

Developed Country NGO Delegation Communique from the 46th Board Meeting of the Global Fund to Fight AIDS, Tuberculosis and Malaria

The Developed Country NGO Delegation to the Global Fund to Fight AIDS, TB and Malaria (Global Fund) participated in the fourth virtual Board Meeting held on November 8th – 10th, 2021. The following is a summary communique from that meeting to our constituency partners and stakeholders.

The Developed Country NGO Delegation is one of the twenty voting delegations represented on the Board of the Global Fund to Fight AIDS, Tuberculosis and Malaria. Our Board member, Robin Montgomery, is also the Chair of the Implementer Group, a ten constituency grouping of country delegations, civil society, and communities.

A key goal of our Delegation, which is made up of organizations from countries that are not eligible for Global Fund grants, is to bring the voices of civil society to the Global Fund while also ensuring that it remains transparent, ambitious, and impactful as it works toward the vision of a world without HIV/AIDS, Tuberculosis and Malaria.

We focused our participation in the 46th Board meeting of the Global Fund board on the following:

1. Ensuring that the Global Fund Board approves robust strategy that centres communities, advances the human rights and gender equality of the communities most affected by HIV, TB and Malaria (HTM) and champions health equity through the removal of barriers to treatment and prevention services and the adoption of people-centred models of care.

2. Continue to push for a critically reflexive approach to the global disease split and allocation methodology to ensure that the Global Fund's investments are directed to the highest need and impact areas.

Global Fund Strategy (2023 – 2028)

The Board of the Global Fund to Fight AIDS, Tuberculosis, and Malaria has approved the new Global Fund Strategy: Fighting Pandemics and Building a Healthier and More Equitable World, which will be implemented in the coming years. Throughout the process to develop this strategy, the Developed Country NGO Delegation passionately advocated for the bold new strategy, which is focused on the people and communities at the forefront of the fight against HTM, accelerating the transition to more integrated and people-centred methods of prevention, treatment, and care. **We emphasized the urgent need for increased funding and focused on addressing the work required to catch up and bring us back on track for 2030 because of the COVID-19 pandemic. Our interventions and contributions to the Board were underscoring the fact that the Global Fund's mandate to end the epidemics of AIDS, tuberculosis and malaria remains unfulfilled and an urgent global health emergency.**

To this end, while we understood that a key outcome of this meeting was to approve the narrative of the new strategy, we also used the opportunity of this meeting to reflect and consider key issues raised in the strategy development process to address them in the implementation framework better.

In this regard, our input and interventions focused on the following priorities:

1. *Noting* that the COVID-19 crisis has slowed our efforts to combat HIV, TB, and malaria while increasing inequalities in access to vital health care, human rights abuses, and gender-based obstacles to care, **we requested clear timelines from the Secretariat and Strategy Committee that will allow us to concretize and fully understand the Global Fund's 'evolving objective on Pandemic Preparedness and Response'** and the role that

it intends to play in this regard and the impact that this will have in the investments made in HIV, TB and Malaria.

2. *While* the fight against HTM is intersectional and cross-cutting, **the Global Fund must remain agile, targeted, and purposeful in its efforts**. We advocated that Global Fund's new strategy should be inclusive and responsive to the complex intersectionalities and evolving needs of the communities we serve, promote, and protect. However, we cautioned it not to expand its mandate to include populations such as communities suffering from long-covid as new priority populations.
3. *Considering* that Global Fund is a unique entity in the global health architecture, we urged the secretariat to develop a timeline for when the board and its committee will consider issues of strategic importance. We believe that **the uniqueness of the Global Fund partnership model is anchored by its ability to evaluate and quickly adapt to issues of strategic importance**. Currently, we believe that those key issues are: NextGen Market Shaping Strategy, Digital Health Transformation; Private Sector Engagement; RSSH; and Pandemic Preparedness and Response.

Finally, in the lead-up to the board meeting, we held several bi-lateral and multi-lateral discussions to ensure that the decision point to approve the global disease split allocation fully reflects the investments needed for TB programs. From our pre-meeting consultations, we developed additional language changes to the electronic decision point, which was accepted by the leadership of the strategy committee. In keeping with our previous interventions at the board meetings, our decision points focused on requesting that the secretariat develop and present to the board an approach for the strategy implementation with a focus on outlining how the Global Fund will deliver on a new and robust strategy and the resources that will be needed for it to do so.

Allocation Update and Global Disease Split Decision

The Developed Country NGO Delegation discussed reviewing the Global Fund's Allocation Methodology for the 2023-2025 allocation period. The central tenet of the methodology is the

global disease split, which determines the overall distribution of resources across HIV, TB and malaria for the allocations communicated to countries. As the largest international donor for tuberculosis programs, we reiterated the need for accountability and transparency to ensure that this methodology is equitable and directs funds to TB programs that remain chronically underfunded and with the highest disease burden among the three diseases. We called upon the Global Fund to address the sustainability of TB programs and address the inherent inequity of TB funding which continues to contribute to its underfunding. In this regard, we applaud the Communities Delegation's intervention, which led to further deliberations and a revised decision-point on the Global Disease Split and Allocation methodology.

Read the full version of the Developed Country NGO Delegation's initial statement on the next Global Fund Strategy, our Constituency Statement on the 46th Board Meeting on our Facebook page.

For more information or to arrange a call or submit a letter or join our contact group, please contact Daniel Townsend, Constituency Focal Point, Developed Country NGO delegation, townsend.daniel@gmail.com

The Developed Country NGO delegation to the Board of the Global Fund is a voting constituency that represents NGOs from the global North, serving those living with and affected by HIV/AIDS, TB, & Malaria. We advocate for the participation of civil society throughout the Global Fund's structure, give a voice to the issues that are important to our constituency, ensure the Global Fund is transparent, accountable, accessible and easy to understand and provide the fund is fully funded to achieve maximum impact.