

DEVELOPED COUNTRY NGO DELEGATION

Global Fund Board Meeting

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Developed Country NGO Delegation

Strategy Development Constituency Paper

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

We offer the following recommended additions to the strategy discussions:

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

2. Emphasizing solidarity in pursuit of global health security

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

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

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

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

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

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

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

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

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

3. Prioritizing partnerships that meet identified needs

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

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

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

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

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

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

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

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

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