

Mission Critical

Discussion paper on the
future role and remit
of the Global Fund

For the Strategy Committee meeting
25-26 March 2021



**Communities
Delegation**
to the Board of the Global Fund to fight
AIDS, Tuberculosis and Malaria





Communities
Delegation
to the Department of Health and Human Services
AIDS, Tuberculosis and HIV



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Abbreviations and acronyms

AIDS	Acquired immune deficiency syndrome
ARV	Antiretroviral
CCM	Country Coordinating Mechanism
CRG	Community, Rights and Gender
CSS	Community systems strengthening
GHS	Global health security
GNP+	Global Network of People Living with HIV
HIV	Human immunodeficiency virus
HSS	Health systems strengthening
KP	Key population
NGO	Non-governmental organization
RSSH	Resilient and sustainable systems for health
TB	Tuberculosis
UNAIDS	Joint United Nations Programme on HIV/AIDS
WHO	World Health Organization

1 Introduction and background

The Global Fund to Fight AIDS, Tuberculosis and Malaria is currently in the process of developing its strategy for 2023 and beyond. This new strategy will shape the future work and direction of the Global Fund and the broader HIV, TB and malaria responses. In a spirit of constructive engagement, GNP+, Aidsfonds and the Communities Delegation to the Global Fund have taken the opportunity to produce a discussion paper on the risks and trade-offs of potential changes in the Global Fund's objectives and mandate. This is a critical moment for all of us to reflect, refresh our thinking and consider how the Global Fund can best define and achieve its mission. The purpose of this paper, therefore, is to provide the Board with diverse perspectives and nuanced options that go beyond binary choices, to contribute to a well-informed decision.

The findings and recommendations are based on consultation via semi-structured interviews with a wide range of stakeholders, including global thought leaders, implementers, governmental and private foundation donors, community representatives and public health experts. (For the list of key informants, please see the Acknowledgements section.) As would be expected with such a varied group, many differing views and angles were expressed, and – while recognizing that we ourselves are not neutral in these debates – we have tried to reflect that variety.

Interviews covered the following main areas:

- What the Global Fund should remember and retain from its achievements to date
- Opportunities in the new strategy
- Potential risks and trade-offs of changes to the mandate
- What Resilient and Sustainable Systems for Health means, and what the Global Fund's role and contribution are or should be in this area
- What Global Health Security means, and what the Global Fund's role and contribution are or should be in this area
- Resourcing implications.

2 Key findings

2.1 Aspects to remember and retain

Above all else, the message came through that the Global Fund's core mission and mandate – to end AIDS, TB and malaria through the engagement of civil society and the communities affected by the three diseases – has not yet been achieved. Huge progress has undoubtedly been made, and many lives saved through the Global Fund's provision of treatment, bed nets and so on. But now is not the time to give up on the 2030 goals.

Further, it is crucial to remember what a game-changer it was when people living with HIV (and in many cases AIDS) came together to demand, organise, channel and implement investment in a global response based on their lived experience. This is precisely what has made the Global Fund unique within the overall global health architecture. The central involvement of affected people and communities at all levels of governance and decision-making is at the heart of the Global Fund's *raison d'être*, to lose it would potentially remove a lifeline from those at the sharp end of the three diseases, contributing directly to more human rights violations and deaths.

We fully recognize the realities of the evolving context, including COVID, climate change and potential future pandemics, and we are open to new possibilities in the Global Fund's role and remit. But whatever option or combination of options is eventually chosen, people living with and affected by HIV, TB and malaria must remain at the centre of the Global Fund's strategy, and key populations (KPs) must not be left behind.

2.2 Opportunities

If crisis brings opportunity, then how we define the crisis will shape the opportunities we are able to perceive. In the context of COVID, for example, we argue that the crisis is not the disease itself but the human rights fractures, socio-political fault lines and weaknesses of systems for health (including underfunded community systems) that the pandemic has exposed so relentlessly.

Accordingly, the opportunities and solutions lie not solely in provision of treatment, commodities and other biomedical responses; while these help to deal directly with the emergency, they do not strengthen systems or create enabling legal and law enforcement environments. Communities are the first hit and the first to respond to health crises, which is why the involvement of communities and KPs has been central to the Global Fund strategy and investment model. Hence the greatest opportunities for the Global Fund are in the arena of Community, Rights and Gender (CRG) issues: namely community systems strengthening (CSS) and addressing human rights and criminalization, particularly around sexual orientation, gender identity and expression.

