

# DEVELOPED COUNTRY NGO DELEGATION

## Key Takeaways

*This brief compiles the positions and reflections shared by the Developed Country NGO Delegation and does not represent the views held by the Global Fund Secretariat or the Global Fund Board.*

The Developed Country NGO Delegation (DevDel) attended the 51st Global Fund Board meeting from 22-24 April, 2024 in Geneva, Switzerland.

## The Board Agenda

The decision points taken at this meeting focused on a Vector Control Policy for malaria (GF/BM/51/05); the 2023 annual financial report (GF/BM/51/14A); comprehensive auditor's report (GF/BM/51/14B); and an updated procurement policy (GF/BM/51/20). They can be accessed by [following this link](#).

## Key Issues Discussed

Discussions and pre-meetings with the additional civil society (Developing Country NGO Delegation) and Communities delegations are gratefully acknowledged in the development of joint priorities and positions:

### 1. **Human Rights, Criminalization, and Community Engagement in Country Coordinating Mechanisms (CCMs)**

We raised key questions about the role of the Global Fund with regards to legislation that criminalizes same-sex relations, the LGBTQ+ community, and other key and vulnerable populations. We need to closely monitor the impact of the enforcement of these laws, and provide alternatives, such as whether we could directly fund impacted communities.

We acknowledged the Global Fund Board Leadership and Board Colleagues for providing an opportunity to discuss human rights and criminalization issues at a pre-day session and during the Board and upcoming Committee meetings. At every opportunity, we encouraged the **Global Fund Partnership to use its diplomatic voice against the enforcement of legislation that criminalizes same-sex relations and key and vulnerable populations.**

We requested a substantive update on **how the Global Fund will prioritize efforts in human rights, safety, and security for key population networks** to counter the reversal in progress being made in HIV and sexual and reproductive health areas in countries with these legal issues. This also relates to calls for funding support for human rights, community networks, and advocacy work.

Our delegation recognizes the risks of funding disruptions to governments and legislative agencies with discriminatory laws against LGBTQ+ people and other key and vulnerable

populations. However, we understand that countries with criminalizing laws would stigmatize, discriminate, and prohibit access to essential healthcare services for people who are the most vulnerable to HIV and TB. Therefore, we recommended that the **Global Fund review its funding requirements and consider whether human rights violations could and should be considered similarly to financial fraud.**

Human rights and protection for civil society and community representatives is intrinsically linked with and impacts CCMs. **Criminalization has a direct impact on representation and meaningful involvement of civil society and affected community members in CCMs**, particularly among key and vulnerable populations. We raised the need to closely monitor and requested comparative research on how enforcement of criminalization laws has resulted in the intimidation of CCM members, undermines their work, and weakens the entire CCM function.

We continue to emphasize that there is **no discussion of the role of CCMs in the “Lusaka Agenda”** also referred to as the Future of Global Health Initiatives process. [The “Lusaka Agenda”](#) is the result of a multi-stakeholder process that explores how six Global Health Initiatives (including the Global Fund, as well as CEPI, FIND, Gavi, Global Financing Facility, and Unitaid) can effectively accelerate country-led progress to Universal Health Coverage. The “Lusaka Agenda” was discussed at both the March 2024 Strategy and Ethics and Governance Committees.

The omission of the role of CCMs in the “Lusaka Agenda” comes at a particularly troubling time when civil society and community advocates have warned about the increasingly shrinking civil society space; the conclusion of the CCM Evolution Initiative which will impact ongoing efforts around civil society engagement in CCM processes; and the need for affected communities and civil society engagement in CCMs.

CCMs are a unique innovation of inclusive governance within the Global Fund, which have been central to the huge success of Global Fund programs, especially in countries where civil society and communities are accepted as equal partners. Our delegation raises the ongoing challenge that many community representatives in the CCMs are not adequately funded to be able to engage meaningfully with their constituents and the CCM. We’ve agreed that **other funding sources for civil society and communities in the CCMs should be identified.**

## 2. Replenishment

Discussions for the next funding replenishment are getting started. We are concerned about the timing of the 8<sup>th</sup> Replenishment in addition to the options in terms of which country could host this Replenishment endeavor. In our delegation pre-meetings there were few signals that a country would step up to host the Replenishment meetings. Many donor countries are entering political uncertainty with upcoming elections.

