

Key Outcomes from the 49th Global Fund Board Meeting

1. Introduction

This document is for civil society and community groups from developing countries who did not attend the Global Fund Board meeting.

The Developing Country NGO (DCNGO) Delegation joined the 49th Global Fund Board meeting in Hanoi, Vietnam (10-11 May 2023). After five years, the Global Fund Board meeting returned to an implementing country, enabling the Board to meet with civil society and community and visit HIV, TB and malaria programmes supported by the Global. The DCNGO applauds the Vietnamese community and civil society for achieving important results with the Global Fund's support.

Since the Board meeting in 2022, threats to the Global Fund's ability to deliver its vision and mission have multiplied and deepened. These include: increasing conflict situations; extremely harmful and punitive laws gaining momentum in several countries targeting people living with HIV and LGBTQI+ communities; increased incidence of HIV, TB and malaria in some regions; continued shrinkage of civil society space; and challenges to sustainability of our Global Fund's gains. We are deeply concerned with growing threats for LGBTQI+ communities in Uganda, Kenya, Kyrgyzstan and other countries.

Ahead of this Board Meeting, the [DCNGO Delegation's message](#) to the Global Fund Partnership was clear: It is critical to elevate our voices and address increasing challenges in order to save lives. This was echoed by the [Implementer Group](#) which unites 10 constituencies from implementing countries of the Global Fund Board. "The principle that communities are at the centre of everything we do" is at the core of our Global Fund Strategy, however, we must move this from rhetoric to action in order to address these threats. At this Board Meeting we maximized our voices to address these increasing challenges in order to save lives, calling the entire Global Fund Partnership for action.

2. The Board agenda

The agenda items (some linked to [decision points](#)) included: strategic performance reporting; adjustments to the Global Fund's Key Performance Indicator (KPI) Framework; risk management; pandemic prevention, preparedness and response (PPPR); reports from the Office of the Inspector General (OIG) and the Ethics Officer; human rights; and resource mobilisation.

Besides the main Board agenda pre-meetings provided space to discuss Grant Cycle 7 and was an opportune time for the Technical Review Panel (TRP) to provide a quick update on its review of window 1 funding requests received in the 7th Global Fund Grant Cycle (GC 7) in which [39 out of 42 funding requests from 26 countries and one multicounty application have been recommended for grant-making](#). The DCNGO called for more meaningful involvement of civil society and communities, using dual-track financing and multi-country grants as proven effective implementation mechanisms.

3. Key items discussed at the Board

This paper highlights four key areas discussed at the Board meeting that require sustained focus. These are: human rights; pandemic preparedness, risk management especially around TB and malaria and key updates from the TRP.

3.1. Human rights

Key information shared by the Global Fund Secretariat on its progress on human rights programming:

- Not reaching the US\$18 billion target in the 7th Replenishment resulted in reduced human rights catalytic investments. The [Breaking Down Barriers \(BDB\)](#) initiative reaches 24 countries (instead of 35), without dedicated TB resources. Bangladesh, Burkina Faso, Nigeria, Thailand have been added to the cohort.¹
- The lessons learned from the BDB initiative have informed approaches across the Global Fund portfolio.

¹ The 20 countries involved in the BDB initiative are Benin, Botswana, Cameroon, Côte d'Ivoire, Democratic Republic of the Congo, Ghana, Honduras, Indonesia, Jamaica, Kenya, Kyrgyzstan, Mozambique, Nepal, the Philippines, Senegal, Sierra Leone, South Africa, Tunisia, Uganda and Ukraine.

- BDB has produced impressive results including increased funding, multi-stakeholder engagement, multi-year, country-owned, costed strategic plans and better quality, integrated programming there. However, despite the best efforts, the ambitious KPI 9a targets (comprehensive programs to remove barriers) will not be achieved.
- Efforts to increase domestic spending on programs to reduce human rights barriers and on key population prevention programs have stalled and the ambitious targets under KPI 9c (key populations and human rights domestic investments) will not be reached, primarily because few countries report reliably into the Global AIDS Monitoring tool, but also because of the difficult economic environment.
- While there has been progress on some policy and legal issues in some settings, in many countries the legal environment is deteriorating, with serious risks for safety and security as well as undermining programming and progress made in reducing infections and saving lives.

