

Approval of Global Fund Strategy Framework

Extraordinary Board Meeting

GF/EB01-2021/02 – Revision 1
Extraordinary Board Meeting
22.07.2021, Virtual

Board Decision

Purpose of the paper: To outline further details around the intent and scope of the Strategy Framework recommended by the Strategy Committee to the Board for approval at the Extraordinary Board Meeting on 22 July 2021. The paper also outlines additional steer provided by the Strategy Committee at its 15 June 2021 Extraordinary Meeting.

1. Decision

Decision Point: GF/EB01-2021/DP03: Approval of Strategy Framework

1. *The Board notes the broad and inclusive consultations undertaken to inform the development of the next Global Fund Strategy, including the partnership-wide 2020 Open Consultation, 6th Partnership Forums, and extensive Strategy Committee (“SC”) and Board guidance.*
2. *The Board also notes that the Strategy Narrative will be developed based on the approved Strategy Framework and presented to the Board for approval, based on a recommendation from the SC, at its 46th meeting in November 2021.*
3. *Accordingly, based on the recommendation of the SC, as presented in GF/EB01-2021/02 – Revision 1, the Board:*
 - a. *Approves the Strategy Framework presented in Annex 1 to GF/EB01-2021/02 – Revision 1 for the Global Fund Strategy covering the period 2023-2028; and*
 - b. *Requests that the Secretariat develop, for the SC’s recommendation to the Board, the Strategy Narrative to further articulate areas of focus described in the Strategy Framework, based on input received to date through the Strategy development process.*

Budgetary implications: The Secretariat will work with the Audit and Finance Committee on high level OPEX costing options related to the Strategy once the final Strategy is approved.

Executive Summary

1. Throughout the last 18 months of discussions on Strategy development, a number of things have become clear. First, the mission to **end AIDS, TB and malaria** (“HTM”) amongst the most impacted communities worldwide was what the Global Fund to Fight AIDS, Tuberculosis and Malaria was created for, and the Global Fund remains committed to completing that mission as **our primary goal**. Second, the Global Fund partnership should be working to protect and promote the health and wellbeing of people and communities. To that end, the **people and communities** living with and most affected by the three diseases and emerging health threats must be at the **center of all our efforts**. Third, achieving our mission of ending the three diseases requires disease and health investments that **maximize people-centered, integrated national and community systems for health, community engagement and leadership, and improvements in health equity, gender equality and human rights**. These three objectives are mutually reinforcing in how they contribute to outcomes against HIV, TB and malaria. Each of these individual objectives is vital to accelerate impact against the three diseases, but by supporting all three areas together the Global Fund seeks to catalyze system- and society-wide impact that is greater than the sum of its parts. These three objectives are *how* the Global Fund contributes to its mission – they are not disease outcomes or health impacts in and of themselves, but rather critical system, structural and partnership outcomes that lie on the pathway to achievement of the Global Fund’s primary goal.
2. The primary goal of ending AIDS, TB and malaria coupled with these three mutually reinforcing, contributory objectives are the main tenets of the next Global Fund Strategy, supported by essential work to **mobilize increased international and domestic resources**. The work to prepare for Strategy implementation before the next cycle of grants as well as KPI and M&E Frameworks will build from this greater clarity of purpose.
3. The COVID-19 pandemic has been the single largest set-back to the fight against HIV, TB and malaria since the creation of the Global Fund. The pandemic’s actual death toll likely far exceeds the almost 4 million official deaths and the health, social and economic impacts have been the severest among the poorest and most vulnerable people and communities¹. This pandemic is far from over and the impact is catalysing a far-reaching G7/G20/UN debate about the shape, architecture and priorities of global health, which will affect all global health organizations, perhaps particularly the Global Fund as the largest multilateral provider of grants in global health and the only agency specifically created to fight pandemics.
4. Given the extraordinary and continuing impact of the COVID-19 pandemic, the Secretariat, Strategy Committee (“SC”) and Board have had extensive discussions on the Global Fund’s potential future role in supporting pandemic preparedness and response (“PPR”). Underpinning these deliberations has been the imperative of protecting gains in our mission against HIV, TB and malaria, ensuring that the three diseases – three of the largest global pandemics - are not forgotten in a shifting global health agenda, and applying the lessons the Global Fund has learned from responding to the COVID-19 pandemic to strengthen the resilience of HIV, TB and malaria programs and build system resilience and sustainability for the future.

¹ <https://covid19.who.int/> accessed 23 June 2021.

5. Based on constituency input in advance of the 15 June Extraordinary SC Meeting (“Extraordinary SC Meeting”) and on the discussion and outcomes of the meeting itself, there now appears to be alignment among constituencies on the question of how the Global Fund should engage on PPR and the specific placing of PPR within the Strategy Framework. In brief, there is broad agreement that the Global Fund should be more intentional in **building PPR capabilities through its existing mission** to end AIDS, TB and malaria and through related efforts to strengthen resilient and sustainable systems for health (“RSSH”) through integrated, people-centered approaches, support the engagement and leadership of communities living with and affected by the three diseases, and maximize health equity, gender equality and human rights. Second, and given the ongoing pandemic, the Global Fund should remain adaptable in its Strategy on engaging in both the continuing COVID-19 response and in discussions about better preparing for future pandemics. The Board has provided **clear parameters around this evolution** to ensure any efforts to support PPR are: synergistic with and do not dilute efforts towards the Global Fund’s core mandate on HIV, TB and malaria; built upon the Global Fund’s country and community-led model and equity, gender equality and human rights principles; and conducted in full partnership and coordination with WHO and other critical global health actors. The Board also underscored that the Global Fund has the potential to lead as an ambassador for an inclusive vision of PPR based on solidarity and equity, as we will work to do for HIV, TB and malaria to reach the 2030 SDG targets².
6. Based on significant feedback from constituencies requesting greater clarity on the boundaries of Global Fund’s engagement in PPR, the Secretariat outlined explicit boundaries that define Global Fund engagement in PPR at the Extraordinary SC Meeting. These boundaries are outlined in the context of the Global Fund’s engagement on PPR to combat the COVID-19 pandemic; to address pandemic preparedness as part of the next Strategy’s implementation; and to respond to a new, non-HTM or non-COVID-19 pandemic. These more explicit boundaries were welcomed as clarifying by the SC and are set out in the PPR section below.
7. At the Extraordinary SC Meeting, the **SC recommended for Board approval the Strategy Framework presented in Annex 1**. The recommended Strategy Framework includes minor updates to the version presented to the SC (GF/ExtraordinarySC01/02). In particular, the SC concluded that the Strategic Framework could proceed to the Board while the Strategic Shifts would benefit from further explication in the Strategy Narrative. As such, the SC recommended that the Strategic Shifts be moved from the recommended Strategy Framework, and their scope and the specific Strategic Shifts themselves be further elaborated within the Strategy Narrative. An updated approach to the Strategic Shifts, considering constituency input, is outlined in the below paper, and constituency feedback is welcomed on this.
8. The Strategy discussions have come a long way since their commencement 18 months ago, and we are proud of the Strategy Framework recommended for Board approval that sets out a clear primary goal and objectives to guide the Global Fund partnership’s efforts towards achievement of its core mission of ending the three diseases and contributing towards SDG 3. Responding to lessons learned from the current Strategy, the Strategy Framework is better prioritized, more transparent about accountabilities across the partnership, and gives clearer guidance for stakeholders around the key areas of focus and improvements needed to guide our collective efforts. The recommended Strategy

² <https://sdgs.un.org/goals>

Framework will also serve as a strong basis for the development of the Strategy Narrative, which will further articulate the key actions and accountabilities needed to deliver each element of the Strategy Framework and will serve as a strong basis for development of the Strategy KPIs and M&E Framework.

9. These improvements are welcome, but a Strategy is better measured by the quality of its implementation over the quality of its text. Due to the extraordinary circumstances facing our partnership, the timelines for development of the Strategy Framework have been extended beyond the originally planned May 2021 Board meeting to the 22 July Extraordinary Board meeting, however it is critical we now pivot to finalizing the Strategy Framework, develop the Strategy Narrative and begin efforts to prepare to implement the new Strategy. This work has already begun at the Secretariat based upon the SC's recommended Strategy Framework and should not be further delayed, as the partnership is currently under exceptional workload pressures and significant additional efforts are required to adapt Global Fund systems, policies and processes to the new Strategy before launching the next cycle of grants with allocation letters in Q4 2022.
10. To support Board preparations in advance of the 22 July Extraordinary Board Meeting to approve the Strategy Framework, **the following paper gives a more detailed overview of the aims and intent behind the text and boxes of the SC-recommended Strategy Framework**. It is an update of the explanatory paper (GF/ExtraordinarySC01/02) and includes additional clarifications and guidance provided by the SC at its meeting. This paper is not an early version of the Strategy Narrative nor a preview of implementation and is not for Board approval; but it should be used to support review of the SC-recommended Strategy Framework presented in Annex 1.