During this session, we agreed that we need a robust Investment case that articulates the Global Fund’s critical role in ending AIDS, TB and Malaria as well as demonstrating a significant contribution to strengthening health systems. The Investment case must clearly build on the Global Fund’s comparative advantage, that centers communities in its strategy and maintains its core values. The case should clearly demonstrate that investment in communities, key populations, civil society, human rights, gender equality, and health equity allows achievement of the best results. We must maximize the meaningful engagement of communities and civil society in the 8th Replenishment, building on [lessons from the 7th Replenishment](#) and the concrete steps towards the objectives of the [Advocacy Roadmap 2023-2025](#).

### 3. Allocation Methodology and Eligibility

An independent evaluation of the allocation methodology was conducted and the consultants presented several recommendations. The Secretariat offered a response to the evaluation and recommendations. Our delegation agreed to one particular area in the Secretariat's Response, in that, **we agreed that a separate funding allocation for Resilient and Sustainable Systems for Health (RSSH) would not be helpful.** Instead, with flatlined or reduced resources there must remain some funding flexibility for emerging pandemics and health crises, which takes into account countries' real-time assessment of needs and capacities.

Our delegation has not taken a specific position on the Global Disease Split (GDS), and we've advocated that any proposal to revise the funding model must respect the **core principles of the Global Fund.** Any approach for the GDS should consider ways for not doing harm on the other disease areas when adapting the methodology. Board delegations should rise above the GDS discussion and focus on **how we are currently not on track for the three diseases commitments.** We also proposed the **use of incidence rather than mortality** (for HIV) in the Allocation Methodology. We also raised concern that the current Allocation Methodology is very "commodities heavy", and there is insufficient money for **prevention, human rights, and social protections.**

We were disappointed to not see the Catalytic Investment (CI) envelope discussed. Catalytic Investments should not be affected by the outcomes of the Allocation Methodology. We must **protect and increase catalytic investments, particularly for TB, which has received so little technical assistance.** CIs should also **add measurements about key populations, vulnerability,** among others.

We also see a problem that there is **not enough urgency for TB. TB – and malaria – remain severely underfunded due to a historical split** – we do not see this disease split as evidence - or disease-burden based, while also considering the economic ability to pay. This is seen across lower-income, lower-middle-income, and upper-middle-income countries. **We need to do better on malaria funding,** too, and our delegation advocated for more community aspects to be integrated.

The Developed Country NGO Delegation joined the Stop TB Partnership and World Health organization in co-hosting an event on the Allocation Methodology and allocation scenarios for TB. Our delegation did not commit to any concrete figures for the disease split but welcomed the opportunity for open and fruitful dialogue.

### 4. Sustainability

There was much discussion on the review of the Sustainability, Transition and Co-Financing (STC) Policy, which guides countries in investing external financing and in catalyzing domestic resources to strengthen health systems. Our delegation strongly believes that any STC policy revision must include a meaningful process and framework that is driven by evidence, equity, and human rights, and which includes the genuine participation of affected communities and civil society. We suggested that a review of the STC policy incorporates an independent evaluation of the criteria being used to determine countries for transition, and the results of the STC policy, so far. We suggested that civil society and communities should be involved in the terms of reference for the STC review and in determining how the period for the review would be considered.

We advocated for an approach to sustainability that aims for **better transitions**, not faster or “accelerated” transitions. An independent evaluation of the transitions, noting varying progress in countries, would give us data to inform the STC policy review. In this way, **we requested the Office of the Inspector General (OIG) to conduct an audit of an unsuccessful transition** and to share the learnings and recommendations to inform future decision-making on the STC Policy.

We agreed with other delegations, such as Point Seven, to encourage work with partners to develop a **joint definition of sustainability**, including on the programmatic, financial and environmental elements, and as described by UNAIDS to add “political sustainability” which would build support for human rights.

We observed that the Executive Director Report showed the Overseas Development Assistance (ODA) commitment amidst shrinking fiscal space in low-and-middle-income countries (LMICs), and the urgency for continued resource mobilization. The main guiding principle should be to protect gains and reduce risks related to financing constraints. **Unrealized co-financing creates additional or deeper gaps in funding and services.** [Peter Sands has emphasized](#) “*while resources are limited, needs are increasing with severely limited fiscal space...*” Innovative financing, such as debt swaps and blended financing, are not magic bullets, because they do not generate new money.

We reflected on the proposed next steps for Sustainability, including proposals around public financial management (PFM) adoption strategy and the “3 ONES”: One Plan, One Budget, One Report, which seeks to unify planning, budgeting, and reporting processes across the health sector for stakeholders like the Global Fund.

