

# Report of the Extraordinary Board Meeting

## Extraordinary Board Meeting

GF/EBM01-2021/03  
Extraordinary Board Meeting  
22 July 2021, *Virtual*

### Board Decision

Purpose of the paper: This document presents the Report of the Extraordinary Board Meeting, held virtually on 22 July 2021.

*Document Classification: Internal.*

*Document Circulation: Board Members, Alternate Board Members, Constituency Focal Points and Committee Members.*

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## Purpose

This document presents the Report of the Extraordinary Board Meeting (the “Meeting”), held virtually on 22 July 2021.

Agenda items. The Meeting comprised one (1) agenda item.

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 Extraordinary 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 Meeting can be consulted [here](#).

Glossary. A glossary of acronyms can be found in Annex 4.

*The Report of the Extraordinary Board Meeting was approved by the Board of the Global Fund via electronic vote on Tuesday, 12 October 2021 (GF/B45/EDP20).*

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## Opening

1. The Board convened virtually on 22 July 2021 for an Extraordinary Board Meeting. A quorum was confirmed. The Chair of the Board, Donald Kaberuka, welcomed participants and guests. The Chair thanked the Secretariat staff for their hard work and commitment to ensure continuity of operations and grant programs during the ongoing COVID-19 crisis. The Vice Chair, Roslyn Morauta, emphasised the importance of implementer governments, civil society, communities living with and affected by the three diseases, donors, technical partners and other Global Fund partners, with each playing a unique and critical role and united in a shared mission to end the three epidemics.
2. A sacred prayer lamp was lit by the Board Member of the South East Asia Constituency, Dasho Kunzang Wangdi, to honor the memory of the victims of AIDS, tuberculosis and malaria. Mr Kunzang Wangdi recognized the efforts and impact of the Global Fund to save lives and stressed the importance of its work to prevent the still significant human loss and suffering from the three diseases.

### Decisions

3. The Board unanimously approved the decisions to appoint Dasho Kunzang Wangdi, from the South East Asia Constituency, as rapporteur for the Extraordinary Board Meeting (GF/EB01-2021/DP01) and to adopt the agenda of the meeting (GF/EB01-2021/DP02).

## Strategy Framework

### Presentation

4. The Board Chair opened the session by highlighting the critical areas addressed in the recommended Strategy Framework to strengthen the Global Fund partnership's impact towards the 2030 horizon. He underscored the importance of the Board coming to agreement on the Strategy Framework at this meeting, in order to be able to take forward the work on the Strategy Narrative and importantly, to prepare for implementation. This was echoed by the Strategy Committee Vice Chair, who highlighted the highly consultative 18-month process that has led to this point in the process.
5. The Executive Director thanked constituencies for their dedication to developing the next Strategy and gave an overview of how the recommended Strategy Framework positions the Global Fund partnership to get back on track towards the 2030 horizon with its primary goal of ending AIDS, TB and malaria, with people and communities at the center of the Global Fund's work. He highlighted that the recommended Strategy Framework is clearly prioritized and more focused than the current Strategy on addressing key barriers to impact. These include the need to focus on incidence reduction and structural barriers to impact across the three diseases; supporting catalytic people-centered integrated RSSH investments in areas of Global Fund

strength that deliver outcomes against the three diseases and in related health areas; maximizing the engagement and leadership of most affected communities; and strengthening the focus on equity, gender equality and human rights throughout the Global Fund's work. The Executive Director noted that the recommended Strategy Framework is adapted to the contemporary environment, based on lessons learned from the past, and builds upon core Global Fund strengths and in areas of comparative advantage, including in relation to pandemic preparedness and response (PPR) and taking climate- and environmentally-sensitive approaches.

6. Before opening for discussion, the Secretariat provided a brief overview of input received through Constituency statements on areas to be brought out within the Strategy Narrative (Annex 3), and noted that this input, in addition to all verbal and written constituency input and wider evidence and input received through the Strategy Development process, would be used to develop the Strategy Narrative based on an approved Strategy Framework. Constituency statements are shared in full in Annex 5 to this report. The Secretariat also gave an overview of next steps in the Strategy Development process, as outlined in paragraph 25 below.

## ***Session 1: Approval of the Framework for the next Global Fund Strategy***

### **Board Discussion**

7. The Vice Chair introduced the discussion by noting that the Strategy Committee-recommended Strategy Framework for consideration by the Board includes a revision following an amendment proposed by the Communities delegation, and deemed by the Strategy Committee to be in line with the intent of the Committee's recommendation, as circulated to the Board in GF/EB01-2021/02 – Revision 1.
8. Board Leadership then noted that additional amendments to the Strategy Framework had been proposed by the Eastern and Southern Africa (ESA) and West and Central Africa (WCA) Constituencies and that the Constituencies requested to introduce a motion to propose that the Board consider such amendments in session. The Secretariat provided clarifications on relevant procedures and past practice pertaining to the consideration of amendments in session, including that the Board would, as a threshold matter, first vote on the motion to present an amendment before reviewing the text of the amendment itself. The motion to present the amendment did not pass the voting threshold. As such, the meeting continued with discussion on the Strategy Committee-recommended Strategy Framework (GF/EB01-2021/02 – Revision 1).
9. Board Members highlighted a number of key areas with regard to the Strategy Framework. These included the importance of the Strategy Framework maintaining the Global Fund's primary focus on ending the three diseases and placing working with and serving the needs of people and communities affected by the three diseases at the center of its work. Other important areas highlighted included a strong focus on addressing human rights and gender-related barriers including underlying inequities, laws and policies that limit impact; a strong focus on addressing the needs of key and vulnerable populations; placing a clear focus on prevention across the three diseases; focusing on quality improvements in resilient and sustainable systems for health (RSSH); and adapting to current and future global health threats. It was also recommended that the Secretariat and Board consider how Global Fund governance and the broader partnership can contribute to the growing discourse on the decolonization of global health.

10. The ESA and WCA Constituencies stressed the critical role of implementer governments in delivering the next Strategy, within the overarching Global Fund partnership, and the centrality of their work. This topic was echoed as essential and important by a number of other Constituencies, Board and SC Leadership and the Secretariat.
11. Constituencies also highlighted a number of topics to be considered in the drafting of the Strategy Narrative. These are highlighted below in *Session 2: Board Guidance on Additional Topics*. In relation to the strategic 'partnerships' shifts, it was suggested that they be clearly articulated in the Strategy Narrative, including that the climate, environment and One Health topic be articulated in a cross-cutting manner and not specific to PPR; and there was support from a number of Constituencies for shifts in relation to real-time data and accelerating uptake of innovations. With regards to shifts in collective partnership performance needed in relation to specific areas within the Strategy Framework, Constituencies highlighted a focus on sustainability; on equity, gender quality and human rights; in addition to those that had been raised through the Constituencies statements (see Annex 5). There were suggestions that the Strategy Narrative itself be used to drive accountabilities at country level; and that the Strategy Narrative would benefit from a one-page summary highlighting what will be different under the new Strategy.
12. Board Members noted several areas to be considered in future work to implement the Strategy such as those in relation to eligibility and analysis for the disease split work (including concerns raised by ESA and WCA regarding a change to the disease split in favor of TB); how to evolve the organizational model to deliver on the new Strategy based on learnings to date, including from C19RM; the importance of designing a strong, accountable M&E Framework and corresponding KPIs for the Strategy that reflect lessons learned to date; and developing operational detail for the Strategy's implementation, including in relation to the evolving objective on PPR.
13. At the end of the session, Board Leadership asked Board Members if there were any remaining issues to be addressed before the Decision Point on the Strategy Framework was raised, and none were voiced.

#### Secretariat Response

14. The Secretariat thanked Constituencies for their input. The Secretariat stressed the importance and centrality of implementer governments in delivering national programs, in implementing the Strategy and within the Global Fund partnership model. The Secretariat added the critical role of implementer governments will be highlighted throughout the Strategy Narrative, including in the overarching context, the roles and accountabilities section relevant to each Strategy Objective, and in the Partnerships Enablers section.
15. The Secretariat acknowledged the comments on the strategic partnership shifts (outlined in the Explanatory Board Paper (GF/EB01-2021/02 – Revision 1, paragraphs 59-65) and the importance of them being considered holistically as part of the Strategy Narrative. (For Board reference, the strategic partnership shifts will 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. This will include a description of the cross-cutting areas for collective partnership improvement not described elsewhere in the Strategy; as well as underscoring throughout the Strategy Narrative in relevant

sections the cross-cutting areas for collective partnership improvement needed to deliver on the Strategy's vision.) The Secretariat also thanked Constituencies for their input on areas to be highlighted for improved partnership performance throughout this section. The Secretariat also confirmed that climate would be addressed as a cross-cutting priority.

16. The Secretariat thanked Constituencies for their input in relation to topics described within the Strategy Framework, including the importance of the close interlinkages between the RSSH and PPR objectives; and in supporting transition readiness and long-term sustainability. The Secretariat clarified that future fundraising efforts will be in support of the Strategy as a whole. They also underscored the importance of the Global Fund partnership preparing over the coming years for Strategy implementation and the next cycle of grants, in support of priorities which are determined at country level, not Geneva level.

## ***Session 2: Board Guidance on Additional Topics***

### **Board Discussion**

17. Board Leadership opened the session by asking Board Members to raise additional areas or nuances to be considered in the development of the Strategy Narrative, beyond those already raised to date.
18. Topics highlighted by Board Members to be considered in the development of the Strategy Narrative in relation to partnerships included: articulating the critical role of implementer governments in delivering on the next Strategy, and the centrality of their work; articulating the roles and accountabilities of the Global Fund and its partners in the broader global health architecture, as well as the accountabilities of partners in delivering on the Strategy; partnerships with the private sector including to strengthen service delivery outcomes; and highlighting the importance of improved collaboration across the Global Fund partnership – including through the Global Action Plan – to advance on the SDG3 targets and to contribute to the achievement of Universal Health Coverage (UHC).
19. Topics highlighted in relation to Strategy Objectives included: elaborating on what the Global Fund partnership will need to do differently to achieve the Strategy's aim and strengthened results, including to advance health equity, gender equality and human rights; and to deliver on people-centered approaches. Examples given included changes to Country Coordinating Mechanism (CCM) requirements; strengthened efforts to deliver real-time and granular data; building partnerships with new actors; and encouraging political and financial commitments from national governments. Other areas raised by Board Members included further elaboration on the areas of work to be taken forward to strengthen community leadership and community-led service provision; highlighting areas of importance to integrated service delivery, including linkages to maternal and child health, adjacent disease areas and integration through primary health care platforms; accelerating innovation through strong market shaping efforts that build partnerships with local manufacturers and increase country ownership; value for money and innovative financing mechanisms; and sustainability for achieving long-term impact including through transition planning and by prioritizing local partnerships.
20. In relation to PPR, there was a request for greater clarity around the scope and weight to be given to PPR versus the core mandate to end the three diseases; a suggestion to further

articulate the future scope of PPR efforts and how these efforts will complement other areas of work, including RSSH; and the need to be prioritized in areas of PPR and RSSH funding.

21. Board Members also shared suggestions for the drafting of the Strategy Narrative document, including that the Strategy Narrative should bridge language barriers by using simple and actionable language. A question was raised on whether a theory of change could help articulate the link between the Strategy Framework, Narrative and implementation. Some Board Members raised comments regarding limited time for discussing Strategy topics.

#### Decision Point

22. Board Leadership moved to the Decision Point. Communities proposed the Decision Point and was seconded by France. The Decision Point passed with 18 votes in favor. Two Constituencies voted against (ESA and WCA).
23. In concluding the meeting, the Secretariat provided an overview of immediate next steps in development of the Strategy Narrative, including that any additional input from constituencies into the development of the Strategy Narrative should be received by 31 July 2021. All constituencies will then receive a draft of the Strategy Narrative on 1 September 2021, with suggested input and edits to be received by 10 September 2021. This input will be used to update the document sent to the Strategy Committee on 21 September 2021 for consideration at their 17<sup>th</sup> Meeting in October 2021. The Board will then review the SC-recommended Strategy Narrative in advance of its approval at the 46<sup>th</sup> Meeting in November 2021.
24. The Board Chair and Vice Chair acknowledged the collaboration and effort to date, thanked the Board, SC and Secretariat for their engagement, and underlined the importance of continued effective communication and dialogue looking ahead to the adoption of the Strategy Narrative in November 2021.

#### Next Steps (including concluding remarks)

25. Following approval of the Strategy Narrative, preparations for Strategy implementation will kick off, including the 7<sup>th</sup> Replenishment; SC and Board review and approval of core policies such as eligibility and allocation; and preparation for the cycle of grants starting in 2024, including based on the input received from the Strategy Development process.

