations and women to be delivered by community-, key population- and women-led organizations.
Provide quality people centered diagnosis, treatment & care to improve wellbeing, prevent premature mortality for PLHIV and reach epidemic transition	Provide quality people centered diagnosis, treatment & care, <b>(including to address Advanced HIV Disease)</b> to improve wellbeing, prevent premature mortality for PLHIV and reach epidemic transition
Provide quality people centered diagnosis, treatment & care to improve wellbeing, prevent premature mortality for PLHIV and <b>reach epidemic transition</b>	How is the Global Fund Secretariat defining and qualifying “ <i>epidemic transition</i> ”?

**Recommended Additional Objectives:**

- **Focus on primary HIV prevention** for key populations and their sexual partners in locations with high HIV incidence, and adolescent girls and young women in Sub-

Saharan Africa (Global AIDS Strategy) and address social and structural barriers that prevent people from accessing HIV services (Frontline AIDS partner Input and Global AIDS Strategy)

- **Prioritize the implementation and scale-up** of evidence-informed, rights-based, community-led combination prevention packages that are tailored to address the diverse needs of key and vulnerable populations.
- **Scale up community-led programming**, by providing alternative channels of financial support to fund programs for key and vulnerable populations. This should include core funding and not just for service delivery.
- Manage TB/HIV co-infection.
- **Monitor and address the threat of insecticide and drug resistance** to the malaria response.

On **PPR Capabilities** we offer the following comments, questions and suggested revisions:

The Delegation believes that detailed objectives should be built on a solid assessment of the Global Fund's performance (including service delivery) during the COVID-19 response, and whether the particular comparative advantage of the Global Fund in response to pandemics could potentially be offset by the risks to its core mandate to end the three diseases.

Moreover, several objectives reflect "scale up" ambitions, if concurrently contributing to HTM and PPR. In line with the Global Fund's core mandate, the investment in PPR activities should only be scaled up if concurrently contributing to HTM, **not the other way around**. As it currently stands, many objectives could be interpreted as stand-alone PPR objectives, rather than synergies produced from ATM linked to Global Fund RSSH investments.

We also believe that there **needs to be a clear balance between the Global Fund's investments in fighting diseases that are currently affecting communities (in countries experiencing poverty) compared to surveillance activities and monitoring to detect potential new epidemics and pandemics** (potentially also affecting countries that are ineligible for the Global Fund grants).

- **To this end, we reiterate the role of the Global Fund to build solidarity for equitable health responses. This should be prioritised within the draft framework and further elaborated on within the draft Framework and the narrative of the Strategy.**
- We believe that the Global Fund should not be involved in AMR that covers pathogens beyond the three diseases.
- We also would like to receive clarification on what the following three terms pulled from the draft Framework mean in practice within the Global Fund context:
  - *building front line capacity for detection and rapid response to epidemics and pandemics*
  - *"building emergency operating center capacity", and*
  - *"community system capacity for detection and response"*

Recommended edits to **PPR goal**:

- Visually: place PPR within brackets and more clearly illustrate as a **contributory** “how” and synergistic **objective** that supports our primary ATM goal while contributing to , RSSH, Community and Community, Rights and Gender goals.
- Wording: Replace “Increase” with “contribute to” PPR.

**Contributory goals: People-centered integrated systems for health; Community engagement and leadership; Equity, Gender and Human Rights (slide 9)**

The Delegation would like to offer the following questions, comments and recommended language edits.

Regarding **People-Centered Integrated Systems** we have the following questions:

- What does “NextGen” market shaping mean? - when are the Global Fund’s market shaping approaches for the next strategy taking place, and how can the board be involved? We strongly believe that this is an area that warrants further clarification and elaboration.
- What is envisioned with the statement that the private sector capabilities should “improve the scale, quality and efficiency of services” in relation to strengthening public systems to provide better coverage, quality and efficiency? The private sector should also be held to account to provide “equitable access” to services. It will be important to have these issues and others detailed in a sub-strategy/road map to provide clarity and accountability across the Partnership.
- What is the Global Fund aiming to do concretely to “deepen partnerships between governments and non-public sector actors” aside from social contracting? How is the Global Fund going to ensure the value of and safeguard the independence of civil society actors?

Current objective wording:	Recommended Change:
<u>Supporting people-centered integrated systems for health to deliver impact, resilience and sustainability</u> (Slide 9)	<b><u>Strengthen people-centered integrated systems for health to deliver impact, resilience and sustainability.</u></b>
Scale up and reinforce community systems and community led programming and monitoring (slide 9)	<b>Strengthen, and reinforce community systems and community-led programming for integration with national health and social systems to deliver impact, build resilience and sustainability to accelerate progress towards UHC</b>

Additional objective	<b>Strengthen and integrate community-based and led monitoring systems with national monitoring systems</b>
To catalyze sustainable HTM and broader health outcomes and in support of UHC, the GF will support countries and communities to (slide 9):	<b>To catalyze sustainable HTM and broader health outcomes and in support of UHC, the GF will support countries and communities to reinforce and integrate systems for health:</b>

Regarding **Community Engagement and Leadership** we recommend the following language edits:

Current objective wording:	<u>Recommended Change:</u>
<u>Supporting community engagement and leadership to leave no one behind (slide 9)</u>	<u>Accelerate scale up and investment in community engagement, leadership, and responses to leave no one behind.</u>
Evolving GF policies and processes to support community-led organizations to deliver services and oversight (slide 9)	<b>Evolving GF policies and processes to promote dual track financing and the building of capacity of community-led organisations to manage and deliver services and oversight.</b>

Regarding **Maximize Health Equity, Gender Equality and Human Rights** we recommend the following language edits.

Current objective wording:	<u>Recommended Change:</u>
Scaling up comprehensive, partnership-based approaches to removing human rights and gender-related barriers across the portfolio (slide 9)	Scaling up comprehensive approaches to removing human rights and gender-related barriers across the portfolio

Comments on **Increased Resources for Health:**

- The Delegation believes that an objective reflecting ambitious resource mobilisation from international sources should be added. The need for continued **international** public resources (ODA) is not mentioned explicitly despite being the core of Global Fund resources.

## Strategic shifts and partnerships (slide 10)

On Strategic shifts, we would like to raise the following questions:

- We are unclear how these “shifts” are being defined and how they compare to the current strategy’s “*strategic enablers*”? Being specific and intentional with our language and terminology will be critical to defining clear strategic shifts that will enable us to reach our 2030 targets, and to the development of robust and meaningful KPIs and MEL frameworks. For example, in defining strategic shifts, it will be important to distinguish between special initiatives and objectives and strategic approaches.
- What is the Global Fund’s role on the environment, climate-sensitive and One Health approaches? This is an area that deserves further discussion. We believe the Global Fund can do more to incentivise the development of climate smart health products and waste disposal (through market shaping) or respond better to needs related to “climate migrants and refugees”.
- What does the strategic shift “*Encourage and accept the risks of innovation to deliver health impact*” entail? The Global Fund must shift its model to accept more programmatic risk, especially in COEs and adopt more innovative models of service delivery.
- A similar clarification is needed for the shift to “*Accelerate equitable introduction and uptake of innovations*”. To what extent is this focusing on market shaping type of activities vs. investment in health systems (including HR, training, capacity building) that enables more rapid uptake? How does this position Global Fund’s role in relation to partner organisations such as Unitaaid?
- We recommend to include a strategic shift that accelerates ongoing strategic shifts highlighted but not yet fully implemented under the current Strategy. This would include **country differentiation** and **people-centered and community-led approaches** which would lead to a more agile responses in emergencies and crises.

# DEVELOPED COUNTRY NGO DELEGATION

## Developed Country NGO Delegation

### Constituency Statement 45th Board Meeting

May 11-May 12 2021

The Developed Country NGO Delegation would like to acknowledge the Global Fund Secretariat for its continued responsiveness to the COVID-19 pandemic and commitment to safeguarding the gains achieved in the three diseases. We are pleased to offer the following comments and questions for consideration in advance of the 45th board meeting and look forward to the productive discussions ahead. We have circulated an additional paper specifically focused on the Strategy Development Framework.

#### GF/B45/02 OPEX Evolution 2020-2022 Budget Ceiling Revision

The delegation supports the decision to recommend an increase in the 3-year OPEX cap by USD 30M.

- In regards to significantly enhancing (+US\$ 12.8 M) **programmatic capabilities** (disease advisors, human rights, community strengthening, AGYW, Health Financing, etc) we look forward to receiving an annual breakdown on what was enhanced/budget supported with this increase, when submitting OPEX costing for the next Strategy.
- Programmatic capabilities identified Disease Advisor capacity to support in-country operations as a focus for tactical investment and RSSH capabilities and oversight. There needs to be greater investment in advisors and capacities to support CSS in-country operations and implementation. This should not be limited to the role of the CRG department.
- How will the finalization of the future of work - focusing on the workplace, the workforce and nature of work - impact the current OPEX increase and the planning for the next OPEX budget?

#### GF/B45/04 Update on COVID-19 and Business Continuity

We are grateful for the hard work of the Secretariat to minimize disruption to core programming during the Covid-19 pandemic.

- In the paper it says "As of 1 April 2021, 6%, 5% and 1% of countries were experiencing shortages of HIV, TB and malaria supplies". **We are hearing reports from our colleagues in countries of much greater disruptions to supply chains. Is there a time lag in the reporting?** In

particular, we are concerned that the 1% figure for shortages of malaria supplies is not reflective of the reality on the ground.

- We acknowledge the work of the Secretariat in moving its operations online. In para 20 it says: “The IT team continues to ensure critical business asks are met, while enabling high security standards and supporting teleworking needs for the Secretariat and in-country stakeholders, with a particular focus on civil society.” We are pleased to see these efforts carried out by the Secretariat. However, **we remain concerned that there is still no policy or guidance in place to ensure that the adoption of digital health technologies does not impede on human rights.** The paper refers to GF/AFC15 in which it says “Expectations” to have IT playing a more significant role in supporting country teams advance through their Digital Health journeys.” Given the accelerated pace of digital transformation, **we believe the Fund – together with countries, technical and development partners – could encourage and/or initiate the use of new digital technologies in building risk pools that provide equitable access, are and human rights based, and that can help increase access to quality, affordable health service delivery at scale.**

#### GF/B45/06 Update on Community, Rights and Gender and Strategic Objective 3

We were grateful for the Community, Rights and Gender (CRG) Department report and appreciate the impressive efforts of the Department to ensure that these mission critical elements are operationalized within the Global Fund grants. However, we remain disappointed and concerned that the Secretariat was unable to perform a ‘deep dive’ on Strategic Objective 3 as the report remains output focussed. While this has been identified as an area of comparative advantage for the Global Fund and one of its four pillars in its current strategy, there are significant strategic shifts that need to occur to strengthen our work in this area and achieve our goal of ending the three pandemics. This is even more critical as we are expected to finalize the upcoming Strategy without sufficient understanding of what has and has not worked and how we can improve.

- **It is imperative and urgent to conduct an independent evaluation of SO3 and the strategic implementation of community, rights and gender across the portfolio in order to inform adjustments to be made in the next Strategy with respect to this critical pillar and ‘backbone’ of the Fund and its mission.**
- **We request a board level strategic discussion at the November 2021 board meeting on the bottlenecks and their resolution across the Partnership in order that appropriate systems, measures and accountabilities are firmly in place to facilitate and ensure measurable impact on SO3 and onwards into the next Strategy cycle.**

#### GF/B45/08 Report of the Technical Evaluation Reference Group

Our delegation would like to share the following comments on TERG Position paper and recommendations regarding the Private Sector:

We would like to see the Global Fund adopt a clearer definition of the private sector. The landscaping

analysis in the review uses WHO's definition of the private sector - which includes services provided by a wide range of "non-state actors", including NGOs and non-profit organisations in health service provision - while focusing the analysis on examples from the for-profit private sector.

- **The Global Fund must adopt a clearer definition of the private sector.**
- **More granular analysis is needed to avoid overstating the role of the for-profit private sector in health service delivery.**
- **We also recommend that a Private Sector Engagement strategy be developed in close collaboration with the SC and approved by the board based on independent analyses of current initiatives.** The strategy should be based on a more robust evidence base: *"as the evidence presented here is incomplete and insufficient to guide strategy or decision-making."* (p. 41). The strategy should be based on independent analyses of current PSE initiatives.

Moreover, despite Out-Of-Pocket (OOP) expenses being one of the largest funding sources for services provided by the (for profit) private sector, the report does not mention the very strong correlation between level of OOP and incidence of catastrophic and impoverishing health expenditures. The report neither recognises the SDG3 objective to reduce or eliminate OOP to improve financial protection and achieve UHC. Instead the report claims that: *"extensive private spending by low-income patients reveals an ability and willingness to pay"*. (page 9).

- **We have serious concerns with this distorted description of health financing for the population that the Global Fund serves, and request that it be re-visited by the SC at its next meeting in July 2021 and addressed appropriately.**

#### GF/B45/09 2020 Annual Report and Opinion of the Ethics Officer

We are very grateful for the Annual Report and Opinion of the Ethics Officer. Given that his term is coming to an end in 2022, we would like an update on transition planning for his successor.

The Pulse survey results for October 2020 showed a well being score of 45% and 66% for Diversity and Inclusion. We request additional detail on how the Secretariat is addressing the concerns coming out of the October survey results.

- **What measures have been put in place to address and respond to the low rating of Well-Being and Diversity and Inclusion.**

Our delegation was pleased to participate in the recent training on prevention of sexual exploitation, abuse, and harassment (PSEAH) and we are looking forward to seeing ethics-related training further embedded into the Global Fund's work across the partnership.

- **How will the Secretariat accelerate work in this area and on conflict of Interest (Col) in implementer countries?**
- **How will the Secretariat apply the Anti-Corruption Diagnostics Case Study findings beyond the pilot grants?**

- **On p.9 it says that 260 CCM members have accessed one or more of the CCM ethics eLearning modules. How will the Secretariat increase the number of CCM members from the 260 accessing the two current Code of Conduct eLearning modules, and what will the three future Code of Conduct eLearning modules cover?**

#### GF/B45/11 Governance Performance Assessment and Governance Action Plan v.2.0

We would like to reiterate our appreciation for the work of the Nestor team and the EGC Chair, Vice-Chair and committee members and we appreciate the opportunity to provide further comments and participate in the April workshop.

- **We challenge the implication in this report of Board disloyalty, as this does not track with our observations of governance officials. Our delegation does not support the introduction of more independent (non-constituency) members with decision-making power as this dilutes critical constituency representation. Instead we would encourage the creation of ad-hoc time-bound advisory groups such as in the past with the Equitable Access Initiative (EAI) and the Development Continuum Working Group.**
- **Our delegation does not support a Constituency Assembly to set long-term strategy and nominate the Global Fund's key leaders. Our delegation sees a continuing role for the Partnership Fora in strategy development and encourages the convening of special sessions of the full Board, as needed.**
- **Our delegation does not see the need for the Board to lead the Committees.**
- **We believe that there would be some benefit in allowing constituencies to rank Board agenda items and allocate time accordingly.**

#### GF/B45/13 Update on Financial Performance

The financial performance report notes that Strategic Initiatives have caught up on absorption. Yet elsewhere in the documents it is stated that disbursements have occurred in excess of actual usage.

- **Where do you expect SI absorption to land when this is taken into account?**

#### GF/B45/14 Strategic Performance Reporting

We were pleased to see the Strategic Performance reporting included updates about the impact of COVID-19 on KPIs. We do however note the contrast between the Strategic Reporting Framework on the one hand and the risk reporting and the Covid-19 risk assessment, on the other in how well these disruptions are captured.

- **Given the magnitude of the funding and strategic learning opportunities that the C19RM**

**presents, we request that the monitoring framework under development be shared with the SC prior to operationalization.**

Regarding KPI adaptations, there is a proposal to extend KPI 11 (Domestic investments) to cover the current allocation period (2020-22). Many countries submitted their funding requests with co-financing commitments before they were able to fully assess the financial impact of COVID-19.

- **Now that financial constraints to fulfilling commitments are becoming clearer, what risks have been considered in the proposal?**
- **How will this be monitored and managed by the Secretariat, particularly for countries that have made early co-financing commitments on procurement of health products or other core interventions, and that due to financial challenges, may be at risk of disruption?**

#### GF/B45/16 Development of the KPI Framework

The lessons learned from implementation of the 2017-2022 KPI framework have 3 key take-home points which we strongly support: 1) the KPIs should be nested in a broader M&E framework, 2) the KPI framework should be enhanced around 'how Global Fund investments are performing' - at level 2 of the redefined conifer of control (slide 16) and 3) The introduction of country level data and maps have fostered **honest conversations** around portfolio bottlenecks and practices which is essential to continuous improvements

- **We would add a fourth consideration in the development of KPIs (or M&E framework) which is to identify 'early warning' indicators in essential processes and strategic areas - to indicate where management and/or governance attention is due.**

#### GF/B45/17 Risk Management Report and Annual Opinion of the Chief Risk Officer

The delegation is in support of revisiting and increasing risk appetite in selected areas as needed to enable ambitious implementation, catch-up plans and innovation. We need to find better and faster ways of getting funding to communities and civil society outside of the grant process.

- **How can we change our current risk aversion/appetite to provide alternative channels of funding for community-led responses?**

The Secretariat is capturing lessons learned from 2020 on the relative success of different program adaptations to facilitate analysis of what has worked well and what should be scaled up and leveraged across the wider portfolio.

- **Who will be consulted for this analysis and be part of the analysis and decision making on what needs to be leveraged?**
- **Will implementers be part of the discussions around lessons learned and is there a systematic approach to collected lessons/good practice on adaptation at the community level (for example, in most cases the situation room for countries do not engage with civil society and communities)?**

The Delegation would like to extend its congratulations to the Secretariat on the successful pledge conversion efforts and securing the 6th replenishment commitments despite the significant challenges COVID 19 posed on the Secretariat's approach. The Delegation is also appreciative of the C19 resource mobilization efforts and successes. However, we are concerned that resource mobilization efforts and the next steps described in the document are heavily COVID-focused and vague regarding the 7th replenishment. This is against a backdrop where pre-existing funding gaps have been exacerbated by the pandemic.

- **We request an ambitious costed resource mobilization strategy for the 7th replenishment, and ask the Secretariat to leverage the attention on COVID to make a case for HTM, and ensure efforts to protect HTM.**
- **We would be happy to have greater visibility on pledge conversion and who has signed agreements. Can this be made public?**
- **We would like to know the amount of resources the GF needs explicitly to mobilize in 2021-22 for C19RM and the ACT-Accelerator.**

As we enter the 45th Board Meeting to discuss the Strategic Framework for the next Global Fund Strategy, we urge the Secretariat and Board constituencies to reflect critically and openly on what the Global Fund needs to differently not only in the future Strategy, but more importantly how we can course-correct now to ensure that we do not roll back further on reaching our targets in the HIV, TB and malaria response. We submit our comments on the 45th Board Meeting document below:

## **Strategy:**

### **GF/B45/05: Strategy Development**

The Developing Country NGO Delegation thanks the Secretariat for the work done to prepare the Strategy Framework presented to the board for our consideration. We acknowledge and commend the arduous efforts of the Strategy Development team over the past year, in providing various iterations of the feedback it has received from the consultations it has held, including the Partnership Forums, to the Strategy Committee and the Board. These efforts have been made more difficult by the strange and challenging new world in which we live and work.

In spite of the efforts of the Strategy Development team, the Developing Country NGO Delegation still has concerns about the most recent iteration of the new Strategy Framework put forward for this Board Meeting.

#### *Weaknesses of the Global Fund's delivery of the previous strategy*

The Developing Country NGO Delegation has repeatedly reiterated its support for developing a new strategy that addresses the weaknesses of the Global Fund's delivery of the previous strategy.

**These weaknesses have consistently been in the delivery of programming to address human rights barriers, ensure gender equality and build strong community systems across all levels of the Global Fund.** They have been highlighted in numerous TERG and TRP reports manifesting as failure to include in grants **programming to build and strengthen community systems and tackle human rights barriers for Key and Vulnerable populations**. They have also included a lack of adequate Key Performance Indicators (KPIs) to measure, in a timely fashion, weaknesses in the impact of our programming in these areas.

#### *Support and strengthen communities*

We have repeatedly expressed, and continue to do so, the urgent need to **support and strengthen communities**, strategically placing them at the center of our work as they ARE the key enablers of Resilient and Sustainable Systems for Health and for the promotion and protection of Human Rights and Gender Equality in order to maximize impact against HIV, TB and malaria. Communities and civil society are not only great mobilizers of increased resources as some seem to see us: ***we are the rock upon which the Global Fund was built and upon which all the strategies should rest.***

#### *From words to actions: Community-led responses*

This new strategy framework is a significantly improved one which places (at least visually) communities at the center of our primary goal to end AIDS, TB and Malaria and in the center of the 'How we work'. The descriptions in the 'how' we work boxes on RSSH and on Human

Rights, Health Equity and Gender Equality also acknowledge the need for People, in all their glorious diversities, gathered in communities of interest and practice, to drive and be the focus of our work. The text of the Framework still needs some wordsmithing much of which we have provided in our [Joint paper with the Communities and Developed NGO Delegation to the 15th Strategy Committee](#) and which is also reflected in the Joint paper submitted by France, Germany, EC/Bel/Ita/Pol/Esp, WCA and ESA on April 23rd, 2021.

However, the Developing Country NGO Delegation is alarmed and deeply concerned that meaningful and participative guidance- from the open consultations, the Partnership Forums, the Board meetings, the Strategy Committee meetings, the constituency papers and the Board steers- about where and how Pandemic Prevention, Preparedness and Response belongs in our Strategic Framework is ignored, overlooked and not considered in this iteration of the Framework. We cannot appear to be inclusive yet actualise a Framework that does not reflect our consultations.

The Delegation believes that what the Global Fund has been able to do in responding to Covid-19 is ENTIRELY built on the established ongoing work of the fund. It is the work of the entire partnership on RSSH, on Maximizing Impact against HIV, TB and Malaria, on Promoting and Protecting Human Rights and Gender Equality, and on Mobilizing increased Resources that has enabled the Global Fund to respond to this latest Pandemic. Indeed, the very weaknesses of our work on Community System Strengthening is manifestly replicated in our first iteration of the C-19 RM funding, while our strengths in delivering resources to support health is clear.

In the proposed new Strategy Framework the 'Conditional and Evolving Goal' of increasing Pandemic Preparedness and Response Capabilities is really a RESULT of our Mutually Reinforcing Contributory Objectives and MUST be understood as such. As the Delegation understands it, the Board steer has been that it is through the work we already do on HIV, TB and Malaria that we are in a position to step forward and say 'let us help the world address this and subsequent Pandemics'. But it seems Board guidance has not been sufficiently clear to override a perceived need to make sure Global Fund is first in line to potentially secure additional funding for Pandemic Preparedness.

The Delegation cannot support the positioning of and language around Pandemic Preparedness and Response in GF/B45/21. This is particularly so where it supersedes the work we know we need to do to put communities at the center, strengthen our health systems, maximize health equity, human rights and gender equality in order to end Aids, TB and Malaria.

The Developing Country NGO delegation is unwilling to participate in resource mobilization that supports a new Strategy Framework that 'build[s] pandemic preparedness and response capabilities' BEFORE it contributes to 'resilient & sustainable systems for health' as described on slide 8 of GF/B45/21.

We know that sequence and language and framing matter. We feel the sting of exclusionary language and the language of discriminatory laws in our daily lives and work. Clarity of language and clearly defined terminology is pertinent to ensure that everyone, including all levels of GF understand exactly what is meant and how what we mean will change how we work. The Delegation urges the GF to ensure the narrative brings clarity to what exactly we mean in the framework. There will clearly be a need for a hard look at how we organize the Secretariat and how we deliver on the Strategic and Operational Shifts that the new strategy will require.

Old structures stymie new shifts and old habits die hard. Community engagement and leadership and working to maximize health equity, human rights and Gender Equality requires additional dedicated expertise across the Global fund divisions and sitting at the highest levels of Management decision making. Our contributory objectives need to be reflected in our organograms and our branding 'refresh'.

Vision: We choose Option 2:

*A world free of the burden of AIDS, tuberculosis and malaria with better, equitable health for all.*

Mission: We propose an addition to Option 1 Mission statement to include 'reduce health inequities' as set out below:

*To attract and invest additional resources to end AIDS, tuberculosis and malaria, reduce health inequities, and support the attainment of the Sustainable Development Goals.*

The Delegation considers the following topics need to be prioritised for further clarity and description in the Strategy Narrative:

- Community Systems Strengthening
- Gender Equality
- Inclusive GF Partnership Model
- Country Ownership

#### **For Information:**

#### **GF/B45/06: Update on Community, Rights and Gender and Strategic Objective 3:**

The Developing Country NGO delegation commends the Community, Rights and Gender (CRG) department for the achievements under extremely difficult circumstances, where human rights abuses and gender disparities have been heightened by Covid-19.