Introduction

11. We should be proud of the progress made to date to develop our next Strategy under SC and Board leadership. Over 5000 people have inputted into the Strategy process through our Open Consultation launched on-line in May 2020. The Board and SC has met frequently to discuss the most challenging issues facing our partnership. We hosted three successful Partnership Forums (with dozens of preparatory pre-meetings) that were inclusive, substantive and even a bit uplifting at times. All of this information has been considered in the Strategy Framework, including significant input from our partnership on areas where only limited discussion was possible during official meetings. We are pleased that this process has exemplified the Global Fund's values and commitment to openness, transparency and impact.
12. However, we are acutely aware of the immense challenges facing us only nine years away from the SDG deadline to "end the epidemics of AIDS, tuberculosis, malaria." At the end of 2019, only 67% of people living with HIV were on treatment, and >60% of new adult infections were among key populations and their partners³. A 2.9 million gap in TB diagnosis and reporting persists, while an estimated 3.3% of new and 17.7% of previously treated cases were estimated to have drug-resistance⁴. There remain estimated 229 million annual cases of malaria in endemic countries, with deaths concentrated in children

³ 2020 Global AIDS Update – Seizing the moment: Tackling entrenched inequalities to end epidemics. Geneva: UNAIDS; 2020.

⁴ Global tuberculosis report 2020. Geneva: World Health Organization; 2020.

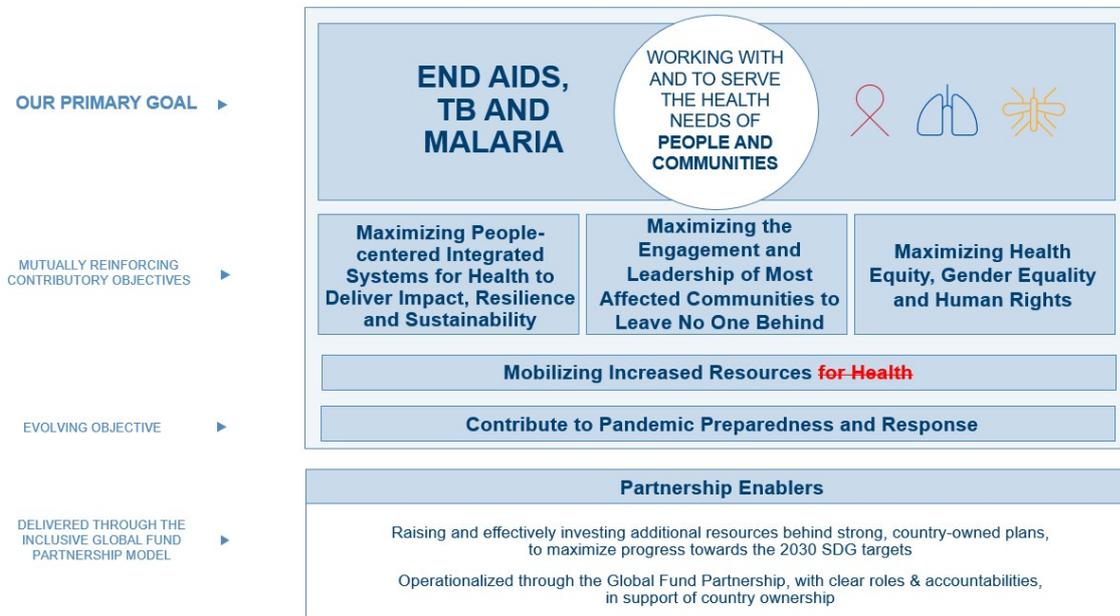
under 5 and progress challenged by biological resistance to drugs and insecticides⁵. The challenges to building more resilient and sustainable systems for health, ensuring community engagement and leadership, and achieving greater health equity, human rights and gender equality are as large or larger. Amidst these challenges, the COVID-19 pandemic is causing the single largest setback to our mission in our history, and is generating death, disability and economic hardship among the poorest and most vulnerable at a speed and scale not seen since the 1918 influenza pandemic.

13. Given the lifesaving nature of our mission, short-time frame until the SDG deadline, and these significant challenges, it has never been more important to set a clear, prioritized and measurable Global Fund Strategy.
14. At the 45th Board discussion on Strategy development, the Board noted that although much progress had been made with the development of the Strategy Framework, the positioning of PPR in the draft Strategy Framework (GF/B45/05A) did not accurately reflect the Board's intent. The Board guided that PPR should not be a goal of the next Strategy and should rather be depicted as a separate strategic objective and should not be placed above key levers to achieve HIV, TB and malaria goals in the next Strategy Framework.
15. At the Extraordinary SC Meeting in June 2021, the SC reviewed an updated Strategy Framework, which responded to the Board's guidance. **The SC recommended this Strategy Framework to the Board, with an adaption to consistently align with UNAIDS terminology and, recognizing the need to further elaborate on their purpose and scope, to move the Strategic Shifts from the Strategy Framework and further develop them within the draft Strategy Narrative** to be presented to the SC in October 2021.
16. The Strategy Framework recommended by the SC to the Board is presented in Annex 1 and outlines the adaptations to the Global Fund partnership's focus to deliver its aims in this challenging environment, including greater discussion of critical priorities for HIV, TB and malaria, greater prioritization and description of mutually reinforcing and contributory objectives on RSSH, community engagement and leadership, health equity, gender equality, human rights and resource mobilization, an evolving objective on PPR, and greater discussion and detail on the partnership enablers across the entire Global Fund partnership that will be required to accelerate progress towards the 2030 SDG targets.
17. As noted by the Board at its 45th meeting in May 2021, the virtual nature of discussions during the COVID-19 pandemic had meant that it was not always easy to convey or understand intent behind PowerPoint slides and that an explanatory paper would be helpful to accompany the next draft of the Strategy Framework. This paper intends to respond to this request, to explain in more detail the intent behind the Strategy Framework recommended by the SC to the Board. **This paper is an update of the explanatory paper sent in advance of the Extraordinary SC Meeting, with revisions to reflect the additional clarifications and steer received from the SC** at this meeting. It is important to note that **this paper is not an early version of the Strategy Narrative nor a preview of implementation and is not for Board approval**. Rather, this paper intends to inform and enhance discussion and seeks to better explain the intent behind the SC-recommended Strategy Framework across all of the topics in the Strategy Framework in greater depth than PowerPoint slides, yet without the pressures of approving the actual language of the

⁵ World malaria report 2020: 20 years of global progress and challenges. Geneva: World Health Organization; 2020.

Strategy.⁶ The paper, by necessity, focuses more time on areas of substantial Board debate than on areas of Board agreement, but this is not indicative of an issue’s prominence. This paper is intended as a guide to the discussions, aims and intents behind the draft Strategy Framework recommended for approval at the Extraordinary SC Meeting.

Strategy Framework recommended by the SC for Board approval



Catalytic, people-centered HIV, TB and malaria investments

18. With less than a decade to go until 2030, the world is off-track to meet the SDG 3 targets for HIV, TB and malaria, especially in terms of incidence reduction. Much of the progress made in critical areas over the last decade has been significantly set back by the COVID-19 pandemic. There is therefore an urgent need to accelerate the scale and pace of our efforts to reduce the numbers of new infections and ensure those living with and affected by the three diseases have access to quality, life-saving services.
19. To accelerate progress, the Global Fund will need to focus on making catalytic, people-centered HIV, TB and malaria investments tailored to maximize impact, equity and quality and build sustainability. The Global Fund partnership — from community and government leadership on Country Coordinating Mechanisms (“CCMs”), to technical and donor partners, to the Technical Review Panel (the “TRP”) — will need to work together to ensure these investments are tailored to address the challenges specific to local epidemiological, demographic, political, societal and cultural contexts. Working in conjunction with and

⁶ The Strategy Narrative itself will be developed based on the approved Strategy Framework and will discuss in more depth areas of work and focus under each goal, objective, sub-objective and partnership enablers, as well as associated accountabilities, and will work to highlight the interlinkages between these Strategy elements. It will also describe the intent and focus of the Strategic Shifts, which will be further developed alongside the Strategy Narrative, accounting for SC and wider constituency steer. The Strategy Narrative will be circulated for constituency review at the beginning of September 2021.

leveraging the comparative advantages of local stakeholders, the Global Fund will seek to accelerate results against the three diseases, with a particular focus on incidence reduction, and addressing the structural barriers to HIV, TB and malaria outcomes — areas consistently noted throughout Strategy consultations to be high-impact, under-invested and where there is great potential for the Global Fund to accelerate the pace of impact.