*Document Classification: Internal.*

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## Annex 1. Decisions Taken at the Extraordinary Board Meeting

Decision Point Number	Decision Point Text	Voting summary		
		For	Against	Abstain
GF/EB01-2021/DP01	<b>Appointment of Rapporteur</b> Dasho Kunzang Wangdi from the South East Asia Constituency is designated as Rapporteur for the Extraordinary Board Meeting.	Unanimous		
GF/EB01-2021/DP02	<b>Approval of Agenda</b> The agenda for the Extraordinary Board Meeting (GF/EB01-2021/01) is approved.	Unanimous		
GF/EB01-2021/DP03	<b>Approval of Strategy Framework</b> <ol style="list-style-type: none"> <li>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.</li> <li>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.</li> <li>Accordingly, based on the recommendation of the SC, as presented in GF/EB01-2021/02 – Revision 1, the Board: <ol style="list-style-type: none"> <li>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</li> <li>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.</li> </ol> </li> </ol> <p>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.</p>	18 votes	2 votes (ESA, WCA)	

## Annex 2. Extraordinary Board Meeting Documents List

For Decision	
Reference	Document Title
GF/EB01-2021/01	Extraordinary Board Meeting Agenda
GF/EB01-2021/02 – Revision 1	Approval of Global Fund Strategy Framework

## **Annex 3. Additional Areas to be articulated in Strategy Narrative highlighted through Constituency Statements to Extraordinary Board and Next Steps<sup>1</sup>**

### **Overarching**

Articulation of the critical role of implementer governments in the Strategy, the Global Fund partnership and the centrality of their work (ESA/WCA)

Clear articulation of accountabilities and requirements from partners to deliver the Strategy (WHO), especially to deliver community and equity, human rights and gender equality objectives (Developing) and articulation of country ownership (Developed)

Articulation of how governance and programmatic approaches will be strengthened to improve delivery (CA/CH/AUS)

Articulation of how the Global Fund can support achievement of the global goals on HTM and contribute to development of the basic components of success for national public health systems (EECA)

Harnessing the GAP to galvanize collaboration, cooperation and coordination on RSSH and PPR (P7; WHO)

Coherent description of efforts to support sustainability and transition, as well as inherent tensions (P7)

Articulation of prioritized actions, necessary accountabilities, and logic for how to achieve the Strategy's goal and objective; how the Global Fund will incentivize and catalyze improved programming and increased investment by countries and other partners; and embedded changes and improvements needed to achieve goal and objectives (Private Foundations)

Embedding the Global Fund comparative advantages and core principles as a lens to show why specific actions and accountabilities have been prioritized and how they help to deliver (Private Foundations)

Clarification of action verbs (e.g., promote, build) within description of areas of work under sub-objectives (Private Foundations)

### **Ending AIDS, TB and Malaria**

Articulation of how the Global Fund Strategy will contribute to global targets set out in partner strategies and at the 2021 High-Level Meeting (Developing)

Highlighting the importance of finding missing people with TB, integrating HIV/ TB services, facilitating private sector engagement, rolling out new TB diagnostics and treatment modalities (CA/CH/AUS)

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<sup>1</sup> The text includes non-substantive edits such as spelled-out acronyms to enhance readability of the ppt version presented in session.

Description of balance between advancing malaria control in high-burden countries, while also advancing malaria elimination agenda (CA/CH/AUS)

Clear articulation of what it means practically to have people and communities at the center (Communities)

Addressing human rights and key and vulnerable populations (KVP) issues comprehensively throughout the Strategy (Communities)

Consider more attention to the uptake of proven HIV prevention tools, upgraded metrics for tracking prevention performance, and focus on the quality and effectiveness of interventions (Private Foundations)

Emphasizing the importance of ensuring linkage to HIV care and support through universal voluntary and confidential testing and treatment; highlighting the particular needs of KVPs in TB; and the importance of community engagement and community responses in malaria (Developed)

Reference to five HIV key populations and references to Global AIDS Strategy 2021-2026 terminology and related WHO strategies and guidelines (WHO)

### **Mutually reinforcing contributory objectives**

#### ***RSSH***

Importance of Global Fund RSSH investments in areas related to the three diseases: granular data, laboratory systems, procurement and supply chains, and community systems linked to the national systems; and market shaping and procurement emphasizing proximity to where medicines and commodities are consumed through local production and shorter supply chain (ESA/WCA)

Clear articulation of how the Global Fund partnership will put integrated, people-centered approaches into practice (Developing; CA/CH/AUS; Joint EU)

As part of focus on supporting integrated, people-centered approaches, articulate importance of synergies coinfections or comorbidities of HIV, tuberculosis, and malaria (HTM), including relevant non-communicable diseases (P7, Joint EU) and as set out in WHO position paper on coinfections and comorbidities and alignment with primary health care platforms (WHO)

Articulation of how approach to RSSH responds to challenges highlighted in TERG and OIG reports (e.g., around strengthening oversight support) (CA/CH/AUS)

Articulation of how RSSH approach and focus on gender and human rights will build HTM outcomes, support transitions and build resilience to crises (LAC)

Emphasis on collection of disaggregated data to enable analysis of human rights and gender-based drivers of inequity, with linkages to community-led monitoring (CA/CH/AUS)

Emphasize the importance of integrated disease surveillance systems, including data collection, integrated laboratory platforms (WHO)

Highlight the importance of human resources for health and contributions to Reproductive, Maternal, Newborn, Child and Adolescent Health (RMNACH) goals as part of RSSH investments (Joint EU)

Clarify scope and aim of the concept of next generation market shaping (Developed), as well as the articulation and collaboration with other national, regional and global partners (Joint EU)

Highlight the importance of Global Fund contributions to UHC through strengthening RSSH in areas of Global Fund comparative advantage (Japan)

Articulation of how the Global Fund will support the development and implementation of nationally owned, comprehensive evidence-based strategies for building RSSH (P7)

Highlight detailed areas of RSSH focus, to clarify Global Fund role vs other partners, and how contribute to sustainable HTM, broader health outcomes and pandemic preparedness; prioritizing local capacity and systems (especially community systems) (Private Foundations)

### ***Equity, human rights, gender equality***

Elaboration of how equity, human rights and gender equality objective will be taken forward (Joint EU), including the importance of gender equality and sexual and reproductive health (SRHR) for achieving SDG3 and the Global Fund's mandate (P7)

Clarification of how the sub-objective on leveraging Global Fund's diplomatic voice will be taken forward (CA/CH/AUS; Joint EU), including at country level and through CCMs (WPR)

Highlight the needs of displaced populations within the health equity, human rights and gender equality goal (Developed)

Articulation of how the Global Fund can contribute to the socio-political process necessary for leaving no one behind, for investments to reach the unreached, and transformational shifts needed to overcome the barriers to quality services (WHO)

### ***Mobilizing increased resources***

Articulation of how the new Health Finance Department and Health Financing sub-objectives will drive change (CA/CH/AUS)

Discuss boundaries of the Global Fund resource mobilization efforts and how the partnership will contribute to efficient and sustainable health financing in close partnership with the WHO, P4H, and other Global Action Plan (GAP) partners (Joint EU)

Consider how collaboration with other global and regional health financing institutions can help blend finance and catalyze domestic investments (WHO, Private Foundations); focusing on concrete places where the Global Fund can draw on comparative advantages and the type of adaptations needed such as through communities (Private Foundations)

### ***PPR***

Important to draw on lessons learned from C19RM in how the PPR objective is taken forward (CA/CH/AUS)

Further clarification on role of Global Fund in PPR, including how these efforts will be integrated with and not in parallel with core work (Communities, Developed)

Articulation of how PPR investments will complement efforts to end AIDS, TB and Malaria and build RSSH (Joint Euro; Developed Country NGO Delegation); and how both areas should be examined through a gender lens (P7)

Articulation of how more intentional use of investments can build both PPR and HTM outcomes (Developed), including through areas of Global Fund RSSH strength (Private Foundations)

Reflect that PPR activities are in large part rooted in the HTM goal and the contributory objectives (Joint EU)

Articulation of the cross-cutting nature of climate and One Health considerations (P7)

### **Partnership Enablers**

Outlining the clear roles and accountabilities of actors across the partnership, including at country level (Communities), as well as regional and global and local levels (SEA), with expected outcomes, accountabilities to the Board and clear division of labor accounting to respective mandates and capacities (P7)

Outlining the changes to the partnership model to address persistent structural bottlenecks to community leadership (Developing)

Articulation of how the partnership model needs to evolve to deliver on the new Strategy (CA/CH/AUS; WPR)

Consideration of whether the Global Fund approach to CCMs is fit for purpose, considering whether the systems in which they operate have the processes to match the rhetoric of CCMs (WPR)

How CCM capacities can be strengthened for effective coordination, oversight, governance in alignment with national health strategy including engagement of CSOs, KVP and the private sector (SEA)

Articulation of how the work of the Global Fund at country level will deepen efforts to action the principles of national ownership, alignment and coordination (P7)

Identification of disruptive changes to the partnership model to improve the quality and accountability of technical support; and bold suggestions about how to be more intentional in catalyzing and building regional and country capacity to improve technical support while also serving sustainability (Private Foundations)

### **Strategic Shifts section in Partnership Enablers**

*Areas not addressed elsewhere in the Strategy Framework*

Support for: Encourage and accept the risks of innovation to deliver health impact (considering which risk tradeoffs are needed to enable strategic delivery, and how Global Fund can appropriately balance fiduciary risk and programmatic impact) (Private Foundations; ESA/WCA); Accelerate equitable introduction and uptake of innovations (Private Foundations) – but with nuance that should be about more flexibilities and less complex procedures to encourage countries with innovative proposals (Joint Euro)

Support for: Generation of real-time data for program decision-making (Private Foundations); - view that this should be under RSSH data sub-objective (Joint Euro)

Accelerate the pace of implementation an important theme for the Global Fund partnership for many years but does not represent a shift (Joint Euro)

*In relation to areas also addressed elsewhere in Strategy Framework*

Emphasis on sustainability and transition (Joint EU; Developing); strengthening CSS and ensuring engagement of communities through Global Fund processes; redoubling efforts on disease prevention; taking longer-term approach to addressing structural barriers; embedding CRG aspects throughout Global Fund work (Developing)

Increased prioritization of groups with highest incidence and mortality rates across the three diseases; increased coordination with other global health actors; Interlinkages as the strategic lever to break implementation silos (Joint EU)

Reflect One Health approaches throughout HTM, RSSH and PPR sections (Joint EU; WHO)

Address complex challenges at the country level, including sustainability of programs (EECA)

## **Implementation**

### *Strategy Performance*

Strong appetite to move in due course to planning for Strategy implementation (including necessary changes to policy, lifecycle processes, workforce planning) and to develop clear, prioritized and effective KPIs and M&E Framework (UK, P7) including in relation to equity, human rights and gender (Joint EU)

Performance indicators to enable effective performance management and accountability of actors across the Global Fund partnership model, including around the provision of technical support (CA/CH/AUS), and recommendations of TERG review (WPR)

A ToC or other logic frame approach could help make explicit the assumptions built into the changes expected to operationalize the Strategy, to help with accountability and KPIs (Private Foundations)

### *Strategy Implementation*

Ensure implementation planning addresses the shortcomings to delivery under the current Strategy (ESA/WCA), especially in areas such as equity, human rights, gender equality, and

building community systems (Developing); and the effectiveness of the COE policy's implementation and guidance of OIG WCA advisory (Developed)

Input received from multiple constituencies on allocation (including disease split, RSSH allocation, catalytic investments (incl multi-country funding), in relation to funding for PPR, community funding) which will be taken forward through the allocation workstream (multiple constituencies)

Consideration of how the Strategy can be implemented at the country level, e.g., by the CCM (WPR)

Update on operational changes needed at Secretariat level to implement Strategy (P7)

Consideration of fundamental changes needed in operational approaches, grantmaking, KPIs, partnership model, and staffing levels to deliver Strategy, as well as tradeoffs between investments that show impact over longer vs shorter time horizons (Private Foundations)



## **Annex 4. Glossary of Acronyms**

CCM Country Coordinating Mechanism  
CRG Community, Rights and Gender  
CSOs Civil Society Organizations  
CSS Community Systems Strengthening  
C19RM Covid-19 Response Mechanism  
ED Executive Director  
ESA Eastern and Southern Africa  
GAP Global Action Plan  
KPI Key Performance Indicator  
KVP Key and Vulnerable Populations  
M&E Monitoring and Evaluation  
OIG Office of the Inspector General  
OPEX Operating Expenses  
PPR Pandemic Preparedness Response  
RSSH Resilient and Sustainable Systems for Health  
SDGs Sustainable Development Goals  
SC Strategy Committee  
TERG Technical Evaluation Reference Group  
ToC Theory of Change  
UHC Universal Health Coverage  
WCA West and Central Africa

## **Annex 5. 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. Communities Delegation Discussion Paper
- e. Developed Country NGO Delegation Constituency Statement
- f. Developing Country NGO Delegation Constituency Statement
- g. Eastern Europe and Central Asia Constituency Statement
- h. France, Germany, Point 7 and European Commission / Belgium / Italy / Portugal / Spain Joint Constituency Statement
- i. Japan Constituency Statement
- j. Latin America and the Caribbean Constituency Statement
- k. Point 7 Constituency Statement
- l. Private Foundations Constituency Statement
- m. Southeast Asia Constituency Statement
- n. United Kingdom Comments on Updated Strategic Framework
- o. United States Constituency Statement
- p. WHO Constituency Statement
- q. WHO inputs on co-morbidities and co-infections
- r. Western Pacific Region Constituency Statement



AFRICAN CONSTITUENCY BUREAU  
FOR THE GLOBAL FUND



## **Position Statement on the Global Fund Strategy Framework July 2021**

The Eastern and Southern Africa (ESA) and the Western and Central Africa (WCA) Constituencies are grateful for the increasingly impactful results of the Global Fund investments in the world and in our constituencies that receive about two-thirds of the Global Fund investments.

We also appreciate the hard work that the Secretariat has been doing over nearly two years to develop the next strategy. We acknowledge the efforts and the difficulties in developing a framework that pleases all constituencies equally.

We are not in position to support this proposed strategy framework as it does not reflect some issues that are vital to end HIV, TB and malaria as epidemics by 2030 and saving more lives.

### **African Constituencies top asks**

As the Global Fund to fight HIV, TB and malaria is developing its 2023-2028 strategy, the African constituencies have persistently highlighted important elements needed for better results leading to the Sustainable Development Goals horizon of 2030.

Among those important requests are the focus on the three diseases, the importance of health systems and grassroots community strengthening, the need to acknowledge the investments and place of implementing governments in order to hold them accountable for results, the need to reorient the partnership to be more responsive to implementers be they state or non-state actors, and for flexibility in procedures and processes in order to improve grant performance in West and Central Africa and other fragile countries.