While the report is clear on the achievements in the work of the CRG department, we again urge for an analysis and Deep Dive that interrogates what we can do to make Strategic Objective 3 a reality across the Board; the Secretariat; Technical Partners; Implementers; and the populations we serve. We look forward to the Pre-Board session on this, and a comprehensive Deep Dive in the near future, during the official Board Meeting.

#### **GF/B45/04: Update on Covid-19 and Business Continuity**

The slow access to vaccines in many developing countries, is causing the emergence of new variants and hundreds of thousands of preventable deaths, despite the existence of such technologies. The Developing Country NGO Delegation is deeply concerned about this.

We applaud the decision by the United States to waive intellectual property protections for Covid-19 vaccines, showing global leadership in making life-saving services more accessible.

We strongly hope that this example will be followed by European Union, Canada, the United Kingdom and other countries, knowing that the TRIPS waiver would save millions of lives.

Moreover, we strongly recommend that this US decision will contribute to further development of the Global Fund's Market Shaping Strategy and will be immediately applied through procurement mechanisms such as Wambo as appropriate.

While we understand vaccines do not fall under the remit of the Global Fund, we call on all Global Fund Partners, including donors, to urgently:

- support the Intellectual Property (IP) waiver for vaccines and all Covid-19 products to enable production in developing countries
- support country efforts to advocate for removal of IP barriers to access to medicines including through advocacy
- support national procurement systems, local manufacturers and use of Wambo.org to access Covid-19 products and medicines for countries wanting to use this tool
- ensure and insist that all countries have meaningful engagement with its stakeholders, particularly communities- to adequately capture and address their needs under the C-19 RM as key partners, on the ground, in addressing the pandemic

Covid-19 has brought to the surface existing inequalities and legal and structural barriers, resulting in further setbacks in human rights and gender observed in countries since the beginning of the pandemic and preventing access to care for marginalized and criminalized groups and about the disruption in HIV, TB and malaria services. We emphasize the role of community health workers and key population peer supporters who have in many countries enabled continuity of access to marginalized groups at their own risk.

We reiterate the need to address the challenges faced by key populations in the first round of C-19 RM. The issue of improved engagement of key populations in grant development and implementation in the Covid-19 context must be an absolute priority.

### **Assessment of Organisational Performance:**

#### **GF/B45/16: Lessons Learned from the Implementation of the 2017-2022 KPI Framework**

We appreciate the careful thought and extensive consultations proposed in the paper, and are in complete agreement of the need to design and approve better ways of measuring our work in a more timely fashion, using robust data that is easily collected but also systematically evaluating and using qualitative input where appropriate.

We agree with the revised conifer of control proposed and with the principles of Importance, Integration, Accountability and Actionability proposed to guide the selection of KPIs. We recognize the addition of networks representing communities/people supported to the list of external stakeholder to be consulted and are happy that this occurred. We would also suggest adding these networks to the subset of organizations to be included in the benchmarking exercise proposed. We would also include the Robert Carr Network Fund which works exclusively with community and key population networks as an important organization to include in the Benchmarking analysis.

### **GF/B45/14 Proposed Adjustments to the KPI (Annex 3)**

We commend the Secretariat for the work on proposed adjustments of KPIs and approve all adjustments.

KPI 9c: We remain concerned at the difficulty of achieving meaningful changes in domestic spending allocated to: i) social enablers including programs to reduce human rights related barriers; and ii) Prevention programmes targeting Key Populations. The benchmarks are low, the cohorts are small and the targets appear to lack ambition given the small cohort and concentrated work being undertaken. It illustrates for the Delegation the need to rethink in the new Strategy how the Global Fund will scale up and strengthen its work on Health Equity, Gender Equality and Human Rights. Efforts will need to be significantly scaled up at Secretariat, Partner, Country and Regional levels and implementation arrangements modified if we are to achieve our goal of ending AIDS, TB and Malaria by 2030.

The Delegation emphasizes the importance of timely and accurate data collection and reporting for both baseline setting and monitoring. We look forward to the fall Board meeting for first results on adjusted KPIs.

### **GF/B45/15 Monitoring and Evaluation**

As expressed at the 15th Strategy Committee meeting, the Delegation's preference falls between the second and third models presented. We are mindful of the benefits to behavioural and structural independence built into Model 3, but are also conscious of the need for the evaluation function to have buy-in from the Secretariat and for its findings to inform improvement and learning by the Secretariat, with corresponding changes being made in a timely fashion. We are cognizant of the need to agree on the M&E framework in a timely fashion and are grateful for the augmented risk and risk mitigation sections for option 2 in this Board paper which will assist the final decision making of the Delegation. We would suggest that a plan to increase M&E capacities across different levels of the Global Fund, with the emphasis on committee members, board constituency focal points for M&E and, at later stage, the implementers be developed and form part of the various on-boarding processes.

### **Risk Management:**

### **GF/B45/17 Risk Management Report and 2020 Annual Report of the Chief Risk Officer**

We are grateful for the detail provided in this report, and share the following concerns and questions. On programmatic quality, we reiterate that while we note that the role of communities and civil society in securing the continuity of services on a supply side, we recommend that this role is leverage on the demand side to mitigate not only the risk associated with program delivery, but also program demand and use. Community-led monitoring can be leveraged to capture risk of decreases in treatment uptake and provide real time support to clients to ensure continuity of services.

We again highlight that the transition risk was not marked as high, nevertheless we keep receiving concerning messages from countries, that in the context of the Covid-19 pandemic challenges, transition processes are at high risk or are not functioning well. *We again request an explanation for this not being marked as a high risk?*



We again highlight the many risks related to human rights and gender that have increased since the pandemic. The increasing risk this poses to our work appears to the Delegation to have drawn insufficient attention or mitigation measures in the report.

**GF/B45/02: OPEX Evolution 2020 - 2022 Budget Ceiling Revision**

The Developing Country NGO constituency acknowledges the careful review and consensus support for the updated OPEX ceiling at the Audit Finance Committee (AFC) level. We are supportive of the decisions to increase the forecasted aggregate operating expenses available for the 2020-2022 allocation period by US\$ 30 million.

Joint Communication from the Donor Group on the Strategy Framework presented ahead of the 45<sup>th</sup> Board Meeting of the Global Fund on the issue of pandemic preparedness and response

The Global Fund Donor Group would like to thank the Global Fund Secretariat and Strategy Hub for the efforts to provide a new draft strategy framework based on the various inputs from the Board within short a timeframe. We do see many important priorities from our previous discussions reflected in this draft.

However, within the Donor Group there is consensus that the strategy framework presented as input for the 45<sup>th</sup> Global Fund Board Meeting does not adequately reflect the guidance that was given during the Board Call on April 19<sup>th</sup> with regards to the question on how to address the Global Fund's role in pandemic preparedness and response (PPR) capabilities in the new strategy. At the same time, we are keen to move forward, resolve the issue and continue in the deliberations on further important strategy issues. We would therefore like to clarify our guidance:

- **Ending AIDS, TB and Malaria is the core goal and mandate of the Global Fund.**
- We agree that there is a **need and important role for the Global Fund to act against the COVID-19 emergency and protect the fight against the three diseases.** This is the reason why we decided to set up and to extend C19RM as a temporary mechanism.
- We believe that the Global Fund investments have played and can play a clear role in building pandemic preparedness capabilities. We see this as a comparative advantage of the Fund and it should be highlighted in the next strategy, but we **do not see the Global Fund's contribution to PPR as separate from the Fund's core HTM mandate** and PPR should not be placed above the key levers to achieve our HTM goals, namely people-centered integrated services for HTM, RSSH, human rights and gender. It **should not be a new "what"/goal** as it would create the risk or the impression of "mission creep" and a de-prioritization of these other crucial levers to reach the Global Fund's mission.
- Rather, we are **firmly in favor of explicitly recognizing and contributing to PPR as a way to build resilience against HTM and strengthen the systems and readiness needed for PPR as an important "how" to deliver**

**upon our core mandate** and accelerate the fight against HIV/AIDS, TB and malaria.

- Through its investments in HTM and RSSH, the Global Fund is already **contributing to PPR capabilities. We need to make sure that these efforts are intentional and purposeful in building PPR capacities with specific measures of performance** to make sure these systems and structures are intentionally leveraged to help countries to prepare for and fight other pandemics as well.
- Rather than **framing PPR as an “evolving goal, subject to additional resources.”** which might create trade-offs in a resource constrained environment and endanger efforts to mobilize resources for the mission to end the three diseases, we should develop **one investment narrative that can include a framing of the contribution of the Global Fund to PPR through its core mission.** We do see the value in highlighting the Global Fund’s actual and potential contribution to PPR in the **strategy narrative and in the 7<sup>th</sup> replenishment investment case.**
- We support clearly **integrating PPR in the new strategy** as a separate strategic objective making clear the linkages and mutual reinforcement between these goals
- Lastly, we would **request the Global Fund Secretariat to further elaborate on the specific role the Global Fund can play in the area of PPR through a Theory of Change.** It should make clearer how the Global Fund will play this role **“collaboratively with actors across the global health architecture.”**

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### **Strategy development**

The constituency has carefully considered the views and perspectives provided all constituencies, and thanks the Secretariat for the continuous effort provided to the strategy development process and the several iterations on the strategy framework.

We want to reiterate our support for a clear mandate on ending the three pandemics, and for the emphasis put on working for and with communities. Regarding Pandemic Preparedness and Response, we understand the value of positioning it strategically within the strategic framework and we look forward to further discussions to define the exact parameters of this new dimension and how it will reinforce the core objective of the Global Fund.

We are hopeful that the session during the Board meeting will bridge the different views of the constituencies and allow the Board to move forward in the process. We believe that the strategy narrative will also contribute to clarify the high level elements included in the framework. Equally important are the clarification of the strategic shifts, and in particular how to accelerate the implementation pace to achieve the SDGs.

Regarding the partnership enablers, which will be crucial towards an effective implementation of the strategy, we would appreciate further discussions on (i) defining the roles and the level of accountability of the different partners within the partnership, and (ii) the evolution of the Secretariat processes to better incentivise longer-term, complex objectives such as human rights or further capacitating communities.

On the vision and mission statement, we would support the option 1 for the vision, explicitly stating the equity focus, and potentially a merging of the 2 options for the mission statement, subject to the positioning of the PPR within the framework, to be discussed during the Board session.

### **Finance matters: Opex ceiling**

We approve the decision that has been recommended by the AFC to increase the ceiling of Opex to USD 930 million for the cycle 2020 – 2022. According to the Financial Performance Update, during 2020, considerable changes occurred in several expenses, by nature and by function, and we want to stress the need to invest in areas that will be critical for impact, recognising a budget articulation that needs to reflect the impact of COVID 19 on GF operations and of other challenges.

In the context of the upcoming replenishment, the Global Fund needs to show, as it has done until now, that it is lean, and that efficiency is maximised.

### **Covid 19**

The constituency commends the Global Fund's response to COVID-19, first through flexibilities with allocated funding and then through the C-19 RM, which has been essential to ensure as much continuity as possible in access to services. We recognised the work engaged in the phase 2 to ensure

meaningful participation of communities in the development of Funding Request, and we hope this will translate into increased and effective contribution. We will be looking for the monitoring framework of C19RM to ensure we can assess results and impact.

#### **OIG report/ Risk framework management**

We commend the Secretariat for ensuring Business continuity during these very challenging times, especially on finalising and signing grants. We need to ensure that all grants signed last year can be effectively implemented, so that delivery of essential services can continue.

The OIG and CRO reports highlights both the heightened programmatic and fiduciary risks under which the Global Fund operates. We note the risks on Program Quality for TB, on the in-country supply chain on the one hand, and on fraud and wrongdoing on the other.

Focusing on the programmatic objectives may involve additional risk-taking, which we are happy to explore, while ensuring operational and fiduciary oversight and capacity at country level.

We encourage the Board to pursue active risk mitigation, with necessity to learn from last year's adaptation, on what has worked, what hasn't, and for which contexts. The GF should also take the opportunity out of the crisis to sustain adaptations and new ways of working along the principles of differentiation and flexibility, tailoring response to specific country context.

The Board discussion and outcomes should focus in reflecting on the level of risk that the GF is willing to take in order to deliver on programmatic objectives but also, through a risk management approach, on the identification of the specific issues on which concentrating the attention and the mitigation measures.

#### **Development of M&E and KPI Frameworks**

We appreciate the work to strengthen the M&E framework. We would appreciate if the KPI framework could be developed along the strategy framework, as both are closely linked. We believe the KPI principles are well suited for performance measurement. We also appreciate the Global Fund's commitment to strengthening the independent evaluation function.

Eventually, we welcome the new Health Financing department and its workplan. Its expertise will be needed to support the work of the Partnership, and in particular to leverage domestic financing in a context where resource mobilisation for health, both domestic and external, will likely be constrained.



## **EECA Constituency – WHO Euro Joint Statement on COVID-19 Response and Business Continuity**

The Eastern Europe and Central Asia (EECA) constituency commends the efforts of the Global Fund to Fight AIDS, Tuberculosis and Malaria to protect our core business, and initiate fast and effective mechanism to support countries in response to Covid-19 pandemic. We applaud Secretariat for its ability to make the significant progress under pandemic circumstances, while at the same time, moving rapidly and making the funding available to mitigate the impact of COVID-19 on HIV, TB and malaria programs, reinforce country responses to COVID-19 and make urgent improvements in health and community systems.

COVID-19 Response Mechanism (C19RM) and strong collaboration with partners, has again demonstrated truly unique ability of the Global Fund to move fast, mobilize resources, deploy funds and support countries in implementation of the effective programs under challenging circumstances.

As we are developing the new Strategy of the Global Fund under pandemic circumstances, the EECA constituency wants to share its position on the critical importance of the robust health systems. Our region is unfortunately one of the regions who are severely affected by Covid-19 pandemic.

WHO is playing crucial role in supporting countries and providing technical assistance to national TB and HIV programmes and health personnel to urgently maintain continuity of essential services for people affected with TB and HIV during the COVID-19 pandemic, driven by innovative people-centered approaches, as well as maximizing joint support to tackle both diseases. It is important that recent progress made in TB prevention and care is not reversed by COVID-19<sup>i</sup>. WHO is instrumental in advising and supporting countries with introduction and use of innovations, that can be bidirectional – TB/HIV and COVID-19 – like video-supported treatment for TB, that decreases health systems costs and decreases risks of infection transmission both for TB and COVID-19<sup>ii</sup>.

The results of the WHO/Europe survey on the impact of COVID-19 pandemic on TB detection showed that there is a significant decrease in TB notification and enrolment to treatment. While the decrease in the first quarter of 2020 was in line with the previous trend of decrease (around 6%), starting April 2020, 31% decrease in TB notification has been observed in the consequent quarters of 2020, compared to the same period in 2019<sup>1</sup>. Since the start of the COVID-19 pandemic, enrollment to second

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<sup>1</sup> Based on monthly data reported by 24/53 Member States of the Region.



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line TB treatment decreased by 37% in April-December 2020 compared to the same period in 2019<sup>2</sup>.

When linking movement restriction severity scale<sup>3</sup> to the TB notifications epidemic curve, WHO/Europe looked at the potential effect of the restrictive domestic movement measures to the TB notification. The highest movement restriction severity score correlated to the highest decrease in TB notification. While public health and social measures, including movement restrictions are implemented to reduce the COVID-19 transmission and flatten the epidemiological curve, survey results strongly suggest the urgent need to adapt health services to ensure essential health services, including TB and HIV services, are not hampered during the restrictive measures.

The assessment of COVID-19 impact on testing for HIV, viral hepatitis and sexually transmitted infections in the WHO European Region conducted by the consortium of partners<sup>4</sup> showed the considerable impact on testing in the Region. 95% of respondents from 34 countries reported testing less than half the expected number of people during the first months of the COVID-19 pandemic between March and May 2020. This continued, although to a lesser degree, between June and August 2020, when measures were less strict in most countries.

The Global survey conducted between April and June collected countries 'real time' information on ARV stocks showed that few countries from WHO European Region reported stocks available for 3 months or less and 13% of countries reported risk of ARV stock outs. Multi-month dispensing of ARVs was largely adopted by the countries, mostly for 3 months.

WHO Regional Office for Europe regularly monitors the disruption of essential TB, HIV and viral hepatitis services, and the stocks of medicines, with the specific focus on the EECA sub-region and provides recommendations on mitigation measures to be taken. This is being done through WHO country offices, national consultants and partners in priority countries.

Apparently, AIDS, Tuberculosis and Malaria cannot be addressed in isolation from other diseases, affecting our people and health systems. The Covid-19 pandemic taught us that a valuable progress achieved in fight against three diseases can be severely jeopardized because of limited capacities, emergency preparedness and abilities to manage the infectious disease outbreaks. This pandemic has also revealed a number of weaknesses within the global health systems are not completely prepared to ensure continuity of long standing problems, like TB, HIV, and other during health emergencies. its structure and ability to address the pandemics and ensure continuous

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<sup>2</sup> Based on monthly data reported by 11/18 High Priority Countries (HPC) of the WHO European Region

<sup>3</sup> As one of the public health and social measure (PHSM) against pandemic, data collected by IMST

<sup>4</sup> <https://www.eurosurveillance.org/content/10.2807/1560-7917.ES.2020.25.47.2001943>



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and uninterrupted delivery of essential services, including delivery of care, procurement and supply chain management, allocation and distribution of funding, psychosocial support, making the role of the Global Fund and its contribution to effective and resilient response even more valuable.

To make sure that we learn the lessons from the current pandemic and protect the progress made with huge efforts, we need to put the health system strengthening and delivery of integrated people-centered services in center of the new Strategy of the Global Fund. Strengthening health systems is the main contributor to any emergency, including COVID-19 pandemic preparedness and response while maintaining continuity of all health issues, including long-standing problems like TB and HIV. COVID-19 Pandemic preparedness and response should become part of joint multi-partnership and multisectoral reinforcement that is contributing to objectives of the Global Fund Strategy. The EECA constituency is calling the Global Fund to place a strong emphasis on the health systems' strengthening and within this framework ensure that the emergency preparedness issues are adequately addressed. The EECA believes that the Global Fund with its agility and model of partnership used to craft and implement the programs is the best placed to undertake this highly important intervention and deliver results within the short time-frame.

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<sup>i</sup> <https://www.who.int/publications/i/item/WHO-2019-nCoV-TB-care-2021.1>



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<sup>ii</sup> <https://www.euro.who.int/en/health-topics/communicable-diseases/tuberculosis/publications/2020/quick-guide-to-video-supported-treatment-of-tuberculosis-2020>



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## **EECA CONSTITUENCY AND WHO EURO JOINT STATEMENT ON POST 2022 STRATEGY DEVELOPMENT**

The EECA Constituency has been an active supporter of GF and partners extensive effort put into the development of the Post 2022 Strategy. The multisectoral voice of over 20 countries in our region has been expressed in all fora dedicated to lessons learned from Strategy 2017-2022 and priorities on the next strategy.

We thank the Secretariat and all partners for the dedication to ensure an inclusive global dialogue through the recent Partnership Forums, despite the challenges brought by COVID-19 and the virtual format of discourse. Our Delegation is deeply grateful for the contributions from all 350 delegates representing government, communities and KAPs, partners and donors in the EECA-LAC Partnership Forums. We equally value the expression of diverse and polarized input from participants that share different visions on next strategy – that makes the regional global say richer and more powerful.

Building on their voices as well as the consultations widely held by our Constituency in the EECA region, we hereby reaffirm our position on the framework and priorities of the GF Post 2022 Strategy.

EECA Constituency highly appreciates the role bilateral consultations at all stages of strategy development. In particular, we share and support the principled position and comments of the Germany and France Constituencies displayed on the joint input paper on the Strategy Framework on April 23, 2021.

### **Regional context**

Since the establishment of the GF, the EECA countries have been ably implementing its grants to support the national and regional responses to TB and HIV pandemics. Success level of keeping the GF supported gains and transitioning to locally sustained services differ across the region, depending to a great extent to political commitment, economic growth, strong communities and civil society, as well as a diversified and predictable support from other donors and partners. We acknowledge and laud the lives saved in our countries thanks to the GF funding. That was possible due to strategic efforts orchestrated and committed by GF's implementors and donors. The previous GF strategies have helped countries to ensure vial services to PLWDs and KAPs, to strengthen the capacity of CSOs, build an efficient and equal partnership dialogue through the CCM platform, and prepare transitions to local funding. Every mission- and goal-oriented strategies responded well the realities of THM burden and context challenges in specific time frameworks.

Today, communities and CSOs across the EECA region are strong partners at the national level and equally partake in decision-making processes. More and more NSPs ensure costed and continuous treatment services for people living with TB and AIDS. More and



more PLWDs are not afraid to declare/open their status and regional and local studies state clear progress in fighting discrimination or violation of human rights. However, transition from GF grants is seldomly smooth or successful, highlighting distinctive systemic weaknesses of the public health.

## **Current challenges of public health systems**

If we are looking at the Global Health Security Index, then it's clear that national health care systems remain highly vulnerable to public health crises and preparedness for epidemics. Many countries in EECA scored below 50 out of 100, and that was before the outbreak of C-19. New global pandemics like C-19 further deepen the volatility of health systems to resist such severe threats.

Prior to the COVID-19 pandemic, public health reforms were in process in many of our countries, including service decentralization, and strengthening of emergency preparedness. While the number of properly “equipped” facilities is substantially lower. There is a high shortage of health personnel as well as an increasing burnout and deathrate among it due to C-19. For instance, Moldova, in the last years, lost 13 % of its medium qualified medical staff due to COVID pandemic.

The GF grants for the COVID-19 response have helped many countries to avoid severe disruptions in our TB and HIV services. However, the health system problems remain mainly uncovered. In EECA, the HIV epidemic is growing. Countries in European region have the highest rates of MDR-TB globally; nine out of 30 countries with the highest MDR-TB burden in the world are in the WHO European region<sup>1</sup>. 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 programs 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.

- Modelling that was done by the WHO in 2020 suggested 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

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<sup>1</sup> Tuberculosis surveillance and monitoring in Europe, 2021 (2019 data)



million TB deaths could be registered as direct consequence of the COVID-19 pandemic.

- Based on modeling scenarios prepared by the WHO, in the WHO European Region a temporary decrease in TB case detection on 25% or 50% over a period of 3 months will lead to an increase in TB deaths on 13% or 26% respectively. This will add from 3,600 to 7,200 additional deaths from TB in the Region and bring back to the level of 2016-2017 (more than 30,000 TB deaths).

During the first half of 2020, compared to the same period of 2019, the highest decrease in TB notifications of -48% has been observed during the lockdown period in the month of May – observed in several countries across the WHO European Region (28 countries). Recent reports state that across all countries TB detection had reduced significantly – from 25% in Georgia, to 40 % in Moldova. Likewise, the HIV screening has worsened considerably. While there have not been registered many cases of TB and HIV drugs stockouts, countries report reduced access to clinical and peer support and/or psychosocial support services for KPs in majority of EECA countries. Even more dramatic, as of March 2021, the COVID-19 deaths per 100,000 population in EECA region ranked from 70.2 in Ukraine, to over 126 in Russia and Moldova, and to 159,17 in Bosnia and Herzegovina.

And these are just a couple of issues related to RSSH concerns in our region! Thus, there is no better time to committedly and strategically address the problems and weaknesses of the public/health systems. The 2020-2022 allocation also claims the ambition to strengthen health systems. However, the Funding Requests use to capture rather the intention to continually support the RSSH component. The RSSH review suggests that the Global Fund's investment in RSSH is making only a marginal contribution to UHC and sustainability. So, these gaps represent a serious concern and raise fundamental questions about the process of the next strategy development.

Reality, global and local health challenges and “old & new” pandemics have dramatically changed the world we live in since 2003. Thus, it is in our responsibility, as GF Board constituencies and members, to develop and adopt a Post-2022 strategy that ensures sustaining resilient health systems apt to timely and adequately respond to “old and new” pandemics, and provide continuous and uninterrupted people-oriented integrated services to communities/KRs, including through civil society and community based . Equally important is to make sure that these services can be monitored by communities for better accountability. The next strategy also needs to ensure that right KPIs are in place to measure the result of investments in RSSH.

### **GF Post-2022 Strategy – vision, mission, goals**

The EECA delegation thinks that the vision and mission of the Post-2022 Strategy should set up the framework for the purpose of the GF, while the main goal should ensure a tangible end of THM and strengthened RSSH are apt to respond to health pandemics. Pandemic preparedness and response should be part of joint reinforcing contributory



objective rather than as a separate conditional goal that put into the risk the Global Fund focused effort necessary for three epidemics response which is the main element of success.