20. **Given the urgent need to get the fight against HIV, TB and malaria back on track and accelerate progress**, the draft Strategy Framework highlights, in more detail than the 2017-2022 Strategy Framework, **3-5 priority areas of focus for supporting countries** for the next Strategy term. These areas are based on the priorities highlighted through the Strategy development process, lessons learned through the current Strategy term and areas where the Global Fund model has comparative advantage, and the Global Fund can play a leadership role in instigating and catalyzing change. For all three diseases, **these priority focus areas span biomedical, behavioral, structural and systems-wide areas of programmatic focus**.
21. **In HIV**, this means accelerating access to and effective use of precision combination prevention programs tailored to the needs of individuals by context; providing quality, people-centered care through the diagnosis and treatment cascade, with a focus on wellbeing, prevention of mortality and elimination of HIV transmission; and advocating for legislative, practice, program and policy changes to reduce HIV-related stigma, discrimination, criminalization, other barriers and inequities and upholding the rights of people living with HIV (“PLHIV”), including key and vulnerable populations (KVP). The Strategy Framework recommended by the SC to the Board included a minor technical update to the framing of the HIV prevention sub-objective to ensure consistency with UNAIDS terminology and its 2021-2026 Strategy⁷.
22. **In TB**, this means finding and treating all people with TB through equitable, people-centered approaches; scaling up TB prevention; improving the quality of TB services across the care cascade; adapting programming to respond to the evolving environment including rapid deployment of new tools and innovations; and promoting enabling environments to reduce TB-related stigma, discrimination, human rights and gender-related barriers and approaches to address catastrophic costs.
23. **In malaria**, this means ensuring optimal vector control coverage; expanded equitable access to quality early diagnosis and treatment; better tailoring of interventions to sub-national level; driving towards elimination and prevention of reestablishment wherever possible; and demonstrating the path to eradication in select sub-regional areas.
24. This increased level of detail and prioritization for each of the diseases should support improved implementation focus, enhanced key performance indicators and evaluations, and greater impact.

Mutually reinforcing contributory objectives to achieve the HIV, TB and malaria goal

⁷ <https://www.unaids.org/en/Global-AIDS-Strategy-2021-2026>

25. The Global Fund will pursue four mutually reinforcing objectives that are related and contribute towards ending the three diseases. Each objective has been informed by lessons to date, priorities highlighted through the Strategy development process, and areas where the Global Fund model has comparative advantage and the Global Fund can play a leadership role in instigating and catalyzing change. Accelerating progress on each of these contributory objectives should accelerate efforts to fight the three diseases and maximize the benefits and impact of Global Fund investments.
26. Areas of Global Fund comparative advantage and strength that have been highlighted through Strategy development consultations include:
- a) The Global Fund's inclusive, multi-stakeholder partnership model and principle of country ownership, with investments made in support of strong country-owned plans based on normative technical guidance, independent technical review, oversight and assurance;
 - b) Its people-centered model, with human rights, equity, gender equality and strong, resilient communities at the heart of its efforts; leveraging its platform to advocate for core Global Fund priorities and principles;
 - c) Its focus on sustainability, supporting effective and lasting transitions, ensuring value for money and efficiency through its investments and co-financing;
 - d) Its focused, catalytic HIV, TB and malaria investments differentiated according to context, people-centered in nature, focused on incentivizing greater system- and partner-wide impact; and
 - e) Its core strengths in contributing to RSSH, including strengthening of community systems, data generation and use, procurement and supply chains, market shaping, diagnostic and laboratory networks.
27. It should be noted that while these characteristics may be considered relative strengths or comparative advantages of the Global Fund partnership vis-à-vis other organizations, it does not mean that these are not also areas where the Global Fund must seek to increase its performance and impact during the current Strategy as well as next Strategy term.

Maximizing people-centered, integrated systems for health to deliver impact, resilience and sustainability

28. National and community systems for health are essential for both disease-specific and broader and sustainable improvements in health and health equity. Our ambition is to **incentivize and support health programs that are people-centered and organized in ways that holistically consider individuals' and communities' health needs**, placing people and communities at the center of health services. The Board, SC and Secretariat engaged in detailed discussions on the Global Fund's role in supporting RSSH and concluded that **RSSH investments should help deliver the HTM goal, through integrated, people-centered investments that build sustainable outcomes against HTM and broader health benefits.**
29. Taking an integrated, people-centered approach to Global Fund investments means seeking to support and incentivize services that are not primarily delivered around a

disease, but organized in a way that consider individuals' health needs holistically, by placing people and communities at the center of services. This also means supporting and incentivizing HIV, TB and malaria service integration, as relevant, together with services for the coinfections and comorbidities of the three diseases, and other adjacent health areas such as sexual and reproductive health, and other reproductive, maternal neonatal adolescent and child health (RMNACH) services. Health programs should be undertaken in ways that integrate with and are supportive of individual countries' transition towards universal health coverage ("UHC"). These investments should build on the Global Fund's comparative advantages and strengths, ensure that communities play a strong and, where appropriate, leading role, while retaining flexibility to support strong country health system strengthening plans. This direction is intended to best place the Global Fund to make catalytic contributions to countries' vast UHC needs.

30. There is no one size fits all model, and the Board has advised that investments need to **continue to be tailored to best respond to country context** and catalyze national government and other partner investments behind strong country-led plans. **Core areas of strength that the Global Fund will continue to build and leverage to support three disease outcomes as well as broader health areas are:** the strengthening and reinforcing of community systems and community-led programming and monitoring ("CLM"); strengthening the generation and use of quality, timely, transparent, and disaggregated digital and secure data at all levels, aligned with human rights principles; strengthening ecosystem of quality supply chains, diagnostics and laboratory networks; taking forward a next-generation market shaping approach which integrates strategic sourcing, procurement and supply chain priorities, focuses on equitable access to quality health products, rapid product introduction and scaling through innovation and partnerships, and promoting sustainable sourcing and supply chains at all levels; as a part of efforts to strengthen country oversight of the overall health system, better engage and harness the private sector to improve the scale, quality and affordability of services wherever patients seek it; and deepening partnerships between governments and non-public sector actors to enhance sustainability, transition-readiness and reach of services, including through social contracting.
31. Strengthening people-centered, integrated systems for health mutually reinforces the Strategy's other objectives. For example, improvements in national capacity to regularly collect and deploy disaggregated data is vital to identify and monitor inequalities in access to care and health outcomes, identify new outbreaks, and inform the design of programs to drive greater equity. Scaled-up community systems and the deployment of CLM can better identify and ensure those at risk of being left behind are reached.
32. Many of these areas of Global Fund comparative advantage in contributing to strengthened RSSH are areas that can concurrently contribute to PPR. For example, RSSH investments that contribute to building outcomes against HIV, TB and malaria, while also building resilience and preparedness in the face of future pandemics include: building front-line human resources for health capacity (e.g. community health worker (CHW) capacity) for detection and rapid response to HIV, TB and malaria, to coinfections and comorbidities of the three diseases as well as emerging epidemics and pandemics at facility and community levels; strengthening the integration of cross-disease surveillance systems, and strengthening the use of real-time digital data and detection capacity for decision making; and strengthening laboratory systems, supply chains and diagnostic capacity to meet HIV, TB and malaria program demand and respond to outbreaks.

Maximizing the engagement and leadership of most affected communities to leave no one behind

33. The leadership of communities living with and affected by the three diseases has been central to the success of the Global Fund's unique model since its founding. The very fight against HIV, TB and malaria and the Global Fund itself owes a great deal to the leadership of communities living with and affected by the three diseases.
34. **Communities** living with and affected by the three diseases are **often best positioned to guide and help tailor responses** that will best respond to their diverse needs. Communities themselves are **best positioned to reach key vulnerable and most affected populations**, which is essential for reaching the global disease targets by 2030. Communities can play an important and increased role in **oversight and accountability** of the Global Fund's investments, helping to ensure commitments are upheld and that the needs of those most affected are truly being addressed.
35. To accelerate the pace of impact against HIV, TB and malaria, **the Global Fund will reinforce the engagement and leadership of most affected communities through a number of areas**, including by: accelerating the evolution of CCMs and community-led platforms to strengthen inclusive decision making, oversight and evaluation throughout Global Fund-related processes; evolving Global Fund business processes, guidelines tools and practices to further enable community-led services and oversight; supporting community and civil society advocacy to prioritize health investments and drive towards UHC; and expanding partnerships with communities living with and affected by the three diseases and in related health areas (such as coinfections and comorbidities of the three diseases) to support more inclusive, responsive and effective systems for health.
36. Maximizing community engagement and leadership is mutually reinforcing of the Strategy's other objectives. When communities are supported to lead responses and reach and meet the needs of key and vulnerable populations, this contributes to maximizing health equity, gender equality and human rights and can build more responsive and effective health systems. Pandemic responses have often failed by neglecting to directly engage with affected communities, and reconceptualizing community engagement as a critical element of PPR, as it is with HIV, TB and malaria, is critical for improved responses to pandemics.

Maximizing health equity, gender equality and human rights

37. Health inequities, human rights barriers and gender inequality remain **among the biggest and most challenging barriers to outcomes against the three diseases**. Accelerating progress in these multifactorial areas is hard but critical for achieving our mission. Focusing on and maximizing health equity, gender equality and human rights are areas where the Global Fund has comparative advantage and, in many cases, a unique platform to leverage change. While equity, human rights and gender equality have been a priority under the current Strategy, efforts to address these significant challenges require further prioritization and mainstreaming in Global Fund-supported programs. Equity, human rights and gender equality are critical lenses through which Global Fund grants should be developed and reviewed to ensure our investments are catalytic, reach those most in need, and contribute to improvements in rights and equity at country and regional levels. The

Global Fund partnership also has an opportunity to **lead by example and encourage partners and stakeholders at national and regional levels to consider equity, human rights and gender equality** in how they develop, execute and evaluate their programs and recognize success in these areas as critical on the pathway to improved impact against the three diseases, as well as wider health and UHC goals and broader structural improvements as set out in the SDGs.