Some of those elements and others have found their way in the current strategy framework which now focuses on the three diseases, the intrinsic importance of people and communities, on human rights, gender equality, pandemic preparedness and capability response (PPR) as supporting the three diseases but not as a vertical program.

But two important elements are missing from this strategy framework: the role of implementer government and the importance of strong health systems as well as their consequences.

## 1. The Global Fund partnership includes Implementer governments

*“The only way to end AIDS, TB and malaria as epidemics is by working together: Governments, civil society, communities affected by the diseases, technical partners, the private sector, faith-based organizations, and other funders”* says the Global Fund website when explaining the principle of partnership.

**Implementer governments are named as constituencies in the Global Fund governance structures like other constituencies. As such they are represented on the board and in our constituencies.** Strangely, this framework ignores the role of government implementers. The discussion of inclusion and equal treatment that the Global Fund partnership holds so dear should apply equally to implementer governments in our part of the world.

Also, how is the Global Fund partnership planning “to leave no one behind”, “to secure and catalyze increased domestic ... resources”, “more purposefully ... leverage its platform to advance equity, gender equality and human rights within the context of its mission” without the centrality of implementer governments? How will communities “play an important and increased role in oversight and accountability of the Global Fund’s investments... helping to ensure commitments are upheld ...” when those making the commitments are mentioned nowhere? How does the Global Fund work towards sustainability, transition and co-financing when it ignores governments? How will we “break down barriers” without acknowledging the centrality of those who must bear the socio-political brunt that changing cultures, religious beliefs and laws inherently entail?

**Sustainability of the Global Fund efforts requires that health systems are strengthened, gendered lenses are applied to health care provision and access, human rights are upheld, laws changed and new ones enforced, domestic resources are allocated, etc. Those are eminently political decisions that cannot happen without acknowledging the centrality of working with implementer governments.**

The Global Fund has been anchored in a partnership with implementing governments, civil society organizations, communities of people living with or affected by the disease, technical partners, donors. It is imperative that the 2023-2028 strategy continues to do so without cutting off one of the partnership members.

**The strategy should include a definition of communities.** This is not trivial as **the Global Fund governance structure recognizes communities as a constituency.** However, the Secretariat amalgamates many non-state actors as community. For instance, the Secretariat labels International Non-Governmental Organizations that are principal recipients in some countries “community” in its databases. Thus, it follows that the Global Fund current main objective would read “working with INGOs to serve the health needs of the people and the INGOs to end HIV, TB and malaria.”

Instead, our position is that the Global Fund should ***“partner with governments, communities and people to serve the health needs of people”***.

## 2. The vital importance of health systems

The COVID-19 pandemic forcefully makes the case for strong health systems. We highlight the importance of Global Fund investments in areas related to the three diseases: granular data, laboratory systems, procurement and supply chains, and community systems linked to the national systems.

Despite 20 years of investments, obtaining daily data on HIV, TB and malaria remains a dream in most countries of our constituencies. Nevertheless, those countries leveraging previous investments made by the Global Fund, PEPFAR, bilateral, other multilateral institutions, and implementer governments are able to deliver daily data on COVID-19. This dichotomy says clearly that the tools to collect the data are right; the approach and management not quite so.

The African Constituencies insist on a Global Fund allocation for health systems, not in the least because of its centrality if addressing HTM is to be sustainable but now even more so given the imperative of fighting COVID-19 which depends heavily on the strength and resilience of our health systems. **The Global Fund institutions like TERG and OIG have clearly demonstrated that the Global Fund investments in health systems through disease programs fail to achieve their target.** Lessons from these independent findings need to be learned and heeded. We cannot continue on the previous path and expect different results.

Other elements of concern in the framework are the necessary focus on HIV among children, adolescent girls and young women: 790,000 children living with HIV are not on treatment, according to UNICEF, 4,200 AGYW become newly infected with HIV *every week, according to UNAIDS*. Also, **market shaping and procurement should emphasize proximity to where medicines and commodities are consumed through local production and shorter supply chain**: the COVID-19 pandemic highlighted the risks of concentrating the production of health commodities used in Africa outside the continent. Strengthening laboratory systems is missing from the health system strengthening sub-objectives. Reliable laboratory systems are necessary to fight the three disease and ensure a good response to epidemics

### **3. The right balance between fiscal and programmatic assurance**

The Global Fund strategy framework is silent on attaining the right balance between fiscal and programmatic assurance. This issue is related to risk appetite and tolerance and effectiveness especially in challenging operating environments. The Global Fund invests in over 100 countries with very diverse levels in terms of capacity, financial and programmatic risks. Thus, it cannot treat all the countries to the same menu of processes, procedures and expect similar performance because the contexts and environments in which they operate are different. We acknowledge that the Global Fund is discussing this issue. But it should be mentioned in the framework of the strategy so that it can be further developed and implemented in the next six years.

### **4. Global diseases split**

We are just as concerned about ending TB which is currently the leading cause of death among these epidemics. However, we posit that the discussions on eligibility and allocation methodology, global disease split, we **categorically emphasise the need to have these discussions be informed by the principle of ability to pay to help direct resources to countries with the least ability to pay.**

Will the Global Fund direct resources away from low-income countries that cannot afford the cost of the care for HIV or malaria to upper middle income and high-income countries for TB care? Can improvements to addressing TB mortality and morbidity be made from better management rather than shifting funding from HIV and malaria which equally require increased funding?

Furthermore, the Global Fund should provide more clarity on the allocation methodology and formula to be used for COVID-19 funding. Currently, there is no clarity on the principles guiding COVID-19 funding. The Global Fund is categorical that its involvement in COVID-19 is principally to protect the gains we have made in HTM. COVID-19 funding should therefore correspond to the level of HTM burden and should also be guided by countries' ability to pay particularly given the adverse economic impacts of COVID-19 on low-income countries and which are unlikely to economically bounce back in the short to medium term.

## **5. The results we expect in 2029**

**This strategy framework, as it is currently formulated, will likely lead the Global Fund partnership to lackluster results in 2029** because of foreseen difficulties in its implementation. Several questions need to be appropriately addressed to have good results in 2029. Among them are:

**What will we be doing differently from the previous strategy? How does the partnership plan to implement this strategy to deliver better results?** Can the Global Fund partnership work with and hold accountable implementer governments that its Strategy framework ignores? Can such a strategy lead to sustainable results? Is this strategy setting up non-state actors with an impossible task? Will renewed investments in parallel systems deliver higher performance than what they have delivered so far?

The African constituencies have been making this case as the reports from the Partnership Forum, the 45<sup>th</sup> Board meeting, the strategy Committee of March and June 2021 illustrate.

As it is written, we are not in position to support this strategy framework because even the best-written narrative can hardly right the gaps in this framework. However, we will fully support a strategy that recognizes the importance of all the partnership members, including implementing governments, the health system including a community system, and an emphasis on a right balance between fiscal and program assurance for success in the fight against the three epidemics.

# Extraordinary Board Meeting of the Global Fund

## Canada – Switzerland – Australia Constituency

### Statement at the Extraordinary Board Meeting, 22 July 2021

1. The Canada-Switzerland-Australia (CSA) Constituency thanks the Secretariat and Strategy Committee for the tireless work that has gone into the development of the Strategy Framework.
2. The current global environment is incredibly challenging, and we thank the ongoing efforts of Global Fund staff and implementing partners that make continuous service delivery for people and patients during a global pandemic possible.
3. We appreciate the ongoing efforts of the Secretariat to bring the Board's diverse range of views together to drive an ambitious new Strategy. While **our Constituency is pleased to endorse the proposed Strategy Framework**, we are **concerned with the short timeline to agree the strategy narrative**, particularly with regards to issues that haven't been discussed, such as the strategic shifts and the partnership model. We also note the need to see the following issues reflected in the strategy development process going forward.

#### General Comments

4. Our constituency recognises that this Strategy Framework will be developed at a point in time when many elements are uncertain. Recognising existing Board discussions, we will need to capture the role of the Global Fund in relation to **pandemic preparedness and response, drawing on lessons learned** through the establishment and implementation of **C19RM**.
5. Despite the many moving parts, a lot of the fundamentals have not changed – the Global Fund will **remain focused on communities, human rights and gender equality** in the Strategy Framework. We will look to the narrative to articulate how governance and programmatic approaches will be strengthened to improve delivery against the Global Fund's core mandate.

#### The Global Disease Split and TB

6. As the Board turns its attention to eligibility and allocation, we strongly encourage continued discussions on the Global Disease Split. Our constituency is concerned about the higher global mortality rate of TB relative to the other two diseases, and are mindful of the share of international TB funding which flows through the Global Fund. In the absence of an independent review of the Global Disease Split, **our constituency supports a modest shift of 3% in favour of TB for the 7<sup>th</sup> replenishment, during which an independent review should be undertaken to establish a longer-term target** for the global disease split through to 2030. If this analysis suggests that there should be significant further adjustment to the Global Fund's allocation, this could be phased in gradually to help mitigate any negative impacts.
7. Our constituency would like to see clear language in the Strategy narrative that articulates the importance of Finding Missing TB Cases, integrating HIV and TB services, facilitating private sector engagement and rolling out new diagnostic and treatment modalities for TB. We also expect an appropriate balance between advancing malaria control in high-burden countries, while also advancing the malaria elimination agenda.

## Building on existing strengths, and lessons learned

8. Finally, we would like to highlight a range of core issues that we believe should clearly feature in the next GF strategy, which are drawn from past discussions and lessons learned:

- **Integration:** We would like to see a clear articulation of how the Global Fund will move towards more holistic, patient-focused services and outcomes. This could include improving integrated services that use funding in effective and innovative ways to continue the fight against AIDS, TB and malaria, and look to build stronger more resilient health outcomes beyond the three diseases.
- **Resilient and Sustainable Systems for Health (RSSH):** As the Global Fund continues to build its experience in promoting and supporting RSSH, our Constituency would like to see a deepening of approaches that respond to challenges identified repeatedly in reviews on RSSH investments. This includes recommendations in reports from the Technical Evaluation Reference Group (TERG) and the Office of the Inspector General (OIG), including the need for: clear guidance on shifting investments towards health system strengthening rather than support; improved performance indicators for investments; and, addressing incentives that bias investments in favour of areas of work that yield short term outcomes rather than the longer-term outcomes that are central to resilience and sustainability.
- **Partnership model:** Defining how the current partnership model needs to evolve to deliver better against our shared strategic objectives should be integral to the new strategy, but it has yet to be thoroughly examined. Building on the recommendations from the on-going TERG partnership review, we expect to see a strategy narrative that articulates a more robust, transparent and accountable partnership model, with clear performance indicators to enable effective performance management and accountability, including for the provision of technical assistance. We support efforts by the Secretariat to ensure that new approaches are guided by the voices of communities and our shared desired to maximize the impact of every intervention by ensuring a comprehensive CRG focus.
- **Health Financing:** We would like to see a strong articulation of how the new Health Finance Department and Health Financing Strategy will drive change over the coming strategic period, building on the gains leveraged in the current Strategy. This should include clarity on how the Global Fund will work with other multilateral institutions bilateral donors with a strong comparative advantage in this area, as well as with the governments of implementing countries in order to effectively align the financial and technical support of the Global Fund and other agencies with countries' health financing strategy.
- **Data:** The COVID-19 pandemic has demonstrated the way in which high-frequency data of sufficient quality can improve decision-making and enable initiatives that are responsive to shifting epidemiological needs. As the Global Fund partnership considers how to improve and leverage data collection, analysis and use, our constituency strongly supports the Secretariat's efforts to ensure that the collection of disaggregated data to further enable analysis of human rights and gender-based drivers of inequity, is prioritized and supported. We would also strongly support linkages to community-led monitoring in this regard.
- **Leveraging the Global Fund's diplomatic voice:** Our Constituency welcomes and stresses the importance of the Global Fund leveraging its influence to call out laws,



policies and practices that are barriers to fighting the three diseases. Creating a positive enabling environment for key and marginalised populations is fundamental to achieving our goals. We would like the narrative to clarify the process, expertise and risk mitigation strategies required to act on these fronts.

- **Catalytic Investments:** Our Constituency supports the continuation and evolution of Catalytic Investment Funding in the next Strategy. This would include tailored regional approaches to address cross border challenges such as malaria drug resistance, and ongoing learning from reviews and evaluations of current investments, as well as catalytic investments to increase and better focus TB programming.
9. Our constituency looks forward to working with the Secretariat and Board members as we take this work forward.

# Communities Delegation

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

## **Communities Delegation input in advance of the extraordinary Board meeting 22nd July 2021**

The Communities Delegation appreciates the work of the Strategy Committee, Board Leadership, the Secretariat and all Board Constituencies in developing the Global Fund strategy for 2022 and beyond. We take the opportunity to submit the below comments for consideration as we move forward in the process:

The Communities Delegation welcomes and celebrates a framework that places people at the centre. However, we need clarity and a shared understanding of what it means to have a strategy that will achieve its primary goal of ending HTM by focusing on the people. To fully understand what must be changed, we must answer two fundamental questions: who? and most importantly, how?

### **Who are we talking about?**

"People" in a people-centred HTM response is everyone but particularly those most marginalized and therefore more at risk and harder to reach. To make the response effective, it demands that the Global Fund designs more targeted interventions and is more oriented to the particular needs of vulnerable and key populations. It demands maximizing the engagement and leadership of the most affected communities and working not only for us but, most importantly, with us. It requires making adjustments to shift from imposing programs to communities to actually acknowledging our expertise, listening to our experience and responding to our needs.

