

Key Outcomes from the 51st Global Fund Board Meeting

This document is for civil society and community groups from developing countries who did not attend the 51st Global Fund Board meeting Geneva (22-24 April 2024) and expands understanding of key items discussed.

This document does not reflect the opinions of the Global Fund Secretariat or the Global Fund Board.

1. Introduction

The outcomes of this Board meeting underscored the evolving challenges facing the Global Fund partnership. Discussions centred on the need to realign priorities considering upcoming decisions on a new allocation methodology, as well as the overarching goals of the 8th Replenishment amidst concerns over sustainability in the face of a complex, multi-dimensional crisis. The global health landscape is in a state of flux, marked by numerous challenges and uncertainties. Despite substantial progress in addressing HIV, TB, and malaria, the rise of authoritarianism, as well as a hostile legal environment towards human rights and gender equality, pose significant threats to the gains made in public health. The continued shrinking space for civil society exacerbates vulnerabilities and impedes access to essential healthcare services. Against the backdrop of growing poverty, conflicts, and political instability, the need for collective action and strategic reorientation in global health governance has never been more urgent. Board documents will be uploaded in the coming weeks on [this](#) page.

2. Key discussions

Some agenda items resulted in [decision points](#) including: the Global Fund's 2023 Annual Financial Report & Statements, the Quality Assurance Policy for Vector Control Products and Related Equipment and Amendments to the Procurement Policy. The 51st Board meeting had side events including on human rights and the [RISE study on Country Coordinating Mechanism \(CCMs\)](#). Other agenda items included strategic performance and risk management updates; collaboration between the Global Fund and Gavi and GFF; the Lusaka Agenda; sustainability, resource mobilisation; the Annual report from the Office of the Inspector General; and Allocation Methodology for GC8.

2.1. Strategic Performance Report and Risk

Background: The Strategic Review 2023 of the 2017-22 Strategy presented overall findings that “look back to better look forward.” Overall, there is good performance with most key performance indicators (KPIs) targets met. Significant challenges remain in ending the three diseases by 2030 and meeting the Sustainable Development Goals (SDGs). Service delivery and resilient and sustainable systems for health (RSSH) KPIs was strongly impacted by COVID but have rebounded well and concerns remain with human rights programming (including corresponding domestic investments) and with HIV key populations indicators not being met. See more [here](#) covered by Aidsplan.

DCNGO Delegation highlighted in opening remarks of the board meeting: We called on the Global Fund to lead a partnership-wide response to punitive laws and growing policy restrictions that underpin anti-human rights and anti-gender movements which negatively impact public health outcomes for populations most at risk. We called continued communication to countries why this is critical. Another area, also highlighted in the strategic review is that the Global Fund must focus on higher impact interventions, greater differentiation, and inclusion for key populations (transgender people, people who use drugs and prison populations and any intersectionality). We must do more towards gender equality relevant to the diverse population of women outside AGYW cohorts – that address issues around cervical cancer and gender-based violence. The upcoming replenishment is a critical juncture for this Global Fund to reaffirm its commitment to end epidemics and advance global health outcomes. This is of course linked to the foreign aid agenda, to ensure sustainability and build resilient health and community systems aligned to delivering the SDGs.

2.2. Sustainability

Background: The Global Fund's [Sustainability, Transition, and Co-Financing \(STC\) Policy](#) was approved in April 2016. It formalizes the Global Fund's approach to strengthening sustainability, enhancing domestic financing and co-financing, and supporting countries to better prepare for transition away from the Global Fund.

Discussion at the Board meeting: No decisions were made at this meeting but the challenging and changing health and economic landscape was discussed in great depth not only under this agenda item but throughout the days of the Board meeting. The major relevant policy levers that the Global Fund uses to address sustainability challenges include:

- Public financial Management efforts
- Transparent and predictable funding
- and NextGen Market Shaping
- And the eligibility, allocations, and sustainability transition and co-financing (known as the STC policy) all of which will be holistically reviewed in advance of GC8 and in the context of broader sustainability efforts.

Various options around eligibility were discussed and will be explored more as this moves forward.

The DCNGO delegation highlighted that the sustainability planning must be grounded in a multi stakeholder approach and the principle of shared responsibility and solidarity. We flagged that it's hard to have these discussions without greater documented analysis of what has worked well in the STC policy and what needs to change to improve the situation for countries who have transitioned out of the Global Fund. Public Financial Management (known as the 3-ONEs - which is One Plan, One Budget, One Report) were proposed as part of this sustainability discussion. We highlight the following concerns:

- We must not compromise the principles and values in our strategy to end HIV, TB and Malaria with communities at the centre. How do we know that the 3ONEs will adhere to the same principles?
- Our CCM model ensures meaningful involvement of all stakeholders including communities and civil society. How do we know this will remain as part of the mechanism for the 3ONEs - how do we ensure accountability? The Global Fund heard our concerns on this, and they added another layer of ONE ASSURANCE. This layer will be further discussed within our delegation.
- We need to address the risks of shifting the focus from HIV, TB and Malaria to much broader agendas such as national health plans, where HTM are only small elements. Having all of this driven by the Ministry could result in priorities such as human rights and gender equality being cut. We are assured by the Global Fund that this would not happen, but we remain cautious. See more on this as reported by [Aidspan](#).