38. Therefore, to accelerate progress to end AIDS, TB and malaria, as well as to contribute to more equitable access to health services, the Global Fund **will more purposefully invest in and leverage its platform to advance equity, gender equality and human rights** within the context of its mission. This will involve efforts across the Global Fund portfolio to scale-up comprehensive, partnership-based approaches to removing human rights and gender-related barriers to health; support comprehensive sexual and reproductive health programs and their strengthened integration with HIV services for women in all their diversity and their partners; advance youth-responsive programming, including for adolescent girls and young women (“AGYW”) and young KVP and their partners; deploy quantitative and qualitative data to identify drivers of inequity and inform targeted responses; and leverage the Global Fund’s diplomatic voice to challenge laws, policies and practices that limit impact on the three diseases.
39. Maximizing health equity, gender equality and human rights is mutually reinforcing of the Strategy’s other objectives. For example, investments in human rights-based and gender-responsive programming can help reduce key barriers to access formal health services and support systems for health to address inequities. Likewise, meaningful representation and engagement of communities living with and affected by the three diseases in all Global Fund-related processes is essential to ensure that the key human rights barriers and structural inequities that increase vulnerability to HIV, TB and malaria infection are addressed through Global Fund-supported programs.

Mobilizing increased resources

40. Twenty years on from its inception, the Global Fund is no longer an emergency gap filler, but a unique, pivotal, and continually learning catalyst to accelerate lasting change in the fight against the three diseases.
41. Its unprecedented impact over the last two decades has been made possible by widely supported and successful resource mobilization efforts. Looking forward to the 7th and 8th replenishments under the next Strategy’s term, and in the context of dire and long-lasting economic and societal consequences of the COVID-19 pandemic globally, **the Global Fund partnership will need to be unrelenting in its efforts to secure and catalyze increased domestic and international resources** to get the fight against HIV, TB and malaria back on track and accelerate progress towards the achievement of SDG 3.
42. The Global Fund will also build **sustainability and resilience through its focus on supporting efficient and effective health financing**. This will include strengthened focus on the value for money of Global Fund supported country programs and systems for health; support for strengthening country health financing systems; leveraging blended finance and debt swaps to translate unprecedented levels of debt and borrowing into tangible health outcomes; and efforts to support country health financing systems to improve sustainability and maintain gains as countries approach transition from external health

financing, including reducing financial barriers to access, strengthening purchasing efficiency and expanding social contracting for effective service delivery.

Contributing to pandemic preparedness and response

43. The COVID-19 pandemic has been the largest single setback to our mission of ending AIDS, TB and malaria since the founding of the Global Fund. Official data show almost 4 million deaths since the start of the pandemic¹ and estimates of excess deaths suggest the true death toll is at least two to three times higher⁸. The impact of this pandemic, as with almost all pandemics, is greatest amongst the poorest and most vulnerable people and communities. The devastating speed, scale and scope of the health, social, political and economic crises caused by this ongoing pandemic is catalyzing a far-reaching G7/G20/UN debate about the shape, architecture and priorities of global health. Every major multilateral agency active in global health will likely be affected by the outcomes of these important debates. As the largest multilateral provider of grants in global health and the only agency specifically created to fight pandemics, the Global Fund will undoubtedly be affected by this reshaping of global health.
44. The Secretariat and Board have worked closely together to create an emergency response mechanism through the COVID-19 Response Mechanism (“C19RM”) to mitigate the impact on HIV, TB and malaria programs and support countries with urgent prevention, diagnostics, treatment and systems and community interventions for COVID-19. In 2020, the Global Fund awarded almost one billion dollars for the response through both C19RM and grant flexibilities in support of 106 countries and 14 multi-country grants. In 2021 and as of June 30, C19RM has launched guidance, allocations and enhanced technical review mechanisms with significant additional funding, and 27% or US\$869 million of C19RM 2021 funding has been awarded or recommended for Board approval to 36 applicants. The Global Fund has also worked to reflect its values and mission in engagement with ACT-A, seeking to ensure that that COVID-19 impact on HIV, TB and malaria is recognized and addressed, the vital role of communities is recognized and supported, and that the pandemic response is focused on holistic responses that leave no one behind.
45. Significant Board deliberations have therefore rightly focused on the Global Fund’s response to the COVID-19 pandemic, potential future Global Fund efforts in PPR, and on how PPR should be considered within the Strategy Framework. It is important to consider this changed and still changing global health landscape, build greater capacities to prevent and respond to new pandemics through the fight against the three diseases, and ensure that HIV, TB and malaria are not forgotten but remain high on the agenda as continuing major infectious and pandemic threats to the health of people and communities. We fully embrace the Developing Countries NGO constituency statement summary of the Board’s conclusions on PPR: “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’.”
46. It is recognized that the Global Fund has helped build the PPR systems, public health capacities and response capabilities used effectively in a number of countries to respond to COVID-19 and other epidemics (e.g. Ebola) and is a critical part of how we work, but also that these efforts were not specifically targeted in our last Strategy and that **more**

⁸ <https://www.who.int/data/stories/the-true-death-toll-of-covid-19-estimating-global-excess-mortality>

specific, intentional and measurable investments are needed to more effectively contribute to PPR outcomes.

47. Accordingly, there is broad Board agreement that the Global Fund should be **more intentional in building PPR capabilities through its existing efforts** to fight the three diseases and by maximizing RSSH through integrated, people-centered approaches, maximizing community engagement and leadership, and maximizing health equity, gender equality and human rights. These efforts would **aim to strengthen the resilience and impact of HIV, TB and malaria programs and build system resilience and sustainability**. Balancing these needs is achievable through decisions, guidance and implementation that is supportive of and not in competition with HIV, TB and malaria outcomes.
48. In considering PPR, the Board provided clear guidance to continue to closely coordinate across our partnership and evolving discussions about the global health architecture, and that any **efforts to support PPR would need to be synergistic with and not dilute efforts to fight HIV, TB and malaria**. Finally, the Board has guided that any PPR efforts **be built upon the Global Fund’s country and community-led model and principles, conducted in full partnership and coordination with WHO, ACT-A and other technical partners, integrated through existing models and processes and not engaged upon as a siloed, separate or competing area of work**, and that the Global Fund has the potential to lead as an ambassador for an inclusive vision for PPR based on solidarity and equity.
49. Uniquely, this is the only objective labeled as “evolving” to reflect both the need to respond to the ongoing and changing COVID-19 pandemic and the ongoing discussions at the G7 and G20 and by expert groups like the Independent Panel on Pandemic Preparedness and Response on how the global health architecture must reorganize and respond to end the COVID-19 pandemic and better prevent, detect and respond to future pandemics. It is recognized that there are a number of areas of PPR where other organizations are best placed to respond and lead work (e.g., on normative guidance, vaccines, upstream research and development etc.). With the continued need for an emergency response and the early stage of these global discussions, it makes sense to **continue to adhere to the Q4 2020 Intercessional Board meeting’s conclusions to “continue to flexibly engage with [the] COVID-19 response and evolving discussions on global health security.”**
50. The label of “evolving” does not indicate that discussion on the Global Fund’s role in PPR is concluded and the Secretariat can act as it sees appropriate through the next Strategy period. In response to constituency and SC feedback that it is necessary to further clarify and define the boundaries of Global Fund engagement in PPR, as an “evolving” objective, the Secretariat outlined its understanding of the boundaries for Global Fund PPR engagement at the Extraordinary SC Meeting. In summary, the Global Fund’s support for the COVID-19 response is well described in the Board approvals of C19RM; that support for pandemic preparedness, including prevention, detection and response capacities are an important component of strengthening systems for health in the next Strategy; and that any future response to a new pandemic would require additional and future Board decisions based upon the specific context. These clarifications are further detailed here and were welcomed by the SC.
51. All significant funding decisions require Board approval and the Secretariat expects to continue to engage in significant Board discussions as the world grapples with the ongoing

COVID-19 pandemic and implications for how we organize global health. **Decisions around the use of funding, policy changes or otherwise substantive issues around the operationalization of the next Strategy should be resolved through Board decisions by the May 2022 Board Meeting**, if not sooner, to inform preparations for the cycle of grants from the 2023-2025 allocation period, while noting that urgent adaptation and reaction to changing global events is always possible through additional Board decisions and actions.