### **How?**

Firstly, the partnership needs to listen to communities actively, understand their needs and respond to them with technical assistance, funding and programming. To have people at the centre means we no longer look at communities affected and living with HTM as vectors of diseases that need to be controlled but are ultimately integral to primary our goal: ending HTM. It requires addressing the holistic needs of people: bio-medical, psychological and information needs, and removing the social, legal and structural barriers that negatively impact us, therefore embedding communities, human rights and gender (CRG) across all aspects of the Global Fund's work. It demands we no longer shy away from complex subjects such as decriminalization and increase our efforts to close the inequality gaps. Not only that, it also means we must make social protection schemes accessible for these communities, recognizing them as equal and valuable technical partners.

As we further develop the strategy, we request special attention to addressing human rights and key populations issues as they appear weak in the current framework. We ask and reiterate the importance that the new strategy prioritizes creating a direct funding stream for communities. Ensuring that communities have access to resources is crucial if we are

# Communities Delegation

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

serious about better delivering our objectives and centring on people, particularly in countries where some communities are criminalized, and governments lack the political will to address our needs. A separate funding stream for communities (including KVP) is also highly relevant for transitioning or soon-to-transition countries where the essential work carried about by communities is at risk when the Global Fund exits the country.

We need to have more clarity on the Global Fund's role in PPR and what it will do differently in this area while ensuring that we do not create a parallel system to the work around RSSH. The Communities Delegation strongly believes that the Global Fund's most significant contribution to PPR is its support to countries in RSSH. We caution that, while we get caught in PPR, we do not inadvertently de-prioritize our core mandate on HTM. We echo the Developing NGO Country delegation and look forward to a strategy that actively contributes to strengthening community systems by fostering meaningful community engagement and leadership throughout all Global Fund processes, especially at country level, maintaining long-term dialogues for improved service delivery and better accountability. We firmly suggest that the new Strategy spell out each player's role on the ground and move away from tokenistic approaches. Our delegation has continuously fought to ensure that Global Fund invests in communities. However, on the ground, the definition of involvement/engagement limits only up to seating community members in some committees or giving the job to one or two community people.

We believe the Communities Delegation vision for the new Strategy will move the Global Fund from talking about leaving no one behind to making it a reality by including our suggestions of the who and the how. We remain passionately committed to leaving no one behind.

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## Communities at the Centre: from Rhetoric to Reality

On behalf of the Love Alliance, seven organizations representing community organisations working with Aidsfonds and the Global Network of People Living with HIV (GNP+), and endorsed by the Communities Delegation, we submit the below priorities ahead of the Extraordinary Board Meeting on the Strategic Framework for the Global Fund's Strategic Framework for 2023-2028. We build our comments on the paper that the Love Alliance submitted with the Communities delegation ahead of the 15th Strategy Committee in March 2021 called [Mission Critical](#).

There are four key priorities for the Strategic Framework as the Board votes on this critical decision, including the central role of communities, community leadership, funding for communities and community-led services and maximising human rights and gender equality.

### 1. Communities at the centre:

Love Alliance is pleased to see that the primary goal to end the three diseases 'working with and to serve the health needs of people and communities' has been retained, and that at least visually, communities are at the centre of the Strategic Framework. Community leadership, community-led services and community systems strengthening are priorities for us, and we believe essential if the Global Fund wants to meet its primary goal of ending AIDS, TB and malaria.

We ask that the Global Fund clearly define who the people and communities being referred to are. We insist that in a people-centred HIV, TB and malaria response, it is the most vulnerable and marginalised that need to be prioritised, as we are bearing the brunt of the epidemics, with for example, 62% of new HIV infections being in key populations, including sex workers, drug users, transgender people and men who have sex with men. To reach global ambitious goals, the Global Fund must put the last mile first and focus on the most marginalised and vulnerable.

Placing communities at the centre means more than creating services for communities that are tailored to their needs: it requires community-led service provision, community systems strengthening and funding specifically for communities, including key populations.

### 2. Community leadership:

We are very supportive of the mutually reinforcing contributory objective on Maximising the Engagement and Leadership of Most Affected Communities to Leave No One Behind. In order for this to be realised in reality we must move away from tokenism and maximizing the engagement and leadership of the most affected communities, particularly at the country-level. It is crucial to remember what a game-changer it was when people living with HIV came together to demand, organise, channel and implement investment in a global response based on their lived experience. This is precisely what has made the Global Fund unique within the overall



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global health architecture, however, especially at the country level, we see that often communities particularly key populations and young people are marginalised in the decision-making processes and their involvement is a tick-box exercise. What will this Strategy include that is different in the way communities are deliberately included in decision-making, especially at country-level?

### **3. Funding for communities and community-led services:**

A designated community/KP funding stream includes investing directly in key population-led organizations. After years of building their capacity, it is long past time for the Global Fund to trust the expertise and ability of communities to manage programmes, rather than continually giving that power to international NGOs who can pack up and leave when it suits them. Having a separate and clearly tracked stream directly for KP-led/community-led (as opposed to community-based) organizations would help reach the groups and communities who need it most. We call on the Global Fund's Strategy to align with the commitments made in the 2021 Political Declaration on HIV and AIDS (par 64 (e)) to "Increasing the proportion of HIV services delivered by communities, including by ensuring that, by 2025, community-led organizations deliver, as appropriate in the context of national programmes:

- 30 % of testing and treatment services, with a focus on HIV testing, linkage to treatment, adherence and retention support, and treatment literacy;
- 80 % of HIV prevention services for populations at high risk of HIV infection, including for women within those populations;
- 60 % of programmes to support the achievement of societal enablers."

To invest in this stream in a meaningful way, the Global Fund needs to directly target some funding/resources towards organizational strengthening and technical assistance, in particular for administration and internal controls and finances. This would also help to address the current power inequalities within Country Coordinating Mechanisms (CCMs), where community/KP representatives often seem to have "a seat at the table but not a say". Indeed, far from facilitating KPs' and communities' access to funding, CCMs have themselves often acted as the prime barriers or gatekeepers preventing such access.

### **4. Maximising Health Equity, Gender Equality and Human Rights**

This is one of the four pillars of the Global Fund's current Strategy. Up until now, this area has performed sub-optimally as highlighted by internal Global Fund reports, showing that in the new Strategy, things will have to be done differently. By far the biggest barrier to ending the three diseases lies in the ongoing human rights violations against, and criminalization of, sex workers, men who have sex with men, trans and gender diverse people and people who use drugs. Despite the political challenges involved, the Global Fund needs to take a much stronger position on this and directly fund human rights work, including gender justice and anti-criminalization efforts. Unless it actively confronts systemic legal inequalities and human rights violations, the Global Fund will never achieve its mandate. Accountability for CRG cannot be limited to just one department or portfolio. In concrete practical terms, this means substantially scaling up the capacity and resources devoted to CRG issues across the



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Global Fund – both in absolute terms and as a proportion of total expenditure – to match the critical role these issues play in fulfilling the Global Fund's core mission.

We also call on the Global Fund to align itself with the Global AIDS Strategy which calls for commitments on societal enablers that:

- Less than 10% of countries have punitive legal and policy environments that lead to the denial or limitation of access to services.
- Less than 10% of people living with HIV and key populations experience stigma and discrimination.
- Less than 10% of women, girls, people living with HIV and key populations experience gender-based inequalities and all forms of gender-based violence.

Love Alliance calls for the above, not in our own interest, but because community-led services and leadership are the only way we will reach our goals in the HIV, TB and malaria responses.



The Developed Country NGO Delegation thanks the Secretariat for the extensive work and consultation that has led up to this week's board deliberations on the next Global Fund Strategy Framework. Our delegation is pleased to offer the following comments in advance of the extraordinary board meeting on July 22, 2021.

**On the overarching framework:**

- While we feel that the framework has evolved in the right direction, we are concerned that it continues to lack clarity about the relative importance and priority given to the different objectives, particularly the new PPR objective in comparison to other objectives. Its positioning below other objectives is only an implicit indication of how the strategy should be interpreted and eventually operationalised.
  - **We recommend a statement of intent may be needed to accompany the framework (e.g. as preamble to the DP), for the sake of accountability and transparency.**
- We are concerned that the framework no longer indicates that the investments in PPR should be “conditional” on additional funding raised in the next replenishment. The word “evolving” is already debated due to its lack of clarity. Increasing investments in HTM and RSSH are already needed as a result of gains lost due to COVID. To expand toward PPR will require further investments. To assume that the requirement for “additional” funding should be implicitly understood within the term “evolving” is not sufficient.
  - We believe that additional clarity is needed to provide assurance of the Global Fund's continued focus on the three diseases. We suggest to re-insert “Evolving and conditional” in the labelling of the objective.

On the evolving PPR objective & sub-objectives:

- The introductory text should add clarity on the function, weighting and priority given to the PPR objective. For example, it is currently unclear whether the Global Fund is investing in PPR as a contribute to RSSH or the other way around? Or is it bidirectional? Similarly in the approach, will PPR investments strengthen the resilience of HTM programs and RSSH rather than the other way around? At the moment, the wording does not give sufficient clarity on the intended “synergistic approach” and the explanatory note does not offer clarity in its description on boundaries (or parameters). For instance the paper states, PPR investments would “*predominantly but not exclusively be through dual use RSSH investment that contribute to outcomes against the three diseases, multi-pathogen preparedness, prevention and detection capabilities as well as community engagement...*” Does this mean that the Global Fund is able to make stand-alone PPR investment and if so, to what extent?

- We believe that the description of the approach should better reflect the intention of synergies created through building on Global Fund HTM investments.
- The PPR objective has many sub-objectives in comparison to other objectives - which can give the impression of wider scope and larger investments. **This makes it even more important to have introductory text that signals the synergistic or dual use character of these sub-objectives.**
- We suggest to revise the second last sub-objective to “*international*” solidarity or “*solidarity at national and international level*”.

### On HIV, TB, and Malaria:

We offer here a few additional tweaks to the framework

- HIV: Emphasise the importance of ensuring linkage to care and support by inserting “universal voluntary and confidential test and treat” in the sub-objectives.
- TB: Add a sub-objective regarding the particular needs of KVPs, for example:

*“Address the particular needs of key and vulnerable populations (including migrants, prisoners, drug users and children) to enhance access to prevention, care and treatment services.”*

- Malaria: Add in language about Community engagement and community responses (ensuring consistency in language across HIV, TB and malaria)

### Contributory objectives:

- On RSSH – replace the wording “Next Gen” with “*Integrated approach to market shaping with focus on*” in line with explanation given by the Secretariat. The specific term “Next Gen” should not be used in the strategy document until it has been more clearly defined.
- Under “Maximizing Health equity, Gender equality and human rights”, consider adding language around addressing the needs of displaced populations (IDPs, migrants)

### On the partnership enablers (paragraph 57)

- The paper recognizes the need to improve flexibility and responsiveness of its grant lifecycle process and tailor them to specific country contexts. We encourage and anticipate that the full narrative will:



- Provide detail on how the Global Fund intends to present lessons learned as a driver of doing things differently within the next strategy cycle. For example, it will be important that the paper reflect on the effectiveness of the COE policy in addressing challenges/bottlenecks in COE countries; and, how the OIG advisory on WCA has and will lead to shifts and improvements in the next strategy.
- Offer greater priority and clarity defining how the Global Fund will evolve its approach to country ownership, including how this next strategy cycle will strengthen local partners' capacity to manage Global Fund grants to transition away from UN agencies and INGOs

#### Comments on the process moving forward

The board has had very little time to debate multiple topics that have been highlighted as strategically significant but only touched upon in the framework. This includes co-morbidities/coinfections, STC, market shaping, digital health etc. The proposed process for developing more details around “areas of focus” (in the DP paragraph 3.b) is 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.”*

The strategy is a document that will guide the Global Funds work for the next 5 years during an extremely critical period before meeting the 2030 Global Goals. While we have greatly appreciated the guidance and leadership of the Strategy Committee in this Strategy Development process, we believe a more inclusive iterative process (beyond the Strategy Committee) is needed for the full board to be able to engage with the narrative and ensure that key areas are adequately represented and capture the position of the full board ahead of a decision in November.

## **Extraordinary Board Meeting on the Strategy Framework**

### **22 July 2021**

The Developing Country NGO Delegation acknowledges the collective efforts of the Secretariat, Strategy Committee, and the Board to develop a framework for the next Global Fund strategy that puts people and communities at the center and underlines our commitment to maximise the engagement of communities, health equity, human rights and gender equality, with a holistic public health.

As our delegation has stated throughout the strategy development process, whilst it has been important to build consensus on *what* the Global Fund intends to achieve under the new strategy, it is equally important to reach consensus on *how* our ambitious goals will be realised. A strong Strategy Narrative is now needed to ensure that all partners have a clear and common understanding of what the different elements of the framework mean, so that this is reflected in the narrative. At this Extraordinary Board Meeting, we encourage the Board to provide clear guidance to the Secretariat on what must be prioritised and clearly articulated in the Strategy Narrative.

The Developing Country NGO Delegation believes that the Strategy Narrative must answer the following questions:

- 1. What do partners need to do to effectively operationalise our goal and contributory objectives?** The new Strategy Framework includes a welcome focus on people and communities, and on equity, human rights and gender equality. To ensure these contributory objectives do not become empty slogans, the strategic shifts and the narrative must reflect on what we will do differently in this Strategy and how our goals and objectives will be translated into action.

We would like to see strong emphasis throughout the Narrative on the actions required by different partners to maximise community leadership and equity, rights and gender equality. Past experience has demonstrated that anything other than clear and explicit guidance from the Global Fund can result in these issues being deprioritised and the first thing to be cut from grants.