All of this will be taken forward at upcoming governance discussions (July 2024 – Q2 2025) on scope of sustainability efforts to be taken forward and associated policy changes. This is also linked to the allocation review already underway, and holistic review of STC, and eligibility policies will need to be concluded by Q2 2025 to be implemented under GC8.

2.3. Allocation Methodology

Background: Prior to the board meeting, a report on the Global Fund Resource Allocation Methodology, commissioned by the Evaluation and Learning Office (ELO). The Evaluation provided recommendations on findings and key takeaways to inform decision making on future allocations ahead of the next replenishment (Grant Cycle 8, 2026-2028). This includes defining the Global Disease Split (GDS)

The disease split:

- Determines the overall distribution of resources across diseases in the Allocation Methodology.
- Allocations are communicated to countries with an indicative split across eligible diseases, which is not the same as the upfront Global Disease Split.
- Countries have the flexibility to request changes to the indicative split when they submit funding requests. This flexibility is key to enable countries to adjust their indicative disease allocations as needed, based on a robust process.

Discussion at the Board meeting: Some expressed that the report did not give enough options in terms of the suggested

GDS; and did not offer pathways to balance other areas or where the money should come from, if the Global Fund were to increase one of the diseases. On RSSH (which will be discussed more in July – there was no appetite to create a specific workstream – but there was agreement that this be explicit across the Global Fund's portfolio and not just expressed once in the allocation letter. These decisions will be difficult, especially given the challenges:

- Debt and unprecedented fiscal pressure, population growth and conflict – particularly in lower-income countries where disease burden is high.
- MALARIA: Increasingly complex malaria response due to climate change and drug/insecticide resistance. New and more effective technologies have been introduced to fight malaria, with further ones in the pipeline.
- HIV: Growing and ageing treatment cohort for HIV; erosion of human rights in many countries affecting access to life-saving services.

- TB: Momentum in TB programmatic scale-up, partly due to COVID-19 Response Mechanism (C19RM) investments in lab infrastructure and tests.
- The world is also seeing significant price reductions in key health products for all three diseases and
- Important sustainability challenges on RSSH funding with C19RM scheduled to end in December 2025. See [more](#) covered by Aidspace.

DCNGO Delegation highlighted: that the presented allocation does not reach all people in need. GC8 will be our final defining moment to reach the global targets, so we must be ambitious and not be stifled by 'realism'. We highlight key principles:

- We supported the evaluation recommendation that global disease split be revised in favour of TB. The Stop TB Partnership provided further justification and scenarios for this, and they will be working with the GFS to take this forward.
- HIV, TB and malaria often do not occur in isolation. They often happen in the same body and for this reason, we require a person-centred approach to the allocation methodology.
- Irrespective of allocation methodology - catalytic investments must not be reduced. There was consensus that catalytic investments should be scaled up to support community, rights and gender including multi-country grants, which are critical to our success.

2.4. Resource Mobilisation

Background: A high-level overview provided by the Secretariat included:

- As of 31 December 2023, pledge conversion is on track with 28% (\$3.8 billion) of 7th Replenishment pledges and 96% (\$17.1 billion) of 6th Replenishment pledges (incl. C19RM) paid in cash. Pledge conversion is an ongoing priority.
- 7th Replenishment lessons learned, a robust landscape analysis and governance's input inform the roll-out of the Action plan for the 8th Replenishment that was presented to the Board last November 2023. The Secretariat continues mitigation efforts in a highly volatile external landscape.
- The Board's guidance and support in resource mobilization opportunities, ensuring effective positioning, advocacy and communication, and mitigating fundraising risks is sought ahead of the 8th Replenishment.

DCNGO Delegation interventions raised:

- Concerns about the timing of the replenishment and the options for hosting the 8th Replenishment. Many are about to enter worrying elections.
- The need for a robust Investment Case that demonstrates that investment in communities, key populations, civil society, human rights, & gender equality allows us to achieve the best results and to reduce inequalities.
- The need for the Global Fund partnership to finish what we committed to and not be stifled by 'being realistic'.