52. The Secretariat's understanding of the boundaries for Global Fund PPR engagement are as follows:

a. ***In the context of the COVID-19 pandemic***

The current scope of Global Fund engagement is defined as approved under GF/B42/EDP10-11, GF/B43/EDP12, GF/B44/EDP18 and updated to the Board on a frequent basis. As set out in GF/B44/EDP18:

i) **The Global Fund's efforts aim** "to sustain progress on HIV, TB, and malaria, to bolster health and community systems and protect frontline health workers, and to sustain HTM program adaptations and risk mitigation measures."

ii) **The Board, through its Committees, will approve any changes** to the C19RM in line with the evolving context:

"The Board will monitor C19RM on an ongoing basis to determine whether any changes are required as the pandemic continues to evolve; and The Secretariat will return to the Board, through its Committees, as relevant, for additional consideration and approval of any further modifications to C19RM."

iii) The Secretariat will provide **monthly detailed reporting to the Board** on C19RM operationalization.

b. ***Beyond the context of COVID-19: Contributing towards pandemic preparedness including prevention, detection and response capacity***

The Global Fund is positioned to contribute to pandemic preparedness, including prevention, detection and response capacity through its Strategy goal and mutually reinforcing contributory objectives in ways that do not introduce competition with HIV, TB and malaria outcomes and which strengthen systems for health. These contributions would predominantly, but not exclusively, be through dual-use RSSH investments that contribute to outcomes against the three diseases, multi-pathogen preparedness, prevention and detection capabilities, as well as through community engagement. The scope, scale and specific investments and potential catalytic funding opportunities that contribute towards pandemic prevention, detection and response capacities should be considered in conjunction with the upcoming allocation policy decisions, however, examples of Global Fund engagement in contributing to pandemic preparedness and prevention would include:

i) Dual-use people-centered, integrated RSSH investments that benefit HIV, TB and malaria outcomes and build system resilience, preparedness and prevention of future pandemics (e.g. support for HRH and epidemiological capacity to comprehensively detect and respond to HIV, TB and malaria, relevant coinfections and comorbidities and respond to the signs of outbreaks; strengthening laboratory systems, diagnostic capacity and integration of cross-disease data systems and

strengthened use of real-time digital data and detection capacity to meet HIV, TB and malaria program demand and to detect signs of outbreaks);

- ii) Investments that support three disease outcomes and wider pandemic prevention and preparedness (e.g. efforts to address drug and insecticide resistance; infection prevention and control, and health services resiliency);
- iii) Efforts to strengthen equity, human rights and gender equality that build strengthened HIV, TB and malaria outcomes and build resilience in the face of future pandemics (e.g. gender-based violence prevention programs; leveraging the Global Fund platform and partnership at all levels to advocate for equitable pandemic preparedness plans, approaches and responses that build solidarity for current and future pandemics); and
- iv) Strengthening community engagement and leadership of HIV, TB and malaria and pandemic preparedness programs (e.g. community co-design and delivery of prevention and control interventions and messaging).

c. *Beyond the context of COVID-19: Contributing towards future pandemic responses*

Global Fund engagement in contributing to the response to a future non-HTM or non-COVID-19 pandemic would currently need to be determined on an ad-hoc basis by the Board depending on the characteristics of the pandemic, its impact, risk to the Global Fund's mission and response needs, and determined in collaboration with other global health actors according to comparative strengths and capabilities, as we have undertaken to do with C19RM. Global Fund efforts in this area, if required in the event of another future pandemic and as with C19RM, would likely require ad-hoc resource mobilization efforts under the direction of the Board. The scope of Global Fund engagement in addressing a new pandemic can only be determined through future Board decisions, considering lessons from Global Fund strengths and comparative advantages in fighting HIV, TB and malaria and during the COVID-19 response, and approaches that can concurrently protect and build resilience of HIV, TB and malaria programs and strengthen and build system resilience.

53. In the SC-recommended Strategy Framework, PPR is described as an **“evolving objective” and is placed below** the areas of our core mandate on HIV, TB and malaria and mutually reinforcing contributory objectives, but still clearly within the broader context of how the Global Fund partnership works. PPR is intentionally placed below these areas rather than as a box to the left or right of the Strategy Framework to convey that **this objective must be considered holistically within the Global Fund partnership, because it builds directly from our primary goal and mutually reinforcing contributory objectives to strengthen the resilience of HIV, TB and malaria programs and protect people and communities from current and future pandemics, and to avoid the perception of PPR as a separate, competing or siloed objective.** To this end, it is underscored that future resource mobilization efforts will be in support of the Strategy aims, with the three diseases firmly framed as the core Global Fund mandate. PPR will be positioned as synergistic and supportive of and not in competition with HIV, TB and malaria programs.
54. In many ways, an “evolving objective” is a simple and effective way to bridge the requirements of the Global Fund's Strategy timelines (which are set to lead directly to

replenishment and the next set of grants) with the broader discussions on the future of global health and therefore enable ongoing Board debate and decision-making on more appropriate timelines. As these global discussions resolve and the implications and choices for the Global Fund become clearer, the Secretariat will engage with the Board to further discuss the Global Fund's engagement in PPR. It is our shared desire to have these global discussions concluded as soon as possible. Similarly, the Board may request additional discussion on this and other topics of strategic importance, as the broader context evolves.

Equipping the Global Fund partnership to deliver the new Strategy: Partnership Enablers and Strategic Shifts

55. This section of the Strategy intends to outline how **the broader partnership will need to evolve to deliver the new Strategy** in the contemporary global environment – in terms of **how actors across the partnership work together** and the **key shifts needed in the partnership's work**. Evolving the work of the Global Fund Secretariat is necessary but not sufficient to achieve the SDG 3 targets; we must change across our partnership.

Partnership Enablers

56. The Global Fund will **continue to work as an accountable partner across the global health and development architecture, in support of the 2030 SDGs goals**. The effective delivery of the Strategy rests upon the efforts of the Global Fund's **unique and country-driven partnership model, founded upon the principle of country ownership**. The Partnership Enablers section aims to speak to the core elements of the Global Fund partnership required for effective implementation and to reach the 2030 targets: partnership actors from governments to communities to technical partners, each with their distinct and complementary roles and accountabilities (to be further discussed in the Strategy Narrative); the Global Fund's country-driven investment model; the roles of the Secretariat, the Board and independent Global Fund bodies including the TRP, Technical Evaluation Reference Group (the "TERG") and Office of the Inspector General (the "OIG").

57. To deliver the goals and objectives of the next Strategy, a **number of important areas of partnership evolution are highlighted** in this section: the need for the Secretariat to improve the flexibility and responsiveness of its grant lifecycle processes and tailor them to country contexts – from Challenging Operating Environment ("COE") to transition settings; the need for meaningful engagement of all actors in decision making around the grant lifecycle (including on the CCM) – in particular communities and malaria and TB stakeholders; the potential need to revisit the actors represented in the partnership to ensure they are reflective of the Strategy's aims 20 years on; the importance of better leveraging technical partner engagement to strengthen normative and prioritization guidance (especially in HIV prevention and malaria); to support the provision of technical support and capacity building based on country-led description of needs, including through local-level providers of expertise (including communities, civil society, academic, private sector) and through peer-to-peer learning; and the need to continue to support the integration of Global Fund mechanisms at country level (e.g. CCMs) to build sustainability, while continuing to safeguard the engagement of communities and civil society in decision making. All these areas will be further developed within the Strategy Narrative, describing

in greater detail the changes that are needed across the partnership and the associated accountabilities.

58. Articulating the clear roles and accountabilities of all actors in the Global Fund partnership for delivery of relevant aspects of the Strategy will be important to foster ownership and responsibility for fulfilment of these roles. This will be supported by a clear set of KPIs and M&E Framework for the Strategy, with associated accountabilities and prioritized, focused and mission-driven engagement with partners. The Global Fund Board is also an important body in holding actors across the partnership to account for maximizing their roles and efforts towards achievement of the Strategy's primary goal and objectives, given Board members' leadership roles on the boards of critical partners and that the Secretariat itself does not have authority over other partnership actors.

Strategic Shifts

59. To deliver the new Strategy in the contemporary global environment, a 'business as usual' approach to the partnership's collective work will not yield the accelerated improvements required to meet the 2030 targets, with progress now set further back due to the COVID-19 pandemic. As such, in the explanatory paper that was sent to the Extraordinary SC Meeting on the Strategy Framework (GF/ExtraordinarySC01/02), the Strategic Shifts **described the overarching ways in which the partnership's collective efforts and focus will need to evolve** to deliver the next Global Fund Strategy. The Strategic Shifts were framed as being **cross-cutting in nature across the Strategy's goal and objectives**, with the aim of avoiding repeating any of the priorities already stated in the goal and objectives. The Strategic Shifts presented to the SC to meet these aims were: a focus on urgently accelerating implementation pace to achieve the 2030 targets; encouraging climate, environmentally-sensitive and One Health approaches to programs; encouraging and accepting the risks of innovation to deliver health impact; accelerating the equitable introduction and uptake of innovations; and to accelerate the generation of real-time data for program decision-making.
60. Through the constituency statements received in advance of and discussion at the Extraordinary SC Meeting, it was clear that there are different understandings among constituencies, as well as the Secretariat, of what the Strategic Shifts should be used for. **There seems to be overarching consensus that the Strategic Shifts should focus on areas where the partnership's collective work needs to improve to deliver the Strategy, but a spectrum of nuanced perspectives** around whether this means that they should also (re-)highlight important approaches or principles described elsewhere in the Strategy Framework; highlight areas of underperformance to be addressed; be used to set the scope of ambition of Global Fund partnership evolution; or be used to highlight cross-cutting areas of work not otherwise addressed in the Strategy Framework where actors' efforts among the Global Fund partnership need to be collectively re-examined and updated to make progress.
61. Given the lack of a shared understanding around what the Strategic Shifts should be used for and therefore what the specific Strategic Shifts should be, at the Extraordinary SC Meeting, the SC decided it was preferable to take the Strategic Shifts out from the Strategy Framework recommended to the Board, and that they should be further developed and elaborated within the Strategy Narrative. In this way, the Strategic Shifts would be maintained as an important overarching aspect of the Strategy and used to

comprehensively guide the partnership changes needed to underpin the Strategy's success. Specifically on the Strategic Shift "Encourage climate, environmentally-sensitive and One Health approaches" - given the interlinkages to the PPR work through the multidisciplinary and cross-cutting One Health approach (addressing the interconnected nature of the health of humans, animals and the shared environment), this Strategic Shift was moved to the PPR section of the recommended Strategy Framework, and is now presented within the 6th PPR sub-objective.