- 2. What were the shortcomings in the delivery of the current strategy and how will they be overcome?** The slow progress made in addressing human rights barriers, ensuring gender equality, and building strong community systems across all levels of the Global Fund has been frequently highlighted by civil society and community constituencies, and has been noted in numerous TERG and TRP reports. The new strategy must be honest about where we have fallen short and explain how weaknesses in programme quality and effectiveness will be improved.
- 3. How will the Global Fund pursue and strengthen an integrated, holistic and public health approach to ending HIV, TB and malaria, and their comorbidities, and contribute to universal health coverage?** The Narrative should outline how a person-centred approach and integrated systems will be put into practice, for example, how the Global Fund will support people affected by the three diseases—particularly women, children and key and vulnerable populations—to access comprehensive health, SRHR and GBV-related services.

4. **How will the partnership model be reformed to address persistent structural bottlenecks to community leadership?** The Narrative should explain how the Global Fund will deliver an inclusive partnership where communities and civil society are truly respected as equal partners with government public health systems. It should also highlight the importance of multi-country partnerships and multi-sectoral partnerships beyond the health sector.
5. **How will the Global Fund contribute towards global targets on HIV, TB and malaria?** The Strategy Narrative should emphasise the critical role of the Global Fund in delivering globally agreed targets to end the three diseases. For example, it should make explicit links to new global AIDS targets adopted at the 2021 High-Level Meeting and the Global AIDS Strategy, and describe how the Global Fund will support the achievement of the 10-10-10 targets on decriminalisation and gender inequality, and the 30-60-80 targets to strengthen community-led service delivery.

## Strategic Shifts

As our delegation has reiterated before, it is crucial for us that the Strategic shifts outlines what it is that the Global Fund will do differently in order to reach our goals, not only at Partnership level, but also at the Secretariat level in terms of the policies and work done.

The Strategic Shifts that must be added to the Narrative to complement and reiterate language within the goal and objectives should underscore those areas where we know we need to do better to deliver the goal and objectives of the strategy, including:

- Embedding communities, human rights and gender (CRG) across all aspects of the Global Fund's work and taking a more proactive and long-term approach to ending criminalisation and other structural barriers.
- Adequately fund communities and civil society through intentional, direct funding and increased use of dual-track financing mechanisms and regional/multi-country grants for community and civil society-led services and advocacy.
- Redoubling efforts on disease prevention, particularly among adolescents and key and vulnerable populations, including meeting new global targets to have 80% of service delivery by communities for high risk populations and women.
- Strengthening community systems to ensure meaningful engagement and leadership of communities (including KVP) throughout all Global Fund processes, especially at country level, and maintaining continuous country dialogues to support long-term community engagement, improved service delivery and better accountability.
- Improving how we measure progress in removing human rights and gender-related structural barriers and in delivering rights and gender-transformative programmes.
- Supporting the sustainability of Global Fund-supported programmes in transition countries by introducing flexible funding mechanisms to support KVPs and adopting an eligibility criteria based on disease burden among key populations, rather than crude national income levels.



## **EECA Constituency Statement on Strategy Framework ahead of the Extraordinary Board Meeting**

**July 22, 2021**

EECA Constituency would like to express its great gratitude to the Strategic Team of the Global Fund Secretariat for the tremendous work in supporting the complex and lengthy discussion process on Strategy development, as well as preparing the Explanatory paper for Extraordinary Board Meeting on 22 July, 2021.

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 that a tangible end of HTM and strengthened RSSH are apt to respond to health provocations. Pandemic preparedness and response should be part of joint reinforcing contributory objective rather than a separate conditional goal that put at risk the Global Fund focused effort necessary for three epidemics response, which is the main element of success.

We are grateful to the Strategy Committee for deep discussions and common understanding on this, which is well reflected in the Secretariat paper.

At the same time, we persistently reiterate our position that that it is in our responsibility, as GF Board Constituencies and members, to develop and adopt a Post-2022 strategy that ensures sustainable 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 / KAPs, including through civil society and community based organizations. 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 HTM control and RSSH.

COVID-19 has had devastating impact in EECA 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;
- Focus on consolidation of 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;



## **EECA Constituency Statement on Strategy Framework ahead of the Extraordinary Board Meeting**

**July 22, 2021**

- 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.

We endorse GF Board's earlier recommendations on the need to further tailor investment to the conditions and challenges at the country level, and to stimulate investment by national governments and other partners with strong country plans. We support the Global Fund's intention to build strengths and institutionalize best practices in countries to support outcomes across the three diseases and broader health areas, and look forward to discussing how this can be reflected in “strategic shifts”.

EECA supports the Secretariat's proposal to describe and better define strategic shifts as key intersectoral areas for collective partnership action. We see in this sector additional opportunities to address complex challenges at the country level, including sustainability of programs at the country level.

The countries of the EECA region during the period of implementation of the current GF Strategy have provided many examples related to the risks to the sustainability of HIV and TB programs, both in connection with the transition and during the COVID pandemic. Therefore, the main expectation at the country level with regard to the adoption of the Post 2022 GF Strategy is to create the prerequisites and conditions for the achievement of the strategic targets for HIV, TB and malaria and to strongly contribute to the development of the basic components of the success for national public health systems. We expect this to be reflected in the narrative part of the Strategy document.

## **Joint EU Statement on the Strategy Framework of the Global Fund to fight Aids, Tuberculosis and Malaria**

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Submitted by: France, Germany, Point 7 and European Commission/ Belgium/ Italy/ Portugal/ Spain constituencies.

The process of strategy development was started over a year ago and we have come a long way - from the open consultations to the Cluster Calls and the Partnership Forums. We would like to express our thanks to everyone involved – and especially the strategy hub team – in ensuring we create a Strategy Framework that responds to the needs of the people we serve, who are once again most affected by the current global pandemic and suffer severe consequences regarding access to life-saving prevention and treatments.

As we reach the last steps of the strategic framework development process, it is our responsibility to make our next strategy implementable. While countries should have flexibility to adapt the strategic goals, we must avoid burdening them with an increasing number of competing objectives and funding priorities.

Therefore, it is our joint view that the Framework as it currently presents can be endorsed in the understanding that the following points will be accounted for in the strategy narrative. In addition, we want to ensure that the Board will have sufficient time and space to discuss the important steps of the operationalization of the goals/objectives to achieve our level of ambition, including the monitoring and evaluation framework. As highlighted in the explanatory paper, “a Strategy is better measured by the quality of its implementation over the quality of its text”.

### **Further details on the limits to the Pandemic Preparedness and Response (PPR) Evolving Objective and its operationalization**

The current framing of the pandemic preparedness objective in the strategy framework is in line with the guidance given by the Board. We appreciate the additional information regarding the scope and clear limits of the Global Fund’s (GFATM) role in PPR provided in the explanatory paper. As pointed out before, the narrative needs to equally reflect that PPR activities are in large part rooted in the HTM goal and the contributory objectives (see annex of explanatory paper). It is still not entirely clear to us how the funding for PPR activities will be allocated. The narrative should illustrate this so as to provide a clear steer to countries regarding the level of ambition and flexibility to use GFATM funding to build PPR.

### **People-centered and Integrated Systems for Health**

The focus on more integrated and people-centered approaches is strongly needed as the GFATM’s often vertical approach on ending the three diseases hampers the effective implementation of programs to strengthen health systems horizontally. We welcome that this is reflected in the new Strategy Framework and we are hopeful that the next strategy will help to break down the disease silos that currently exist. This also means that co-infections and other co-morbidities (including Non Communicable Diseases such as cervical cancer), and the integration of services at country level should be given greater priority and countries should be able to submit joint funding applications for all three diseases and RSSH (One Concept Notes). These and other levers for better integration of services should be elaborated in the narrative. We would further like to reiterate the following points that we have raised before and that are reflected in the annex of the Explanatory Paper:

- The narrative needs to clearly show that Reproductive Maternal Newborn Child and Adolescent Health and Human Resources for Health remain important aspects of

RSSH. We are not comfortable with narrowing down the focus of this objective and excluding these two important areas (currently not captured in the framework itself).

- To achieve impact under this objective however, it will be crucial to ensure that adequate resources are allocated for high-quality interventions fostering systems strengthening rather than support
- Additionally, the narrative should clarify the scope and aim of the concept of next generation market shaping, as well as the articulation and collaboration with other national, regional and global partners in procurement and market-shaping, such as the WHO, Unitaaid, PAHO and GDF.

### **Equity, Human Rights and Gender Equality**

We highly welcome the prioritization of equity, human rights and gender in the framework. The implementation now needs to follow suit, therefore the identification of quality key performance indicators linked to grant-performance frameworks will be crucial. We look forward to more details in the narrative on the planned changes to achieve greater impact in this area. The narrative should also give clear indication on the GFATM's advocacy/diplomatic role in working with countries to reduce criminalizing laws and practices.

### **Resource mobilization (see also Annex of Explanatory Paper)**

While we recognize that future HTM funding is largely depending on the wider funding context for human development, we find the proposed framing of "mobilizing resources for health" too wide and ambiguous for future HTM funding. The narrative should therefore explicitly clarify that the GFATM's mandate, vision and mission define the boundaries of its resource mobilization. In addition, the narrative should clarify that the GFATM will contribute to efficient and sustainable health financing in close partnership with the WHO, P4H, and other SDG 3 GAP partners. This may also lead to further diversification of funding.

### **Strategic Shifts**

The currently proposed strategic shifts should be reviewed, as we believe not all represent the key areas where change is needed.

- *"Accelerating the pace of implementation"* has been an important theme for the GFATM Partnership for many years and does not represent a shift. In our view, the shifts should more clearly depict what needs to change on a broad level to achieve this acceleration.
- We agree with the content of the two *"Innovation"* shifts but in our view, this should be framed differently, as innovation is not a means in itself. This shift should rather refer to increased country ownership, as in more flexibilities and less complex procedures to encourage countries with innovative proposals (e. g. pooled funding / basket funds schemes). Overall, public health ought to rule over finance in risk management, in grants management, in access to funding, in reprogramming and in secretariat management.
- *"Real-time data for decision making"* should be covered in the RSSH data-section in our view, as this needs to be part of the Health Information Management System

In light of the importance of the next strategy with regard to the success of the next replenishment and reaching the goals of the Agenda 2030, we see the following shifts that should additionally be presented in the narrative:

- **Increased prioritization of groups with highest incidence and mortality rates across the three diseases:** We believe that our commitment to equity and people-centeredness must be reflected in our approach to the three diseases, through a clear

prioritization of better health outcomes in groups with highest HIV/AIDS, TB and malaria incidence and mortality rates.

- **Increased Coordination with other Global Health Actors (see annex of Explanatory paper):** Beyond the Global Fund Partnership itself, the GFATM should play its part in the commitments made in the *Global Action Plan for Healthy Lives and Well-being for All* and work towards a more systematic coordination and collaboration with other actors. This aspect is not covered in the Partnership Enablers Section. It is however crucial in order to work in a more efficient manner, build synergies and reduce reporting and coordination burden for countries.
- **One Health, Climate and Environmental Sensitive Approaches:** The One Health approach and climate/environmental awareness are not limited to the PPR Objective, but a cross-cutting topic that should be reflected where possible in HTM, RSSH and PPR activities. This would be crucial to achieve cross-sectoral collaboration. Constituencies' extensive input on One Health should be taken into account for the development of the Strategy Narrative.
- **A stronger Focus on the sustainability of outcomes to foster transition:** We see the sustainability of investment as a clear cross-cutting area that applies to all objectives. It is also an area where the collective partnership performance needs to improve. Even if transition currently is out of reach for many countries, we should ensure that the next strategy clearly depicts how this can be achieved in the long run. The topic of transition is currently entirely missing from the framework.
- **Interlinkages as the strategic lever to break implementation silos:** Interlinkages need to be elevated in our next strategy so as to provide the strategic basis to break implementation silos. In particular, the narrative should reflect
  - that achieving our new mutually reinforcing objectives is a pre-condition to building more equitable and sustainable results against our primary HTM goal, and
  - that PPR, resource mobilization, partnership and community rights and gender are part of RSSH.



## **Japan Constituency's Statement for the Extraordinary Board Meeting (22<sup>nd</sup> July 2021)**

Japan appreciates the efforts made by the Secretariat and Strategy Committee on the development of the Strategy Framework and its explanatory paper. Japan would like to share three important issues as follows for our future discussion including the strategy narrative.

### **(1) Strategy Narrative: UHC**

Japan puts importance on universal health coverage (UHC) as an ultimate goal. Although we recognize that it is critical that GF's primary goal is clearly focused on the three diseases, we also believe that UHC provides the foundation for ending the three diseases by 2030 and keeping the three diseases under control even after 2030. Therefore, this point should be clearly included in the Strategy Narrative with highlighting the importance of GF contributions to UHC through strengthening health systems that is the GF's comparative advantage.

### **(2) Strategy Narrative: PPR**

We welcome the new positioning of Pandemic Preparedness and Response (PPR) as "Evolving Objective" in the Strategy Framework. In this regard, we would like to stress that it is important for us to clearly position PPR as one of the objectives of GF within the Strategy Narrative, considering the changing global health landscape. We recognized that GF has already helped build the PPR systems and public health capacities through its existing efforts such as fight against AIDS, TB and malaria, and strengthening health systems, and now it is critical to make more intentional efforts for further strengthening countries' capacity for pandemic preparedness and response. We are looking forward to further discussion on the potential GF's role in PPR.

### **(3) Strategic Shifts**

We agree the updated approach to the Strategic Shifts, which is to take them out of the Strategy Framework, and undertake further work to develop their purpose and scope as part of the development of the Strategy Narrative.

## **Extraordinary Board Meeting of the Global Fund**

### **LAC Statement at the Extraordinary Board Meeting, 22 July 2021**

LAC Constituency highly appreciates the paper prepared by the GFS on GF Strategy Framework as well as the work done in collaboration with SC during the Strategy development process. We note with concern around the tight timeline for the Strategy Narrative agreement and development.