DCNGO Delegation asks of the Global Fund

Given the evolving and punitive legal environments the DCNGO Delegation requested the Global Fund Secretariat to:

- Provide continuous updates on implementing countries that criminalise key populations in order to have informed decision-making (even on grant approvals) and review the risk assessment on the human rights and gender equality direction of travel;
- Continue focusing on key principles in the strategy including human rights and communities at the centre;
- Ensure the safety and security of key populations and continued access to services. This might require reprogramming of funds that enable this; and
- Enable community, civil society and regional organisations (registered or not), especially those from key populations, to be better funded to support this work, including through dual track financing. Such funding should be guided by the 30/80/60 targets in the Global AIDS Strategy so that by 2025, communities will deliver 30% of testing and treatment services, 80% for HIV prevention services for people at high risk and 60% of programs supporting the achievement of societal enablers.

3.2. Pandemic Preparedness

Key information shared by the Global Fund Secretariat:

- At a pre Board call (3 May) the Global Fund Secretariat shared that it would not submit an application to the Pandemic Fund's First Call for Proposals given that the Pandemic Fund is not willing to grant essential flexibilities to the Global Fund to align application materials, assurances, implementation timelines and reporting requirements.
- In Hanoi, the Global Fund Board expressed concern and disappointment especially given that the Global Fund is currently awarding and reprogramming up to \$1b of C19RM funds in almost precisely the same focus areas of PPR including disease surveillance, Resources for Health (HRH) and laboratories and on the same timelines as the Pandemic Fund.
- Countries continue to be encouraged to apply and the Global Fund will consider being an implementing entity if the required flexibilities are granted.
- Regardless of whether the Global Fund submits any application for funding, significant efforts at the country and Secretariat levels will be required to ensure clarity and coordination on applications, awards and implementation of resources from the Global Fund and Pandemic Fund.

DCNGO Delegation asks of the Global Fund

The DCNGO Delegation is disappointed by the Pandemic Fund's inability to remain flexible and we continue to urge engagement and dialogue. Given the situation facing global health we must avoid duplication and placing additional pressure on countries. We urgently call for:

- The Global Fund to remain focused on HIV, TB and malaria and our work to end these epidemics. The benefit of partnerships will only ensure this focus becomes a reality, especially given the current global health architecture.
- More information on the anticipated budgetary implication for the Global Fund's continued engagement and plans to mitigate against the additional operational burden especially to countries.

- The Board of the Pandemic Fund to support a culture of meaningful engagement with civil society and communities. We will continue to work with civil society partners who are now representing us in the Pandemic fund.
- WHO to ensure the full and meaningful participation of civil society and communities as the world negotiates the New Global Pandemic Agreement.

The world faces different realities where partnerships with multi stakeholder relationships are the only way to work together to achieve greater impact to benefit people and communities.

3.3. Malaria risk

Key information shared by the Global Fund Secretariat:

- Risk Management was a key discussion and we see risk levels changing. There are multiple risks to controlling and ending malaria, with both antimalarial drug and insecticide resistance threatening the impact of case management and vector control. These include:
 - Drug resistance: Given the heavy reliance on Artemisinin-combination therapy (ACTs) in Africa, the threat of artemisinin partial resistance and partner drug resistance must be monitored and addressed urgently. ACTs remain highly efficacious for the time being, however, full-blown ACT treatment failure would have tremendous consequences for malaria control in Africa.
 - Insecticide resistance: Resistance to pyrethroid insecticides, which all Insecticide-treated bed nets (ITNs) are treated with is widespread and intense, particularly in Sub Saharan Africa. This is the mainstay of malaria prevention, and this resistance impacts the ability to maintain progress with core malaria control tools. Potential resistance to newer insecticides is a further threat.
 - New mosquitos: Anopheles stephensi originally from South Asia, was first spotted on the African continent in Djibouti in 2012. The small nation was on the verge of eliminating malaria at the time. It recorded just 27 cases that year. In 2020, there were more than 73,000. Read more [here](#)
- Many issues drive risk including conflict, climate crisis, cost of living, war, COVID, and in malaria there are emerging biological threats. All of these factors increase risk - some of which the Global Fund has a little control over.
- When inherent risk levels increase then risk trade-off decisions become necessary to allow the organisation to ensure program continuity, and to innovate, adapt or scale-up. IF the risk level is equal to or higher than Risk Appetite there is limited flexibility to innovate, adapt or scale-up.
- The target risk timeframe is determined by detailed bottom-up analysis and engagement with partners, and looking at the current mitigations to manage the risk.
- All grants in a portfolio are assessed for each of the risks and sub-risks, to determine the country risk rating through a risk rating methodology. These risks are then monitored at a country level and organisational level.