62. Reflecting on the term "Strategic Shifts," in many ways, the entire Strategy itself could be seen as a collection of "strategic shifts" in ways that the partnership's collective efforts need to be better focused or improved to achieve the Strategy's aims. Every sub-objective articulated under the primary goal and objectives already highlights how the Global Fund partnership's efforts need to be better focused and prioritized to strengthen its impact. Through the Strategy Narrative, each of these sub-objectives in turn will have 3-4 concrete areas of action described underneath them to deliver these envisaged changes or updated areas of focus.
63. Another related consideration is that for the Strategy to be a useful tool to better guide and focus the partnership's efforts (as was regularly requested through the Strategy development process), it would be confusing to the end user to have changes or areas of focus duplicatively highlighted in different parts of the Strategy, for example both in the Strategy's goal or objectives and differently described within a set of Strategic Shifts.
64. Recommended way forward on Strategic Shifts: Considering the above and the steer of the SC, **we recommend that the Strategic Shifts be described within the Partnership Enablers section as the key cross-cutting areas for collective partnership action where improved performance is needed to deliver the primary goal and objectives of the Strategy.** A more precise term such as "Strategic Partnership Shifts" could further clarify the purpose of this section of the Strategy. In this way, the other areas described within the Partnership Enablers section as outlined above (paragraphs 56-58) would focus on the 'who' in the partnership and what is required from each actor to deliver the Strategy; whereas the section on shifts within the Partnership Enablers would highlight critical and priority cross-cutting areas for collective partnership action where improved performance is needed. The Strategy Narrative would address the shifts comprehensively as follows:
- Describing the cross-cutting areas for collective partnership improvement, not described elsewhere in the Strategy: such as the need to: 1) urgently accelerate the pace of implementation to achieve the 2030 targets; 2) encourage and accept the risks of innovation to deliver health impact (e.g. working across the partnership to limit risk aversion and overemphasis on financial performance, and incentivize health impact, program quality and effective service delivery); 3) accelerate the equitable introduction and uptake of innovations (e.g. how actors across the Global Fund partnership must collaborate to accelerate introduction of new tools, approaches and products through each stage of the innovation pathway); and 4) shift towards the generation of real-time data for program decision-making (e.g. requiring significant efforts with technical partners and leveraging lessons on the importance of daily data during the COVID-19 pandemic for adapting programmatic responses for greatest impact and resource mobilization). As these areas have not been described elsewhere in the Strategy, additional detail will be provided on the key actions and accountabilities required to achieve these shifts.

- Underscoring the cross-cutting areas for collective partnership improvement throughout the Strategy Narrative: To ensure the Strategy holistically describes the key areas for collective improvement in partnership performance, it will be important to highlight the required shifts in partnership performance as part of relevant sections of the Strategy Narrative. Examples of these areas, many of which have been raised in SR2020⁹, could include how actors in the Global Fund partnership must collectively work differently to: 1) support the sustainability of Global Fund-supported programs at country level; 2) put an emphasis on systems strengthening over support; and 3) ensure meaningful engagement and leadership of communities (including KVP) throughout Global Fund processes, especially at country level. To focus attention on these shifts, it may be most effective to describe them within the corresponding areas of the Strategy Narrative goal and objectives sections, and further underscore them in the Partnership Enablers description of partner roles and accountabilities.

65. Constituencies' feedback is welcomed as to whether this would be an effective approach to taking forward the shifts.

Conclusion

66. Coming into the Extraordinary Board Meeting on the Strategy Framework, there seems to be strong Board consensus around the primary aim of ending AIDS, TB and malaria and mutually reinforcing contributory objectives of the next Global Fund Strategy, with people and communities affected by and living with the three diseases at the center of all the Global Fund's work. As noted at the 45th Board meeting, while it may be challenging to obtain unanimous comfort regarding the physical placing of the PPR box in the Strategy Framework, it is most important that we ensure broad agreement around the aims and intent behind any potential role in PPR and how this will build on and contribute towards the primary goal and mutually reinforcing contributory objectives of the draft Strategy Framework.
67. It is hoped that this brief explanatory paper helps further clarify understanding and solidify consensus around the intent and broad scope of the Global Fund engagement on PPR going forward, - building on the encouraging near-unanimous decision of the SC to recommend the Strategy Framework to the Board. As the landscape and global architecture continue to evolve in response to the COVID-19 pandemic, the Strategy's PPR objective may continue to 'evolve', but within the boundaries indicated within this paper, and with the nuances of the Global Fund's engagement on PPR to be further determined under the Board's guidance and authority.
68. Above all, there is much work to do to continue to **mobilize the partnership's efforts and global resources behind the next Global Fund Strategy and our partner strategies to end the three diseases and set the world on track to achieve the SDG 3 by 2030**. We look forward to the July 2021 Extraordinary Board Meeting to approve the Strategy Framework and, based on an approved Strategy Framework, to collectively taking this work forward through the development of the Strategy Narrative, which will set out the concrete actions to be pursued under each area and sub-objective of the Strategy Framework to achieve the Strategy's aims. To this end, at the July 2021

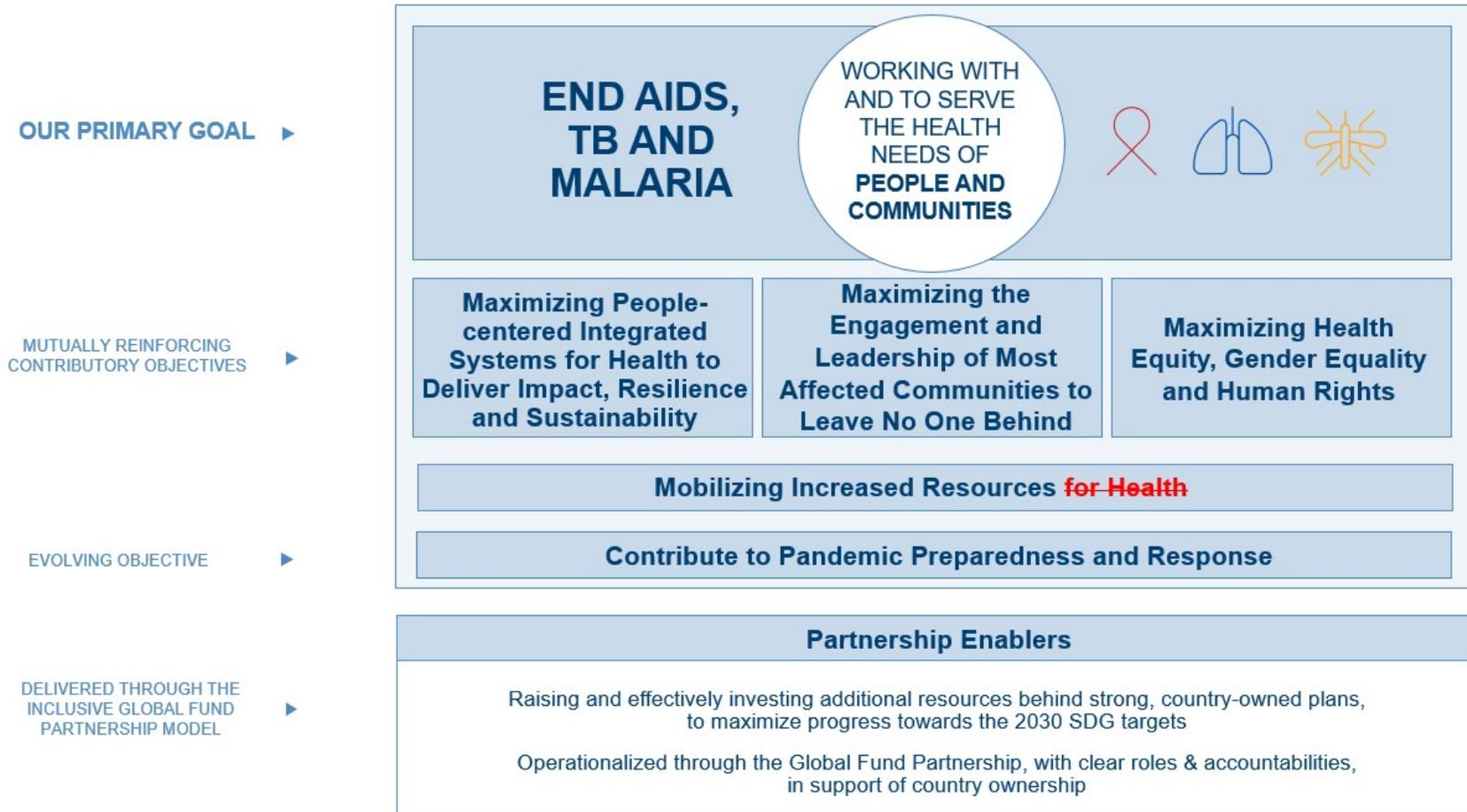
⁹ <https://www.theglobalfund.org/en/technical-evaluation-reference-group/evaluations/strategic-reviews/>