#### **GF Mandate & PPR:**

LAC Constituency supports the **core GF's goal and mandate of Ending AIDS, TB and Malaria in the next GF Strategy Framework 2023-2025**. However, we remain concerned about the **PPR** definition as an “evolving objective”. Based upon the Board's conclusion, Board guidance has indicated that PPR is a contributing objective AND not an evolving objective, since the contribution to PPR should derive from building resilience and strengthening of systems to deliver a suitable response to the three diseases. This clarification will enable us to outline explicit boundaries that define Global Fund engagement in PPR. The new strategy should incorporate the lessons learned from the failures in achieving and sustaining the primary goal of ending the three diseases, and what we have identified should be done better and differently to achieve the change we desire. LAC contends that achieving success in ending the three diseases would provide the foundation necessary to strengthen PPR capacities to control future health threats.

#### **Global Disease Split:**

LAC Constituency welcomes SC members' request that the GFS provides more information about countries' model and granular information before making a recommendation on **Global Diseases Split**. GDS changes are needed and they should be considered under the second scenario: “change Global Disease Split regardless of resource envelope to better address critical gaps based on the latest evidence of disease burden and health financing”, especially if the resource envelope is less than the 2020-2022 allocations. Based on the evidence, LAC is of the opinion that the GF investment should be increased for TB, since the share of tuberculosis deaths (excl. TB/HIV deaths) among total deaths has increased and TB accounts for the largest number of deaths. In addition, we would like to recommend that urgent support be provided to countries that are advancing towards achieving malaria elimination by 2025 and 2030, in addition to high burden countries. We also agree with the RBM Partnership to End Malaria and the need to consider ‘Least Ability to Pay’ in any revision of the GF disease split.

The Region of the Americas remains heavily affected by the COVID-19 pandemic, therefore we would like to emphasize that the decisions related to GDS should also consider countries' context with the aim of improving programs performance as part of a differentiated country-specific approach to allocating investments according to their needs. As already mentioned by other constituencies, LAC encourages the Strategy Committee to discuss and review options of the Global Disease Split from a data and evidence-based perspective, including consideration of an independent review.

**The way forward the Strategy Narrative Development:**

At this stage, **the GF should outline the Strategic shifts clarifying what the Global Fund will do differently in order to reach our goals and how will they be implemented and achieved.** We need to create clear linkage between the “what” and the “how” in the narrative process, as they should be interconnected. We consider that the strategic narrative should include a deep dive into this perspective in the following core issues:

**RSSH** strengthening, as well as human rights and gender focus are leveraged to increase quality health outcomes of biomedical investments, and resilience to crisis and donor transitions. Coherence and consistency between the RSSH component and the investments (what and how) on HIV/AIDS, TB and Malaria components are critical requirements. During Board discussions, LAC fully supported RSSH investments which should deliver the Global Fund’s HTM goals, through integrated, people-centered investments that build sustainable outcomes against HTM and broader health benefits.

The **GF 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. Consequently, the Strategy narrative should further describe those aspects related to the complementarity, responsibilities, accountability, and technical support competences of all actors engaged.

**Sustainability and country ownership.** As previously stated by UK, there will be an increased focus on all aspects of sustainability including financial (catalyzing increased domestic resources), programmatic (focusing on prevention) and institutional (integrating CCMs and other specific Global Fund entities into national structures, and ensuring sustainable financing of community structures).



## Point 7 - Position Paper

Extraordinary Board Meeting 22 July 2021

### Approval of the Framework for the next Strategy of the Global Fund

Remarks:

#### General

- Point 7 once again wishes to thank the Secretariat, and all constituencies for their tireless commitment and engagement in the Strategy development process. A robust and jointly owned strategy is critical for guiding collective efforts to end the public health threats of AIDS, TB and Malaria, and to advance progress towards the SDGs.
- We also acknowledge the very valuable and meaningful consideration and dialogue within and between all constituencies about the Strategic Framework priorities. While we recognise that some issues considered have not received the level of prominence that some constituencies sought, we do believe that we now have a strong, fit-for-purpose Strategic Framework. And we believe it is important to now move forward together, to jointly develop the strong narrative required to add further depth and detail to this framework and to guide its implementation.
- Our primary goal of ending the three diseases requires effective operationalisation of the strategy, underpinned by **strong and robust KPIs and monitoring frameworks**. We look forward to engaging in the important work to develop these.

#### Pandemic Preparedness and Response (PPR)

- We agree with the placement of PPR as an evolving objective within the Strategic Framework and we welcome the Board requirement that 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; are 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.
- However, we note that PPR covers a wide scope of action that lies beyond the remit and resources of the GFATM– and therefore **a purposeful and prioritized strategy for allocation and investment (in response to local needs and context) in PPR will need to be developed and implemented**. The development of nationally owned and led PPR plans, should be undertaken at country level in collaboration with all stakeholders and global health actors involved in RSSH/PPR, in each country. The respective roles and responsibilities of partners should be clearly articulated and delineated and reflected in their workplans and objectives. The Global Action Plan offers an important instrument around which to galvanize collaboration, cooperation and coordination for building Resilient and Sustainable Systems (RSSH) for Health and Pandemic Preparedness and Response. We suggest that the Global Fund harness this opportunity.
- We believe that GFATM support for PPR should complement investments to support the building of Resilient and Sustainable Systems for Health – and that this approach be clearly articulated within the narrative. We recommend that the focus be on strengthening country owned and led sustainable health systems that are resilient to threats including conflict and climate change threats.

## Strategic Shifts/ Partnership Enablers

- Regarding the articulation of “Strategic shifts” we understand the pragmatic Board decision that they should “be described within the Partnership Enablers section as the key cross-cutting areas for collective partnership action where improved performance is needed”. **However strategic partnerships and collaborative fora (such as with the GAP or ACT-A) should be purposeful and efficient. Commitments to collaboration should be explicitly described and presented to the board – and contributions made accountable.** Partnerships should be (i) definite, clear and delimited – with clear expectations for outcomes (ii) involve accountability to the board (and if necessary, recommend board-to-board interactions to interrogate collaborative efforts (iii) division of labour and leveraging different capacities of different agencies as the rationale.
- Furthermore, as **The Global Fund may need to develop or enhance internal capacities for delivery of the new strategy we suggest the need for section providing a narrative description of these possible internal shifts (for example the new financing department, future changes in the procurement and supply functions etc.)**

## Sustainability/ Transition

- Ensuring sustainability for successful transition from Global Fund support is an important topic. This is reflected in many different sections of the Strategy Framework, including in the integrated services, financing, and PPR objectives, and in the partnership enablers. However, we need to be mindful of the risk of distributing this important aspect of work across different objectives, and recognize the conflict between innovation, the drive for results, and high-tech data and decision systems (*all of which emphasize GFATM and development partners technology and agency to reach HTM end points*) versus **domestic institutions and capacities** as well as the distortion effects of GFATM finance on budgets practices and priorities.
- Given this is one of the most challenging aspects of the GFATM mission and ways of working for the next decade, we look forward to seeing a clear analysis and approach, in the accompanying narrative.
- Point 7 suggests that the following be considered when developing Key Performance Indicators (KPIs) to measure progress on domestic institutional capacity:
  - Financing and priority setting/allocation
  - Strategic purchasing, commodity procurement and supply chain
  - Data systems and use
  - HRM
  - Integrated care for chronic conditions

## Climate Change

- We note that **climate change**, environmentally sensitive and one health approaches has been moved from strategic shifts to a sub objective under PPR (see section 61). We agree that it belongs there, but it also cuts across goals and other objectives. We therefore recommend that it is important that the narrative stress/highlight that climate change and the environment should be regarded as a cross cutting issue. We also ask that the narrative detail the approach of the GFATM in this regard, for board consideration and approval in November.
  - Ideally, the Global fund should assess operations and programmes to identify where:
    - 1) climate change and other environmental issues pose greatest risk to its planned results;
    - 2) operations and programmes pose risks to the climate and the environment and;
    - 3) the most significant opportunities arise for climate and environmental co-benefits.

- It is important to identify strategies for reducing these risks, mitigate impact and achieve climate/environmental co-benefits. The KPIs and M&E framework should enable the fund to assess progress in reducing climate/environmental risk and achieving co-benefits.

## Global Fund Strategy – Board Guidance on Additional Topics

Remarks:

### General

- The Point 7 constituency welcomes the opportunity to now look beyond the framework of the strategy, and to discuss the content of the strategy narrative, which we believe is as important as the framework itself.

### NCDs

- Point 7 believes that it is crucial to promote synergies between disease specific interventions and UHC, including for **Non Communicable Diseases**, such as cervical cancer (*women living with HIV are 4 -5 times more likely to develop invasive cervical cancer*). This is not explicitly stated in the Strategy Framework, but we wish to stress the **importance of including a description of the interlinkages to NCDs and approaches to promoting synergies, in the strategy narrative, for approval by the Board in November.**

### Gender

- Point 7 recognises and welcomes the explicit contributory objective of maximising health equity, gender equality, and human rights in the Strategy Framework. However, we emphasise the need for further elaboration of this in the narrative, as Gender Equality and the realisation of one's SRHR are necessary for progress on SDG3 and thus central to the Global Fund's mandate.
- We encourage the Global Fund to take a human rights based approach in all its work, to examine support for RSSH and PPR through a 'gender lens', and to strengthen advocacy for gender equality, SRHR and human rights in political dialogue and programmes, at a country level.

### RSSH / Partnership/ Attribution

- Point 7 emphasises the Global Fund's important role in supporting the development and implementation of **nationally owned, comprehensive evidence-based strategies for building RSSH. We welcome its inclusion in the Strategy Framework, but it is crucial that the "how" of this be detailed in the strategy narrative.**
- **We cannot adopt a "business as usual" attitude to Country owned and led strategies and programmes. We often speak of national ownership, alignment, and coordination with other health actors. However, this new strategy presents an opportunity to move beyond the dialogue and really seek to deepen efforts to action the principles of national ownership, alignment and coordination, in the work of the Global Fund at country level.**
- Board document GF/EB01-2021/02 recognises that a clear articulation of the respective roles and responsibilities of all Global Fund partners involved in delivering the Strategy is important to foster responsibility and accountability for fulfilment of these roles. We expect the GF to harness existing mechanisms such as the Global Action Plan and CCMs to systematically and comprehensively define roles and responsibilities.
- We stress that this must be nationally led, strengthening the national health system, with interventions targeted at identified gaps where the Global Fund can add value. Duplication must be avoided, and coordination is key– we expect the Global Fund to work with the

national systems, CCMs, communities, and other global health actors towards overall strengthening of the health system.

- The delineation and coordination of work according to each partner's area of expertise and value – as set out in the GAP – presents both opportunities, and challenges. Attributing specific results to individual partners for support for RSSH and HTM will be difficult, posing a challenge for some players. However, contribution can be seen to be just as valuable, and highlights the importance of institutionally embedding a partnership approach through developing collaborative workplans and role profiles. It will be up to us as Board members to define how we measure such contributions when developing the KPIs and monitoring frameworks, to measure the success of the Global Fund.

### **Strategy Framework Decision and Next Steps**

#### *Remarks:*

- Point 7 welcomes the adoption of the current and final Strategy Framework, and once again, we extend our sincere thanks to everyone for their constructive inputs.
- The Point 7 constituency looks forward to continued engagement in the open, collaborative process between all stakeholders, to further elaborate the strategy narrative.
- The development of the narrative is as important as defining the Framework itself, as it must articulate how the Goal and Objectives set out in the Framework will actually be achieved. The process therefore requires the same attention, focus and participation for its development. Point 7 will continue to constructively participate and contribute during this next phase.

# Private Foundations Constituency Statement for Extraordinary Board Meeting

July 2021

We thank the Secretariat for driving an inclusive strategy development process. We appreciate the perspectives provided by other constituencies, as well as broader participants, and the Secretariat's responsiveness to feedback throughout the process.

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## Response to Global Fund Strategy Framework

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

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**Approve.** In line with our position at the Strategy Committee, we approve the decision point given our belief that the Strategy Framework has reached an agreeable consensus state and focus should now turn towards the Strategy narrative. We appreciate how our critical challenges have been reflected across the Strategy Framework and expect the narrative to provide clearer articulation of the prioritized actions, necessary **accountabilities, and 'logic'** for how to achieve the Strategy's goal and objectives. In particular we would like to see explicitly how the Fund can **incentivize and catalyze** improved programming and increased investment by countries and other partners.

With respect to our critical challenges, we are glad to see in the Strategy Framework:

1. **Data Quality, Availability and Use:** Continued emphasis across the goal and multiple objectives, reflecting needed strengthening of generation and use of real-time, granular data (quantitative and qualitative), including through sub-national tailoring and decision-making capacity.
2. **RSSH Investments:** Overall framing of RSSH investments "to catalyze sustainable HTM and broader health outcomes" based on core strengths and comparative advantages.
3. **Private Provider Engagement:** Reflecting the need to "better engage... the private sector to improve the scale, quality, and affordability of services wherever people seek it" and to "deepen partnerships between governments and non-public sector actors to enhance sustainability" as part of delivering sustainable people-centered services.
4. **Innovation Introduction:** Continued "market shaping focus on equitable access...through innovation".
5. **HIV:** Focus on "precision combination prevention... tailored to the needs of populations" and an overall "redoubled focus on HTM incidence reduction".
6. **TB:** Continued focus on the quality of care through "people-centered approaches".
7. **Malaria:** Focus on subnational tailoring, achieving malaria elimination and maintenance and drug/insecticide resistance.

