



## Key Outcomes from the 50<sup>th</sup> Global Fund Board Meeting

**This document is a compilation of key issues, reflections and impressions as shared by the DCNGO Delegation. It does not reflect the opinions of the Global Fund Secretariat or the Global Fund Board.**

### 1. Introduction

This document is for civil society and community groups from developing countries who **did not** attend the Global Fund Board meeting. It expands understanding of key items being discussed and provides links to public resources that build understanding.

The Developing Country NGO (DCNGO) Delegation joined the 50<sup>th</sup> Global Fund Board meeting in Geneva Switzerland (14-16 November 2023). Ahead of this Board Meeting, the DCNGO Delegation's message to the Global Fund Partnership was to consolidate efforts and policy influence to address the alarming backlash on human rights and the shrinking civil society space and artificial intelligence.

*Of the 129 countries where the Global Fund provides resources, 65 of them are classified by CIVICUS as closed or repressed, where community-led and civil society organisations face risks of surveillance, intimidation by both state and powerful non-state actors, bureaucratic harassment, deregistration, closure, and in some cases violence. The fact that in 2021, these countries also accounted for almost 80% of deaths from AIDS, TB and malaria and approximately 85% of new HIV infections and TB and malaria cases make a strong link between exclusion, repressive policies, human rights barriers including criminalization, stigma and discrimination and negatively affect the trajectory towards SDG goals.*

*Health does not exist in a vacuum. As part of an evolving global health architecture, we must ensure strong linkages and an integrated approach between the challenges of our time (climate change, pandemic preparedness, food security and conflicts) and demonstrate the interconnectedness and impact of the work of the Global Fund partnership.*

*Artificial Intelligence is rapidly gaining dominance in digital space. In the context of digital health, the Global Fund needs to assess the advantages and disadvantages of this technology and further maximise the opportunities it brings and explore how these opportunities help us in improving our work and boosting its impact.*

### 2. The Board agenda

The Board agenda was designed to prioritise strategic discussion and decision-making and created opportunities to reflect on the Global Fund's impact and gains and where we need to re-focus efforts moving into Grant Cycle 7. Keep checking [this page](#) – Board documents will be uploaded.

Besides the main Board agenda, official pre-meetings provided space to hear from the [Technical Review Panel \(TRP\) on funding requests \(FRs\) received in Grant Cycle \(GC\) 7 W1 & 2](#). *The TRP reviewed 105 FRs and recommended a total of US\$9.68 billion in allocation funds for grant-making representing 73.8% of GC7 allocated funds. A total of US\$5 billion in Prioritized Above Allocation Requests (PAAR) was recommended to be registered as unfunded quality demand. Thirty-nine (93%) out of 42 FRs in W1 were fully recommended for grant-making. Sixty-one (97%) out of 63 W2 FRs were fully recommended for grant-making – 1 FR was iterated, and 1 integrated FR was split in two due to 1 iterated component.*

### 3. Key items discussed at the Board

This paper highlights key areas discussed at the Board meeting that require sustained focus. Some of these were linked to [decision points](#) including: Quality assurance policies; Risk appetite; Blended financing and the 2024 Corporate Work Plan and Operating Expenses Budget. See more on these covered by [Aidspan](#). Other items that were discussed include: Looking ahead to GC7; sustainability and co-financing; country coordinating mechanisms (CCMs); climate and health; and the Youth Council.

### 3.1. Looking ahead to GC7

**Background:** At the close of 2023 the Global Fund will have approved more funding than any other year in our organisation's history through GC7. The Board spent a full day on this agenda item and provided a holistic overview of the status of Strategy implementation as the Global Fund launched GC7, building from detailed discussions at committee meetings.

**DCNGO Delegation highlighted** the following key points as we go into GC7:

**HIV:** We are concerned that human rights remain an outstanding challenge and not enough is being done to address the stigma and discrimination that people continue to experience in health care settings; the shrinking civil society space; the lack of gender transformative programming; and the lack of accurate data - population size estimates especially for key populations and adolescent girls and young women - disaggregated by age and sex and that is collected and verified by civil society and communities.