Yes, COVID has had devastating impact on our region. But we should also learn from lessons and look at it also as an opportunity in the Post 2022 Strategy to:

- Focus efforts building/strengthening RSSH primarily capacities of national diagnostic systems and laboratory networks; disease surveillance, including wide implementation of available digital platforms and integration of disease database with health information systems; and quality assurance system
- Consolidate local procurement mechanisms
- Focus on enhancing people-centered service delivery at the community level: service integration- HTM/Primary health care/Hepatitis/STI services institutionalizing the role and responsibilities and strengthening the capacity of CSOs/CBOs in the PH approach
- Address co-infection, comorbidities and other conditions or risk factors related to three diseases, to improve health outcomes
- Sustain the gains funded by GF as well as the initiatives acknowledged by everyone in our region and partners – like social contracting, harm reduction programs in the prison sector, integration of services
- Strengthen the role of CCMs & RCMs to increase the role and **accountability** of all health and non-health stakeholders in coordinated multisectoral disease response and better addressing **social protection** and national sustainability and transition agendas.

Right support for RSSH will undoubtedly help countries to address the aforementioned challenges. However, the GF and partners need to further cooperate in preparing countries to also commit and strategically invest local funding in RSSH.

### **How we should invest**

EECA supports the need to mobilize increased resources for health. An increased attention should be focused on efficiency and prioritization in the use of funds, including avoiding duplication of financial investments and embracing strong M&E mechanisms. Next strategy must provide space for synergy between the public health sector and CSO in community systems strengthening. The participation and responsibility of the CSO in the RSSH should not only be declared in national policies but also recorded through performance indicators in national monitoring and evaluation systems. In the context of country-ownership, the GF can and should use its leverage mechanisms to discuss and improve the national and local accountability of top-level decision makers for the common interest to end HTM and implement feasible strategies targeting RSSH. EECA considers the continuum support for pandemic preparedness and response should be based on achievements and investments in HTM.



On another hand, transitioned countries in our region have proving vivid examples of health systems especially vulnerable to unexpected pandemics like C-19. Poor diagnostic systems, fragmented administrative structures, and unbudgeted local/territorial disease control programs gravely expose/shake health systems to unbearable pandemic burdens and associated adversities.

## **Ways of Working**

Attaining goals in holding global challenges is impossible without effective partnership at all levels. Strengthened transition support –including for domestic resource mobilization, advocacy for policy change and rights-based equitable responses, government capacity building on community and civil society engagement, and the sustainability of KVP programs; introducing flexibilities regarding pace of transition (especially in the wake of COVID-19); and facilitating access to technical support, recognizing that in EECA/LAC the GF is sometimes the only or main funding mechanism.

The Global Fund, together with partners, should revisit the system of support to countries in responding to the health challenges:

- 1) the involvement, responsibility and accountability of Governments, including health and non-health stakeholders should be increased
- 2) the role and responsibility of civil society and community-based organizations in national responses should be clearly defined, institutionalized and funded - continuation practice of special relations between the GF and CSOs/CBOs will not lead to the desired results at the country level - it is a “bag without a bottom” investment type. This region, more than any others, is at risk to lose the GF investment in case of lower donors’ commitment. We do not want this to happen before relevant systematic changes are in place in countries. And we want GF to be part of this crucial transition process, additionally focused on increasing resilience of national TB and HIV programmes to health emergencies and ensure continuity of response.
- 3) in the New Strategy, the role and accountability of each international partners should be clearly defined according to their mandates and leading technical expertise, and corporative advantages in order to synergies joint efforts to end epidemic of three diseases.

***In conclusion***, the EECA constituency is supportive of a Post-2022 strategy that fully reflects the GF's commitment to reach the end of AIDS, TB and malaria based on a people-centered approach and strengthening the capacity and resilience of national health systems. We are committed in providing our input in all stages of further development and finalization of the Post-2023 Strategy.



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## Eastern Mediterranean Region Constituency

### Statements for 45<sup>th</sup> Board Meeting of The Global Fund

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

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

We would like to share the following reflections, questions and comments on different issues for discussion during the 45th board meeting.

#### ☐ **Resource Mobilization**

We appreciate the secretariat's progress in implementation of C19RM and we are glad that the board approved its extension.

The EMR Constituency is grateful for signed contributions so far and acknowledges the recent payments by some donor countries. However, we are a bit concerned that only 57% of commitments for sixth replenishment have been signed into contribution agreements by end 2020. We would like to encourage further follow up by the secretariat in this regard to ensure continuity of support all across the GF portfolio. We also welcome the preparations for the Seventh Replenishment and would be ready to advocate for it, considering international consensus for enhancing health security.

It is also critical for the Secretariat to consider the negative effects of short and medium economic impact of COVID-19 on most implementer countries and ensure realistic targets are set on domestic resource mobilization, transition and sustainability.

#### ☐ **COVID-19 and business continuity**

The EMR constituency is concerned that the epidemiological situation of COVID-19 in many countries of the region is very serious with an increasing number of daily new cases and very slow implementation of vaccination campaigns. The spread of variants of concern would be a real threat to COVID-19 outcomes and the Health System. As some CCMs were involved in the preparation of funding requests and considering the current epidemiological situation, we suggest that GF simplify the process of C19RM funding requests and provide more flexibility for countries in order to rapidly support them in COVID-19 response. Any delay in supporting countries may



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worsen the situation, increase COVID-19 mortality and promote the development of new variants, in addition to interruption of HTM services.

Special attention must be paid to many countries with challenging environments where testing is very low and health systems are very weak. These countries are often home to populations that are highly vulnerable to COVID-19 such as refugees, migrants and displaced people. We urge governments and companies in developed countries to temporarily waive intellectual property rights and also facilitate technology transfer for vaccine production in developing countries to minimise the impacts on health systems all over the world. We should remember that no one is safe unless everyone is safe and stopping the spread of the virus will minimize the chance of emerging new variants.

#### ☐ **OIG 2020 Annual Report and Annual Opinion on Governance, Risk Management and Internal Controls**

The EMR Constituency highly appreciates the OIG's comprehensive report and the consistently high-quality work. We know that the risk of fraud and misuse of funds increases during pandemic response where some monitoring inspections cannot happen on the site. However, it is crucial that the effective use of funds is monitored, especially those under fast-track modality, and appropriate mitigation mechanisms are foreseen.

OIG report showed HTM programs were unable to achieve their targets during 2020. The EMR Constituency expects the GF and countries to reprogram and conduct appropriate interventions to get programs back on track towards ending the three diseases.

#### ☐ **Risk Management Report and Annual Opinion of the Chief Risk Officer**

The EMR Constituency would like to echo other voices that under no circumstances, we should lower our ambition in monitoring risk and providing mechanisms and tools to prevent incidents.

We echo comments by other constituencies to leverage the capacities of national audit institutions as well as promoting CSO involvement and community-led monitoring, particularly during this time of overwhelming burden on national systems.

#### ☐ **Annual Report and Opinion of the Ethics Officer**

The EMR Constituency appreciates the report provided by the Ethics Officer and is encouraging the board and secretariat to improve maturity of the Global Fund's Ethics and Integrity program.



## ❑ Operating Expenses Cap 2022

The EMR Constituency approves the increase of forecasted aggregate operating expenses available for the 2020-2022 allocation period by US\$ 30 million, in order to facilitate the implementation of critical activities in 2022; such that the amount made available for operating expenses for the 2020-2022 allocation cycle shall be US\$ 930 million.

Considering that the C19RM OPEX budget is financed separately, we would like to join the voices for the need to closely monitor both budgets and potential implications of C19RM OPEX expenses for the general OPEX budget and the careful review and consensus support for the updated OPEX ceiling in the future should be taken into consideration. The important question EMR Constituency would like to raise is this an exceptional approval or the US\$ 930 is the new ceiling from now and forward.

## ❑ GF Strategy Development

The EMR Constituency appreciates the work of the secretariat for preparing a comprehensive and well-structured document on Development of Strategic Framework.

The EMRC fully supports the primary goal of the GF partnership for ending HIV/AIDS, TB and Malaria based on a people-centred approach. We support option 2 of the Vision and Mission, including to maintain the six-year timeframe to maintain alignment with replenishment and allocation cycles and allow for measurement of the strategy's impact in line with the Sustainable Development Goals (SDGs).

The EMR Constituency believes that the GF cannot do everything and that the next strategy should focus more on integrated and people-centred response to the three diseases in a broader Resilient and Sustainable Health System (RSSH) considering the lessons learned from COVID-19 pandemic. In recent years, many countries have interventions and advances in medicine, but too many have neglected their basic public health systems which are the foundation for responding to infectious disease outbreaks.

Ensuring people-centred health services that offer universal access, social equity and financial protection, within a primary health care-led approach, is critical to the attainment of universal health coverage (UHC) and the health-related SDGs. We also strongly support community engagement, empowering people as well as breaking down barriers related to human rights and gender inequity. The GF should take into account the specific needs of countries in the context of COVID-19 and provide more flexibility for countries in order to improve the performance of their programs.

Pandemic preparedness needs ensuring efficient data sharing across sectors, societies and countries and proper public reporting that is essential to public



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accountability, trust building and joint response. The investments and experience of the GF throughout the two decades can certainly help countries in improving their surveillance and early warning systems and also knowledge sharing. The Pandemic preparedness may be integrated in RSSH and the GF's role should focus on mitigating the impact of pandemics on the response to the three diseases.

However, to avoid any conflict of interests, fragmentation, and also to maximize harmonization, technical advice, evidence-based policy making and practice, we strongly request the Board to support WHO involvement as the technical partner of the Global Fund at all levels of policy, program and project implementation. Recent proposal of an International Treaty on Pandemic Preparedness and Response by heads of states shows that the pandemics hugely impact all aspects of human life and apparently all health sectors either in developing or developed countries. In this regard we believe that PPR should be an integrated part of the Global Fund goals included in RSSH which needs special resources and attention during implementation.

#### **□ Development of M&E and KPI frameworks: Focus on Independent Evaluation and KPIs**

The EMR Constituency welcomes the proposed timeline for the KPI development. We need to ensure that we have better metrics to measure the strategic impact, in particular on long-term goals such as systems strengthening, human rights and gender and coordination/synergies with other global health partners. The current KPIs used for grant reporting don't reflect the actual progress in the program management. KPIs reflect absorption and percentage of achievement rather than taking a bigger picture assessment of how the indicators are impacting on ending the epidemics and not taking into consideration the contribution and impact of other sectors e.g. private, CSOs and NGOs on ending the diseases.

The EMRC suggests developing indicators that can truly reflect the overall effect and impact on the ending the epidemics and link it with investing in and supporting the GF.

EMRC supports option 2 for an evaluation unit Embedded in OED with significant independent oversight by a committee composed by board approved nominees, partners and independent experts.



7 mai 2021

## **Déclaration écrite de la circonscription française**

*45<sup>ème</sup> conseil d'administration du Fonds mondial*

### **Introduction**

Plus d'un an après le début de la crise de la Covid-19, nous nous félicitons de la résilience du Fonds mondial dans sa capacité à accomplir ses missions, ainsi que sa réactivité et sa capacité à contribuer à la réponse multilatérale mise en place, notamment dans le cadre de l'Accélérateur ACT. Collectivement, nous avons su répondre présent et apporter une contribution décisive dans un combat à l'ampleur inédite qui est loin d'être gagné.

Dans ce moment de crise exceptionnel, la France est attachée au respect de tout ce qui fait la force de ce puissant partenariat : un mandat clair, une ambition forte, des moyens d'action pérennes, une gouvernance solide et inclusive, une attention toujours plus importante à l'impact sur le terrain, aux droits humains et au genre, au renforcement des systèmes de santé y compris communautaire. La nouvelle stratégie que nous avons pu discuter en profondeur dans de nombreux formats doit servir cet objectif.

Les crises sont porteuses de risques et d'opportunité ; évitons les premiers et saisissons les secondes. Ne tombons pas dans le piège de la précipitation, de la démesure, de la verticalité : le Fonds mondial n'a pas vocation à devenir le fonds mondial de l'urgence ou des intrants, au détriment de l'impact que nous devons avoir face aux trois pandémies.

Utilisons en revanche l'incroyable mobilisation collective et l'esprit de responsabilité qui nous anime aujourd'hui pour renforcer encore notre action, améliorer notre cadre de performance, l'utilisation de nos ressources, et notre gouvernance, de manière réaliste et réfléchie. En reflétant une vision commune, au service d'une même ambition, notre cadre stratégique est notre assurance face aux défis sanitaires de notre temps.

### **Développement de la stratégie**

La France a partagé ses propositions d'ajustement de l'option 3 du projet de prochain cadre stratégique dans un papier de position commun avec les circonscriptions de l'Allemagne, de la Commission européenne/Belgique/Italie/Espagne/Portugal, Afrique de l'Ouest et du Centre et Afrique de l'Est et Australe.

Nous sommes favorables à une plus forte visibilité du rôle du Fonds mondial dans la sécurité sanitaire, mais nous sommes opposés à l'élargissement de son mandat. La priorité doit rester à cet égard l'amélioration de la qualité et de la soutenabilité de ses interventions sur son cœur de mandat : la lutte contre le VIH/sida, la tuberculose et le paludisme.

Nous remercions le secrétariat de son travail, mais nous regrettons que la reformulation proposée sur la préparation aux pandémies ne reflète toujours pas les orientations exprimées, pourtant à de multiples reprises, par les membres du Conseil d'Administration. Il est temps d'arrêter notre ligne



sur ce sujet afin de pouvoir enfin dédier l'attention nécessaire aux autres enjeux majeurs de notre discussion stratégique.

La nouvelle proposition comporte en effet des risques et faiblesses majeurs, notamment : un retour en arrière sur le soutien aux systèmes de santé par rapport à la stratégie actuelle, une place insuffisante de la mortalité et de la résurgence dans l'objectif sur les pandémies, un positionnement des activités biomédicales parmi les buts de la prochaine stratégie alors que celles-ci doivent d'abord être moyen pour atteindre des résultats de santé publique, une dilution des efforts de mobilisation des ressources du Fonds mondial au-delà de la lutte contre les trois pandémies, une opportunité manquée d'ancrer ces efforts dans une logique soutenable de long-terme, de transition, et de partenariat avec les pays et les autres acteurs en santé mondiale.

Nous nous félicitons que la nouvelle proposition soumise à discussion pour le 45<sup>e</sup> Conseil d'Administration positionne les communautés plus au centre de notre action et replace le genre dans l'objectif sur les droits humains. Cependant, nous doutons de l'intérêt de formuler un objectif spécifique sur les communautés : consacrer de manière claire et solide la composante communautaire au sein des objectifs portant sur la réponse biomédicale et sur les systèmes de santé serait plus pertinent.

### **Indicateurs clé de performance**

Nous ne soutenons pas les principes proposés pour le prochain cadre de performance. Ceux-ci sont en effet conçus pour mesurer la seule performance du secrétariat, alors que le Fonds mondial est avant tout un partenariat.

Pour la France, il est à cet égard essentiel que notre prochain cadre de redevabilité se concentre d'abord sur les domaines de forte valeur-ajoutée de ce partenariat : l'amélioration de la santé des groupes clés et vulnérables, la levée des barrières liées aux droits humains et aux inégalités de genre, le renforcement des systèmes de santé, du partenariat et de l'appropriation par les pays. S'il importe que le niveau de contrôle du secrétariat et des autres partenaires dans ces domaines soit clairement établi, nous devons collectivement en priorité chercher à pleinement mobiliser la capacité unique du partenariat Fonds mondial, dont le secrétariat fait évidemment partie, à exercer un effet de levier sur ces questions clés.

### **Suivi-évaluation**

La France souhaite maintenir un équilibre entre l'attention apportée au niveau de Genève et l'attention apportée aux pays dans le futur dispositif de suivi-évaluation du Fonds mondial, étant entendu que le succès du dispositif ne pourra se mesurer qu'à l'aune de l'amélioration de l'impact dans les pays. Il est également essentiel de renforcer l'apprentissage, tant au niveau de Genève qu'au niveau des pays.

Par conséquent, l'articulation avec les systèmes et acteurs nationaux de suivi-évaluation (cours des comptes, comités de suivi stratégique des CCM, travail d'observatoire et de surveillance des communautés et de la société civile) doit être clarifiée dans une logique d'appropriation pays et d'intégration. Le cas échéant, un soutien financier et technique du Fonds mondial doit être envisagé.



Concernant l'avenir du TERG, nous remercions le secrétariat d'avoir détaillé l'option 2 notamment du point de vue des risques, bien que nous regrettions de ne pas encore disposer d'éléments complémentaires sur l'option 3 ainsi que sur la budgétisation des options. Nous ne sommes pas convaincus par l'option 2, qui nous semble une réponse disproportionnée par rapport aux difficultés d'apprentissage identifiées par les consultants. Avant d'envisager de renoncer à l'indépendance de l'évaluation, il faut d'abord tenter mobiliser d'autres leviers : la participation du secrétariat à la formulation des recommandations, sous la supervision d'un tiers indépendant, peut améliorer leur pertinence, tandis que le renforcement de la fonction apprentissage et gestion des savoirs dans le secrétariat peut améliorer leur appropriation.

Lors de l'arbitrage final, il nous faudra pouvoir comparer précisément les modalités d'évaluation de la direction exécutive, de développement du calendrier d'évaluation et des termes de référence, et de sélection des consultants.

Enfin, au regard de la nature profondément transversale de l'évaluation par rapport aux fonctions des trois comités, la question de la création d'un comité d'évaluation nous semble intéressante à creuser, indépendamment du choix entre l'option 2 et l'option 3.

### **Déplafonnement de l'OPEX**

La France reste attachée à la discipline budgétaire introduite par le plafonnement de l'OPEX : c'est une de ses forces en matière de pilotage de ses moyens dans le paysage varié des organisations internationales.

Cette proposition d'augmentation de 30M€ peut apparaître raisonnable dans son montant à l'échelle du triennum, considérant les besoins éventuels liés au caractère extraordinaire de la situation actuelle. Cependant, l'approbation de principe qui nous est demandée doit rester conditionnée à une justification solide, et à un suivi spécifique de l'utilisation de ces 30 M€ supplémentaires dans le cadre du comité AFC, en particulier lorsqu'il sera soumis au vote la présentation du budget de l'année du cycle actuel.

De ce fait, il convient de rester vigilant à l'avenir dans le contexte de la future stratégie et à veiller à maintenir la cohérence entre les ambitions que nous voulons voir porter par le fonds mondial et les moyens qui y seront associés. Nous attendons à cet égard du secrétariat qu'il continue, grâce aux leviers d'efficience, à rechercher l'absorption de cette augmentation conjoncturelle sur le prochain cycle.

### **Performance de la gouvernance**

La France remercie le cabinet Nestor Advisors pour la qualité de son rapport d'évaluation et prend note des recommandations visant à améliorer le fonctionnement actuel du Fonds mondial et à fluidifier les relations entre les différentes entités de gouvernance, notamment dans le contexte difficile que nous traversons actuellement.

La France soutient particulièrement les recommandations touchant au principe de prolongation de la présidence du conseil d'administration, à l'allongement et à la rotation des mandats des membres du conseil et des comités, ainsi qu'à la facilitation des processus de prise de décision au conseil.



S'agissant des recommandations portant sur l'élaboration et l'approbation de la stratégie, la France émet en revanche des réserves : le comité de la stratégie doit rester impliqué dans ce processus, au-delà du suivi de la mise en œuvre du modèle opérationnel. La mise en place d'un forum pour débattre de la stratégie n'est à cet égard pas nécessairement l'enceinte la plus adaptée pour permettre une discussion approfondie.

Par ailleurs, la France n'est pas favorable à ce stade aux propositions élaborées dans la section IV du rapport d'évaluation. Les besoins d'une réforme en profondeur de la gouvernance, actuellement considérée comme performante, ne sont en effet pas démontrés dans le rapport. C'est pourquoi la France estime qu'il serait prématuré à ce stade d'engager des travaux de révision de la structure de gouvernance. Le Fonds mondial doit aujourd'hui plus que jamais concentrer ses efforts sur les moyens de mieux répondre aux attentes des pays récipiendaires./.



May 7th, 2021

## **French Constituency Statement** *45<sup>th</sup> Board Meeting*

### **Introduction**

More than a year after the beginning of the Covid-19 crisis, we commend the Global Fund for its resilience and its ability to maintain our core missions all by demonstrating strong reactivity and providing rapid contribution to the multilateral response, in particular through the ACT Accelerator. Collectively, we have provided a decisive contribution to a global fight of unprecedented scale that is far from being over.

In this context, France is committed to see maintained the characteristic strengths of the Global Fund partnership: a clear mandate with strong ambition, sustainable means of action, strong and inclusive governance mechanisms, with an ever increasing focus on field impact on human rights and gender, health systems strengthening including community systems. The new strategy that has been discussed in depth at different occasions should aim to reach this objective.

As crisis can bring both risks and opportunities, we should avoid the first and build upon the second, avoiding to fall in the trap of precipitation, excess, and verticality: the Global Fund does not aim to become the global fund of emergency response and supplies, at the expense of the impact we must have on the three pandemics.

Instead, let's use the collective mobilization and spirit of responsibility that animates us today to reinforce further our action, improve our performance framework, the use of our resources and our governance, in a realistic and well thought out way. By reflecting our common vision and serving our ambition, our strategic framework is the assurance in the face of the health challenges of our time.

### **Strategy Development**

France already shared its proposed adjustments for the draft next framework strategic in a common position paper with the constituencies of Germany, European Commission / Belgium / Italy / Spain / Portugal, West and Central Africa and Eastern and Southern Africa.

We support greater visibility of the role of the Global Fund in security health, but we are opposed to expanding its mandate. Our priority is for the GF to focus on its core mandate and on improving the quality and sustainability of its interventions against the fight against HIV / AIDS, tuberculosis and malaria. We thank the secretariat for its work, but we regret that the proposed reformulation on pandemic preparedness and response still does not reflect the directions expressed, yet on multiple occasions, by the members of the Board. It is time to settle our line on this subject in order to finally be able to devote the necessary attention to the other major issues of our strategic discussion.

The new proposal does indeed involve major risks and weaknesses, in particular: a backsliding on health systems compared with the current strategy, an insufficient attention to HTM mortality and



resurgence, a confusion between activities and results as biomedical activities are listed among the goals of the next strategy when they are first of all means to our achieve public health outcomes, a dilution beyond the three pandemics of the GF resource mobilization efforts, a missed opportunity to embed these resource mobilization efforts in an overarching approach to sustainability, transition, and partnership with countries and other global health actors.

We welcome that the new proposal submitted for discussion for the 45th Board meeting positions communities more at the center of our action and replaces gender in the human rights objective. However, we doubt that a standalone objective on communities' responses and strengthening is more advantageous and relevant than a clear and firm anchorage of communities in the HTM and RSSH objectives.

### **Key performance indicators**

We do not support the principles put forward in the next performance framework. Indeed, they have been conceived to measure only the Secretariat's performance, when the Global Fund is first of all a partnership.

The French constituency considers essential that our next accountability framework focuses first on the areas of high value-added of our partnership: improving the health of key and vulnerable populations, removing human rights and gender related barriers, strengthening health systems and building country ownership. While it is important that the respective levels of control of the Secretariat and partners in these areas are clear, we should nevertheless and collectively seek as a priority to fully mobilize the unique capacity of the Global Fund partnership, including the Secretariat, to leverage these key issues.

### **Monitoring & evaluation**

In the future monitoring and evaluation mechanism of the Global Fund, France wishes to maintain a balance in the degree of attention paid to the Geneva level and to the country level, and to reaffirm its understanding that the success of the mechanism can only be measured against improvements of the GF impact in countries. Learning will need be strengthened both at the Geneva level than at country level. In particular, the articulation with national monitoring and evaluation systems and actors (incl. CCM oversight committees, community-led monitoring) must be clarified in a logic of country ownership and integration. Where appropriate, financial and technical support from the Global Fund should be considered.

Regarding the future of TERG, we thank the secretariat for the details provided on option 2 especially around risks, although we regret that additional information on option 3 and on budgeting have not been presented yet. At this stage, option 2 seems to us a disproportionate response to the issue of learning identified by the consultants. Before considering giving up on the independence of evaluation, we must first try to mobilize other levers. In our view, the participation of the secretariat in the development of the recommendations, under the supervision of an independent third party, can improve their relevance, while strengthening learning and knowledge management in the Secretariat can improve their ownership.



For the final decision, we will need granular information on both options so as to be able to precisely compare the modalities for the evaluation of the executive director, the development of the evaluation schedule and terms of reference, and the selection of consultants.

Finally, in view of the deeply transversal nature of the evaluation in relation to the functions of the three committees, the question of creating an evaluation committee seems important to consider regardless of the choice between option 2 and option 3.

### **OPEX cap**

France remains convinced of the added-value of the budgetary discipline introduced by the concept of “cap” of the OPEX: among the various landscape of international organisations, it is one of its operational strengths.

This proposed increase of €30M may appear reasonable in terms of volume over the three-year period, considering the imaginable needs linked to the extraordinary nature of the current situation. However, the approval of the request for additional resources must remain conditional to a solid justification and a thorough monitoring of the use of these additional 30 M€ at the AFC, in particular when the 2022 budget will be submitted.