DCNGO Delegation asks of the Global Fund

We highlight that since the November Board meeting in 2021, risk levels have changed in two key areas:

- The TB program quality risk has now reduced from Very High to High. This is earlier than the Board-approved target timeframe of December 2023. Our Delegation highlighted relief that the TB risk is decreasing and acknowledged the work of the partners, including civil society. However, we must not become complacent. We must sustain this path as a high priority.
- The malaria program quality risk increased from High risk appetite to Very High. A recommendation on the target time frame for reducing the risk level back to High and then to Moderate will be presented for approval at the November 2023 Board meeting. Increasing risk appetite will ensure the Secretariat has the flexibility to make the difficult trade-off decisions necessary to maintain program continuity, and to help generate the desired level of attention and call to action from all key stakeholders needed to address the emerging threat. Our Delegation called attention to the findings of the OIG report on the shortcomings in malaria programmes, procurement and supply chain management and underlying weaknesses in health systems. We call for urgent action by the Partnership to drive innovation (including the rollout of vaccines and new tools), to address these weaknesses and to change the trajectory of the risk. We look forward to receiving the target risk timeframe for the malaria programme quality in order to understand what we expect to be the impact of our mitigating actions and by when. The situation around malaria is dire. We also raise concern around the 'direction of travel' on the risk related to human rights and gender equality being noted as steady. The

increasing criminalisation seen across many countries will have a direct **NEGATIVE** impact on the direction of travel of the human rights and gender equality risk and a negative impact on HIV programme quality risk. We also see the increasing conflict and humanitarian crises negatively impacting human rights.

3.4. Feedback from Technical Review Panel (TRP) on Window 1

The Technical Review Panel (TRP) shared the following around lessons on Prioritisation:

- There are limited resources and increasing needs and the Global Fund allocation insufficient. The TRP reported “thinly spread” or “front loaded” budgets. Seeing large Prioritised Above Allocation Request (PAAR) submissions (e.g., much larger than 30% some over 100%, with commodities split across allocation + PAAR).
- In malaria: some applicants don’t have enough funds to do vector control and case management and there is explicit stratification guidance/TA on where to put resources, yet TRP sees mixed results: not all countries follow the guidance. All high burden to high impact (HBHI) have risk stratification done; and there are more challenges in countries that are not HBHI.
- In TB: increasing diagnoses means increasing costs for treatment, with some treatment being unfunded.
- In HIV: Improving attempts at prioritisation, limited by poor disaggregated data and advanced HIV not being prioritised for funding.
- TRP is seeing two concerning scenarios: some applicants splitting essential investments across allocation and PAAR because the funding is insufficient. Also seeing some applicants putting “less essential” investments in allocation with core interventions in PAAR.
- In financially-constrained environments with increasing disease burden, it’s not possible to do business as usual. The TRP sees a few examples of high-level indicators going in the wrong direction yet no change in approach.
- Gaps in quality and use of data to inform prioritisation: data disaggregated by gender, age, sub-populations and geography and key population data (size estimates) are often missing or underused.
- Human rights and gender assessments being done but interventions not always budgeted in allocation. There is a risk that equity, human rights and gender investments fall out in prioritisation discussions –the TRP sees cases where they are in the PAAR instead of allocation.
- TRP has observed high management costs in the funding requests (e.g., high travel costs, HR costs, management costs) some of the management costs are hidden in other intervention budgets
- The Program Essentials framework has caused some confusion for Window 1 applicants, not helping applicants to prioritise. For more please see [Aidspan](#).

4. What happens next?

The Pandemic Fund will be further discussed by the Audit and Finance Committee as well as the Strategy Committee in July 2023 and this will give the Global Fund secretariat additional time to review and revert to the Board with a clearer decision point given the uncertainty of the way forward. Further reflections by TRP will be discussed at the Strategy Committee meeting in July, and then at the 50th Board meeting on 15-16 November 2023.

5. Outgoing and Incoming Board Leadership

The Global Fund Board acknowledged the outgoing leadership and welcomed Lady Roslyn Morauta (Chair) and Bience Gawanas (Vice-Chair). The DCNGO Delegation warmly welcomes these two women to lead the Global Fund Board, and recognizes their long-standing support of communities, civil society, human rights and gender equality.

6. About the DCNGO Delegation

The DCNGO Delegation works to strengthen the engagement of civil society actors and organisations in developing countries to contribute towards achieving its vision which includes living in a world in which AIDS, TB and Malaria are no longer global, public health and human rights threats.

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