Our delegation raised that one report / one budget may be acceptable to implementers, but “**one plan**” is a more difficult pill to swallow because it would not address the unique aspects of each of the HIV, TB, and malaria disease areas. Instead, “one plan” may be a constructive way to engage diverse stakeholders in an integrated dialogue on PFM without sacrificing community engagement and the value-add of disease-specific components.

Finally, our delegation raised concerns that **key population programs are the first to be deprioritized and unfunded**. Health financing in the context of sustainability must include concerted efforts to increase domestic investment in harm reduction and broader key population programming -- we can’t begin to consider achieving sustainability where human rights are being overlooked.

## 5. The Global Fund and “Lusaka Agenda”

We observed a lack of consensus on the “Lusaka Agenda” across delegations and varying levels of understanding about the process. Concerns were brought by the Ethics and Governance Committee (EGC) about bringing external mandates into the Global Fund and that proposals related to the “Lusaka Agenda” and other reviews would have to be taken up within the structure of Global Fund governance. Questions sought clarity on how the five shifts are to be implemented via the governance processes of the Global Fund (and other Global Health Institutions [GHIs]). The five shifts identified by the “Lusaka Agenda” are: 1) making a stronger contribution to primary health care (PHC) by effectively strengthening systems for health; 2) playing a catalytic role towards sustainable, domestically-financed health services and public health functions; 3) strengthening joint approaches for achieving equity in health outcomes; 4)

achieving strategic and operational coherence; and 5) coordinating approaches to products, R&D and regional manufacturing to address market and policy failures in global health.

We were open to continuing the discussion on the five shifts within existing Global Fund structures and we supported the Global Fund Secretariat's **four priorities for implementation** that are aligned with the five shifts. The four identified priorities are malaria, health systems strengthening, country engagement, and enabling functions. We supported the Strategy Committee's recommendation that affected communities and civil society organizations be included in the Joint Working Group.

Key redlines for the Lusaka Agenda have been raised by our delegation and our broader constituencies that include: No compromise on GHIs mandates; must look for synergies that do not backtrack on commitments; meaningful inclusion of affected communities and civil society organizations; equitable and affordable access to healthcare; inclusive country-led (and not solely government-led) responses; increased donor funds; and evidence-based approaches to reform. Our delegation continually raises concerns that the "Lusaka Agenda" does not have an approach for equitable representation; does not mention human rights; proposes a government-to-government process which puts CCMs at risk; and is a distraction to the implementation of the GF strategy.

We encouraged the Secretariat to **maintain this early and open approach for discussing and involving Board Committees and Constituencies in the design, implementation, and monitoring / evaluation of the four priorities**. As discussions continue around the Lusaka Agenda, as it has been done in the past, we are relying on the Global Fund Secretariat to ensure the involvement of affected communities and civil society organizations in the four priorities and leverage the Global Fund to safeguard the same partners in any on-going efforts related to the Lusaka Agenda and the five shifts in and outside the Global Fund spaces. In our meetings, we asked **whether other delegations support the proposed Joint Working Group structure**.

## 6. Board Representation

In the margins of the Board meeting, there were side discussions around adding effective Board representation and whether to add additional Board seats. Our delegation appreciated the opportunity to weigh in on the discussion. We raised questions about what problem the review of Board representation tries to address, and whether we are trying to address the issue of having more voice or more votes. Adding one more seat doesn't change the voting due to a blocking minority, and our delegation flagged the importance of representation in being proportional and inclusive.

### Follow Up Actions To:

#### Board

- Participate in upcoming Board calls to discuss the Governance Performance Assessment and Strategic Review 2023.

#### Secretariat

- The three civil society and communities delegations to meet with different departments about human rights related actions and requests for updating policy guidelines.
- Meet with the OIG on their human rights monitoring.

- Meet around ways to access certain funding streams as well as available non-financial / technical resources for human rights issues.

### **About the Developed Country NGO Delegation**

The Developed Country NGO Delegation is one of twenty voting delegations to the Global Fund Board. It plays a critical role in the development and evolution of organizational strategy, the funding model, the work of the Secretariat and policy. Delegation members are representatives of civil society organizations based in countries not eligible for the Global Fund grants. For more details on the Delegation, please visit our website, [www.developedngo.org](http://www.developedngo.org) and on the Global Fund, please visit [www.theglobalfund.org](http://www.theglobalfund.org)

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