We will particularly remain vigilant in the context of the future strategy to maintaining coherence between the ambitions we want the global fund to pursue and the resources associated to achieve it. We therefore expect the secretariat to continue using strong efficiency levers to eventually absorb this temporary increase over the next cycle.

### **Governance performance**

The French constituency welcomes Nestor Advisors’ Report on 2021 Governance Performance Assessment for its quality and takes note of the recommendations which aim at improving the current functioning of the Global Fund and at facilitating dialogue between the different governance entities in particular in such a complex context.

France is in favour of some of the recommendations notably these related to the renewability of Board Leadership’s mandate, to the extension and staggering of Board and Committee members and to the improvement of Board discussions.

Regarding the recommendations on strategy development, the French constituency would like to make some reservation as the strategy committee should continue being involved in the whole decision-making process beyond its role on implementation monitoring. If a forum were to be created, there would be no guarantee that an in-depth discussion on strategy development would be able to take place.

Furthermore, the French constituency cannot endorse at this stage the ideas developed in Section IV of the Report. No need for a further structural reform was demonstrated by the conclusions of the Report. On the contrary, the Report says that the current governance structure is highly performing. That is why the French constituency believes it is premature to engage further at this stage. The Global Fund shall be focusing on how better meet the expectations of the implementers./.

## Germany Constituency Statement

45<sup>th</sup> Board Meeting of the Global Fund to Fight AIDS, Tuberculosis and Malaria

### Strategy Development

We thank the Strategy Hub Team for their tireless work on the draft strategic framework. We welcome that some of our concerns have been integrated into the new framework. In this context, we would like to reiterate the detailed input we have given together with other constituencies after the Board Call in April and would highly appreciate a careful review of these (for ease of reference we included them as an attachment in the submission email). Our key priorities remain the following:

- **Place pandemic preparedness and response (PPR) in the “how” and not in the “what” section of the framework** and clearly define the role of the Global Fund also in relation to other global health actors. We very much appreciate the detailed inputs from the Private Foundations Constituencies on this matter and would like to emphasize once again that PPR related measures should always aim to have a sustainable impact on the strengthening of health systems and the ultimate goal of ending HIV, TB and malaria.
- Clearly outline the changes foreseen regarding the partnership model. The Global Fund works in a **complex global health environment** – enhancing cooperation at the **global and at the country level** is key to tackle the challenges we face. This needs to be reflected not only in the narrative but also in the **DNA of the Strategy Framework**. It needs to be clear “how” the cooperation with other global health actors will be operationalized. For example, on how the Global Fund takes into account the agreed goals from the recently adopted UNAIDS strategy. The framework also needs to spell out how the Global Fund will coordinate better with partners on topics such as transition and monitoring and evaluation. The **partnership approach of the Health Financing Department** seemed promising and should be taken up on other topics as well.
- Ensure that the **resilient and sustainable systems for health (RSSH) goal refers to strengthening and not merely supporting systems** to create sustainable impact. It should be made clear that the ambition on PPR builds on the existing systems strengthening efforts and structures already established under the HTM response. In addition, we welcome the focus of the current Draft Framework on engaging the **Private Sector**. From our understanding, this does not refer to selected private sector service providers but to a holistic engagement of the entire health system that is needed to reflect the realities in many of our partner countries. We further would like to point out again that the **RSSH Roadmap** provides important suggestions on how to improve the Global Fund’s approach to strengthening systems for health and it should be leveraged when refining the specificities of the next framework
- Regarding key shifts, it is our understanding that these will be further refined moving forward with the narrative. On the issue of **One Health**, for example, we would like to remind of our

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One Health input paper<sup>1</sup> and are looking forward to further discussion on concrete ways to address this area of work as part of the new strategy.

- We welcome the revised focus on gender and integration of **sexual and reproductive health and rights services** in the current draft framework and are also supportive of the increased focus on communities (even though we feel there is a need to be more precise regarding the implementation of this approach). Nevertheless, we would like to emphasize once more that the Global Fund needs to double down on its efforts to increase its impact with regard to Human Rights and Gender Equality in the next strategy. This should not be seen as a trade off with efficiency and effectiveness but as a core and necessary condition to achieve impact. In particular, **the next strategy should encompass a systematic and transformative approach to gender equality that needs to be reflected in Funding Requests.**

We support the proposed new **Vision** with a focus on equity.

On the **Mission**, we would prefer a combination of the two proposed options.

*“To attract, leverage and invest additional resources to end AIDS, tuberculosis and malaria and reduce health inequities by strengthening solidarity and resilience of health systems against infectious diseases in support of the attainment of the SDGs.”*

We are hopeful that the discussions at the Board Meeting will finally clarify the role of the Global Fund in PPR and will thus enable us to move beyond this high-level discussion and address further important issues for the next strategy.

### **Human Rights and Gender**

Especially in this time of crisis, it has become even more important to address the important issue of human rights and gender equality. Restrictive policies in many countries have devastating effects on the communities we serve. We need to ensure that the partnership continues to make progress towards Strategic Objective 3 and that **capacities** in this regard are scaled up at all levels accordingly including in the Communities, Rights and Gender (CRG) Departments and across the Secretariat. We would like to ask what progress has been made in relation to the CRG Accelerate Initiative. How are the effects of this initiative monitored?

In addition, we would like to reiterate our position that the Global Fund should use its leverage to engage in political dialogue with partner countries to reduce human rights barriers for key and marginalized populations.

### **Office of the Inspector General (OIG)**

We highly appreciate the OIG’s comprehensive report and the consistently high-quality work. We would like to commend the efforts taken to adjust to the COVID-19 pandemic throughout the last year. We are however concerned about the increased risk of fraud in the context of the disruption of routine work-practices coupled with an increased amount of funds being channeled to countries. It is

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<sup>1</sup>[https://www.theglobalfund.org/media/10617/strategydevelopment\\_2021onehealthapproach\\_inputpaper\\_en.pdf](https://www.theglobalfund.org/media/10617/strategydevelopment_2021onehealthapproach_inputpaper_en.pdf)

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crucial that the effective use of funds is monitored, especially when they are channeled through fast-track procedures and appropriate mitigation measures are taken. While we are aware that in the current situation an adaption of our risk appetite might be needed and while we appreciate the comprehensive presentation on the topic of risk management, we would like to echo other voices that under no circumstances, we should lower our ambition in monitoring risk and putting in place adequate means to prevent “cases”. We echo comments by other constituencies to leverage the capacities of national audit institutions as well as CSOs and communities in monitoring, particularly during this time of crisis.

We are concerned about the findings of the OIG Investigation on **allegations of sexual abuse**. It will remain important to continuously identify weaknesses of the Global Fund’s current policies and agreements with partners and adjust them where necessary. We strongly support zero tolerance in this regard and appreciate the measures taken by the Global Fund to ensure that the Global Fund has an appropriate framework to prevent and respond to such cases, including the training to implement the Code of Conduct for Governance Officials.

### **Key Performance Indicators (KPIs) and Monitoring & Evaluation (M&E)**

We welcome the proposed timeline for the KPI development and are happy to participate in this exercise through technical experts from our constituency. In general, we would like to reiterate that the next KPIs need to be ambitious, have a clear link to the strategy and also be reflected in the performance frameworks of grants. We need to ensure that we achieve better metrics to measure the partnerships impact, in particular on long-term goals such as systems strengthening, human rights and gender and coordination/synergies with other global health partners. We would also like to stress the importance to include – in addition to independent technical experts for example from independent Public Health Schools and technical partners - experts from communities and key populations in the technical consultations, as they are key to ensure that the KPIs hold us accountable to our joint ambitions.

### **Governance Performance Assessment**

We very much thank the Ethics and Governance Committee and Nestor Advisors for their work on the Governance Performance Assessment and the Governance Action Plan. We generally second the proposed priority areas for the draft Governance Action Plan especially regarding those on a more focused preparation prior to Board Meetings in light of the current work-load associated with the increased number of meetings. We need to be strategic about activities which we select and allow the Board and Secretariat sufficient time to prepare. Having said this, we think that now is also not the appropriate time to discuss a changed future governance structure of the Global Fund and rather see this matter - albeit important - as a long-term prospect for discussion. We look forward to hear the recommendations on a possible way forward by the Ethics and Governance Committee.

### **Resource Mobilization**

We appreciate the important update on the 6<sup>th</sup> replenishment pledge conversion and the Global Fund’s evolving resource mobilization approach in the context of COVID-19. Given that, at the November Board, the presented estimate for the number of public donor agreements signed by the end of 2020

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had been higher than the number that was reached, we would appreciate more information on the reasons for this unexpected delay and the impact this may have on the implementation of planned activities. How will these risks be addressed?

Even though we are still in the midst of a global pandemic, 2021 is a crucial year in the lead up to the 7<sup>th</sup> replenishment. The 20<sup>th</sup> anniversary of the Global Fund will provide opportunities to increase efforts in the fight against the three diseases and create further momentum in the context of the ACT-A partnership. We look forward to receiving more information on the planned activities of the Global Fund in this regard.

### **COVID-19**

The Germany constituency fully supports the important work of the Global Fund through the temporary establishment of the COVID-19 Response Mechanism (C19RM) as part of the ACT-A Partnership. While we appreciate the fast-track funding request approach to provide immediate support, we see the importance of community engagement and stakeholder consultations as critical for the medium-term, especially in the area of HTM mitigation measures. Additionally, it is of the utmost importance that we ensure sound situational analysis and an equitable distribution and sustainable use in-country of commodities and equipment procured through this approach. The Global Fund needs to ensure that adequate assurance mechanisms are in place that provide the Secretariat and the Board with sufficient oversight over the use of these additional funds.

### **Operating Expenses (OPEX)**

We consider the increase in the OPEX budget and the therefore necessary lifting of the cap to be in line with the increase in grant funding over the past years. We support the Private Foundations' recommendation to work closely with the AFC to allow for necessary capacity increases, such as for M&E. With regard to the 2020-2022 ambitions, we expect full transparency on what the additional funding will be used for. Given that the C19RM OPEX budget is financed separately, we would like to underline the need to closely monitor both budgets and potential implications of C19RM OPEX expenses for the general OPEX budget.

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## **LAC Statement**

### **Questions for Board Input on Global Fund Strategy Framework**

- Which of the two proposed options or modifications for the Strategy's vision and mission should be taken forward?

We support the following options:

**Option 2: VISION:** A world free of the burden of AIDS, tuberculosis and malaria with better, equitable health for all.

**Option 1: MISSION:** To attract, leverage and invest additional resources to end the epidemics of HIV, tuberculosis and malaria, reduce health inequities and to support attainment of the Sustainable Development Goals.

- Are there any further edits needed to clarify the framing of the draft goals, objectives, strategic shifts and partnership enablers?

With regards to the updated Strategy Framework for Board Review which includes refinements on the original option 3, specifically the addition of the conditional and Evolving Goal, subject to additional resources: "Increase Pandemic Preparedness & Response Capabilities", LAC is concerned about two potential risks.

a) The language is too broad and should be better and clearly express the conditionalities and criteria to channel those additional resources. If, for example, only additional financing for this purpose becomes available and dominant, the GF mission of ending HTM could be side-lined or shifted.

b) The language describing the Evolving Goal "Increase Pandemic Preparedness & Response Capabilities" should be focused on its contribution to prevent HTM service disruption in case of political instability, natural disasters related to climate change and upsurge of pandemics. Based on lessons learned from experiences of malaria disease elimination at country level in LA Region, the commitment was sustained mainly because of the community response; partnership models that work with communities and ensure their financing become a success and contribute to the goal of ending diseases. It is through strengthening and leveraging the existing malaria and TB programs and supporting them towards elimination that pandemic preparedness and response capacities will be further developed.

#### **Proposed edits:**

#### **1. How we work: Mutually reinforcing contributory objectives:**

"Strengthening people centered integrated systems for health to deliver impact, resilience and sustainability"

“Scaling up community engagement, community led monitoring and leadership to leave no one behind”

“Upholding Health Equity, Equality, Human Rights, Gender and Most vulnerable populations”

“Mobilizing Increased Resources for Health and community based systems”

## **2. Additional Strategic Shifts:**

Prioritize health over financial performance and increased focus on quality and sustainable impact.

## **3. Partnership enablers:**

Raising and effectively investing additional resources behind strong country-owned plans and articulating with partners with health initiatives at global, regional and sub-regional level to maximize progress towards the 2030 SDG targets

Operationalized through the GF Partnership, with clear roles & accountabilities & investments in support of country ownership & capacity building

- Which topics should be prioritized for expanded clarity and description in the Strategy narrative (e.g., specifying roles and accountabilities of actors in the partnership)?

TGF mandate and role to prevent mission creep in detriment of the primary goal of ending the three diseases.

TGF partnership model should urgently move to articulate partners’ committees or alliances at each level (not only global, but also at regional, sub regional, country and local level) to ensure aid alignment, efficiency and effective and sustainable investments and results. In that sense, the Strategy narrative should describe with further detail those aspects related to complementarity, roles, accountability and technical assistance competences of all actors engaged.

- Are there any other significant areas of disagreement from your constituency that would endanger your ability to support approval of a modified version of this framework in July?

The potential risk of diverting TGF primary goal of ending the three diseases to accommodate its role in Pandemic Preparedness and Response into the new strategy instead of clearly stating its commitment to stepping up the response to the three diseases including the PPR approach.

## **LAC CONSTITUENCY STATEMENT – 45<sup>TH</sup> GLOBAL FUND BOARD MEETING**

### **COVID-19 response & business continuity and related risks**

When TGF faced the increase risk levels posed by the COVID-19 Pandemic, the ED supported by the Board, reacted with remarkable speed and creativity, and focused its contributions to prevent HTM service disruption, through the Grant Flexibilities mechanism and the innovative establishment of C19RM response mechanism, at the same time that additional resources were mobilized and the GF positioned at the highest level in the global health partnership architecture.

After more than a year, we must assume that the COVID-19 Pandemic not only put a halt to the progress made on the three diseases response but also rolled back most of the achievements.

Nevertheless, we need to avoid presenting only the negative side of the impact of COVID-19 on HIV/AIDS, TB and Malaria in order to address properly GHS matters. 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, supply chain), 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 strengthening. 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".

How can we use the best practices and lessons learned from the response to the three diseases to gain leverage in Pandemic Preparedness and Response capabilities?

- LAC Region can show successful experiences of malaria disease elimination in which the commitment was sustained mainly because of the community response at country and local community level; partnership models working with communities and sustaining their financing, have contributed to the goal of ending diseases. This kind of strong examples of Community engagement and response should be replicated and support scaling-up. It is through strengthening and leveraging the existing malaria and TB programs and

supporting them towards elimination that pandemic preparedness and response capacities will be further developed.

- In the same way, we would like to support the Private Foundation Constituency “Illustrative Theory of Change” showing how national malaria program implementation – as supported by the Global Fund – can more intentionally improve malaria outcomes while building PPR capabilities. This shows how Global Fund malaria grants can be invested alongside other financial resources to both improve HTM disease impact and contribute to PPR capacity via the same programs; e.g., case management, surveillance, and campaign digitalization support, geo-localized detection and response, which is critical for the malaria response and PPR and these examples are showing us clearly the way forward. Efforts to eradicate malaria specifically will result in a measurable return on investment (through ongoing and accelerated morbidity and mortality reduction), and the ability to track related performance metrics across all domains for pandemic preparedness and response, including intervention coverage, essential health service provision, enhanced high level political will, accountability, and investment through domestic health expenditure.
- With regards to TB, contact tracing, treatment, prevention, and other components, early and timely diagnostic with the support of GenXpert enables not only TB case notification but also its use for SARS –COV-2 test. This is a clear example on how we can mitigate other pandemics risks.
- On HIV, LAC Region obtained the WHO certification of MTCHT of HIV and Syphilis in several countries: Dominica (May 2021), Cuba in 2015 (become the first country in the world to receive the validation) and in 2017, Anguila, Antigua & Barbuda, Bermudas, Caimán Islands, Montserrat, and Saint Kitts y Nevis.

In synthesis, according to psychosocial approaches, the best way to address invisible and potential risks is to work on the current and present risks, i.e. by working every day with every community and with innovation to eliminate the three diseases, we can develop the capacities, skills set, tools and experiences, enthusiasm and will, to address GHS, not as an abstract goal but as a tangible real threat.

### **PSEAH in GF Codes of Conduct**

We congratulate the Global Fund and particularly the ED and the EO for the development of a correct approach to address any situation of Sexual Exploitation and Abuse, and Sexual Harassment; that encourage staff and increase confident of victims to come forward and report any instances of Sexual Exploitation and Abuse.

### **Operating Expenses Evolution 2020-2022 Budget Ceiling Revision**

LAC Constituency approves the increase of forecasted aggregate operating expenses available for the 2020-2022 allocation period by US\$ 30 million, in order to facilitate the implementation of critical activities in 2022; such that the amount made available for operating expenses for the 2020-2022 allocation cycle shall be US\$ 930 million. Given that the C19RM OPEX budget is financed separately, we would like to support Germany Constituency identified need to closely monitor both budgets and potential implications of C19RM OPEX expenses for the general OPEX budget.

### **Developing the post-2023 KPI Framework & Models for Independent evaluation**

LAC Constituency agrees with the set of principles identified to guide the selection of indicators: Importance, Integration, Accountability and Actionability. With regards to the proposed options for models for the structure for the evaluation function at the Global Fund, LAC Constituency supports model 3: “An evaluation unit is structurally independent from Secretariat and reports directly to the SC/Board. The unit manages all strategic evaluation and determines the workplan in consultation with SC/Board”.

## Private Foundations Constituency Statement for 45<sup>th</sup> Global Fund Board Meeting

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### Response to Global Fund Strategy Framework GF/B45/05A-B Strategy Framework

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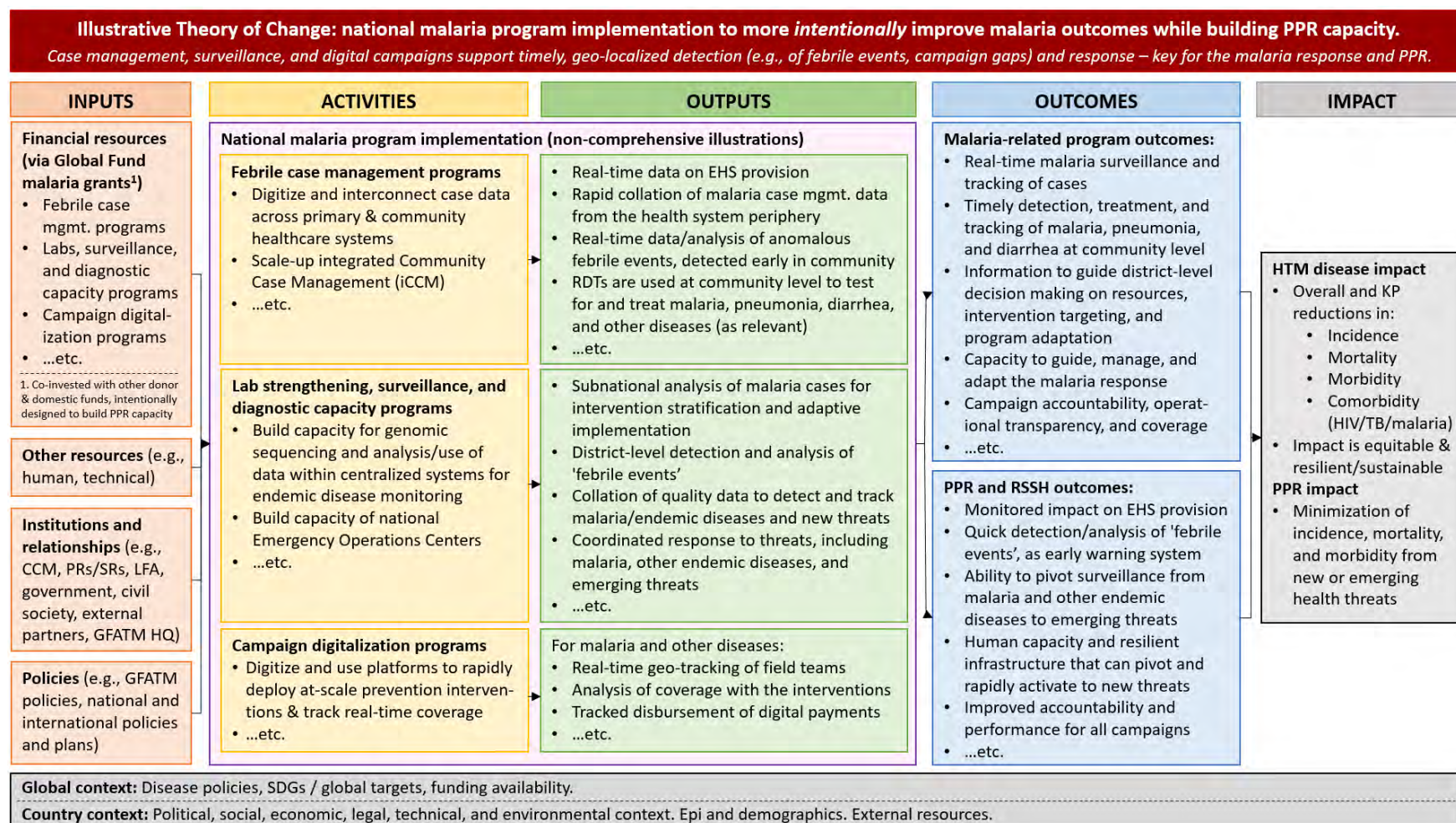
We are committed to listening and learning, thus we are grateful for the perspectives provided by the Secretariat, as well as by other constituencies. We thank the Secretariat for driving an inclusive strategy development process.

#### **Response to questions for Board consideration:**

1. **Response to question #1 on Vision and Mission:**
  - a. We are comfortable with both Vision options, though prefer option 2 to ensure strategic focus on equity.
  - b. For the Mission, we believe it is premature to align on the specific language until the Board aligns on the role in Pandemic Preparedness and Response (PPR). As noted below, we believe the Global Fund can be active and intentional in building PPR capacities and would be open to language that reflects this within the context of supporting sustainable HIV, TB, and malaria (HTM) responses, strengthening systems for health, and promoting human rights and community engagement.
2. **Responses to questions #2 on further framing edits and #4 on significant areas of disagreement:**
  - a. **Pandemic Preparedness and Response:** Going forward, PPR will be a major part of the global health dialogue. While there is no single institution positioned to address all aspects of PPR, the Global Fund has a set of strengths and focus areas that can be improved to continue to make significant contributions to PPR in key areas<sup>1</sup>, including through its critical role in addressing COVID-19.
    - i. Thus, we believe that the Global Fund Strategy and Investment Case need to define a clear role in building PPR capabilities. Our preference is to see it addressed through a more integrated approach in the Strategy, particularly with the RSSH objective, and implemented with a more intentional approach with specific measures/indicators of performance. This will signal the centrality of PPR throughout the Strategy.
    - ii. This cross-Strategy integration of PPR can be emphasized in the Investment Case and achieved as follows: scaling convergent HTM / PPR investments and addressing drug and insecticide resistance should both be part of the primary HTM goal; building solidarity for equitable, gender-responsive, rights-based approaches should be under the 'health equity, gender equality, and humans rights' objective; and the current PPR objectives on community systems, front-line capacity, surveillance/data systems, and lab systems/diagnostic capacity should be incorporated in the RSSH goal – potentially reframed as *“supporting people-centered integrated systems for health to deliver impact, resilience, and sustainability and to increase PPR capabilities.”*
    - iii. Regardless of the specific language used, our proposal puts an emphasis on how the Global Fund is evolving existing efforts to more intentionally / purposefully build PPR capacities. ***As an example, please see our illustration (next page) of how malaria programs can more intentionally improve malaria outcomes while building PPR capacity.***
  - b. **Private sector:** The current framing to ‘harness private sector capabilities/capacities’ does not reflect the need to also address weaknesses in the private sector. We believe the language should be broadened to convey that the Global Fund supports countries to exercise stewardship over and engage the entire health system, including the private sector, to ensure patients receive affordable, quality care wherever they seek it (see below). This includes harnessing strengths and addressing weaknesses in the private sector.
  - c. **Theory of Change (TOC):** The TOC needs to be agreed upon at the same time as the Strategy Framework itself. A TOC comprehensively describes and illustrates how and why a change is expected to happen in a particular context. It is key to measuring strategy progress, noted by the TERG. It is impossible to decide on the Strategy Framework if it remains unclear how that framework will lead to desired impact on HTM.
  - d. **Other key issues:** Ensure that other key issues receive appropriate framing (see below).
3. **Response to question #3 priority narrative topics:** As identified by the Secretariat, the narrative should articulate the distinct and complementary roles/accountabilities of actors in the partnership. To do this, we request options for significant partnership model changes be presented to the Board for consideration. It is insufficient to describe existing roles/accountabilities; instead, we need to discuss and decide how to improve the partnership to better support countries, incl. delivering technical support, building local/regional capacity, and delivering HTM impact.