As requested, we suggest the following for further elaboration when developing the Strategy Narrative:

1. **Strategic Shifts:** We support the proposed approach for incorporating the Strategic Shifts in the Strategy Narrative, as described in paragraph 64 of the Board paper, recognizing this section will not be the only place where change or improvement is described. **We understand and expect that the areas of focus and accountabilities to be elaborated across the Strategy will embody or have embedded in them the necessary changes and improvements needed to achieve the goal and objectives** (also see "Identifying Structural Changes" below). Here and elsewhere we strongly believe a Theory of Change or other logic frame approach would make explicit the assumptions built into the changes expected, which will help with accountability and KPIs.

In terms of specific Strategic Shifts:

- a. **Encourage and accept the risks of innovation to deliver health impact:** We see this shift as an important guide for setting the future approach to risk (appetite, management) to ensure alignment of the incentives created by risk appetite and performance metrics with the ambition of the Strategy. This should consider what risk tradeoffs are needed to enable strategic delivery, and how can the Global Fund appropriately balance fiduciary risk and programmatic impact.
- b. **Accelerate equitable introduction and uptake of innovations:** We believe this is a necessary shift and critical to retain in the Strategy narrative. The Global Fund's role and how it



collaborates with partners in the introduction and uptake of innovations, including new tools, technologies, products and service delivery approaches needs to be anchored in its comparative advantages and not limited to where innovation is currently referenced in the Strategy Framework with respect to market shaping.

- c. **Generation of real-time data for program decision-making:** This is another important shift – one that underpins the enhanced quality, equity and accountability that the Strategy intends.
2. **Technical Support through the Partnership Model:** We have seen challenges in this area brought out in various TERG, TRP and OIG reports with respect to coordination, gaps in normative areas, or prioritization and adaptation to local context. As such, we expect the Strategy Narrative to identify “disruptive” changes to the partnership model to improve the quality and accountability of technical support. We welcome specific areas of partnership evolution highlighted in paragraph 57 of the Board paper, particularly with respect to “the importance of better leveraging technical partner engagement to strengthen normative and prioritization guidance (especially in HIV prevention and malaria)” and “to support the provision of technical support and capacity building based on country-led description of needs, including through local-level providers of expertise... and through peer-to-peer learning.” We invite bold suggestions, drawing on positive experiences, and consideration of how the Global Fund can be more intentional in catalyzing and building regional and country capacity to improve technical support while also serving sustainability.
3. **RSSH Investments:** Detailed areas of focus could help clarify the Global Fund’s role with respect to other partners and how those contribute to sustainable HTM, broader health outcomes, and pandemic preparedness. The Strategy Narrative should prioritize local capacity and systems – including especially community systems -- as one of the most critical aspects for sustainability of HTM, RSSH and PPR outcomes. We want an explicit move towards a model of technical support that strengthens country-level identification of needs and provision of solutions, as well as greater focus on investments that will requiring a longer horizon than just three years.
4. **PPR:** The Global Fund’s role in PPR must be more clearly articulated via a TOC. Please refer to our previously shared technical briefs on ‘HIV/TB and PPR’ and ‘malaria and PPR’ with TOCs as illustrative. We see huge opportunities for alignment in the current PPR sub-objectives with the areas of convergence with HIV, TB, and malaria (e.g., health workforce capacity; community engagement; digital data; detection and response capabilities; supply chain, lab and diagnostic capacity) – many of which reflect core strengths in contributing to RSSH. There should be a clear path articulated in which the Global Fund is more intentional with these investments to capture these “win-win-win” opportunities.
5. **Embedding Comparative Advantages and Core Principles:** The GF’s comparative advantages/core strengths are well described in the Board paper. These can be a lens throughout the Strategy Narrative to show why the specific actions and accountabilities to be elaborated have been prioritized and how they help to deliver. Similarly, core principles such as country ownership could be highlighted beyond the Partnership Enablers section given the relationship to certain comparative advantages and likely influence on actions and accountabilities.
6. **HIV Prevention:** We could consider more attention to increase uptake of proven tools, upgrade our metrics for tracking prevention performance, and focus on the quality and effectiveness of interventions. This needs to be transversal through the KPIs, grant metrics, and programmatic performance standards.
7. **Clarifying framework language:** All three of the mutually reinforcing contributory objectives aim to “maximize” XYZ. “Maximizing” is an unclear objective / central action. This should either be clarified with different action verbs (e.g., promote, build) or clarified with details in the Strategy Narrative. Similarly, where “catalytic”, “leverage” or “incentivize” are used, specify the actions by the Global Fund and the expected effect or reaction.
8. **Domestic Ownership and Financing:** We appreciate the Strategy Framework’s inclusion of “strengthen[ing] country oversight of the overall health system... wherever patients seek [services]”; continued focus on “increase resources for health”, including “catalyze domestic resource mobilization for health” and “supporting country health financing systems to improve sustainability”; and “leveraging the Global Fund’s diplomatic voice” with respect to political and structural barriers. This is a place where

collaboration with other global and regional health financing institutions will be critical – making more of opportunities to ‘blend’ finance and catalyze domestic investments, especially in LMIC/MICs. These are wide-ranging areas so we suggest focusing on concrete places where the Global Fund can draw on comparative advantages and the type of adaptations needed such as through communities.

### **Identifying Structural Changes:**

While we appreciate the need for and attention to the development of the Strategy Framework, it cannot be at the exclusion of the intensive work needed to develop the major structural shifts needed. These may require fundamental changes in the approach to operational approaches, grantmaking, and staffing levels.

Among the areas where this is likely needed are:

- Grantmaking and KPIs to ensure that long-term investments are accorded equal attention with those that are faster to implement, noting findings from the PCEs that indicate that absorption rate metrics have biased against longer-term investments that may be more important for resilience and sustainability.
- Partnership model, as noted above, where the Global Fund’s role in supporting more localized support capacity may need to change significantly.
- Trade-off’s in investments, such as reducing funding for general system costs that are short-term in nature (e.g., replacing laptops) and instead funding longer-term strengthening investments (e.g., digitizing data systems). Clearly, these must be done with countries and partners in order to avoid gaps in current programs but the Global Fund may need to be more assertive to effect these changes.

**THE SOUTH EAST ASIA (SEA) CONSTITUENCY**  
**The Global Fund**  
**To Fight AIDS, Tuberculosis and Malaria**

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**Dated:** 18<sup>th</sup> of July 2021

**The SEA GF Constituency Statement to be made at the Extraordinary Board  
Meeting (EBM) on 22<sup>nd</sup> of July 2021**

We, South East Asia (SEA) Constituency, would like to express our great appreciation to the Strategy Committee and Secretariat in preparing the draft of Strategy Framework that shall assure achieving our mission of ending the three diseases of AIDS, TB and Malaria by recognizing risk in communities and priority for building the RSSH, for approval of the Global Fund Board.

We are also heartened that the Strategy Framework will be the basis for the Strategy Narrative that will also articulate the key actions and accountabilities to serve as basis for the Strategy KPIs and M&E Framework. In particular, explication in the Strategy Narrative would benefit the Strategic Shifts.

The SEA EBM Delegation while looking forward for a fruitful meeting has the pleasure to offer the following observations on the Agenda:

**1. Approval of the Framework for the next Strategy of the Global Fund**

The SEA Constituency endorses the proposed Framework for the next Strategy for approval of the Board as any issue that is not so far foreseen will be possible to be addressed while working on the narrative that will be developed in due course of time.

**2. Global Fund Strategy – Board Guidance on Additional Topics**

# THE SOUTH EAST ASIA (SEA) CONSTITUENCY

## The Global Fund

### To Fight AIDS, Tuberculosis and Malaria

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As to the “additional steer on priorities to be covered in the Strategy Narrative” while the SEA Constituency would support the considered proposals as these will emanate from the wisdom of Board Members representing donors, implementors and the global partners whom are endowed with the capability as well as resources.

However, as one of the member from Implementer’s Group, beneficiary of the GF funded activities, the SEA Constituency based on experience, feel the need for enhancement in effectiveness in implementation and more proactive oversight roles of the national governments in carrying out the activities and projects, would wish to urge the Strategy Committee the time of developing the narrative to consider:

- 1) Strengthening CCM capacities for effective coordination and oversight and enhancing governance of the GF programme in alignment with national health strategy including engagement of CSOs, key population and private sector;
- 2) delineating properly areas of engagement of global partners, regional partners and local partners and have in place clearer working relationship that facilitates cooperation as is evident at GF Secretariat and GF Board level without being competitor at country level;
- 3) require introduction of mandatory regular health checkup of all citizens for early detection and prevention in public health;
- 4) Articulating the clear roles and accountabilities of all actors in the Global Fund partnership for delivery of relevant aspects of the

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Strategy holding actors across the partnership to account for maximizing their roles and efforts towards achievement of the Strategy's primary goal and objectives, with the GF Secretariat having coordinating role over other partners; and

- 5) the scope of Global Fund engagement in addressing a new pandemic, the SEA Constituency feels, can also be determined by an act of an intergovernmental body (may be UN or a WHO) and not only by GF Board.



Dasho Kunzang Wangdi

**SEA GF Board Member (2020-2022)**

## UK statement in advance of the extraordinary Board meeting on 22<sup>nd</sup> July 2021

The UK reiterates our support for the Global Fund and its mandate of ending AIDS, TB and malaria. We welcome the explanatory paper which provides helpful context for the decision on the new strategic framework. Nonetheless we remain concerned that we do not yet have a crisp articulation of how this new strategy will pivot the Global Fund to deliver greater and more sustainable impact against the three diseases, as well as wider health and UHC goals and the SDGs more generally. For clarity, we are recording here our understanding of (some of) the key pivots outlined in the paper which we welcome and on the basis of which we would be content to endorse the new framework. We believe it is critical to get agreement on these pivots across Board membership

- (i) **Inequality and inequity.** COVID-19 has shone a spotlight on inequality and inequity and the resultant increased vulnerability of some people or groups to disease. In the next strategy there will be even greater attention to addressing the needs of the most vulnerable including through rights-based approaches and investment in community systems and community-led approaches.
- (ii) **Integrated people-centred health services.** We understand that there will be a significant shift away from siloed disease programmes and towards integrated people-centred approaches. This means providing support around agreed national health plans and packages of care and/ or supporting the development of such where not yet in place, and discouraging processes that are disease specific, with the aim of optimising cost- effective models of integrated service delivery. This will contribute to strengthening health systems and ensuring sustainability.
- (iii) **Sustainability.** There will be an increased focus on all aspects of sustainability including financial (catalysing increased domestic resources), programmatic (focusing on prevention) and institutional (integrating CCMs and other specific Global Fund entities into national structures, ensuring sustainable financing of community structures).
- (iv) **Resilient and sustainable systems for health.** RSSH activities will directly contribute to achievement of the mission to end the three epidemics and will deliver broader health benefits beyond HIV, TB and malaria including through strengthening the wider health system, recognising the role of both private and public aspects of the system in delivering equitable access to services. All activities will be designed and implemented to ensure that investments strengthen systems wherever possible.
- (v) **Pandemic preparedness and response.** In designing programmes to end the three epidemics, the Global Fund will take advantage of opportunities to build out in support of PPR in ways that strengthen the health system to respond to future outbreaks. Further clarity on the parameters of investments will be provided to the Board for review as this objective evolves.
- (vi) **Data and innovation.** The Global Fund will invest in and use data to support effective decision-making. The focus will be on strengthening national systems for sustainable impact. Innovations will be taken to scale rapidly where justified on the basis of evidence.
- (vii) **Partnership for impact.** The explanatory paper references partnership enablers but little detail is provided. We underline here the importance of clear accountability within the Global Fund partnership, respect for the different mandates across the partnership (e.g. of the roles of WHO and the World Bank on health financing) and of the critical importance of coherence between the activities of the Global Fund and those of other global health initiatives, particularly at country level.

We appreciate that the strategic framework is not an operational document. However, we remain concerned that the “how” questions of implementation are critical to the success of the new strategy but to date have not been discussed with the Board.

It will be important to ensure that the strategy is implemented and reported on in a way that allows the Secretariat and the Board to be confident that the Global Fund is delivering against all our ambitions. This involves Board decisions on the KPIs but also more operational decisions on e.g. the grant performance framework, workforce planning. We will need to see how all of this comes together into a strategic plan for achieving impact through the new strategy – which may include evolving the organisational model of the Global Fund. The Board will need adequate time to review the proposed approach to implementation, including to deliver the increased level of ambition on partnership and coherence across the international architecture.

#### Extracts from the explanatory paper

##### **Inequality and inequity**

*“To accelerate the pace of impact against HIV, TB and malaria, the Global Fund will reinforce the engagement and leadership of most affected communities” (para 35)*

*“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.” (para 37)*

*“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.” (para 38)*

##### **Integrated people-centred health services**

*“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”).” (para 29)*

##### **Sustainability**

*“RSSH investments should ... build sustainable outcomes” (para 28)*

*“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.” (para 40)*

*“The Global Fund will also build sustainability and resilience through its focus on supporting efficient and effective health financing.” (para 42)*

*“the Global Fund should be more intentional in building PPR capabilities ... These efforts would aim to strengthen the resilience and impact of HIV, TB and malaria programs and build system resilience and sustainability.” (para 47)*

*“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.” (para 57)*

*“actors in the Global Fund partnership must collectively work differently to: 1) support the sustainability of Global Fund-supported programs at country level” (para 64)*

*“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” (para 19)*

## **Resilient and sustainable systems for health**

*“RSSH investments should help deliver the HTM goal, through integrated, people-centered investments that build sustainable outcomes against HTM and broader health benefits” (para 28)*

*“actors in the Global Fund partnership must collectively work differently to: ...2) put an emphasis on systems strengthening over support” (para 64)*

## **Pandemic preparedness and response**

*“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.” (para 5)*

## **Data and innovation**

*“cross-cutting areas for collective partnership improvement, not described elsewhere in the Strategy: such as the need to: ...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” (para 64)*



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

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The Global Fund is discussing critical issues about the future of the institution; the United States would like to take this opportunity to reiterate consideration of the impact these conversations and decisions will have on the broader global health landscape for the years to come. We are deeply committed to realizing the Sustainable Development Goals, and with only nine years left in the agenda, we need to be cognizant of how we address COVID-19's impact on HIV/AIDS, TB and malaria programs. The best way to save lives at scale and strengthen country-level health security during this pandemic and future threats, will be by continuing to leverage and support resilient health systems which are in place for the three diseases to provide quality health services and clinical care. The Global Fund has proven that it is an agile, responsive institution, able to leverage its existing systems and platforms against global health threats. There will be lessons learned from COVID-19 and C19RM that can be applied to future pandemics.