2.5. Collaboration between the Global Fund - GAVI – Global Financing Facility

Background: In October 2023, Gavi and the Global Fund launched four workstreams to deepen collaboration, and more recently incorporated GFF. Progress on the 4 workstreams (1) Malaria; 2) Health Systems Strengthening, 3) Country Engagement, 4) Enabling Functions) were discussed by the Strategy Committee (SC) in March, and the proposal for a Joint Working Group across Gavi, GFF, and the Global Fund was discussed by the SC and the Ethics and Governance Committee (EGC). These discussions took place within a broader discussion on the Lusaka Agenda, which is separate but related to this collaboration work.

DCNGO Delegation comments: While the collaboration is commendable, our Delegation echoes that the JWG should possess a well-defined rationale and terms of reference, be integrated into the existing Global Fund Governance structure, and adhere to selection processes consistent with principles of inclusive representation including with civil society and communities. We also requested regular review of this collaboration to ensure we make necessary adjustments to optimize impact. See more on this as reported by [Aidspace](#).

2.6. The Global Fund and the Lusaka Agenda

Background: The Lusaka Agenda explores how six Global Health Initiatives (GHIs)¹ can more effectively accelerate country-led progress to Universal Health Coverage. Much of the Lusaka Agenda is aligned to the Global Fund's 2023-2028 Strategy, and there is agreement amongst the Board on some aspects, specifically those connected to enhanced collaboration with other GHIs and the 4 workstreams focused on collaboration with Gavi and GFF. Upcoming Board and Committee sessions covering many of the key themes in the Lusaka Agenda offer additional space for continued discussion. There was no consensus in the room that the Global Fund should be taking forward the Lusaka Agenda beyond the JWG's.

DCNGO Delegation made the following points:

- Civil society and communities at the centre: The Lusaka Agenda was conceptualized without communities and despite requests – no clear strategy of engagement, has been received. The Lusaka Agenda is ambiguous on human rights principles and democratic principles of engagement that the Global Fund was founded on.
- Process: As expressed by the EGC, bringing external mandates into Global Fund – needs to be done within the structure of the Global Fund governance. Any working group should be a board directive, with a well-defined ToR, reflecting the inclusive nature of Global Fund partnership.
- Keeping the focus on the Global Fund Strategy: We asked this Board to reaffirm its commitment to end HIV, TB and malaria with communities at the centre.
- Equitable representation: The Lusaka Agenda makes no mention of how important Global Fund structures like CCMs will remain engaged and how we will continue to ensure equitable representation and the meaningful role of civil society and communities in decision making. It provides no clarity on what any of this means to an organization working to end HIV, TB and malaria.
- Providing clarity and direction to the Secretariat: The secretariat staff should not take on additional work that is not aligned to what the Board agreed to. Neither should the Global Fund Secretariat be engaged in work that is not part of the vision, mission, and fundamental principles of the Global Fund.
- Accountability: We continue to ask how – in the context of the Lusaka Agenda – will we hold our governments accountable, given the backlash on human rights and the shrinking civil society space?

2.7. Quality Assurance (QA) Policy for Vector Control Products and Related Equipment

This [new policy](#) describes the main standards and requirements for Principal Recipients purchasing and deploying malaria vector control products through Global Fund resources. The policy includes:

- Reliance on WHO's Prequalification Programme as the assurance mechanism for Vector Control Products, and applicable WHO specifications for related equipment.
- Alignment with other Global Fund Quality Assurance Policies, where appropriate (e.g., establishment of an Expert Review Panel for Vector Control Products, post-market surveillance requirements and a risk-based approach for handling quality-related issues identified on an order-by-order basis).
- Recommendations and requirements for traceability, insecticide resistance monitoring, post-market surveillance, and waste management.

2.8. Procurement Policy

The updated policy approved at this board meeting will facilitate delivery of the 2023-2028 Strategy and sets out principles governing how the Global Fund procures goods and services and decision-making for procurement. It provides an overarching framework to ensure procurement by the Global Fund achieves value for money, is aligned with public procurement principles and supports the organization's strategy implementation.

3. Key acknowledgments

We thank the ten DCNGO members who joined the Board meeting and invested their time and energy, including: Elie Aaraj (new member), Ángela León Cáceres (new member), Sophie Dilmitis (CFP), Carolyn Gomes, Hristijan Jankuloski, Anushiya Karunanithy, Andriy Klepikov, Yolanda Paul (Alternate Board Member), Cecilia Senoo (Board Member), and Joseph Wato.

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. For more information please contact: [Sophie Dilmitis](#): DCNGO Constituency Focal Point.

¹ The six are: the Vaccine Alliance (Gavi), the Global Fund and the Global Financing Facility for Women, Children and Adolescents (GFF), with consideration for the Coalition for Epidemic Preparedness Innovations (CEPI), Unitaid and the Foundation for Innovative New Diagnostics (FIND) in some areas.