Extraordinary Board Meeting, constituency feedback on additional priority areas to be well articulated within the Strategy Narrative are welcomed, in addition to those highlighted through constituency statements¹⁰ to date and through the wider Strategy development process (including the Partnership Forums, Open Consultation and wider evidence sources such as SR2020).

69. A draft of the Strategy Narrative will be circulated among constituencies for review and input at the beginning of September (tentatively 1-10 September), including the re-articulation of the Strategic Shifts based upon Board input, before an updated draft is presented to the SC in October for recommendation to the Board in November. Progress on the Strategy will allow the SC and Board to take forward important and related areas of work, such as the development of the next KPIs and M&E Framework for the Strategy, to serve as the basis for the 7th Replenishment campaign and, critically, for the changes and concrete actions outlined in the Strategy to be implemented at the Secretariat and across the partnership in preparation for Strategy implementation and the cycle of grants from the 2023-2025 allocation period.

¹⁰ A summary of constituency statement input received in advance of the Extraordinary SC Meeting on areas to be further elaborated in the Strategy Narrative is provided in Annex 2.

Annex 1 – Global Fund Strategy Framework



OUR PRIMARY GOAL

End AIDS, TB and Malaria

To reach the ambitious SDG targets for HIV, TB and malaria, the Global Fund will support catalytic, people-centered HIV, TB and malaria (HTM) investments tailored to maximize impact, equity, quality and build sustainability according to local context, based on country-owned plans and aligned with technical partner guidance, including through:

- Redoubled focus on HTM incidence reduction
- Addressing structural barriers to HTM outcomes

SUB-OBJECTIVES

HIV

- Accelerate access to and effective use of precision combination prevention, with behavioral, biomedical and structural components tailored to the needs of populations at high risk of HIV infection, especially key and vulnerable populations (KVP)
- Provide quality, people-centered diagnosis, treatment and care, to improve wellbeing for people living with HIV (PLHIV), prevent premature mortality and eliminate HIV transmission
- Advocate for and promote legislative, practice, program and policy changes to reduce HIV-related stigma, discrimination, criminalization, other barriers and inequities and uphold the rights of PLHIV and KVPs

TB

- Focus on finding and treating all people with DS-TB and DR-TB through equitable, people-centered approaches
- Scale-up TB prevention with emphasis on TB preventive treatment and airborne infection prevention and control
- Improve the quality of TB services across the TB care cascade including management of co-morbidities
- Adapt TB programming to respond to the evolving situation, including through rapid deployment of new tools and innovations
- Promote enabling environments, in collaboration with partners and affected communities, to reduce TB-related stigma, discrimination, human rights and gender-related barriers to care; and advance approaches to address catastrophic cost due to TB

Malaria

- Ensure optimal vector control coverage
- Expand equitable access to quality, early diagnosis and treatment of malaria, through health facilities, at community level and in the private sector
- Implement malaria interventions, tailored to sub-national level, using granular data and capacitating decision making and action
- Drive towards elimination and facilitate prevention of reestablishment
- Accelerate reductions in malaria in high burden areas and achieve sub-regional elimination in select areas of sub-Saharan Africa to demonstrate the path to eradication

MUTUALLY REINFORCING CONTRIBUTORY OBJECTIVES	<p align="center">Maximizing People-centered Integrated Systems for Health to Deliver Impact, Resilience and Sustainability</p>	<p align="center">Maximizing the Engagement and Leadership of Most Affected Communities to Leave No One Behind</p>	<p align="center">Maximizing Health Equity, Gender Equality and Human Rights</p>
SUB-OBJECTIVES	<p>To catalyze sustainable HTM and broader health outcomes and in support of UHC, the Global Fund will strengthen RSSH by supporting countries and communities to:</p> <ul style="list-style-type: none"> • Deliver integrated, people-centered quality services • Strengthen and reinforce community systems and community-led programming, integrated within national health and social systems • Strengthen generation and use of quality, timely, transparent, and disaggregated digital and secure data at all levels, aligned with human rights principles • Strengthen the ecosystem of quality supply chains to improve the end-to-end management of national health products and laboratory services. • NextGen market shaping focus on equitable access to quality health products through innovation, partnership, and promoting sustainable sourcing and supply chains at global, national and community levels • As part of Global Fund efforts to strengthen country oversight of the overall health system, better engage and harness the private sector to improve the scale, quality and affordability of services wherever patients seek it • Deepen partnerships between governments & non-public sector actors to enhance sustainability, transition-readiness and reach of services, including through social contracting 	<p>To deliver greater impact and ensure the HTM response is responsive to and led by those living with and most affected by the 3 diseases, the Global Fund will reinforce community leadership by:</p> <ul style="list-style-type: none"> • Accelerating the evolution of CCMs and community-led platforms to strengthen inclusive decision making, oversight and evaluation throughout Global Fund-related processes • Evolving Global Fund business processes, guidelines, tools and practices to support community-led organizations to deliver services and oversight, and to be engaged as providers of technical expertise • Supporting community and civil society-led advocacy to reinforce the prioritization of health investments and drive toward UHC • Expanding partnerships with communities living with and affected by emerging and related health areas to support more inclusive, responsive and effective systems for health 	<p>To improve HTM outcomes and drive more equitable access to health services, the Global Fund will support countries and communities by:</p> <ul style="list-style-type: none"> • Scaling up comprehensive programs and approaches to remove human rights and gender-related barriers across the portfolio • Supporting comprehensive SRHR programs and their strengthened integration with HIV services for women in all their diversity and their partners • Advancing youth-responsive programming, including for AGYW and young KVPs and their partners • Deploying quantitative and qualitative data to identify drivers of HTM inequity and inform targeted responses, including by gender, age, geography, income and for KVPs • Leveraging the Global Fund's diplomatic voice to challenge laws, policies and practices that limit impact on HTM
SUB-OBJECTIVES	<p align="center">Mobilizing Increased Resources for Health</p>		
	<p>To strengthen the scale, sustainability, efficiency and effectiveness of health financing for national and community responses the Global Fund will work across the partnership to:</p> <ul style="list-style-type: none"> • Increase international financial and programmatic resources for health from current and new public and private sources • Catalyze domestic resource mobilization for health to meet the urgent health needs for SDG 3 • Strengthen focus on VfM to enhance economy, efficiency, effectiveness, equity & sustainability of Global Fund supported country programs & systems for health. • Leverage blended finance and debt swaps to translate unprecedented levels of debt and borrowing into tangible health outcomes. • Support country health financing systems to improve sustainability, including reducing financial barriers to access and strengthening purchasing efficiency. 		

EVOLVING
OBJECTIVE

Contribute to Pandemic Preparedness and Response (PPR)

Working collaboratively with actors across the global health architecture under an evolving objective, the Global Fund will leverage its core strengths and HIV, TB and malaria capacities and contributions to RSSH, community leadership and engagement, and equity, gender equality and human rights to build pandemic preparedness and response capabilities and contribute to resilient and sustainable systems for health.

Approach

- Leveraging the Global Fund partnership model and principles to contribute to PPR, strengthen the resilience of HIV, TB and malaria programs and contribute to wider systems strengthening and resilience.

SUB-
OBJECTIVES

Focus

- Scaling up investments that build the resilience of HTM programs to current and future threats
- Building front-line capacity for detection and rapid response to epidemics and pandemics at facility and community levels
- Scaling up and integration of community systems capacity for detection and response
- Strengthening disease surveillance systems, including the use of real-time digital data and detection capacity
- Strengthening laboratory systems, supply chains and diagnostic capacity to meet HTM program demand and respond to outbreaks
- Addressing the threat of drug and insecticide resistance, and encouraging climate, environmentally-sensitive and One Health approaches
- Leveraging the Global Fund's platform to build solidarity for equitable, gender-responsive and human rights-based approaches
- Championing community and civil society leadership and participation in pandemic preparedness and response planning, decision making and oversight

Equipping the Global Fund Partnership to deliver the new Strategy: Partnership Enablers

DELIVERED
THROUGH THE
INCLUSIVE GLOBAL
FUND PARTNERSHIP
MODEL

Partnership Enablers: How We Work

Working as accountable partners across the global health and development architecture and in support of the 2030 SDGs goals:

The Global Fund Partnership: Communities, governments, civil society, donors, technical partners, private sector and other partners working together at all levels to deliver results, each with distinct, complementary roles and accountabilities, in support of core principles of impact, equity, human rights and country ownership, adapted to local context.