We have limited resources which are further constrained by the economic impact of COVID-19 on both donor and implementer countries. Global Fund' investments must have an impact on the lives of people served. We support the Strategy Framework placement of people and communities at its center making the link with impact clear. The Global Fund can no longer afford to invest in countries that do not put communities at the center, where domestic laws and policies inhibit progress on the three diseases, including criminalization of key populations and laws that create barriers to accessing care and treatment. The Global Fund is a bridge between governments and communities, and we believe it should leverage this important position to exert its influence to eliminate these barriers to progress. There must be a core principle that the Global Fund can only invest where laws support communities and key populations.

We recognize the need for greater investment in TB and request the Secretariat provide data on how country funding envelopes are programmed and expended to understand the global disease split once country reprogramming and portfolio optimization has been included. This will help shape an allocation methodology that ensures impact of additional TB dollars. Countries must receive funding allocations that cover the core needs of the current programming for all three diseases. Countries must be supported to maintain disease-specific outcomes and impact- and be encouraged to invest in the health system platforms that will withstand current and new health threats.

As has always been our position, data on performance and impact remain essential; the United States is encouraged by the new approach to developing key performance indicators to ensure that they are accountable, actionable, and integrated within the context of the M&E Framework. Countries must have clear outcomes for the three diseases and be able to mount a response to new public health threats as we concurrently fight to end the HIV, TB, and malaria burden. We appreciate the Secretariat's acknowledgement that real-time data on the three diseases is key to understanding gaps and performance, and pivot programming for impact, and we look forward to more granular performance data going forward.

The health systems that we collectively support through HIV, TB and malaria programming have been adaptive and resilient at the personnel and infrastructure levels in response to COVID-19. The focused vertical programming has ensured there was a health workforce, equipment, and

physical infrastructure to serve populations as the waves of COVID-19 have and continue to hit countries. We must continue to leverage these platforms and systems, helping countries integrate resources while not diluting disease outcomes and impact.

**WHO Position on the Global Fund Strategy Framework 2023-2028**  
**Global Fund Extraordinary Board meeting**  
**22 July 2021**

We thank the efforts of the Global Fund Secretariat and the Strategy Committee to build on the numerous consultations to develop the Global Fund Strategy Framework 2023-2028. We appreciate the updated explanatory paper which in our view has attempted to reflect more completely the perspectives of the Board.

**Vision, mission and primary goal**

We agree on the Strategy vision and mission, and support the clear primary goal to end the epidemics of HIV, TB, and malaria, putting affected and at-risk people, communities at the center of the Strategy with community engagement and leadership, and improvements in health equity, gender equality and human rights.

We attach to this paper the contributions which we submitted for the April Board Strategy consultation and the 45<sup>th</sup> Board meeting in May as these should be referenced in the annex 2 of the explanatory paper (they were still valid and referenced during the discussion at the June Extraordinary Strategy Committee meeting), and which should be taken into consideration for the development of the Global Fund Strategy narrative.

As suggested previously, as part of the Strategy, the Global Fund partnership should redouble its focus on HIV/TB/Malaria (HTM) incidence reduction as well as mortality reduction.

We suggest that the 5 defined key populations in the HIV response should be distinct from other vulnerable groups and explicitly referenced in the Strategy narrative: sexual workers, men having sex with men, people who inject drugs, transgender people and prisoners.

It would be more comprehensive if the paragraph 15 in the explanatory paper references the alignment to the terminologies of the Global AIDS Strategy 2021-2026 rather than just the UNAIDS terminology, as well as the WHO related Strategies and consolidated guidelines for HIV, TB, Malaria and health systems strengthening.

**Mutually reinforcing contributory objectives**

We appreciate that the revised explanatory paper includes references for the coinfections and comorbidities and other adjacent health areas such as sexual and reproductive health, and other reproductive, maternal neonatal child and adolescent health services. These will need to be further spelled out in the Strategy narrative to refer more precisely to coinfections and comorbidities to HIV, TB and malaria (e.g. Hepatitis), Neglected Tropical Diseases, Noncommunicable Diseases and their risk factors (e.g. Cervical Cancer), and Mental, Neurological and Substance Use Conditions.

Equity is highlighted in the Global Fund mission and vision. Health equity and “leaving no one behind” are also mutually reinforcing contributory objectives. The Strategy narrative will need to articulate how the Global Fund can contribute to the socio-political process necessary for leaving no one behind and for its investments to reach the unreached but also ensure transformational shifts needed to overcome the barriers to quality services. Equity in service use is not disease-specific and an integrated approach to the response is needed. The equity objective needs to be reflected in the way Global Fund resources are allocated as well as in the way performance is measured.

It would be valuable for the people-centered integrated systems approach to be aligned with the Primary Health Care (PHC) platform and build on the existing work in this area.

We support the move from health system support to prioritize health system-oriented investments (e.g. overall health workforce strengthening, rather than within specific disease programs/services), recognizing the strengthening of resilient and sustainable systems for health as the enabler to end the three diseases.

The Strategy narrative will need to better emphasize the importance of integrated disease surveillance systems, including data collection, integrated laboratory platforms where the Global Fund can make a significant contribution as it serves to help mitigate other disease threats and builds health system sustainability.

The Global Fund's strategic support for health financing-related partnership activities at country level requires more emphasis on longer-term, in-country technical capacity to support health financing policy guidance that embeds the three diseases within the broader health system. Critically, the Global Fund should seek to amplify and embed its support within the frame of what is provided by other partners, to drive a more efficient approach that involves sustainable investments. The aim must be to bolster broader health financing capacities that can then explicitly consider and realise the three disease objectives through existing in-country mechanisms and institutions.

### **Evolving objective**

We appreciate that the pandemic preparedness and response is being presented as an evolving objective below the HTM goal and its contributory objectives, and that the leading role of other partners in this area is acknowledged. The Global Fund's contribution in this area should be aligned with and integrated into the global efforts to strengthen pandemic preparedness and response through strengthening the International Health Regulations (IHR 2005). The strategy must acknowledge that with respect to Pandemic Preparedness and Response, the Board will also make decisions in line with prevailing international conventions.

The "evolving" aspect of this objective should remain limited within a certain scope in the context of the HTM goal. It could be linked to financing of pandemic preparedness and response, or financing of IHR core capacities through joint external evaluations, development and implementation of National Action Plans for Public Health Security.

Addressing the threat of drug and insecticide resistance and encouraging climate, environmentally-sensitive and One Health approaches are all important paths, which even if placed under Pandemic Preparedness and Response (PPR) should be an approach that is applied under the contributory objectives as well, just as is done for human rights, health equity and gender equality.

### **Partnership enablers**

As part of the Partnership Enablers, the Strategy narrative should reference the SDG 3 Global Action Plan and its accelerators. For example, the Sustainable Health Financing Accelerator (SHFA) is an important area for collaboration among partners and to investigate further how specific aid modalities may stimulate or detract from domestic prioritization for health going forward.

Countries, through their governments, communities and national stakeholders, are driving the implementation of their strategic national health priorities to end HIV, TB and malaria and to achieve the health related Sustainable Development Goals. The roles and responsibilities for each stakeholder, including technical partners, are to support countries in this effort. The Global Fund, as a financial

instrument, is one of many actors contributing to this. Its role within the broader global health architecture should be clearly identified as well as its place vis-à-vis other stakeholders and their mandates and value-added. We need to ensure that each stakeholder is also adequately resourced to conduct their specific work to contribute to common objectives of the Global Fund partners. It is important to look at possible duplication of roles with partners such as WHO. The Global Fund should collaborate with other partners to avoid creating parallel and duplicative processes or structures that create an extra layer of complexity that weakens efforts to build up national capacity to manage implementation.

In Paragraph 57, we would appreciate clarifications on the exact meaning of “importance of better leveraging technical partners engagement to strengthen normative and prioritization guidance (esp. HIV prevention and malaria).” Technical partners should also be included in deciding how to best leverage the provision of technical support and capacity-building, for which they have expertise, to ensure proper alignment with national context and processes, as well as facilitating compliance with the latest international evidence-based guidelines.

The importance of considering innovative approaches and partnership collaboration with the Global Fund through strategically focused regional initiatives designed to achieve impact, as well as supporting south-to-south collaboration, should be mentioned in the Strategy narrative.

### **Strategic Shifts**

The Strategic Shifts were removed from the Strategy Framework which gives us space to better understand and develop them in consensus. WHO looks forward to making specific inputs as the narrative evolves.

## 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> <b>Mutually reinforcing contributory Objectives</b></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.

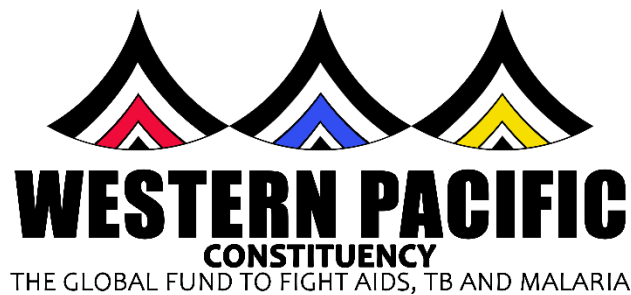
**Greater integration with Neglected Tropical Diseases (NTD) platforms is important because:**

*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.



## Constituency Statement

### Global Fund Extraordinary Board Meeting July 22 2021

The Western Pacific Constituency (WPC) has considered the issues facing the Board at this time and is providing the following comments that reflects our views and issues that we would like the board to consider in its deliberations.

The WPC 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 also gratefully acknowledged.

#### Strategy

The WPC acknowledges the vast amount of work, consultations and deliberations that have gone into developing the strategy to get it to this point.

The WPC in principle **endorses the proposed strategy framework** with the following caveats:

We are concerned with the short time frame to develop/approve the strategy narrative, particularly since there are a range of issues to be developed in the narrative that have not been adequately discussed or agreed upon.

Our constituency wants to reiterate that *we believe equity, human rights, gender and civil society engagement are fundamental principles that need to remain central pillars of the new strategy*. The WPC will be focusing its review on ensuring that these principles are not diluted. *We also reiterate our view that the CRG needs to be represented at the most senior levels of the GF.*

We are *concerned that the strategy is still not easily translatable to the country level* and how in particular a CCM can use the strategy to improve its own practices and leverage support and change. Whilst we understand this may be considered a “how” question, we believe that at the very least the GF needs to have a conversation on how it sees the strategy being implemented at the country level.

As part of this conversation the WPC would like the GF to consider what we would call “*CCM Evolution 2*”. The CCM evolution process has been aimed at strengthening CCMs, but has largely been a one-way street approach without adequately addressing the question of whether the GF approach to CCMs is fit for purpose. We believe there is not much added value to strengthen a CCM if the system in which they operate does not have the processes that match the rhetoric of CCMs are a central pillar of the architecture.

The WPC appreciates that there has been significant development in how to best incorporate Pandemic Preparedness (PP) into the remit of the Global Fund. Our constituency reiterates *our fundamental belief that HTM remain the central core of our work and PP is in the main seen within that context*. We are concerned however with what we would call “*Covid Creep*” because whilst the narrative places PP within the above context the reality seems to be that many aspects of our work are now being reframed as PP responses diluting the HTM focus we wish to retain. We understand the political

advantage this may bring us in attracting funds/donors, but we are concerned if we follow this path, we may lose sight of our fundamental role and principles.

### Disease Split

WPC would support a modest adjustment the disease split of **3% in favour of TB for the 7<sup>th</sup> replenishment**, during which **an independent review should be undertaken to establish a longer-term target** for the global disease split through to 2030.

The WPC would like to see further analysis undertaken so that we are better able to understand the health impact that adjustments would have. We are particularly interested to ensure that such an analysis does *not only focus on the disease specific components but also takes in consideration the impact adjustments may have on equity, human rights, gender and civil society and key population engagement*.

### Partnership model

In light of the new strategy the WPC believes *the current partnership model needs to evolve* to deliver better against our shared strategic objectives. The **TERG partnership review recommendations need to be incorporated into the strategy narrative** to ensure that we have a more robust, transparent and accountable partnership model, with clear performance indicators to enable effective performance management and accountability.

### Catalytic Investments

The WPC **supports the continuation and evolution of Catalytic Investment Funding** in the next Strategy, including tailored regional approaches.

### Global Fund's diplomatic voice

With our fundamental principles of equity, human rights, gender, civil society engagement and creating a positive enabling environment for key populations. Our Constituency *believes that the Global Fund should use its influence* to call out laws, policies and practices that are barriers to fighting the three diseases. We would like to see the narrative articulate this process especially how it may be implemented at the country level and *how CCMs can support this process*.

The WPC appreciates the work and commitment of our Constituents, the Board and the Secretariat in taking us forward through difficult times where the goal posts seem to continually shift. Having a strong robust Strategy will help provide guidance, continuity and stability as we hopefully move towards a post Covid 19 future. We remain committed to supporting the GF in this process.