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<sup>1</sup> Boyce, Matthew R. and Attal-Juncqua, Aurelia and Lin, Jessica and McKay, Stephanie and Katz, Rebecca, Global Fund Contributions to Health Security: Mapping Synergies between Vertical Disease Programs and Capacities for Preventing, Detecting, and Responding to Public Health Emergencies (February 28, 2020).



**Illustrative Theory of Change showing how national malaria program implementation – as supported by the Global Fund – can more intentionally improve malaria outcomes while building PPR capacity.** This non-comprehensive illustration shows how Global Fund malaria grants can be invested alongside other financial resources to both improve HTM disease impact and contribute to PPR capacity via the same programs; e.g., case management, surveillance, and campaign digitalization support timely, geo-localized detection and response, which is critical for the malaria response and PPR. Our constituency is working on similar examples for TB and HIV.

This type of Theory of Change can be built out and accompanied with a Global Fund Theory of Action to show how Global Fund grant making, approval, implementation, reprogramming, partnership, etc. contribute to this Theory of Change. The Theory of Action would define activities close to the Global Fund within its conifer of control.

Further, it is important to outline related assumptions and risks. Some (non-comprehensive) examples include: (1) assumes co-investments from domestic and donor sources to support an integrated approach [risk mitigated by Global Fund's co-financing requirements, DRM efforts, and efforts to align donors], (2) assumes relevant product availability, quality control, procurement, supply chain, etc. [risk mitigated by Global Fund policies, and procurement/supply chain support], and (3) assumes programs have the required technical support from partners [risk mitigated by the Global Fund partnership model, technical support set-asides, and reprogramming].

**Key issues to address in the 2023-28 Global Fund Strategy:** We are interested in seeing key issues addressed in framework and Theory of Change development (see below). We want to emphasize that the Global Fund has established policies, plans, and roadmaps that look to address many of these issues, and we encourage that the Global Fund draw on these.

**Issues that are not adequately addressed and need to be improved in the current draft Strategy Framework**

1. **Private sector engagement:** Future drafts should **better** address this topic. In many countries, a significant portion of people with or at risk of HTM seek care in the private sector, and often receive poor or variable quality of care / products at unaffordable prices. Progress in HTM and PPR relies on country governments exercising stewardship over the entire health system (incl. the private sector), creating mechanisms to engage productively with large numbers of providers of all types (incl. private providers), and being willing to deploy funding (incl. Global Fund grants) as necessary to ensure quality of care with financial protection. **As such, we believe the language should be adjusted to convey that the Global Fund supports countries to exercise stewardship over and engage the entire health system, including the private sector<sup>2</sup>, to ensure patients receive affordable, quality care wherever they seek it.** We believe that the focus should be on improved stewardship, which includes both “harnessing private sector capabilities and capacities...” (as currently framed) and addressing weaknesses in the private sector.
2. **Technical support through the partnership model:** Future drafts should **better** address changes to the partnership model to improve the quality of technical support. The Global Fund has limited technical bandwidth, and its core processes rely on partners for technical support. Yet, Global Fund has limited accountability mechanisms; further, as seen in Global Fund reports, technical support is of inconsistent quality, and countries are not always getting the support needed to generate technically-sound strategies or to address implementation challenges effectively.
  - a. **Call for Board discussion and/or technical consultation:** We believe substantial, ‘disruptive’ solutions – building from positive examples – are needed to address issues with Global Fund’s technical capabilities via its partnership model and internal technical expertise. While we do not have “the answer,” **we want to see options presented to the Board for significant partnership model changes to improve technical support and HTM impact.** Examples of options might include: (1) increasing the technical expertise and bandwidth (via OPEX) for the Global Fund, (2) directly funding national/regional TA governance structures, hubs, and performance agreements, (3) expanding the marketplace of TA providers, promoting indigenous providers to play leadership roles (e.g., set a Board-level vision, with related incentives, that X% of the grant life cycle TA provision is delivered by local/national/regional partners by 2030), and more.
3. **Pandemic preparedness & response:** Future drafts should **better** define the Global Fund’s role in PPR, balancing the need to: (1) continue to save lives via its investments in HIV, TB, malaria, RSSH, human rights, equity, etc. and (2) remain relevant in the context of COVID-19. Most of what is needed to combat a new pathogen is also needed to combat an existing pathogen, positioning the Global Fund to contribute to PPR capacity if done *intentionally*. For example, while likely an overestimation, a recent Lancet study suggested that over one-third of current Global Fund work (e.g., in lab systems, antimicrobial resistance) supports PPR<sup>3</sup>. The Global Fund should identify these areas clearly, **strongly link its PPR role to HTM via dual/multi-purpose interventions** (see page 2), and leverage its comparative strengths vis-à-vis other institutions, in line with the following principles.
  - a. While there is no single institution positioned to address all aspects of PPR, **the Global Fund has a set of strengths and focus areas that can be improved to make significant contributions to PPR**<sup>4</sup>. Core PPR areas might include surveillance, labs, diagnostics, and supply chain; additional work is needed to identify areas where Global Fund can maximize impact vis-à-vis others.
  - b. **Highlight the significant overlap between the systems for health needed to fight HTM and build PPR capacity with an integrated RSSH/PPR goal.** This linkage between PPR and RSSH can help bring specificity and measurability to the Global Fund’s systems investments. Importantly, the Global Fund will also need to continue to strengthen processes to make effective PPR-related investments (e.g., better approaches to system strengthening, build sustainability, and make longer-term, harder-to-measure investments).
  - c. **By investing in existing diseases (i.e., HTM) with an intentional approach to simultaneously build PPR capacity, Global Fund can sustain political interest by donor and country governments** (e.g., through measurable return-on-investment in the form of reduced disease burden, achievement of elimination targets, essential health service cost savings). Continual use of PPR infrastructure on HTM will also save lives, maintain skills between threats, and allow for rapid pivot/activation in response to new threats.

<sup>2</sup> “Private sector” refers to a range of private sector delivery mechanisms (e.g., clinicians, hospitals, drug sellers, pharmacies, laboratories, imaging centers) and channels that supply services/products to them (e.g., wholesalers, third-party logistics companies, digital health innovators, technology interface agencies, training and education institutions).

<sup>3</sup> Boyce, Matthew R. and Attal-Juncqua, Aurelia and Lin, Jessica and McKay, Stephanie and Katz, Rebecca, Global Fund Contributions to Health Security: Mapping Synergies between Vertical Disease Programs and Capacities for Preventing, Detecting, and Responding to Public Health Emergencies (February 28, 2020).

<sup>4</sup> Examples: history of HTM impact; country ownership; focus on equity, human rights, gender, and most vulnerable; community leadership; economies of scale; partnership.

- d. **Conversely, separating out PPR investments from those made for HTM and related RSSH will weaken responses to those three diseases** - whereas an integrated response will strengthen those responses.
4. **Country ownership** should be defined as a key principle, beyond just the brief mention in “partnership enablers” and clarified to emphasize the mutual responsibilities of donors and implementing countries.

***Issues that are adequately addressed and need to remain a focus in the Strategy Framework***

1. **Data quality, availability, and use:** Drafts should continue to emphasize ‘strengthened generation & use of... data’ to support people-centered, quality care for all, including via subnational tailoring and decision-making capacity.
2. **RSSH investments:** Drafts should continue to frame RSSH investments ‘to catalyze sustainable HTM outcomes.’ The narrative may include supporting politically informed, context-driven (e.g., political economy) analyses and earlier sustainability planning, building upon analyses of system constraints and systems strengthening priorities. We also hope to see improved measurability of RSSH investments, including linkage to HTM and PPR outcomes.
3. **Introduction of innovative products & service delivery mechanisms:** Drafts should continue to focus market shaping on equitable access, encourage risks of innovation for impact, and accelerate intro/uptake of innovations.
4. **HIV:** Drafts should continue to call for a ‘focus on precision [HIV] prevention...tailored to population needs.’
5. **Malaria:** Drafts should continue focus on subnational tailoring, achieving malaria elimination and maintenance, & drug/insecticide resistance.
6. **TB:** Future drafts should continue focus on quality care through ‘people-centered approaches.’

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**OPEX Budget Ceiling Revision**

*GF/B45/02 – OPEX Evolution 2020-2022 Budget Ceiling Revision*

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**We approve this decision point that has been vetted and recommended by the AFC.** While we appreciate and support ongoing efforts to minimize operational expenses, we remain concerned that the Board has elevated considerably its expectations of the Secretariat in proactively managing the grant portfolio without providing a corresponding increase in OPEX - which has been held level for a decade even without increases to adjust for inflation. We urge the Executive Director and Chief Financial Officer to work closely with the AFC to present future OPEX budgets that allow for necessary capacity increases to respond fully to responsibilities delegated to it by this Board.

For example, we foresee an enhanced and elevated M&E team and anticipate (and support) additional related operating expenses to make that happen as soon as agreement is reached on the structure. Similarly, we anticipate building out the Global Fund’s ability to increase awareness of “upstream” HTM innovations to proactively accelerate introduction/scale-up.

Further, expenses related to M&E (and CCMs) - now captured in both OPEX and Catalytic Investments - should be moved out of Catalytic Investments, as that is not an appropriate mechanism for ongoing core operational costs. Also, there are several “new” areas of work in the *2020-2022 Ambitions*, including “Market shaping strategy, supply chain and quality assurance” and “Provide in-country technology and digital services” - how can we learn more?

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**Strategic Performance Report**

*GF/B45/14 - Strategic Performance Report End 2020 + Annex 1 + Annex 3*

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We appreciate the work that has gone into the extensive report and annexes, which provide critical context for informing the process to establish a new KPI framework alongside the next strategy. Also, it is good to see minimal COVID-19-related impact on performance indicators to date – although we are aware that this may change. While the COVID-19 pandemic will clearly have an impact on health system resilience, it is not clear whether recent changes in the RSSH performance indicators are related to COVID-19. We need to continue to monitor this closely through grant management reporting.

Poor performance against incidence targets is of particular concern; we should reflect on this as we develop the next strategy. We also note with concern weaker performance against human rights KPIs, particularly in countries outside the BDB initiative, and would like to know more about how the Secretariat intends to improve performance in this area going into the next strategy, including scaling up beyond the BDB initiative. We are also concerned about persistent problems with measuring key populations and the impact this has on our ability to measure progress in meeting their needs.

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**M&E Matters**

*GF/B45/15 -- Update on M&E Matters*

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We support the objectives of the M&E Framework and view it as a critical companion to the Global Fund’s next strategy. The M&E Framework provides an opportunity to articulate how strategy priorities will be coherently and comprehensively monitored and evaluated through different approaches and tools. Moving forward, it will be critical to clarify relationships between interrelated components across the Global Fund’s strategy, M&E, KPI, and risk efforts (e.g., how does the Theory

of Change relate to the Conifer of Control?). In addition, the completed M&E Framework should articulate: (1) What are the metrics for success?, (2) What quantitative and qualitative data will be used?, (3) Who will have responsibility for gathering that input?, and (4) When will it come to the Committees and Board to inform its decisions? Future updates should also describe how continuous learning and response will be achieved (e.g., levers, mechanisms) – as well as show evidence of GMD buy-in to and engagement with proposals. In the near-term, immediate attention is needed to distinguish functional relationships across the Secretariat, TERG, TRP and OIG, as well as how they feed into Board and Committee oversight and decision making.

We support **Option 2 for the evaluation model** and appreciate the details on how independence is safeguarded throughout the evaluation lifecycle under this option, as well as how Option 2 may better serve learning objectives. We note that adequate funding through core operating expenses is essential – this is among several areas, including the positioning of the function and caliber of its lead, requiring follow-up, drawing on Risk and Ethics Officer experiences/parallels. Finally, we support efforts to build on good practices in formulating evaluation recommendations and responses so that follow-up is relevant, useful, and anchored in objective, independent analysis – with opportunities to learn from OIG’s AMA process.

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### Future KPIs

#### *GF/B45/16 -- Lessons Learned from Implementation of the 2017 – 2022 KPI Framework*

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We support the three guiding factors and the proposed principles for the future KPIs. We agree that the KPIs should be part of the broader M&E Framework, as KPIs are one of several tools to monitor and evaluate progress against the strategy. We request clarity on the KPIs’ distinct and complementary role in comparison to other components of the strategy, M&E, and risk efforts. For example, how will KPI framework development integrate with plans for a Theory of Change in GF/B45/15? From an accountability perspective, it is important to clarify how aspects not suited for the KPIs will be covered by other M&E approaches and tools, particularly issues that are challenging to measure quantitatively or require a longer horizon.

Drawing on the “conifer of control”, it is important that performance measures and incentives at each level reinforce and align with the aims and measures of surrounding levels – to avoid business model/process challenges seen in PCEs, SR2020, and TRP reports. A Theory of Change approach and framework to situate the KPIs would help address this issue.

We agree with the objectives of the consultations, particularly looking at appropriate measures of progress (not limited to KPIs) across the strategy and clarifying accountabilities. We recommend overlaying strategic priorities to components of the M&E Framework to understand the combination of approaches and tools to track and respond at different levels. During consultations, we recommend seeking implementer country stakeholder feedback. We also suggest focusing on identified priorities within HTM (e.g., HIV prevention), exploring cross-topic interactions (as many are interrelated/interdependent), and assessing how the Global Fund’s comparative advantages can help define the Global Fund’s roles. Finally, in addition to the TERG, the Strategy Committee M&E Working Group can provide guidance on taking forward Board input.

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### Risk and CRO’s Annual Opinion

#### *GF/B45/17 -- Risk Management Report and Chief Risk Officer’s Annual Opinion*

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We would like to see better connection between the strategic performance reporting (e.g., KPIs) and the trends and risks referenced in the risk report, which for example cites surveys of PRs, etc. from “a subset of countries” as the basis for its conclusions. Further, related to the M&E Framework, how will risk and M&E tools work alongside each other as part of coherent feedback and response systems at operational and strategic levels?

The detail on the Risk Register is appreciated. One challenge is the “forest through the trees” – for some challenges, the responsive steps are numerous, but it is not always clear that they are part of a coherent, cross-organization strategy. An example is the many citations of challenges in data quality, program quality, and data use to improve program quality<sup>5</sup>. This is critical, yet we were not able to discern how the Global Fund overall is approaching this persistent challenge, even though many initiatives were identified. Further, with the COVID-19 pandemic showing that “accessing country level data more frequently is possible”, how are lessons/experiences informing 2021’s renewed focus on data use by the Secretariat?

We recommend future risk appetite discussions link to the strategy development inputs on aligning the incentives created by risk appetite and performance metrics (strategic and operational) with the ambition and shifts needed in the next strategy. This should include: What risk tradeoffs are needed to enable strategic delivery, and how can the Global Fund appropriately balance fiduciary risk and programmatic impact, particularly with grant-level fiduciary risk on the rise?

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<sup>5</sup> “Poor quality data can impede implementers’ management of quality programs and the Global Fund’s ability to assess their impact. This can result in programs with improper focus on relevant interventions and beneficiary populations and failure to achieve desired public health impact.” Risk 04 - M&E. “Guidelines/tools to review quality of services are not available or programs are not routinely reviewed.” Risk 02 – Program Quality for TB. “Insufficient and inadequate use of data for the appropriate design of quality and efficient programs aligned with epidemiological context, combined with insufficient monitoring and surveillance.” Risks 01, 02, and 03 - Program Quality for HIV, TB, and Malaria.

## THE CANARY IN THE COAL MINE:

### CAN MALARIA ERADICATION EFFORTS BOLSTER PANDEMIC PREPAREDNESS & RESPONSE (PPR) CAPACITY?

#### THE PURPOSE OF THIS DISCUSSION MEMO IS TO:

- State the problem we are trying to solve.
- Propose specific ways in which increased quality and scale of malaria investments might contribute to PPR capacity.

#### 1. WHAT IS THE PROBLEM WE ARE TRYING TO SOLVE?

While concerted efforts have strengthened detection and response capacity to pandemic threats, a major weakness is the passive, untested, and often fragmented nature of the system, ‘waiting’ for the next threat to emerge. As such, it is increasingly clear that the global community needs some way to **routinely test and measure the performance and capacity of national healthcare systems to both detect and respond to emerging pathogens**, especially in rural areas.<sup>i ii</sup> Ideally, this would be an existing disease control and elimination effort that constantly demonstrates whether a country’s primary healthcare and national surveillance system is robust enough to serve PPR needs. **Connecting PPR field capacity building efforts to an existing human disease issue provides the vital signs, incentives, and accountability needed for performance tracking; driven by a measurable return on investment in the form of reduced disease burden, achievement of elimination targets, and savings in economic and healthcare costs.** In short, we need a routinely measured indicator disease that serves as ‘a canary in the coal mine’.<sup>iii</sup>

#### 2. SPECIFIC WAYS IN WHICH INCREASED QUALITY AND SCALE OF MALARIA INVESTMENTS MIGHT CONTRIBUTE TO PANDEMIC PREPAREDNESS AND RESPONSE CAPACITY.

Both PPR and human disease control and elimination efforts require a multi-pronged approach across several linked domains, including primary and community healthcare infrastructure; surveillance and laboratory diagnostics; commodity delivery campaigns and routine supply chains; governance and accountability; domestic, bilateral, and multilateral funding; and research and development. Existing and planned activities across these domains for the control and elimination of malaria can be **deliberately implemented with a view to strengthening PPR capacity**, while also accelerating the global malaria eradication timeline. This memo focuses primarily on the more operational of these domains, namely: **improved scale and quality of case management and associated surveillance and laboratory capacity to bolster preparedness (the ‘early warning’ system); and widespread adoption of digitized campaigns for commodity delivery as part of the response.**

##### 2A. IMPROVED SCALE AND QUALITY OF CASE MANAGEMENT.

The foundational backbone of a robust PPR effort starts with the ability to detect and respond to epidemics of unknown origin in a timely manner. **Zoonotic spillover events are most likely to go undetected where serious inequity and underinvestment in healthcare is most pronounced.** Indeed, despite efforts to scale up integrated Community Case Management (iCCM) within low- and middle-income countries, a significant number of fevers still go undiagnosed (across the African continent, for example, it is currently estimated that around 40% of all fevers among children still go undiagnosed). **Strengthening the quality and improving the scale and reach of malaria and febrile illness management throughout the tropics will be essential if we are to build PPR capacity. A properly resourced, and digitized, primary and community healthcare system facilitates the detection of anomalous ‘febrile events’ warranting investigation and allows ongoing monitoring of the impact of these events on the provision of Essential Health Services (EHS).**

Community health workers (CHW) are the frontline force for preventing, detecting, and responding to malaria, pneumonia, diarrhea, and other outbreaks. With basic training, CHWs offer frontline triage capabilities directly in communities or homes. This increases the potential to spot emerging outbreaks and reduces the potential for transmission to other family and community members.

Furthermore, there is emerging evidence that routine malaria and febrile illness surveillance does pick up ‘signals’ related to viral pandemic threats such as COVID-19. However, the data is too often derived from paper-based systems that are too slow and incomplete to serve as a platform for early warning, hence the need to rapidly deploy and scale digital health data platforms. Indeed, the threat of COVID-19, and variants thereof, is accelerating the adoption and scaled use of digital health data platforms, as well as highlighting the need for widespread Intensive Care Unit (ICU) capacity.<sup>iv</sup>



**CASE STUDY: Role of CHWs in preventing pandemics and ending malaria.** Especially in places where zoonotic spill-overs are a fact of life, one crucial step we can take is to invest in CHW capacity to detect and treat febrile illnesses. With basic training, CHWs offer frontline triage capabilities directly in communities or homes, and they are uniquely positioned to educate communities about healthy behaviors like safe burial practices and sanitation, to spot symptoms, and to conduct contract tracing and surveillance. Pictured here, a CHW in northern Rwanda, visits the home of her neighbor Mr. Gashimba to demonstrate use of a bed net. Elected by her fellow villagers, Janviere received training through a program supported by the Global Fund. Janviere and other CHWs are the eyes and ears on the ground, making them the frontline force responsible for preventing, detecting, and responding to malaria, pneumonia, diarrhea, and other outbreaks. (John Rae | The Global Fund)

In short, there is the potential to significantly improve the accurate diagnosis, timely reporting, and quality management of febrile illness, especially malaria, within the primary healthcare system and through a significantly expanded and strengthened cadre of CHWs that serve as the eyes and ears of a pandemic preparedness and response system.

## 2B. STRENGTHENED SURVEILLANCE AND LABORATORY DIAGNOSTICS CAPACITY.

The COVID-19 pandemic has underscored the need for strengthened capacity in surveillance, whether healthcare facility- or community-based, cause of death/mortality sampling, or more specialized, such as genomic surveillance. Likewise, accelerated malaria control and elimination necessitates greater investment in surveillance to measure progress related to preventing disease transmission, managing cases, monitoring drug and insecticide resistance, and tracking parasite movement/importation. **As with febrile illness management infrastructure and campaign delivery platforms, digitization efforts in the malaria surveillance space would, if broadly adopted, and scaled, significantly bolster PPR capacity.** As already mentioned in the previous section, digitally enabled primary healthcare infrastructure enables the rapid collation of case management data from the periphery of the primary healthcare system. **These data can be rapidly analysed within a centralized surveillance system and the output utilized to guide localized, district-level resource allocation and intervention targeting.** Meanwhile, COVID-19 demonstrated that **laboratories already deploying genomic surveillance for malaria and other endemic diseases were able to quickly pivot and expand to SARS-CoV-2 sequencing.** Ensuring that sequencing capacity is routinely used for endemic human disease monitoring, between pandemics, is vital to sustaining infrastructure and ensuring that it can activate rapidly in response to any future emergency. Another component of the PPR infrastructure that benefits from being routinely pressure tested is the growing network of national Emergency Operations Centres (EOCs). By utilizing them not just for sharpening early detection of epidemic threats, such as dengue fever, but also accelerating the elimination of disease threats such as malaria, **the capacity of these centres to efficiently collate high quality data and inform the response increases,** as has been observed in Laos in recent years where this linkage was first piloted. Indeed, investments are already facilitating replication of this model to support malaria elimination efforts in at least eight sub-Saharan African countries (DR Congo, Burkina Faso, Senegal, Kenya, Mozambique, Niger, Cote d’Ivoire, and Cameroon). As demand for such linkage

increases, countries may choose to include financing for EOCs in grant proposals for the Global Fund for AIDS, TB, and Malaria or the US President's Malaria Initiative.

## 2C. WIDESPREAD ADOPTION OF CAMPAIGN DIGITIZATION.

Robust PPR capacity should include methods by which to rapidly deploy at-scale preventative interventions, such as vaccines, and to do so with the ability to track in real-time the coverage levels being achieved. The malaria community is now helping drive a paradigm shift in the way intervention campaigns are delivered using digital platforms, which allow near real-time geo-tracking of deployed field teams, related household coverage with the interventions, and the disbursement of digital payments to campaign staff, which when combined improves accountability and performance markedly, negating threats such as the siphoning off of supplies and other resources. For example, through the national level deployment of a digital platform in Benin recently, mosquito bed net campaign **coverage, operational transparency, and accountability** were hugely improved, despite the ongoing COVID-19 pandemic. Country demand is now increasing to replicate this success, with several countries including campaign digitization in their funding requests to donors, such as the Global Fund. The use of the same platform in Benin for Seasonal Malaria Chemoprophylaxis (SMC) and for the onchocerciasis campaign has now led the Ministry of Health to request support to digitize all their campaigns using a **single public health population data set**. Clearly, when the costs of such integrated platforms are designed for and supported across multiple disease initiatives, the potential return on investment is high. Digitization is also starting to strengthen routine supply chain systems for the delivery of pharmaceutical and diagnostic interventions through the primary healthcare system, with useful lessons being learned and shared from the commercial sector.

## 3. SUMMARY.

While primary and community healthcare infrastructure, surveillance systems, campaign platforms or routine supply chain systems are not established solely for malaria, **bolstered efforts to eradicate malaria specifically will result in a measurable return on investment (through ongoing and accelerated morbidity and mortality reduction), and the ability to track related performance metrics across all domains for pandemic preparedness and response, including intervention coverage, essential health service provision, enhanced high level political will, accountability, and investment in domestic health expenditure.** Moreover, innovations in surveillance and especially the digitization of public health goods related to malaria case management and prevention will have positive system-wide benefits for generations to come.