**TB:** One third of people with TB still don't have access to rapid molecular diagnostics for timely and accurate diagnosis. There is not enough money going to TB overall and we are lacking:

- Engagement and adequate funding for civil society and communities towards increasing access and coverage.
- Important data that would allow for more tailored responses which leave behind the most vulnerable and marginalised.
- Focusing on reaching people - especially those living with HIV - in the context times of conflict and natural disasters.

*The TRP observed limited tailoring of TB case finding among key and vulnerable populations in different contexts. For instance, coverage in remote areas and urban slums was often not at scale. FRs tended to miss opportunities to invest in finding children with TB and TB among people with comorbidities such as malnutrition, diabetes mellitus, and silicosis among other mining settings. Gaps were also observed in linkage of people diagnosed with TB to treatment initiation.*

**Malaria:** The DCNGO, the DevDel Delegation and the Communities Delegation expressed the following concerns:

- **Civil society and communities are missing** as part of the solution. There is insufficient funding for community ownership and engagement in the malaria response.
- **Greater investment will strengthen capacity** so that community organisations continue delivering essential health services for their own local communities. Climate change will have a more devastating impact making sustainability increasingly challenging.
- **Direct funding to community and civil society led organizations is essential** to ensure local capacity is enhanced in preparation of further natural disasters. With so many people on the move and migrating we must ensure we have a strong focus on people migrating. We believe that the ownership of the malaria agenda should be with communities and civil society.
- **Community engagement is essential** to deal with vaccine hesitancy as RTSS and the new R21 vaccines are rolled out; improve net usage and treatment adherence as well as improving community representation on CCMs for meaningful inclusion of community and civil society priorities in funding requests.

### 3.2. OPEX

As per the decision point – and based on the recommendation of the Audit and Finance Committee (AFC), the Board approved the following:

- The 2024 Work Plan and Budget Narrative; and
- The 2024 Operating Expenses Budget in the amount of US\$342.2 million (comprising (i) PART A Secretariat Operating Expenses of US\$277.9 million, which includes US\$15.9 million for the Office of the Inspector General's 2024 Operating Expenses; and (ii) PART B In-Country and Independent Bodies of US\$64.4 million.

### 3.3. Quality Assurance Policies

**Background:** Quality assurance is ensuring health products – everything from medication to microscopes – purchased and used are safe, effective, of good quality and available to people. See more about this [here](#). There has been a shift from Stringent Regulatory Authority (SRA) to WHO Listed Authority (WLA) which was something that Member States requested to ensure a transparent and evidence-based pathway for regulatory authorities operating at an advanced level of performance to be globally recognised. See more about this [here](#).

**DCNGO Delegation comments:** The transition from SRA to WLA as well as use of Emergency Use Listing procedures from WHO and other QA Policy-defined SRAs/WLAs should allow an expanded eligibility criteria enabling more access to diverse medicines and supplies; greater regional production and access; and improve readiness in emergencies. This action is a step in the right direction to the decolonization of the health and development agenda.

### 3.4. Risk Appetite

The Global Fund presented an excellent analysis that underpins the proposed timeline and approach by the Global Fund Secretariat to address the high risk around malaria. We remain deeply concerned about the underperformance of the global technical strategy for malaria 2016 - 2030. Success hinges on effectively addressing threats including: drug and insecticide resistance; climate change; financing gaps; and health systems inability to provide early diagnosis, supply chain, inadequate oversight, treatment, limited vaccines and adequate reporting.