The Global Fund Model: Raising and effectively deploying additional resources to fund ambitious, equitable, country-owned health plans developed based on global technical guidance to accelerate and maximize progress towards 2030 SDG targets.

Secretariat: Supporting delivery of the Strategy through appropriate, flexible and responsive grant lifecycle processes, tailored to country context - from COE to transition settings – and strengthened collaboration with other global health actors.

Board: Providing effective leadership, guidance, oversight and decisions to achieve the Global Fund mission.

Independent Global Fund Bodies: Independent technical review, evaluation, OIG and assurance oversight in support of the Strategy's delivery and accountability.

Updating the Global Fund's **Vision** and **Mission** to reflect the Strategy's goals towards 2030

2023-2028 Strategy Vision

VISION:

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

2023-2028 Strategy Mission

MISSION:

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.

Annex 2 – Overview of constituency input on areas to be further elaborated in the Strategy Narrative – received through constituency¹¹ statements in advance of the 15 June 2021 Extraordinary Strategy Committee Meeting

Ending AIDS, TB and Malaria

- Efforts to increase uptake of proven HIV prevention tools, upgrading metrics for tracking performance, and focus on the quality and effectiveness of interventions (PF)
- Importance of supporting cross-border approaches within the malaria section (SEA) and description of health outcomes seeking to achieve in malaria (Fr/ Ger)
- Demonstrate how the Global Fund will pursue and strengthen an integrated, holistic and public health approach to ending AIDS, TB and malaria, their comorbidities, to contribute to UHC (Developing NGOs)
- Articulate how the Global Fund Strategy supports achievement of UNAIDS and other partner Strategies (UNAIDS)

Mutually reinforcing contributory objectives

- Highlighting that HTM coinfections and comorbidities and RMNACH are key ‘broader areas of health’ for integration through people-centered approaches (Fr/Ger)
- Acknowledging the importance of health systems as mission critical to achieve HTM goals (ESA, WCA)
- Highlighting the importance of Global Fund contributions to UHC through the Global Fund Strategy’s aims (Japan, SEA)
- Clarifying the intent for RSSH interventions to focus on systems strengthening, rather than support (UK, Fr/Ger)
- Highlighting importance of community-led monitoring (LAC)
- Highlighting how sustainability and transition efforts will be strengthened (SEA)
- Clarity on Global Fund levers to challenge laws, policies and practices preventing equitable access to HTM services (CA/SWI/AUS)
- Acknowledging and addressing the shortcomings of the Global Fund's delivery of the current strategy, especially on addressing human rights barriers, gender equality and building strong community systems at all levels (Developing NGOs)
- Articulating how the Global Fund can support improvements in the collection and use of disaggregated data, and strengthened uptake of gender data, to support efforts to remove structural barriers that drive inequality and poor health outcomes (CA/SWI/AUS)

¹¹ Abbreviations of constituency names used in this annex are as follows: CA/SWI/AUS for Canada, Switzerland and Australia; Developing NGOs for Developing Country NGOs; EECA for Eastern Europe and Central Asia; EMRO for Eastern Mediterranean Region; ESA for Eastern and Southern Africa; Fr for France; Ger for Germany; LAC for Latin America and Caribbean; PF for Private Foundations; PS for Private Sector; SEA for South East Asia; UK for United Kingdom; US for United States; WCA for West and Central Africa; and WPR for Western Pacific Region.

- How the Global Fund will harness private sector capabilities and capacities to improve the scale, quality and efficiency of services to strengthen outcomes, e.g., in supply chain, direct delivery of people-centered services, including in regard to TB (PS, PF)
- Clarifying the scope of work of the next generation market shaping approach to deliver and bring innovations to our efforts in a timely manner (PS, Fr/Ger)
- Details on efforts to increase international domestic resources for the Strategy's objectives in a resource-constrained environment and context (PS)
- Articulating that 'mobilizing increased resources for health' intends to support mobilization of resources in support of the Strategy's primary HTM goal and objectives, and support countries in increased mobilization and effective use of resources in support of their efforts to achieve SDG 3 (in response to Communities' question, Fr/Ger)
- Articulation of how the Global Fund's efforts to mobilize increased resources for health is supportive of countries' wider health financing efforts and complementary with the mandates of other development partners (UK)
- Articulation of how sub-objective on 'leveraging the Global Fund's diplomatic voice' will be put into practice (US – verbal contribution at SC)

Evolving Objective on PPR

- Clarification to of how sustainable community engagement would work in the context of PPR – including engagement at CCM level and related processes (PS)
- Articulating the relation and distinctions between RSSH and PPR investments (CA/SWI/AUS)
- Articulating the Global Fund's role in the evolving global PPR landscape (CA/SWI/AUS)
- Clarifying how the Global Fund can leverage its platform to build solidarity for equitable, gender-responsive and human rights-based PPR approaches (Fr/Ger)
- Articulating the conceptual link between the PPR objective, other objectives and primary goals, to help guide programming and implementation (Fr/Ger, EECA/EMRO)

Partnership Enablers

- Articulating the comprehensive and inclusive definition of 'country ownership' and 'affected communities' to facilitate a common understanding of these terms (Communities)
- Strengthening operationalization of the partnership model at country level, including at CCM level to support balanced decision making across actors (SEA, WPR, Developing NGOs)
- Articulating how country ownership can be strengthened (LAC)
- Strengthening collaboration and coordination with development partners (including on priorities) at global, regional and national levels (LAC, UK)
- Complementarity, roles, accountabilities of actors across partnership, and how partnership will evolve to strengthen accountability for and achievement of impact (LAC, PS)
- The Global Fund's leverage in strengthening technical support and capacity building, with a view to sustainability (LAC, PF)
- Articulating efforts to strengthen the sustainability of Global Fund efforts through the integration of decision making (CCMs and other Global Fund-specific structures) within national institutions (UK)

- Articulating the reforms required to the partnership model to address persistent structural bottlenecks (Developing NGOs)
- Highlighting the importance of multi-country partnerships and multi-sectoral partnerships beyond the health sector (Developing NGOs)
- Describe how the Global Fund is actively engaging with other global health initiatives and define goals for a more collaborative approach to achieve the Global Fund's mission (Fr/Ger)
- Articulate the interdependence between the mobilizing resources objective and partnership enablers (EECA/EMRO)

Strategic Shifts

(Focus on specific Shifts proposed by Constituencies)

- Clarifying that the Strategic shift: “Encourage and accept the risks of innovation...” intends to emphasize the importance of incentivizing health impact, program quality and effective service delivery over financial performance/absorption and that this will entail accepting greater financial risk (Fr/Ger; LAC; Developing NGO)
- Articulate a shift in relation to sustainability and transition of Global Fund investments, including around integration of decision-making (e.g., CCMs) within national institutions (UK; SEA)
- Articulate a shift/articulation within the partnership enablers section around greater collaboration and coordination, including with other global health institutions (UK) and with more ambition (Fr/Ger).
- Describe what will change in order to shift towards an integrated, people-centered approach to HTM and how it will be measured (Fr/Ger; UK)
- Articulate a shift that clarifies an emphasis on health systems strengthening over support (Fr/Ger; UK)
- Describing greater focus on prevention (UK)
- Provide clarity on what the proposed shift on environment, climate and One Health will entail e.g., partnerships with One Health experts at country-level (Fr/Ger); and its impact on the three diseases (WPR)
- Introduce a shift on strengthening community engagement and leadership (SEA)

Overarching

- Clarity on how the Strategy will be implemented at country level (CA/SWI/AUS)
- Interlinkages between the primary goal and objectives and associated hierarchy (CA/SWI/AUS, UK)
- Specifying what the Global Fund will not do under new Strategy (CA/SWI/AUS)
- ‘Theory of Change’ (ToC) to articulate the Global Fund's role and contributions to HIV, TB, malaria, RSSH, PPR, human rights, health equity and gender equality (PF)
- Clarity on how the comparatively more complex Strategy Framework leads to greater prioritization, ease of measurement and strengthened impact (PF)
- Articulating Global Fund comparative advantages, strengths and core principles (including partnership, country ownership, performance-based funding, and transparency) (PF)

- Articulating how the Global Fund will catalyze country and regional capabilities, to strengthen impact and sustainability (PF)
- Articulating the new Global Fund Strategy's main ambition and how the Global Fund will go beyond business as usual and reform our ways of working to deliver the Strategy (Developing NGOs)
- Articulating the importance of strengthening support for refugees and IDP, including in the EMRO region (EECA/EMRO)