Looking ahead, the Global Fund is well positioned to continue supporting these types of malaria-focused efforts, which also contribute to PPR capacity – thus building resilience to future epidemics/pandemics while continuing to improve malaria outcomes. Indeed, while likely an overestimate, a recent study in ten malaria-endemic countries estimated that over one-third of the Global Fund's work already supports health security and PPR (e.g., laboratory systems, deployment of medical interventions, health personnel and their development, and antimicrobial resistance efforts). The authors note, *“recognizing how vertical programs can synergistically support other global health efforts has important implications for policy related to health systems strengthening.”*<sup>v</sup> With malaria being one of the three diseases targeted by the Global Fund and one that primarily impacts poor, rural communities (especially in sub-Saharan Africa), malaria could indeed serve as a ‘canary in the coal mine’ for low- and middle-income countries most likely to be hit hardest by future pandemic if efforts to eradicate malaria are adequately resourced by domestic and global partners like the Global Fund, **ensuring our collective early warning system is ‘always on’.**

<sup>i</sup> The US-based Program for Monitoring Emerging Diseases (ProMED) reports an average of 13 unusual health events related to emerging and re-emerging infectious diseases every day. According to the WHO, 7,000 signals of potential outbreaks occur each month. Source: *WHO's work in emergencies: prepare, prevent, detect and respond. WHO Geneva 2018*

<sup>ii</sup> [How the pandemic is connecting environmental conservation and public health.](#)

<sup>iii</sup> The saying ‘canary in a coal mine’ refers to sentinel species used to detect hazards, typically environmental (e.g., build-up of dangerous levels of gas in mining operations).

<sup>iv</sup> It is acknowledged that other symptoms may present (such as respiratory symptoms, nausea, headaches etc.)

<sup>v</sup> Boyce, M.R et al. 2021. Global Fund contributions to health security in ten countries, 2014–20: mapping synergies between vertical disease programmes and capacities for preventing, detecting, and responding to public health emergencies. [Lancet Glob Health 2021; 9: e181–88](#)

# PRIVATE SECTOR ENGAGEMENT IS NOT IN THE CURRENT GLOBAL FUND STRATEGY – BUT IMPETUS TO ADDRESS IT

Audit and Finance Committee Report

## The Office of the Inspector General 2019 Annual Report

Including an Annual Opinion on Governance,  
Risk Management and Internal Controls

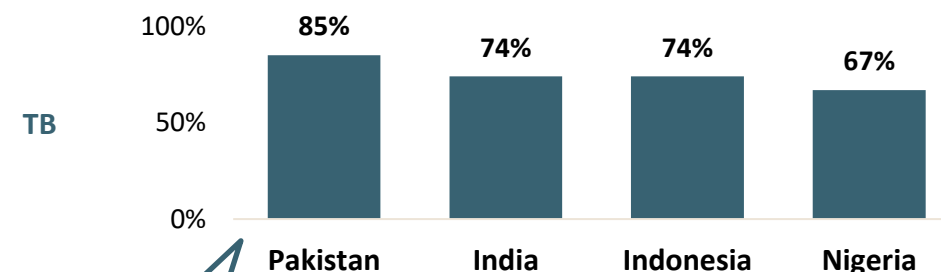
GF/B4302  
14-15 May 2020  
Geneva, Switzerland

“**Active engagement of the private sector in grant implementation will be critical in ending the epidemics**, as private sector health facilities account for a significant component of outpatient cases in many countries. Currently, this sector is not consistently involved in implementing Global Fund grants, often due to the absence of a national private sector engagement strategy. .... **The lack of a comprehensive strategy on the engagement of the private sector**, and of a defined approach to the monitoring and supervision of private sector facilities, **limits the effectiveness of Global Fund grants** in the country.”

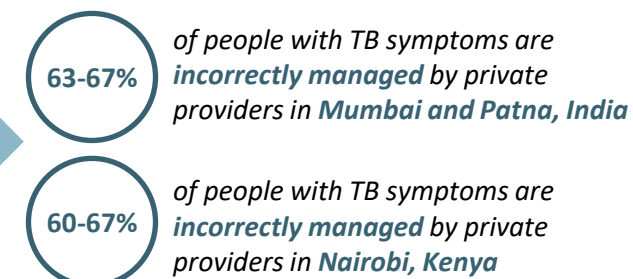
Given a significant portion of people seek care in the private sector, the Foundation believes RSSH investments should include a private sector strategy component, where the aim is to improve the quality and affordability of care received in the private sector and improve outcomes, with a focus on equity

In many countries, a significant portion of people living with or at risk of HIV, TB, or malaria seek care in the private sector

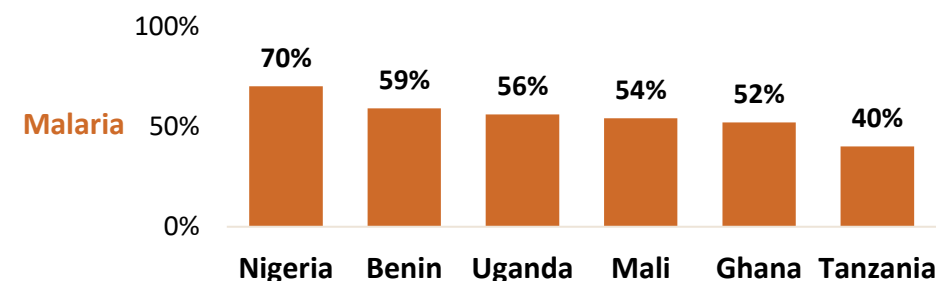
% of people seeking treatment in the private sector (selected countries)



There is a need to improve the quality of care that individuals receive in the private sector



Private provision **dominates care-seeking** in the 7 countries that have **62% of the world's "missing" TB cases**, and yet private providers **contributed just 23% of notified cases** or just 16% of estimated incidence



**CONTEXT:** The Global Fund lacks a strategy to support national governments to exercise stewardship over and engage the entire health system, including the private sector, to ensure people receive affordable, quality care wherever they seek it. Progress in HIV, TB, malaria, and PPR depends on governments exercising stewardship over the entire health system (incl. the private sector), creating mechanisms to engage productively with large numbers of providers of all types (incl. private providers), and being willing to deploy funding as necessary to ensure quality of care with financial protection.

**PROBLEM STATEMENT:** In many countries a significant proportion of people living with or at risk of HIV, TB, or malaria seek diagnosis, care, and treatment in the formal and informal private sector. People often receive lower or variable quality of care and products in the private sector. Yet, the Global Fund and many country governments do not have clear strategies for engaging private providers (e.g., extending publicly funded services to private providers) and so are less likely to invest in systems to improve access to and ensure the quality of their services or collect data from services provided.

**VISION FOR 2030:** The Global Fund helps countries achieve UHC by extending quality services with financial protection to people wherever they seek care. Based on strong institutional foundations, countries implement differentiated public-private engagement models that are relevant to local context and extend publicly funded services to people receiving care the private sector. Diagnostics, care, and health products in both sectors are high quality and accessible to people, including lower-income and at-risk populations.

**BREAKDOWN OF PROBLEMS**

In many countries a **significant proportion** of people with or at risk of HIV, TB, or malaria seek diagnosis, care, and treatment in the private sector, yet Global Fund and country governments are **less likely to invest** in private provider engagement or services.

Attempts have **failed to redirect care** from the private sector to the public sector, so targets cannot be met without extending publicly-funded programs and services to private providers.

The private sector frequently has **poorer quality of available products** (e.g., due to less regulated supply chains, due to less product quality assurance) and **variable and poorer quality of care**.

**Quality and timeliness of diagnosis** are often particularly poor in the private sector, due to a combination of provider preferences, market dynamics, and reduced access to appropriate tools.

**Tuberculosis**

Nearly 60% of all people with TB initiate care in the formal or informal private sector, yet a majority of these people are either not diagnosed or not reported to the NTP. While effective engagement models exist, high-burden countries with large private sectors have failed to adequately prioritize them.

Attempts to redirect people with TB from the private sector to the public sector have had limited success. At the current pace of progress, with the global TB incidence rate declining by about 2% per year, the goal of ending the global TB epidemic by 2030 is unlikely to be achieved.

TB treatment in the private sector is highly variable and frequently of poor quality. For example, <10% of all cases reported to the NTP come from the private sector, and those treated outside of the NTP generally have poorer treatment outcomes. In one study, only 1/5 unannounced standardized people presenting to private providers with classic TB history were correctly managed (Subbaraman et. al. 2016).

Private facilities have considerably less TB diagnostic capability than public facilities, including sputum smear microscopy and Xpert testing.

**Malaria**

The private sector is key to the provision of malaria treatment in endemic countries, constituting a substantial proportion of the overall market and tending to reach the poorest segments of societies. In Nigeria, for example, 70% seek treatment in the private sector first. In South East Asia, the private sector is critical for malaria case mgmt./elimination. While individual projects have trialed private sector engagement and/or financing mechanisms, most country governments and donors have prioritized public sector strategies.

Barriers to care within the public sector have contributed to continued private sector treatment seeking. Examples include limited access to quality care (e.g., long wait times, facility open hours, commodity stockouts) and inconvenience (e.g., distance from home). People are willing to pay for 'improved' service (e.g., quicker/convenient service, available drugs) in the private sector.

The unregulated and unsupervised nature of the private sector leads to non-conformity with national policies and guidelines, including overall poorer quality of available products and quality of care. A key challenge is ensuring that quality products are affordable, available, compete with poor quality products, and are demanded by people (e.g., people are educated about quality assurance products).

Testing in the private sector is often hampered by poor commodity availability, restrictive policies, lack of protocols for febrile illness management, and lack of pricing/incentives to support testing/diagnosis. As a result, treatment is frequently given without first performing an RDT.

Sources: Chin, Daniel P., and Christy L. Hanson. 2017. "Finding the Missing Tuberculosis Patients." Journal of Infectious Diseases 216(Suppl 7): S675–78.; Hanson, Christy et al. 2017. "Finding the Missing Patients With Tuberculosis: Lessons Learned From Patient-Pathway Analyses in 5 Countries." The Journal of Infectious Diseases 216(suppl\_7): S686–95.; Subbaraman, Ramnath et al. 2016. "The Tuberculosis Cascade of Care in India's Public Sector: A Systematic Review and Meta-Analysis." PLoS Medicine 13(10): 1–38.; World Health Organization. 2019. "Malaria Case Management in the Private Sector in High-Burden Countries." WHO Technical Consultation meeting report.

**CONTEXT:** The Global Fund lacks a strategy to support national governments to exercise stewardship over and engage the entire health system, including the private sector, to ensure people receive affordable, quality care wherever they seek it. Progress in HIV, TB, malaria, and PPR depends on governments exercising stewardship over the entire health system (incl. the private sector), creating mechanisms to engage productively with large numbers of providers of all types (incl. private providers), and being willing to deploy funding as necessary to ensure quality of care with financial protection.

**BREAKDOWN OF PROBLEMS**



**Tuberculosis**

**Malaria**

People who seek care in the private sector **often don't adhere to a full course of treatment** once they start to feel better, due to the cost of treatment and lack of adherence support services.

Treatment nonadherence is common. Treatment completion rates are lower in private vs. public facilities (~50% vs. ~85%), even in the context of public-private partnerships. Monitoring technology can now help support people receiving treatment.

People, and some private sector providers, face substantial uncertainty about the relative effectiveness of different antimalarial drugs, how to take them properly, and about whether the illness being treated is even truly malaria. Quality assured antimalarials cost more than other commonly used and less efficacious drugs, people report feeling substantially better after the first few doses which discourages treatment course completion, and the purchase of a partial course is not uncommon for those less able to pay.

Private providers are a **large and heterogenous group**, creating additional challenges – particularly regarding the “informal” (non-qualified) private providers. Further, **national and subnational differences** in private sector providers, capabilities, and utilization warrant highly differentiated approaches to optimize private provider engagement.

The private sector is very heterogeneous. For example, in some locations in India, the majority of care is provided by practitioners of Indian medical traditions (e.g., AYUSH) or informal providers, who often have no formal medical degree. The level of private care most heavily utilized and the diagnostic and treatment capabilities at these facilities varies widely between countries and subnationally – calling for differentiated approaches to people-centered care.

On average, people with febrile illness or caregivers first seek treatment through private sector pharmacies and authorized and informal drug shops, yet this varies by country. Points of care can include formal facilities (e.g., hospitals, clinics, doctors), pharmacies and authorized drug shops, and informal providers (e.g., markets, kiosks, itinerant drug vendors). The split across these groups varies significantly between countries – primarily driven by ease of access. A one-size-fits-all solution will not address the needs of the private sector. Additionally, the heterogeneity of providers contributes to differences in equitable access to care. 40% of the poorest rely on private providers for initial care – as the private sector is often closest to the individual, particularly in areas underserved by general health and community services and for low-income individuals. Further, informal providers are found mainly in the rural areas.

There is a **lack of data** on private providers and poor surveillance, due to few incentives to merge private sector data into country data systems.

There is a lack of data on TB outcomes and the overall patient care cascade in the private sector. Further, <10% of all cases reported to the NTP come from the private sector.

There is relatively limited case management data coming out of the private sector, which makes for significant challenges in national surveillance systems. Identifying incentives to ensure private provider data collection and reporting, district level inclusion into the national health information systems, and use of those data are still significant gaps.

The strength of the **private wholesaler and distributor market** varies significantly across geographies and product categories and therefore has varying impacts on private providers.

Given the varying levels of maturity across geographies and product categories, a differentiated approach is required to identify barriers and develop solutions. While most countries with the highest TB burden have well developed private pharmaceutical distribution channels capable of delivering high quality pharmaceuticals, the highest burden malaria countries tend to have less developed distribution markets. In countries with a weak private channel, certain inefficiencies exist, including: highly fragmented wholesale / distribution markets, higher channel markups for user paid products, and limited working capital and forecasting challenges which lead to sub-optimal ordering and increased likelihood of stockouts. These inefficiencies have a direct effect on private providers ability to consistently provide quality, affordable pharmaceuticals.

## Private Sector Constituency Input

45<sup>th</sup> Global Fund Board Meeting, 5,10, 11-12 May 2021

### I. OPEX Evolution 2020-2022 Budget Ceiling Revision (GF/B45/02+Annex 2)

The Private Sector believes that the OPEX should reflect the Global Fund's strategy, support its successful implementation, and help to prepare for the next replenishment in 2022. We note the challenges facing the Secretariat in 2021 due to an increase in grant making activities, scaling up of the COVID-19 response, investments in strategic capabilities and in organization of the Seventh Replenishment in the changed political and economic reality of COVID-19. And while we support the Secretariat being funded to successfully operationalize the Global Fund Strategy and deliver on the Fund's mission, the request for a budget ceiling revision highlights several areas of outstanding concern for the Private Sector, for which responses have not been received from the Secretariat to date:

- We continue to be concerned that the Secretariat's has not shared a strategic human resources workplan to ensure that the Fund's human resources capabilities and skills needs are aligned with delivering on the strategy. We would like to better understand the Secretariat's human resources organizational accountability framework used to measure and reward performance for delivery of impact. We note the commitment to share this with the 2022 Budget later in the year.
- With the request for additional resources, we believe it is important that both these additional resources and the existing OPEX resources are appropriately leveraged for greatest Global Fund impact. We also have raised questions about expenses that have been carried in Catalytic or Strategic spending that should more appropriately be characterized as Operating Expense. We would have hoped that in its request for additional OPEX funding, the Secretariat would have addressed these structural budget issues.

We would also like to understand the potential interplay of the funds proposed to be added to the budget envelope and the funding that is anticipated to come in through C19RM for operational expenses and infrastructure. Noting the OIG's reflections on the human resources issues around the transition to a focus on COVID-19, it would be helpful to understand the interplay between these funding streams.

The Private Sector reiterates our position 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. As we approach the 2022 Replenishment in the context of the economic impact of COVID-19, it is of particular importance that part of the Global Fund's brand story and value proposition must stem from its diligent commitment to efficiency and demonstrating impact and value for money across its expenditures.

Finally, the Private Sector emphasizes that our support for a revised budget ceiling for 2020-2022 is intended to provide the Secretariat adequate flexibility to propose a strong business case for a 2022 OPEX budget. We anticipate that efficiencies and rigor in the budgeting process could result in a 2022 OPEX budget request below the revised ceiling.

## II. [OIG 2020 Annual Report and Opinion on Governance, Risk Management and Internal Controls \(GF/B45/03\)](#)

The Private Sector appreciates the update from the OIG. We are pleased to see that material weaknesses were not indicated in the Global Fund's processes that would compromise the overall achievement of its strategic and operational objectives. We recognize the critical role of the LFAs in monitoring the situation on the ground, and we support the additional funding being allocated to their important work.

Regarding sourcing and supply chain management, considering the challenges stemming from COVID-19, we would request a specific presentation on Sourcing regarding supply chain challenges, how they are impacting program progress, and risk mitigation steps being taken.

We reiterate our concern about the material delays around country team feedback to countries, which was reinforced in recent OIG audits of internal processes. Given the importance of this issue, how does the Secretariat plan to continue improving systems to reduce delays?

The OIG notes concern around human resources and the transition to a focus on COVID-19, specifically noting that "reallocating staff to support prioritized activities was a slow and somewhat ineffective process." Given the potential increase in funding to the OPEX, we would appreciate clarity from the Secretariat on how they plan to ensure that operational changes are conducted efficiently and effectively.

## III. [Update on COVID-19 and Business Continuity \(GF/B45/04\)](#)

The Private Sector appreciates the update on COVID-19 and business continuity. We recognize the additional burden and stress put on staff in such extraordinary circumstances and appreciate the proactive steps taken to survey and address challenges to staff well-being and functioning. It would be interesting to look at data on staff turnover as a concrete indicator. We note the progress on signed grants for the 2020-2022 allocations.

Regarding C19RM disbursements specifically, we look forward to seeing more details on the disbursement of C19RM 1.0 through an M&E lens. Recognizing the need for additional processes to be put in place to manage the increased resources for C19RM 2.0, we do want to voice our concerns that the new mechanisms may become overly complex and require significant review time while the situation on the ground remains dire. We will appreciate an update from the Secretariat on how the new processes are functioning and on the impact on review timelines and disbursements.

## IV. [Development of Strategy Framework \(GF/B45/05-A\) and Background Paper to Strategy Development Discussion \(GF/B45/05-B\)](#)

The Private Sector notes the progress that has been made on the Strategy Framework over the past several months and believes that the current, updated Framework is a positive step forward. We believe the framework needs continued refinement on how it characterizes the role of the Fund in addressing pandemic preparedness and response (PPR) as a defined objective of the strategy.

The response to COVID-19 will likely impact the efforts of the Fund for the next several years, but in setting an objective for the Fund in pandemic preparedness and response post-COVID-19, we need to balance

focusing on delivering against the core mission of ending HIV, TB, and malaria by 2030 and appropriately positioning the Fund to contribute to global efforts to better prepare for future pandemics. We believe that the current framework does not reflect what we believe was the consensus coming out of previous Board discussions on the appropriate characterization of the role of the Global Fund in future Pandemic Preparedness and Response. We do not believe that PPR should be articulated as a separate specific goal or “what” of the Global Fund Strategy. Without creating separate workstreams distinct from the focus on HTM, the Global Fund can and should explicitly contribute to PPR through its investments in health system strengthening, including through the ongoing investments in building capacities in disease detection and rapid response, and strengthening disease surveillance systems. RSSH is a key element of success of the Global Fund strategy, including contributing to PPR and enabling a successful transition of countries to domestic funding.

To that end, we support Option 1 for the mission, which explicitly maintains our focus on the three diseases and on contributing to the attainment of the SDGs. The Private Sector also supports Option 1 of the vision. We believe the principle of ‘equity’ is already captured in the current version, which is clear and concise.

The Private Sector is supportive of a modified framework which reaffirms the Global Fund’s core mission of ending the three diseases as its overarching objective, with the appropriate framing of the Fund’s role in pandemic preparedness. We also agree with and support the need for integrated, people-centered quality services, including through community-led organization service delivery and through services provided by the private sector. We agree that the Fund needs to harness private sector capabilities and capacities to improve the scale, quality and efficiency of services to strengthen outcomes, including in supply chain and in direct delivery of client-centric services. But we also recognize that harnessing the capabilities and capacities of the private sector entails instituting appropriate safeguards and regulations to ensure that people with or at risk of HIV, TB or malaria who seek services in the private sector receive affordable and quality services. The Global Fund has a role to play in both allowing those we serve to receive care in the settings most appropriate for them, public or private, and to ensure that the care that they receive, in both public and private settings, is quality assured and affordable.

We also believe that the timely introduction of new prevention and treatment innovations will significantly contribute to our ability to achieve our prevention and treatment goals to end HIV, TB and malaria, however we seek greater clarity on what “NextGen market shaping” means in reality to ensure that the Global Fund strategy is able to deliver on bringing innovation to our efforts in a timely manner.

We look forward to clarifying these remaining questions, so that we can be in a position to support the approval of the Strategy Framework in July.

#### **V. Update on Community Rights and Gender & Strategic Objective 3 (GF/B45/06)**

The Private Sector appreciates the update on CRG and the SO3. As we move forward, it would be helpful to understand the impacts of COVID-19 on CRG initiatives.

Noting the first significant area of concern identified by the TRP, the Private Sector reiterates strong support for the assessment that the Secretariat and partners must focus their efforts on programmatic results and impact rather than absorption in countries where ongoing Global Fund investment has not translated into strong programmatic performance. This further reinforces the importance of strengthening collection and reporting of disaggregated data at the country level.

## VI. Report of the Technical Evaluation Reference Group (GF/B45/08)

The Private Sector appreciates the review of HIV primary prevention by the TERG. We have noted that there is little reference to the importance of innovation and emerging technologies to avert new HIV transmission, as this is a critical tool to achieving sustainability in our approach. How to best incorporate new biomedical prevention technologies within Global Fund funded prevention programs in a timely and impactful manner will be a key question to be addressed over the course of the next strategy to reach our 2030 objectives on the reduction of HIV infections.

The Private Sector appreciates the TERG review on private sector engagement and largely endorses the high-level conclusions and recommendations of this report. We are pleased to see that it highlights the significant and diverse ways in which the private sector plays a major role in service delivery across countries where the Global Fund operates. We appreciate that the review highlights potential synergies between Global Fund objectives and competencies offered by the private sector, including in the areas of data management, resource mobilization, supply chain management, and financial management.

We agree that there is no “one size fits all approach” and the interactions and ways of engagement will vary by country and by disease. We support a more defined approach being articulated by the Secretariat to give guidance to countries on pathways to incorporate private sector capacity in Global Fund supported efforts against the three diseases and in health system strengthening.

We note that one important point raised by the TERG is that engaging the private sector requires complementary attention to issues of policy and regulation. This support will help to create a positive enabling environment to effectively engaging the private sector, and we hope more efforts are made around this issue moving forward. Overall, the report identifies a number of high-value intervention areas where the Secretariat should develop recommendations for ways to engage the private sector at the country level.

## VII. Update on Financial Performance (GF/B45/13)

In regard with the oversight on sources and uses of funds, the Private Sector reiterates the point that the use of funds related to COVID-19 increases the overall absorption level of funds, and obscures lower absorption levels in some core programs. We think that the breakout of C19RM impact on absorption related to core programs is critical. We would request that the Secretariat provides additional clarity on how reprogramming for COVID-19 impacts measures of absorption rates related to core program funding prior to repurposing of funds to address COVID-19. The Private Sector would like to reiterate our belief that it is critical to understand and address issues affecting absorption in core programs.

## VIII. Strategic Performance Reporting (GF/B45/14)

The Private Sector acknowledges the update on Key Performance Indicators (KPIs) results against targets at end-2020 and the provided insights on overall performance and areas where the impact of COVID-19 has been observed. We note that there is no widespread reduction in performance attributable to COVID-19 and we think that lack of big impact on KPI performance should be concerning given we know there was programmatic impact, and this underscores how disconnected the KPIs are from providing useful and timely insight into programmatic impact and performance.

The Private Sector will appreciate additional information on how the Secretariat is planning the development of the C19RM KPIs. It is important that the Secretariat utilize learnings from measuring the impact of COVID-19 and measuring progress towards the current strategic goals with the existing KPIs in the development of the new M&E framework.

Finally, we commend the Global Fund on its pledge conversion rate (100%) in spite of COVID-19. Mobilizing more than 120% in co-financing is a significant accomplishment. However, the secondary impact of COVID-19 is likely to challenge this momentum due to the huge pressure that COVID-19 imposes on both donor and implementor budgets and the potential implications for the 2022 replenishment. We look forward to further discussions and updates from the Secretariat on plans to address this challenge.

#### **IX. Update on Monitoring and Evaluation Matters rev. version (GF/B45/15)**

The Private Sector is broadly supportive of the proposed core principles of the new M&E Framework and the associated timeline, roles and responsibilities. We understand the desire to have a M&E Framework that supports learning and independent evaluation, and we appreciate that each of the evaluation models presented have different facets that offer unique costs and benefits. We acknowledge the additional detail provided by the Secretariat on the pressure points identified from the reviews and the clarification provided regarding how the different models deliver on improved learning.