#### DCNGO Delegation requested the following to be considered:

- Robust risk management, reporting and oversight with strong assessment framework, strategies, resources, actions, approaches are included- for e.g., trade-off considerations, vaccines etc, with which the partnership can meaningfully be involved to help move the risk trajectory and how would this framework can guide countries to make the investments needed to achieve greatest impact?
- Further conversation with WHO regarding R21/Matrix-M to ensure continued research on new and better malaria tools including more efficacious vaccines.
- Additional information on how community led monitoring within the malaria response is being supported by countries to drive social-accountability.
- How savings are allocated to optimise malaria programming.

### 3.5. Blended Financing

**Background:** Blended finance combines Global Fund grants with other sources of financing, including investments from development finance institutions. Health programs can be conditional on, or implemented in coordination with, investments from funding partners. Read more about this [here](#).

**DCNGO Delegation:** commended the Global Fund for its efforts to strengthen resource mobilisation and collaborate with development partners to support health systems and national responses and urged:

- The Global Fund to test different implementation models, with civil society and community organisations as key implementing partners.
- More focus to end HIV, TB and malaria. We are deeply troubled at the present macroeconomic trends that suggest that despite best efforts we are unlikely to see funding at the levels we had previously projected and there will be insufficient funding from any sources to allow us to achieve our goals without very strong coordination and effort involving all partners.
- We believe an effective approach to and use of blended financing tools including debt to health swaps, leveraging joint/blended finance approaches, and increasing country investments in health and health financing have great potential. These approaches require work from the entire partnership and not just the Global Fund.

### 3.6. Sustainability and co-financing

**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.

The 'Co-Financing' piece happens throughout the grant cycle: 1) Countries have to declare how much additional funding they have which is also noted in the allocation letter sent to countries; 2) During the review of the funding requests; 3) during grant making; and 4) during implementation. And there is a set of choices when co-financing does not meet policy requirements. As with all policies, there are certain flexibilities, including if the country is experiencing challenges and are operating in a challenging environment.

As we move into CG7 the Global Fund Secretariat are:

- Continuing to monitor this throughout grant implementation
- Focusing on budget reports as the primary data source, allowing for flexibilities
- Building country capacity and dialogue on reporting, working with national and regional institutions (e.g., African Union)
- Systematic capturing/tracking of programmatic commitments, alongside financial commitments, and an emphasis on improving specificity and quality of programmatic and financial commitments
- Alignment of monitoring requirements with country budget cycles.

**Discussion at the Board meeting:** Diverse perspectives were expressed. Some Delegations advocated for a comprehensive review, while others expressed concern that a review might not effectively address the Global Fund's key challenges. These discussions took place in the context of ongoing dialogues about the [Future of Global Health Initiatives](#) and considering the current fiscal constraints.

**DCNGO Delegation asks:** We believe that having a strong STC policy is essential and we appreciate all the efforts taken to address specific areas. Given the updates made by the Sec we do not feel that a review is a good use of our time right now. The Global Fund portfolio includes many diverse contexts – many of which are challenging operating environments. We do not believe life will get any easier for countries in the next decade and we see the Global Fund as a key partner trying to keep civic space open especially in countries where it is most challenging. Sustainability is a process; it includes many things and right now we need to affirm the Global Fund's comparative advantage within the sustainability agenda. No other partner brings civil society and communities together to the table like the Global Fund does. In addition to these points, we also strongly support the TRP recommendations to partners and the Secretariat and request a timeline for these actions.

### 3.7. Country coordinating mechanisms (CCMs)

**Background:** The Strategy Committee; the Ethics and Governance Committee and the Secretariat set up an informal working group to develop a shared understanding of the underlying issues related to CCMs. These were grouped into four key areas and presented at the Board meeting: representation; decision making; differentiation; and monitoring.

**DCNGO Delegation asks:** A more focussed approach to CCMs to address key factors affecting this model at national and regional levels. As we look at inclusion and balance, we highlighted the power imbalances and lack of meaningful representation, in certain CCMs, of key and vulnerable populations, CSOs and communities, especially young people in their diversity. Many countries that are simply not doing enough. We need:

- Funding to engage: civil society and communities cannot have meaningful representation without funding to do this - We requested the Global Fund Secretariat to ensure that the 15% allocated to CCMs for community and constituency engagement now be dwindled down to pocket change.
- Direct funding to communities: We need resilient CCMs that enable CSOs and communities to function – especially in humanitarian crises, - This will contribute to national resilience in times of crisis.

We recommend that much more needs to be done to address the challenges around CCMs. We hope to see more results from the Working Group on this important country governance mechanism to ensure CCMs are fit for purpose.

### 3.8. Climate and health

**Background:** Regions with lowest net greenhouse gas (GHG) emissions are most exposed to effects of climate change and have least capacity to adapt and counter impacts. Sub-Saharan Africa and South Asia have lowest per capita greenhouse gas emissions but have many of the most climate-vulnerable countries. Climate change can influence the rate of parasite development inside mosquito and vector population dynamics through warmer and changing weather as well as humidity. By 2030s, some models indicate that:

- Potentially an additional 50-62 million people will be at increased risk for endemic malaria transmission, and 37-48 million people at risk for seasonal transmission, in Central, Eastern, and Southern Africa
- Eastern Africa is projected to see dramatic increases in people at risk for malaria transmission
- Areas with limited suitability for malaria transmission may become seasonally suitable under conditions of a changing climate, particularly in Southern Africa.

Climate change exacerbates existing inequalities and vulnerabilities of populations affected by HIV, TB and malaria and reduces gender equality.

**DCNGO Delegation:** agree that the Global Fund's climate actions should build on its comparative advantages and remain focused on HIV, TB and malaria and health systems outcomes. We urged the Global Fund Secretariat to continue to build on its partnerships with communities and civil society. As we have seen from recent natural disasters it is communities and civil society who are the first people to respond. Climate change increases existing social and economic vulnerability, including amongst key, vulnerable and underserved populations, with most significant impacts in Africa, Asia and parts of Latin America and the Caribbean. As we have seen human rights barriers to accessing health care that increase with climate inequities disproportionately affecting lower income and marginalised communities further aggravating structural inequalities in political power, policy, practice and funding that drive health inequities. We urge the Global Fund to make clear links between human rights, inequalities and climate change.

We highlighted the following:

- Climate resilient communities – Many affirmed that CSOs and communities must be engaged in climate resilience at national levels, especially in humanitarian responses. We need clarity on the support and engagement with CSOs and communities;
- The role of the Global Fund is important and will impact the framework and metrics we will use to measure impact and actions. We must have a framework to measure our response to climate change, and be clear about where we are taking a leading role and in where we playing a supportive role; and
- We urged the Global Fund to address population migration and the underlying human rights challenges that we will face as we focus on people centred approaches to health at the country level.

### 3.9. Global Fund Youth Council

**Background:** In January 2020, The Global Fund convened the Youth Council - a group of young people that has direct conversations with the Executive Director of the Global Fund and provides guidance on the needs and challenges young people face in relation to the three diseases and on other aspects of their health and well-being. For the first time the Youth Council gathered in Geneva and we met them.

**DCNGO Delegation asks:** The Youth Council is an important initiative that must be sustained and included in the Global Fund architecture especially at national levels, where young people are under represented on CCMs. The DCNGO Delegation is committed to speak with the Youth Council before board meetings to seek advice on key items.

## 4. Key acknowledgments

This was Kate Thomson's final Board meeting and we thank Kate for her work and commitment over many years. We welcome Vuyiseka Dubula as the newly appointed Head of the Community, Rights & Gender Department and look forward to working with her and the CRG team. We also thank Mr Elie Aaraj, Executive Director of [MENAHR](#) who was able to join the Board meeting as part of our delegation from Lebanon and share experience of living in a challenging operating environment in the MENA region.

**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 Diimitis](#): DCNGO Constituency Focal Point.