#### **X. Risk management report and 2020 Annual Opinion of the Chief Risk Officer (GF/B45/17)**

The Private Sector appreciates the Secretariat's efforts to manage the complex tasks of mitigating risk in the difficult circumstances posed by COVID-19, and we are pleased to hear that the risk management and internal controls architecture has remained intact. We would like to reiterate our specific concerns around the very high risks for TB program quality that have emerged during COVID-19. We appreciate the Secretariat's efforts to develop tailored catch-up plans, especially around TB and COVID-19 concurrent testing and contact tracing. Addressing the significant losses in TB diagnosis and treatment will be crucial to getting back on track towards 2030.

#### **XI. Status Update on Implementation of Agreed Management Actions (GF/B45/18)**

The Private Sector appreciates the AMAs implementation update. We note that although the open AMAs situation appears to have improved since March 2020, this seems to be more due to a reduction in OIG audits and investigations than to an improved performance by Management in meeting the agreed target dates for implementing AMAs.

#### **XII. Update on Resource Mobilization Matters (GF/B45/19)**

The Private Sector appreciates the update on resource mobilization and acknowledges the Secretariat's success in maintaining the Sixth Replenishment pledge conversion for both public and private donors. We are pleased that at the end of 2020, signed contribution agreements were in place for 85% of private sector pledges.

We congratulate the Secretariat for the hard work on securing the USD 3.5 billion committed by the U.S. in support of the Global Fund's effort to fight the COVID-19 pandemic, and for the additional resources pledged by Germany and the Netherlands.

The Private Sector looks forward to the updates from the Secretariat on the early preparatory work on the Seventh Replenishment and to continuing collaboration with the Secretariat in cultivating private sector engagement and preparing a solid investment case and a strong resource mobilization campaign for the Seventh Replenishment in 2022.

# **THE SOUTH EAST ASIA (SEA) CONSTITUENCY**

## **The Global Fund**

### **To Fight AIDS, TB and Malaria**

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### **The South East Asia (SEA) Position Statement for the 45<sup>th</sup> Board Meeting to Fight HIV, TB & Malaria**

As the Global Fund to Fight HIV, TB & Malaria holds its 45<sup>th</sup> Board Meeting virtually on 10<sup>th</sup> - 12<sup>th</sup> of May 2021 the SEA Constituency of the Global Fund despite the looming pandemic it heralds a successful meeting. While many important issues are tabled for deliberation the SEA Constituency confines its views on what we regard as priority and accordingly the following:

#### **1. Briefing on the Risk Appetite Framework**

The SEA Constituency with a large number of key populations and communities with large populations affected with the pandemic situation finds the delivery of health services aggravated with manifold increase in its risk factors. However, we are happy to inform that initiative in recent past for integration of pandemic intervention with other health needs in some member countries gives us hope of minimization of risks over time. The Bhutanese Government has opened flu clinics services starting May 2021 that would along with COVID-19 testing, test TB, STD (HIV, Hepatitis B, Syphilis) Malaria and Dengue that could be model for the Constituency to prevent epidemics and treat detected cases instantly minimizing health risks considerably.

#### **2. COVID-19 & Business Continuity**

The SEA Constituency commends the Global Fund for acting swiftly to help countries by mobilizing resources and introducing the COVID-19 Health products made accessible through pooled procurement (wambo) mitigating the impact of the COVID-19 on programs of HIV, TB and Malaria.

However, we need to highlight that the countries in the South East Asia have still face huge difficulties with the second wave making situations uncontrollable and more countries are struggling to fight COVID-19 and its chain effects.

In order for countries to access support introduced by the Global Fund through C19 RM the process is found too weighty to work on for funds so inadequate, at a time of emergency and serious manpower shortage caused due to the deployment to respond to COVID-19, and hence needs to be simplified while minimizing the financial risks through proactive oversight.

The SEA Constituency is thus grateful for measures already being considered through fast-tracking of C19RM applications from the SEA CCMs in view of the recent pandemic in the South East Asia in particular for India, Bangladesh, Sri Lanka and Nepal. We also reiterate our call on all SEA CCMs to expedite the applications in order to help save lives and prevent undesirable economic consequences.

The SEA Constituency joins the Developing Country NGO delegation to call on all Global Fund Partners, including donors, to urgently support:

- i. waiver of the Intellectual Property (IP) for vaccines and all Covid-19 products to make them available more widely and equitably;
- ii. country efforts to advocate for removal of IP barriers to access to medicines; and
- iii. national procurement systems, local manufacturers and use of Wambo.org to access Covid-19 products and medicines for countries wanting to use this tool.

### **3. Protection from Sexual Exploitation and Abuse, and Sexual Harassment (PSEAH) in Global Fund Codes of Conduct**

The SEA Constituency lauds the Global Fund in rapid progress made to address Sexual Exploitation and Abuse, and Sexual Harassment. The SEA Constituency endorses the initiatives taken for protection from Sexual Exploitation and Abuse, and Sexual Harassment (PSEAH) in Global Fund Codes of Conduct.

However, care must be taken not to let these be applied as means to penalize any person at the cost of health, harmony and productivity while no harassment, abuse and exploitation of ignorant, innocent and helpless ever be tolerated.

### **4. Spotlight on: Health financing**

The SEA Constituency would support the initiative of the Secretariat for the establishment of the Health Financing Department at a time when Health sector and health needs have to be restored and health recovery is essential for economic recovery.

In this context this department is of immense relevance and value. It could do a great deal to help and we welcome this initiative.

In order that we get most out of the external donor partnerships it can effectively coordinate at all levels, particularly at country level more than it happens now. This will help a lot of synergy and increase in value.

Co-financing must take into account the in kind contributions of the country and particularly the HR contributions.

The innovations in Debt swaps and joint funding are good mechanisms that need to be pursued further.

While the SEA Constituency sees scope for domestic resource mobilization with coordinated role for the CCMs with the support of national health authorities and GF Partners such as WHO and UN AIDs and international foundations.

All these will require technical support to the countries – to develop and strengthen their own systems and institutions and particularly national human resource expertise.

## **5. Update on Community, Rights and Gender & Strategic Objective 3**

The SEA Constituency upholds the principles and policies that no person is denied the right to receive the support from the GF based on the basis of Community and Gender. We shall ensure that services are extended to prevent, detect, trace and treat and rehabilitate persons in connection with the three dreaded diseases to people affected be given consideration for equality and fairness of support.

## **6. Governance Performance Assessment and Governance Action Plan v.2.0**

The SEA Constituency appreciates the great work carried by the Consultants, Committees and Secretariat and the numerous recommendations. However, while the Committees can continue working on the recommendations the Board may consider only once the Strategy is adopted and also that the Board Leadership and ED will continue for another term. However, if board would wish to go ahead, the recommendations such as renaming of the Coordination Group, increase in the term of board leadership and membership and committees for the future could be reviewed in the interest of the conflict-of-interest policy while the rest of the recommendations be submitted with views of the three Committees of the Fund.

## **7. Update from the ED: including update on resource mobilization and Including update on COVID-19 and business continuity**

The SEA Constituency appreciates the regular updates of the Executive Director. We are happy to know progress on the Sixth Replenishment pledge conversions and ongoing resource mobilization efforts. We offer our gratitude thank all donors in particular Germany, the Netherlands and the United States. We commend the Secretariat and encourage the Global Fund to actively engage with donors and partners to ensure those commitments. We call on all CCMs to ensure that the overall COVID-19 response protects global investments in AIDS, tuberculosis and malaria, and that diagnostics, therapeutics and other vital tools such as personal protective equipment (PPE) are deployed as per the intended objectives and said purposes.

We congratulate Secretariat and Board leadership of The Global Fund for the kick off of the preparations for the Seventh Replenishment with a number of important initiatives, including (i) a brand refresh exercise; (ii) the planned celebration of the partnership's 20<sup>th</sup> anniversary; (iii) increased support for the Global Fund's advocacy ecosystem; (iv) strengthening long term donor engagement strategies to ensure effective donor commitment in the lead up to the Seventh Replenishment; and (v) early preparatory work on the Seventh Replenishment's investment case and communications campaign.

#### **8. Annual Report and Opinion of the Ethics Officer: Including update on the Review of the Ethics and Integrity Framework, including SEAH**

The SEA Constituency notes that the Global Fund Codes of Conduct prescribed for various associated parties have been strengthened to incorporate an improved action plan for prevention of such acts, in addition to improving support for victims is a welcome progress.

The section "Cases and Advice" highlighted the number of cases reported in 2020 and the way it has been handled in accordance with Ethics and Integrity Case Management Standard Operating Procedures finalized in August 2018. This very well depicts the Global Fund's commitment to preventing sexual exploitation and abuse and sexual harassment. The countries will definitely need more support in the application of ethical conduct and codes to the CCM, PRs/ SRs and Suppliers to prevent all types of sexual exploitation, abuse and harassment as it is important as following ethical financial practices. In addition the

Sexual Exploitation and Abuse, and Sexual Harassment also hinders in the progress of the fight against HIV, TB and Malaria.

#### **9. Decision: Operating Expenses Cap 2022**

##### **Decision Point: GF/B45/DPXX: Operating Expenses for the 2020-2022 Allocation Period**

The SEA Constituency accedes to the recommendation of the Audit and Finance Committee of the increase of US\$ 30 million in order to facilitate the implementation of critical activities enhancing the operating expenses for the 2020-2022 to be US\$ 930 million for the 3-year period.

We believe that the extra amount will be crucial for preparatory works of the 7<sup>th</sup> Replenishment and operationalization of the new Global Fund strategy towards ensuring sufficient budgetary resources available for prioritized activities in 2022.

#### **12<sup>th</sup> of May 2021 Day Two of 45<sup>th</sup> Board Meeting**

#### **10. Strategy Development: Outcomes of the Partnership Forums, Input on draft Strategy framework, including range of strategy topics and Including relevant inputs from the TERG**

The SEA Constituency appreciates the strong effort of GF Secretariat in accommodating inputs from several constituencies' views and outcomes during 19<sup>th</sup> of April Board discussion and preparing a comprehensive and well-structured document on Development of Strategic Framework. We fully support the the primary goal of the GF partnership for ending AIDS, TB and Malaria with PPR only as evolving subsidiary goal. But we do not support it as conditional one to resources be available etc.. We support the view that communities as being placed at the center of the GF's work 'working with and to serve the health needs of the people and communities' and positioned as a 'long-term goal' similar to the SDG attainment. We shall anticipate that these important issues will be clearly highlighted in the Strategy Narrative.

Therefore, the SEA Constituency, proposes raising ‘the healthy and sustainable people and communities’ to be ‘What’ GF’s long-term goals, and putting the PPR as a ‘How’ of the GF playing a continuing role in the COVID-19 pandemic, preparedness and response to protect the gains in HTM with increasing PPR as one of the contributory objectives of GF.

We also support to evolve Option 3 of Strategy Framework and incorporating the Theory of Change style in Option 2, including Option 2 for the Strategy’s vision (adding equity into the current vision) and Option 1 in the Strategy’s mission. In the Mission “support the attainment” be replaced with “collective attainment.”

In this regard, country ownership must be made central and critical component of the GF model in a country playing a significant role with support from global partners. Therefore, we strongly advocate country ownership through CCM with latter playing effective national level health programmes co-ordination.

The technical partnerships and stake holders at every level e.g.: Geneva, regional, country, CCM and PR level, needs to clearly defined to avoid siloed-effect and counter-productive competition that undermines effectiveness and efficiency in the reach of GF grants. In this, most of TRP meaningful recommendations may need to be given due regard in the narrative when being drafted.

## **11. Development of M&E and KPI frameworks: Focus on Independent Evaluation and KPIs by SEA**

The SEA Constituency commends the professional work being carried in the Development of M&E and KPI frameworks focussing on Independent Evaluation and KPIs. We are hopeful that these will go a long way in the Global Fund attainment of its goals by 2030.

The SEA Delegations thanks the opportunity for the opportunity to share its observations on the Agenda.

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**UK comments on updated strategic framework – 10.5.21**Framework

1. We have reviewed the revised version and suggest the following modified version:

<b>What we want to achieve/ Aim</b>	<b>End AIDS, tuberculosis and malaria and contribute to UHC and GHS</b>				
<b>How we will bring about our aim/ Strategic objectives</b>	Advance equitable and people-centred integrated services for HTM	Maximise improvements in RSSH	Increase pandemic preparedness and response capabilities that align with delivery of HTM goal	Maximise community engagement, health equity and human rights	Strengthen sustainable resourcing (domestic and international)
<b>Key shifts</b>	Urgent acceleration of pace of HTM implementation including an increased focus on prevention; strengthened focus on HSS; strengthen capacity in PPR (surveillance, laboratory systems; HR); strengthen sustainability of investments through alignment with national systems; encourage climate, environmentally-sensitive and one health approach; accelerate equitable introduction and uptake of innovations; strengthen focus on equity.				
<b>How we will work/ Model</b>	Working with and to serve the health needs of people and communities; Strengthen country driven model; promote effective and sustainable investment in country and community plans, strengthen GF partnerships with clear roles and accountabilities; Enhance collaboration with others (GHIs + )				

Rationale:

2. The primary aim/core mandate of GF remains to address the epidemics of HIV, TB and malaria, to contribute to UHC and GHS and reach the SDG goals.
3. Overall aim should be supported by a number of strategy objectives that speak to GF's key areas of work – i.e. addressing HTM, RSSH, Community engagement, equity and human rights and sustainable resourcing. In addition, there should be a strategic objective on Pandemic Preparedness and Response (PPR) as set out under (4)
4. Building on GF's work in the last 12 months in response to COVID-19 and to reflect the post-pandemic world we will be delivering in, we should amplify the GF's work in PPR in the strategic objectives. The approach to PPR should be in line with the earlier Board decision that Global Fund support for PPR be through support for the three diseases and RSSH. At the same time, we recognise the value in clearly highlighting the Global Fund's contribution in this area. We therefore propose a separate strategic objective on PPR. This is intended to maximise the "win win" opportunities through investments in PPR, RSSH and HTM
5. The strategy should clearly communicate the strategic shifts needed to respond to a world building back better from the pandemic and to accelerate progress towards the SDGs. We think these should be included in both versions -outline and detailed. Appreciate the effort to condense the range of shifts to 4 key shifts. However, we have included a few additions due to their importance at this time. How we communicate these shifts will be important, not least for the replenishment.
6. The GF model of country ownership remains key to longer term success and communities remain at the heart of what GF does. We would like to see a greater focus on collaboration

with other global, regional and national health institutions in the next strategic period with clear roles and accountabilities for the GF and partners. We have highlighted working to service the health needs of people and communities here also.

## **U.S. Constituency Statement on the next Global Fund Strategic Framework**

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The Global Fund will soon celebrate a milestone anniversary – its 20th. We congratulate the Fund and all partners on this achievement and honor the millions of lives saved through the partnership.

While we acknowledge the sacrifice made by so many in the partnership to combat a new global pandemic, which affected every country, we also salute the Fund for responding rapidly to the impact of COVID-19 on HIV, TB, and malaria services and beyond. The Fund repurposed resources, leveraged existing service delivery platforms, and drew upon the experiences and infrastructure in place of the three diseases to assist countries to urgently scale up testing, treatment and prevention interventions and respond to a deadly new global pathogen.

The United States recognizes the Global Fund's unique infrastructure and mechanisms which position it to respond rapidly and effectively with much-needed COVID-19 interventions. The United States Congress appropriated \$3.5 billion USD in American Rescue Plan resources to respond to COVID-19, mitigate its impact on the three diseases, and recover from this new health threat. The accountability mechanisms in place, and the commitment to transparency, coordination and communication by the Global Fund will ensure these resources have the intended impact and results. We are bringing the breadth of our technical assets including U.S. government staff at Embassies across the wide swath of Global Fund-supported countries, to support development of technically-sound funding requests and, most importantly, urgent country-level implementation of the resources provided.

The lessons over the past 14 months confirm that our collective investments in ending the three diseases made valuable differences to combating COVID-19. The years of testing and treatment services for the three diseases meant the experience and infrastructure was in place when a new pathogen challenged the communities we serve. We maintain that the Global Fund should retain its single mandate to end AIDS, TB and malaria aided by the right objectives, including putting communities at the center of our efforts. The Global Fund is a viable contributor to Pandemic Preparedness and Response (PPR), and we see the Global Fund's role in PPR as enabling how we end the three diseases. We do not support the dual mandate of "preparing and responding to pandemics and ending AIDS, TB and malaria". PPR should not be an end in and of itself, but rather a means to ending HTM. We support PPR as a fourth objective to assist deliver on our mandate to end the three diseases.

Our intention now, as we endeavor to refine the next Global Fund strategy together, is to do the unfinished work smarter – to apply the experiences of the last 14 months to build lasting partnerships between communities and the governments that must continue long after we have finished our work around the Global Fund table.

## **Update on Community, Rights, and Gender and Strategic Objective 3**

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The United States believes that every aspect of the work we do should be in service to communities as our clients, to strengthen human rights and promote gender equality.

The Global Fund can lead in ensuring that the human rights agenda and the access to health rights for all agenda leapfrog over long-standing access barriers that have allowed inequalities to persist. As Global Fund financing for government priorities are approved, the new Strategy must leverage the role of the Fund in exercising its influence to compel changes in government policies that will help end the disparities among the populations served by Global Fund-financed programs and allow for sustained responses to the three diseases.

As a bridge-builder the Global Fund can support community-led systems strengthening.

### **OIG 2020 Annual Report and Annual Opinion on Governance, Risk Management, and Internal Controls**

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The United States appreciates the OIG's findings that there have not been any material weaknesses in the Global Fund's risk management, governance, or control processes which would significantly compromise the overall achievement of the Global Fund's strategic and operational objectives. We particularly appreciate the acknowledgement of the crisis facing TB programs. Accurately explaining the severity of the crisis is the first step toward a more effective response. We also want to reiterate our call for the OIG to engage Stop TB and the Global Drug Facility in the wambo.org and related audits to effectively capture the perspective of colleagues and partners delivering TB services.

While the annual opinion is heartening, we must consider the implications the large investments of C19RM 2.0 will have on the organization's risk profile and control processes. While the Global Fund managed the first year of COVID-19 mitigations through C19RM well, it is likely that we will begin to see reports of fraud and misuse of funds reported in the next year, which will coincide with preparations for the 7th Replenishment.

The United States would like to see additional processes and safeguards put in place for C19RM 2.0 given both the large amount of funds and the fast pace of distribution. Transparency will be key; information should be frequently updated, provided early in the process when it will matter, and be on the Global Fund website so stakeholders and collaborators can have a line of sight and help ensure there is positive impact for those we serve.

We encourage the OIG to be proactive in its approach and appreciate any reflections on the outlook of risk and assurance as continue another year of remote work.

### **Risk Management Report and Opinion of the Chief Risk Officer**

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The United States can appreciate the impact COVID-19 has had on programs and the resulting increases in risk. We also reiterate the need for strong safeguards and oversight of C19RM funds for the potential risk increases it facilitates. We are concerned that there will be an exponential increase in risk with little to no ability to monitor. This is an outcome that would be unacceptable for all, and hence must be prevented. The financial and programmatic risks are quite real, and the Global Fund should be able to use its existing tools to mitigate them. Where they do not exist (such as an M&E framework for C19RM), we expect the Secretariat will urgently prioritize developing them.

The OIG pointed out in the annual report that the Global Fund’s investment case was built based on significant increases in domestic investment and decreases in domestic health financing—as we are seeing now with COVID-19—will have a significant impact. How is this being factored into risk appetite and the outlook for the 7th Replenishment?

We appreciate the pre-day briefing on risk appetite to develop shared definitions and potential paths forward as the Global Fund grapples with the challenges of operating in increasingly risky environments. If we truly believe that the Global Fund’s embedded level of risk maturity remains intact, we challenge the need to increase risk appetite, as this seems like a way of not addressing shortcomings in our risk mitigation tools and unnecessarily opening the organization up to greater threats.

We recognize that in many countries, we will need to increase risk appetite to reach targets. But we should also be cognizant of the countries which were in challenging contexts before the pandemic and where COVID-19 is now magnifying those challenges. Any innovation will be risky and potentially will still fail. In those cases, it is shortsighted to say that we cannot revise timelines and reduce ambition.

It seems that the process of deciding whether and how countries participate in active risk-taking is already context specific. How would increasing overall risk appetite change the way we currently operationalize risk?

### **Annual Report and Opinion of the Ethics Officer**

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The United States appreciates the work of the Ethics Office and believes ethics and integrity to be critical to ensuring proper functioning of the Global Fund’s operations. We especially appreciate the pre-day briefing on protection from sexual exploitation, abuse, and sexual harassment.

The U.S. government has zero tolerance for any form of misconduct, including sexual exploitation and abuse. Such behavior is both a direct violation of human rights and runs completely contrary to the values that the United States promotes and upholds in its life-saving work.

We welcome the Global Fund’s strengthening of the Codes of Conduct to reflect their shared commitment to protection from sexual exploitation and abuse and sexual harassment.

### **Operating Expenses Cap 2020-2022**

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The United States appreciates the additional processes put in place over the past year that necessitate an increase in the operating expenses budget. We believe \$30 million is generally an appropriate level given COVID-19 mitigations that will put the 2022 budget in line with the other years in the three-year cycle and provide greater oversight. We request more clarity on

what activities will fall under OPEX versus the three percent management and operating budget that is separate for C19RM.

At the beginning of this three-year cycle, the argument was made that costs are higher at the beginning of a cycle as the new grants are signed and begin implementation, and so the Board agreed to a slightly higher level of OPEX for 2020 rather than approaching each year with the same \$300 million flat rate. We note that with the current proposal, 2022 OPEX will be \$20 million more than what was spent in 2020. COVID-19 mitigations notwithstanding, does the Secretariat anticipate that the rationale used to approve the 2020 budget will carry over into future OPEX budgets?

We understand relief from the \$900 million three-year cap will be discussed in future AFC meetings and expect that the Secretariat will be able to give account of efficiencies created to justify how the money will be used and correspond to the three-year cycle needs of the organization.

### **Development of M&E and KPI Frameworks: Focus on Independent Evaluations and KPIs**

The United States has long been an advocate for performance monitoring and evaluation. Data is critical to inform decisions, understand the gaps, and measure to what extent we are progressing toward our goals.

The current evaluation approach is hindered by not having an overarching M&E framework or evaluation policy. We cannot measure impact and progress made without a strong framework to monitor and evaluate activities with actionable, measurable, and accountable performance indicators.

The United States believes the four KPI principles proposed will strengthen the Fund's ability to measure its performance in an accountable way. We look forward to contributing to the development of the new KPIs through the Strategy Committee and ensuring they are aligned with the post-2022 Strategy.

On the model of independent evaluation, the United States supports the second option for an embedded Secretariat evaluation unit, although we request more clarity around the shift in level of effort from the TERG to the Secretariat. If this option is preferable in part because it creates less of a time commitment for the TERG, are we confident that the Secretariat is able to absorb the workload, particularly given the increased workload and constraints of operating during COVID-19? What effect will there be on OPEX?

## WHO position paper on addressing coinfections, comorbidities and other conditions or risk factors related to HIV, TB and malaria to improve health outcomes

### Suggested revisions to the Updated Strategic Framework for Global Fund Board Review

<p><b>How we work:</b> <i>Mutually reinforcing contributory Objectives</i></p>	<p><b>Supporting people-centered integrated systems for health to deliver impact, resilience and sustainability</b></p> <p>To catalyze sustainable HTM and broader health outcomes and in support of UHC, the GF will support countries and communities to:</p> <ul style="list-style-type: none"> <li>• Deliver integrated, people-centered quality services</li> <li>• Scale-up and reinforce community systems and community-led programming and monitoring</li> <li>• Strengthen generation &amp; use of quality, timely, transparent, disaggregated digital &amp; secure data at all levels, aligned with human rights principles</li> <li>• Strengthen ecosystem of quality supply chains, diagnostics and laboratory networks</li> <li>• NextGen market shaping focus on equitable access to quality health products through innovation, partnership, and promoting sustainable sourcing and supply chains at global and local levels</li> <li>• Harness private sector capabilities and capacities to improve the scale, quality and efficiency of services to strengthen program outcomes</li> <li>• Deepen partnerships between governments and non-public sector actors to enhance sustainability, transition-readiness and reach of services, including</li> </ul>
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We propose adding a new second bullet point which is related to the first:

- ***Address coinfections, comorbidities and other conditions or risk factors related to HIV, TB or malaria, to improve health outcomes***

<p><b>Supporting community engagement and leadership to leave no one behind</b></p> <p>To deliver greater impact and ensure the HTM response is responsive to and led by those most affected by the 3 diseases the GF will reinforce community leadership by:</p> <ul style="list-style-type: none"> <li>• Accelerating the evolution of CCMs and community-led platforms to strengthen inclusive decision making on investments, oversight and evaluation throughout the grant lifecycle</li> <li>• Evolving GF policies and processes to support community-led organizations to deliver services and oversight</li> <li>• Supporting community and civil society-led advocacy to mobilize resources for health and drive toward UHC</li> <li>• Expanding partnerships with communities living with and affected by emerging and related health areas to support more inclusive, responsive and effective health systems</li> </ul>
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We propose adding a new 4th or 5th bullet point:

- ***Build on existing community service delivery platforms (e.g. Neglected Tropical Diseases platforms) to further strengthen integrated health service delivery and expand access to health services in the community***

## Background

### Definitions

For the purposes of this paper, coinfections, opportunistic infections and comorbidities are defined in agreement with the Global Fund document 'Global Fund support for coinfections and co-morbidities' (GF/B33/11). Conditions and risk factors are also defined. Table 1 provides examples of coinfections and comorbidities for HIV, TB and malaria.

**Co-infection** - is the occurrence of two or more infections - either concurrently or sequentially and includes both acute and chronic infections. HIV, a chronic infection, suppresses the immune system and thus increases the risk of secondary infections. Opportunistic infections is the term given to infections which arise either as new infections or reactivations when the immune system is weakened.

**Co-morbidity** - A co-morbidity occurs when two or more acute or chronic conditions exist, either concurrently or sequentially. The term is reserved for situations in which at least one of the conditions is a noncommunicable disease.

**Condition** - A condition is the health status of an individual. Malnutrition is an example of a condition that has negative health impacts on HIV, TB and malaria infections.

**Risk Factor** – something that raises the probability of getting ill. Smoking tobacco is an example of a risk factor for TB.

**Table 1 HIV, TB and malaria coinfections/comorbidities**

Disease	Coinfections/comorbidities
<b>HIV</b>	<b>Coinfections:</b> variety of opportunistic infections, non-opportunistic infections including chronic HBV and HCV, HPV, HSV-2, Syphilis, bacterial and fungal infections (including pneumonia)  <b>Comorbidities:</b> TB, HIV linked cancers, many other cancers and chronic conditions including cardiometabolic events, liver diseases, mental disorders (depression/anxiety, alcohol and drug use disorders, psychosis and cognitive problems).
<b>TB</b>	<b>Coinfections:</b> HIV, bacterial and fungal infections (including pneumonia)  <b>Comorbidities:</b> diabetes, silicosis, alcohol and drug use disorders, chronic obstructive pulmonary diseases, HBV and HCV infection and hepatitis associated liver disease and mental disorders
<b>Malaria</b>	<b>Coinfections:</b> HIV, Invasive bacterial infection, neglected tropical diseases

### Rationale for proposed changes coinfections/comorbidities

#### *Alignment with current Global Fund Policy*

The Global Fund already has a policy on financing coinfections and comorbidities laid out in GF/B33/11. Adding explicit reference to addressing coinfections, comorbidities, conditions or risk factors in the Global Fund strategy highlights their importance in improving disease specific outcomes and health outcomes in general, as well as the impact of Global Fund grants.

### ***Alignment with global commitments***

In the political declarations of the high-level meetings on Universal Health Coverage (UHC) in 2019, TB (2018) and HIV/AIDS (2016/2021), governments committed to ending HIV/AIDS, TB and malaria (HTM) epidemics as public health threats by 2030 and controlling coinfections in the context of UHC/PHC. WHO Member States also committed to strengthen efforts to address non-communicable diseases, neglected tropical diseases and mental, neurological and substance use conditions as well as improving measures to promote and improve mental health as an essential component of UHC. It is also important to note that mental health is an integral and crosscutting component of the public health emergencies response and preparedness as recognized by WHO member states and recommended in the UN Policy Brief on COVID-19 and need for action on Mental Health.

As well, the SDGs call for comprehensive, holistic, people-centred approaches to health. SDG 3 (“Good health and well-being – ensure healthy lives and promote well-being for all at all ages”) targets 3.3; 3.4 and 3.8; respectively call for “ending the epidemics” of communicable diseases; reduction of premature deaths from noncommunicable diseases including mental health; and universal health coverage. Reaching these targets requires the adoption of a more comprehensive, people-centred approach that addresses coinfections and comorbidities while at the same time strengthening the health systems components required to deliver health services.

### ***People-centredness***

Addressing coinfections and comorbidities is at the heart of providing people-centred health services, is a key component of expanding primary health care to achieve universal health coverage and is a core element of resilient and sustainable systems for health. There is also a moral obligation to prevent illness and death wherever possible and to prevent and treat illness at the same point of care in the health system.

### ***Opportunity to leverage additional resources for health and maximize programmatic synergies***

Catalytic investments can leverage additional resources to fully address coinfections and comorbidities thus magnifying the health impact obtained for the resources invested. For example countries implementing integrated community case management (iCCM) may be able to use Global Fund resources for malaria and recruiting and training community health workers to leverage additional funding from UNICEF to treat pneumonia, diarrhoea and malnutrition in children, providing a comprehensive iCCM service package.

With minimal additional investment there are many synergies that could be exploited to maximize overall health impact, while at the same time expanding access to health services and increasing equity. There are opportunities to improve the effective delivery of synergistic benefits or services packages to populations who share multiple diseases or risks, thereby promoting people-centred approaches with the potential for improved health outcomes.

For example, HIV is now managed as a lifelong chronic disease, similar to how NCDs are managed. This increases the need for and ability to co-address chronic NCDs and mental health related conditions in people living with HIV. Mental health integration can occur across the HIV and TB care continuum. For example, for TB/HIV prevention, it is important to ensure that comprehensive prevention interventions (including harm reduction, comprehensive sex education and targeted behaviour change) integrate components to promote mental wellbeing. Malaria and neglected tropical diseases (NTDs) impact similar populations and thus there may be opportunities to address multiple diseases at the same service delivery

points or through similar interventions. There are also shared vector control interventions that impact malaria and other vector transmitted diseases. NTDs have built grass roots systems that get critical medicines to the most vulnerable, remote, marginalized populations, building on these systems would benefit HIV, TB and malaria programmes as well.

**Greater integration with Neglected Tropical Diseases (NTD) platforms is important because:**

*1. NTD programmes can maximise the reach and elevate the impact of HIV, TB and malaria programmes*

NTD programmes target 20 diseases and disease groups through a range of interventions that include case-finding and individual case management, mass drug administration (MDA), health education, integrated vector management and veterinary public health. Interventions strive to comprehensively address the burden of NTDs, including disability, incapacity and the mental health implications of stigmatization and marginalization. NTD programmes can provide an existing platform for the joint implementation of community-level interventions for HIV, hepatitis, STIs, tuberculosis and malaria.

*2. NTD programmes serve the same populations as HIV, TB and malaria programmes*

NTD platforms often provide the first or only point of contact for poor and marginalized communities. Many NTDs overlap geographically with malaria, and affect the same population groups afflicted by TB and HIV/AIDS - synergies are possible to ensure that health is addressed from a more comprehensive perspective, and enable each person to attain the highest possible state of functioning.



## **Global Fund 45<sup>th</sup> Board Pre-meetings 5 and 10 May 2021**

### **WHO Statement on Update on Community, Rights and Gender and Strategic Objective 3**

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The Global Fund focus on Community, Rights and Gender is more important than ever before as communities face human rights abuses and increased gender based violence and disparities as a result of COVID-19; and as countries seek to strengthen primary health care and community based service delivery as they build back.

While there have been important innovations within programming for the three diseases as a result of COVID19 we have to recognize that the pandemic has also placed a tremendous strain on communities and the health workforce – understandably many community leaders, health workers and experts have shifted their focus to COVID19. And tragically too many have succumbed to the disease.

We must not allow a purely commoditized approach emerge within the COVID19 response - we need to ensure that the principles of community engagement and leadership so fundamental to our work on HIV, TB and malaria are embedded into our work on COVID19. But this cannot be at the expense of the diseases responses. The Global Fund needs to both invest in community engagement in COVID19 and work with partners to understand the impact it has had on community capacity for HIV, TB and malaria.

WHO guidance outlines a comprehensive package required to reach men who have sex with men, transgender people, sex workers, people who inject drugs and people in prisons and other closed settings to ensure high quality services and an enabling environment. Similarly, a comprehensive package guides approaches for adolescent girls and young women. Reaching key populations and adolescent girls and young women requires countries to strengthen community empowerment and to be more effective in addressing stigma, discrimination and violence.

WHO reminds the Board of the critical importance of explicitly naming the five agreed key population groups in Global Fund strategy documents and guidance.

Insufficient programming for key and vulnerable populations in all regions and contexts is still an area of concern and the Global Fund is urged to continue to address this. While there is sufficient evidence to call for increased support for key and vulnerable populations specific to the three diseases, we must continue to improve targeted epidemic surveillance and knowledge generation to understand who is left behind, the barriers they face and adjust programming accordingly, and

monitor progress and outcomes. The Global Fund should have equity as a core measure of performance.

WHO would like to see a stronger focus on achieving health equity through health systems reforms as this work evolves for example through: supporting health financing approaches that reduce financial barriers to health services and eliminate catastrophic and impoverishing health expenditures; and, through more inclusive governance mechanisms for health equity, including national platforms for social participation and linkages between health and other sectors.

We see primary health care as the critical platform through which countries can achieve universal health coverage and we note the critical interface between primary care and communities – it is this interface that is both crucial to tackling stigma and discrimination and will enable countries to strengthen the integration of primary prevention with gender and human rights programming.

WHO urges the Global Fund to continue highlighting the importance of people-centered care that includes integrated services where they makes sense - for example HIV integration with tuberculosis, viral hepatitis and sexual and reproductive health including sexually transmitted infections programming.

Work on adolescent girls and women must continue to be taken to scale and further emphasis on the male partners of this group is critical.

Finally, WHO is happy to be participating on the CRG Strategic Initiative Coordination Mechanism, which is a helpful platform for understanding and sharing information on what TA different partners are supporting to advance and strengthen community engagement. We are also an Observer on the Global Fund CRG Advisory Group, which again is an important space for coming together with community and technical partner representatives to reflect on and provide guidance on community related aspects of the Fund's work.

## **WHO Statement on Health Financing**

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WHO welcomes the strategic, system-oriented approach the Global Fund is taking to its involvement in health financing and related collaboration with partners, as presented in the 5 May pre-Board Session by Kalipso Chalkidou. We have important areas of convergence in our perspectives on health financing issues, and we look forward to working together as the Global Fund expands its capacity in this domain. This collaboration among partners is even more essential now given the macroeconomic and fiscal implications for COVID-19. In this context, and given the proposed expanded scope and potential reach of the Global Fund's health financing work, we are raising some issues for the Board to consider.

The presentation showed strong evidence of the effectiveness of the GF's co-financing mechanism for stimulating domestic spending on health. At the more macro level, however, global health expenditure data for lower income countries strong evidence showing aid fungibility; between 2000

and 2018, [increased external aid was associated with declines in the share of domestic government budgets allocated to health](#). It is possible that both are true; the general trend may hide both positive and negative outliers, and it may be that while the Global Fund's mechanisms have been successful, that may not be the case with other funding agencies. Investigating further how specific aid modalities may stimulate or detract from domestic prioritization for health is an important area for collaboration going forward, for example among the partners of the Sustainable Health Financing Accelerator (SHFA).

One important area of alignment with the Global Fund, Gavi, WHO, and other partners of the SHFA and UHC2030 has been on how we conceptualize [sustainability](#). As countries transition, policies to promote sustainability will need to go beyond co-financing revenue targets to focus on effective coverage and system-level shifts that consider the importance of efficiency gains. So as the Global Fund continues to track co-financing in relation to the three diseases, it is essential to look at spending for the purpose of sustaining increased effective coverage for HIV, TB and malaria interventions, rather than focusing strictly on spending for the programs per se. The latter, reflecting what has been done in the past, reinforces the maintenance of parallel program structures, while the former would focus on what is of more policy concern. The manner in which the Global Fund engages in these co-financing-related discussions is important to ensure that, in a sense, the [perspective](#) taken is that of the Minister rather than of each program manager, and recognizing the potential for fungibility within the sector as well as across sectors. In turn, this can help drive greater value for all of the money spent, both donor and domestic, by identifying the potential for cross-programmatic efficiency gains that can be supported through targeted investments in core underlying systems that, such as for information and procurement, that could best be organized on a system/population-wide basis while simultaneously serving programmatic needs.

An important “structural” challenge is how to support system strengthening within the constraint of a 3- year grant cycle. Given this short time frame, we suggest that Global Fund investment planning be embedded in longer-term (e.g. 5-10 year) strategies for each country, or the very nature of this short cycle may actually compromise system building efforts in countries by focusing on parallel mechanisms to drive short-term results. There are a growing number of good examples of Global Fund collaboration with partners on both policy engagement and grant/project design (e.g. joint work on linking funding to milestones within system-wide reform strategies, as with the use of disbursement-linked indicators), and building on this can be important for ensuring that development assistance is embedded in longer- term national health reform implementation plans. Thus, to fully operationalize the vision for the Global Fund's role in health financing partnership at country level, more emphasis is needed on support for longer-term, in-country technical capacity to support health financing policy guidance that embeds the three diseases within the broader system. Critically, the Global Fund should seek to amplify and fill gaps in the support being provided by other partners, seeking to drive a more efficient approach involving sustainable investments to bolster broader health financing capacities that can then explicitly consider the three diseases through existing in-country mechanisms.

Therefore, as the Global Fund's approach to partnership in health financing moves forward, it should be grounded in relative comparative advantages and different entry points of each partner agency. The current efforts to coordinate these strategic areas of collaboration as part of the SHFA represent this differentiated, yet coordinated, approach. A good example of the need for collaboration and

building on each partner's strengths came up in the context of a question towards the end of the session regarding where "health insurance" fit within the overall discussion of domestic financing. This can be a challenging topic, which is why WHO devote a full session to this issue in the health financing training that we have provided to GF Fund Portfolio Managers and other staff during the past few years. How to approach this issue is clear, but it does require a nuanced view. In brief, it is essential to separate the issue of linking entitlement to contribution from the issue of whether or not to integrate benefit package and purchasing arrangements for the individual service elements of the 3 diseases. By doing so, the focus of policy engagement can be on ensuring that entitlement for these services is universal even if that for other services remains contributory. Then, the discussion can turn to whether it makes sense to integrate the benefits and purchasing arrangements within the insurance fund, and whether by doing so an important step towards UHC can be taken through the universalization of services for the 3 diseases. We do not expect the Global Fund to lead on health financing issues such as this, but through collaboration at country level on the translation of key principles into policy dialog and practice, we can bring the power of the grant-making process to build support for the kinds of system changes that help deliver on the three diseases, harmonize on core health financing messages, and build on the comparative strengths and entry points of all partners.

## **Western Pacific Region Constituency Statement 45<sup>th</sup> Board Meeting, 11-12 May 2021**

The Western Pacific Constituency appreciates the support provided by the Global Fund to its constituency members in support of their efforts to eliminate HIV, TB and Malaria. The constituency is also grateful for the flexibility and rapid response to Covid-19 by the Global Fund. The tireless efforts and commitments of the Secretariat and key governance arms of the GF is gratefully acknowledged.

### **Executive Director Updates**

The WPR constituency expresses its appreciation for the EDs regular updates on resource mobilization and Covid-19 and Business Continuity.

#### *Update on Resource mobilization*

The WPR is grateful that the pledge conversion for both public and private donors is on track with signed contributions in order of USD 7.8 billion and acknowledge the recent payments by the United States, Germany and the Netherlands. The WPR notes that the GF has commenced the preparations for the Seventh Replenishment and support the various initiatives it has identified to guide and achieve the target. Whilst COVID19 is a significant issue at the moment and is a funding priority for many donors, the Global Fund must not forget its core business of ending HTM and to prioritise support for the 3 diseases, especially scaling up the involvement of civil society in our response.

#### *Update on COVID-19 and Business Continuity*

The WPR highly commend the Global Fund's 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. Most WPR countries confirmed that COVID-19 had reduced key population access and use of health and prevention services; that lockdowns, quarantine and other physical control methods have meant those requiring care and treatment have not been able to access in/out patient treatment facilities; that the bulk of resources had been prioritized for Covid-19 creating funding and disbursement gaps for other programs; and that procurement and supply chain issues had impacted supplies to provincial, districts and outlying land and island areas.

As we move forward with the COVID-19 response the WPR would like to see the GF moving towards more inclusion of civil society in design and program implementation and longer-term mitigation plans.

We note the short lead time for the development of proposals in the follow up grant and the impact that it has had on the ability to include civil society and key populations in proposal development. We encourage the GF to consider streamlining and improving proposal development processes to ensure equitable involvement with civil society.

### **Covid19 and the rise of virtual meetings, timeliness and time zones.**

With the severe restrictions/quarantine/lockdowns that we have all been subject to we have relied more heavily on virtual forms of communication. This is perfectly understandable and we commend the GF for doing its utmost to ensure our virtual meetings are inclusive as possible. We note two issues however that the GF needs to consider.

The shift to virtual meetings has not seen a shift in thinking into how best to work virtually. The 2-day GF face to face board meeting does not have to necessarily just change format to being virtual. We need to think more creatively than holding back-to-back virtual meetings which can run for up to 5 or 6 hours. Sitting in a face to face meeting all day, interacting with colleagues, holding side meetings does not translate into the virtual world so we need to be mindful of this and use our virtual space to its best advantage. The WPR believes shorter sessions that are issue focussed, followed by time to consider and contact colleagues is a more preferable way of working than marathon meetings that are trying to mirror how a face-to-face meeting works.

We in the Western Pacific would like to remind the GF that our region is 8-12 hours ahead of Geneva time and in some case a full day behind because of the dateline, meaning for example a 3pm virtual meeting time in Geneva can mean midnight-3am for some of our constituency members. We understand the difficulty of scheduling calls that suit all time zones but the WPR would like the GF to be as mindful of this as possible and share the burden of inconvenient meeting times equitably.

### **Operating Expenses Cap 2022**

The WPR supports the Decision Point: GF/B45/DPXX: Operating Expenses for the 2020-2022 Allocation Period based on the recommendation of the Audit and Finance Committee in order to facilitate the implementation of critical activities in 2022; such that the amount made available for operating expenses for the 2020-2022 allocation cycle shall be US\$ 930mmillion.

### **Strategy Development**

The WPR acknowledges the numerous comprehensive and consultative processes to arrive at the latest draft Strategy Framework. We believe a clearer framework has emerged, however we consider it important to continue to develop systems, targets etc. that are differentiated enough to enable each country, whether its programming reaches millions of people or a few thousand, to successfully implement their programs for the benefit of their people.

WPR's believes the proposed framework distinguishes clearly that working with and to serve the health needs of people and communities to end HIV, TB and Malaria is the primary and overriding goal. It places communities and people at the centre of all that we do. It however, acknowledges the disruptive and devastating effects created by Covid-19 and recognises it would be a serious risk to the achievement of our 2030 goals if we did not increase pandemic preparedness and response capabilities and place it at a level that it would be taken seriously. We have witnessed the devastating effects of Covid-19 on the people and communities affected and impacted by the three diseases and especially where health systems are already weak and burdened.

We agree with strengthening of Pandemic Preparedness Response (PPR) as a subsidiary objective of the next strategy and this would be achieved through "people-centred integrated systems for health; supporting community systems and responses and maximizing health equity and human rights", that is, the three areas of Global Fund investment that are essential to achieve the HIV, TB and malaria goals. In this way the strategy would be coherent, with the different components being mutually reinforcing.

We note however that the incorporation of PPR is contingent on funding and current funding will not be reallocated to PPR, we also understand that the role of PPR is “evolving”. The WPR is concerned that this is a too open-ended approach and needs to be further clarified.

We note the work commenced to illustrate how the strategy framework might be leveraged to develop a Theory of Change and urge that this work be advanced. We support Options 2 of the Vision and Mission, including to maintain the six-year timeframe to maintain alignment with replenishment and allocation cycles and allow for measurement of the Strategy’s impact in line with the SDGs.

The proposed framework is the most “translatable” to the country context and level providing clear pathways for its integration into country level planning from goal to resource, and person-centered solutions. Again, we want to emphasize the need to strengthen policy advocacy and community activities (including proactive engagement and communication, support for leadership, participation in planning and response and monitoring) to maximize meaningful access to intervention activities; by doing so we can achieve high effectiveness, including cost effectiveness.

We share the views of other constituencies that equity, human rights and gender are still insufficiently incorporated into the work of the Global Fund and the grants it supports. As part of the strategy, they will need to be taken seriously by all Country Coordinating Mechanisms, Principal Recipients, partners and implementing agencies. We consider serious discussions on strategies to leverage or increase engagement with Governments and the Private Sector as critical. The Secretariat as a whole must get behind these objectives not just those specifically designated to work on them.

Equally, improvements in the timeliness, quality, rigorous use and transparency of data to improve performance outcomes and impact; and making the GF an organization that is more open to learning, including through a robust independent 360-degree evaluation structure.

#### **Development of M&E and KPI frameworks:**

The WPR would like to see the KPI framework being developed in tandem with the strategy. The two are intrinsically linked and the two streams need to come together to ensure that our KPIs directly reflect the strategy.

The WPR notes that in our region the KPIs are primarily used for grant reporting and do not necessarily play a large role in program management, this is primarily due to the siloed nature of grant reporting required by the GF and discussions with the country teams tend to focus on ensuring the numbers are accurate and are on target instead of taking a bigger picture assessment of how the indicators are impacting on ending the epidemics.

Similarly, the WPR notes that the current KPIs and ME system make it very hard to actually measure the contribution and impact of civil society on ending the diseases. We believe that we need to develop indicators that can truly show the relationship between investing in and supporting civil society led implementation. It is only by doing this that we are able to prove our assertion that civil society and key population involvement is fundamental to ending the epidemics. This will become increasingly important as the GF provides support to the COVID 19 response, which at this stage is government focused and we will need to ensure that civil society has a key role to play in the pandemic response.

In terms of evaluation the WPR supports the notion of a 360-degree evaluation process where countries have the ability to provide feedback on GF performance as well as the GF assessing country performance. This approach would provide useful avenues for feedback from the countries which at the moment are limited and not formalized. In addition, this would add to the transparency of the performance evaluation framework.

### **Disease Split**

The WPR believes it is timely to revisit the disease split. The disease split has not fundamentally changed since the inception of the Global Fund and given not only the changing dynamics of the 3 diseases but with PPR coming into the picture, it may be timely to ensure that the split is fit for purpose and will ensure movement towards ending the 3 diseases.

### **Governance Performance Assessment and Governance Action Plan v.2.0**

The WPR notes the important roles of the GF governance structures in the delivery of the new strategy. In this regard, WPR acknowledges the comprehensive report on Governance Performance Assessment conducted by an external service provider. We appreciate the clarity in the presentation of the indicative overview of the Governance Action Plan 2.0 framework at Annex 1 and overview of prioritisation of recommendations and to be undertaken by whom in Annex 2. Clarity in roles, accountability arrangements and managing the diverse stakeholder relationships will be critical. We see the need to advance discussions on the tenure of Board leadership as priority, including tenure of BM, CM and CL within the relevant policies of the GF.

### **OIG 2020 Annual Report and Annual Opinion on Governance, Risk Management and Internal Controls**

The WPR is greatly assured by the OIG's statement that there was nothing to indicate material weaknesses in the Global Fund's governance, risk management or control processes which would significantly compromise the overall achievement of its strategic and operational objectives. We do note however that opportunistic fraud continues to be an issue, which is being exacerbated by the pandemic. We urge the GF to strengthen its processes and systems that ensure maximizing the use of resources; implementing activities on time; leveraging lessons from the pandemic; and addressing sexual exploitation and abuse.

On the latter matter, WPR commends the GF for the urgent response and actions taken to address sexual exploitation, abuse and sexual harassment including through a compulsory awareness session for all Board and Constituency leadership and in the GF Code of Conduct.

### **Risk Management Report & Annual Opinion of the Chief Risk Officer**

The WPR is pleased that the risk management and internal controls architecture that enabled the organization to reach an embedded level of maturity in 2019 remains intact.

We agree that as a result of increasing risk trajectories, the overall risk profile of the organization is expanding and that the GF will need to consider its appetite for risk, especially in the ambition built into grants. The WPR will be consulting with our members to gain a better understanding of the issues that they face and this will help shape our position on this.

We note that there will be a greater burden on implementers to absorb risk, which will have flow on effects for CCMs to improve oversight in order to proactively identify issues earlier. The capacity of the CCMs will need to be boosted to effectively undertake this.

We also subscribe to the view that risk also extends to the role of civil society and key populations and their ability to engage effectively. The WPR believes the GF should consider the question;” What is our appetite for risk to civil society, if in the interests of expediency, government remains the focus of implementation for PPR outcomes”.

### **Update on Community, Rights and Gender and Strategic Objective 3**

The WPR is highly supportive of the CRG Department and its leadership in CRG issues. We are concerned however that the department that is tasked for leading on CRG issues is largely siloed and is not embedded across the whole GF institution. The WPR believes that CRG issues are not confined to one department but are critical to every aspect of the GF. The WPR believes that as a first step to rectifying this the CRG department should be a part of the most senior management team of the GF. A positive second step would be that the CRG report to the board be comprised of reporting on CRG across the institution, not just on activities on the CRG department.