Dual track financing has been of enormous benefit. However, the unhelpful conflation of civil society with communities has often masked the realities of where the money is actually going. Most of the money designated for civil society is channelled to large international NGOs or UN bodies in the current financing system, with organizations genuinely led by communities and key populations either missing out or receiving a much smaller share. We see an important opportunity in the new strategy to redress this, strengthen the community/KP-led systems and work to enable them to be an integral part of health systems, where legal frameworks and law enforcement practices allow.

Further, there is the opportunity to target investment much more precisely to remove human rights barriers and to hold systems accountable for inclusive and equitable access to life-saving prevention, treatment and care services. The chance must be seized to match the Global Fund's rhetoric around human rights and gender with a corresponding level of funding for those aspects. Given that the agility of the Global Fund was also cited as something to cherish, with the ability to shift funding quickly in a way that other institutions like WHO, UNAIDS and the World Bank cannot match, such a realignment is eminently achievable.

In relation to data collection, monitoring and accountability, there is an opportunity for better and more proactive sharing of data and the development of clear guidance on new technologies, best practices and rights-based approaches to HIV, TB and malaria. After so many years of experience and accumulated knowledge, the Global Fund should no longer simply be in reactive or emergency mode. Instead it should invest strategically to strengthen disease responses in ways that are consistent with human rights and the evolving consensus on good practice, while taking into account the state of the systems for health in any given implementing country.

There is also a clear opportunity for the Global Fund to work more effectively with partners, both public and private, and to define more clearly how it relates to (and differs from) other global health actors. Implementers and community representatives, as well as donors, noted the need to move away from siloed vertical responses to a more integrated horizontal approach. This means donors, including the Global Fund, organizing themselves better, coordinating their efforts and decreasing competition, to streamline programs, achieve efficiencies and 'work smarter' on various fronts. It also means that the Global Fund can use the three diseases as entry points to help set the Universal Health Coverage agenda around community systems and the rights of key, marginalized and vulnerable populations.

2.3 Risks and trade-offs

Concerns were expressed by a number of interviewees about 'mission creep' and the possibility of the Global Fund seeking to expand its mandate at least partly as a tactic for

its own survival. This poses a clear risk that the needs of the machinery of the Global Fund come to supersede the needs and priorities of those it was set up to serve. As one interviewee put it, “Are they just looking for ways to always be relevant? Do they really want systems to change and the world to function without them?”

The most significant risk or trade-off identified was that any change of mandate, e.g. to focus on health systems strengthening (HSS), pandemic preparedness etc., could come at the cost of the direct fight against HIV, TB and malaria. At the same time, a number of interviewees expressed the hope that if any new areas are explicitly planned as part of an integrated framework, they and the response to the three diseases can mutually contribute to and reinforce each other, rather than be seen in competition (see also 2.4 and 2.5 below). Transition to a systems-strengthening approach is feasible, but only if investments are longer-term in nature and targeted at those areas of health systems that are vital for a robust diseases response.

While donors ideally want countries themselves to take responsibility through greater domestic resource mobilization and investment, this is more realistic in some places than in others. It is recognized that some countries may never have the resources or capacity to do so, or the legal system, fiscal space or requisite level of democracy; some are unlikely ever to work with key populations. Therefore rather than a one-size-fits-all approach, a nuanced one, involving differentiation according to country context, is required. Where domestic resourcing is even partly possible, donors are keen to make sure that it happens; the risk is that it means they reduce the level of their support directly focused on the three diseases. Donors may choose, for example, to spend less on antiretrovirals (ARVs), bed nets and other commodities and to redirect their investment in ways that they believe will have greater long-term impact. However, concerns were raised about the potential immediate impact on people’s survival and whether this was an acceptable risk to take.

2.4 Resilient and Sustainable Systems for Health (RSSH)

Resilience is a far-off aspiration for many countries whose health systems cannot even be considered to be functioning. The Global Fund needs to be clear about where its added value lies in health systems strengthening. RSSH means being flexible, responsive and user-centred; structures and systems built around pathogens are not resilient – they need to be built around people. This means applying the learning from HIV to create “AIDS-informed health system strengthening” and focusing in particular on supporting community systems strengthening, including coalition-building. Otherwise, as one donor noted, “a technically-driven, donor-driven push to overhaul health systems tramples all over local agency and exports failed models.”

2.5 Global Health Security (GHS)

This term needs to be clearly defined and (ideally) reframed. Several interviewees suggested using 'solidarity' in preference to 'security', as the latter has very negative, quasi-military connotations, particularly for criminalized groups who have legitimate fears and concerns about how such a term may be weaponized against them. Rather than protection **of** key, marginalized and vulnerable populations, security in the health context all too often denotes protection **from** them – treating people as vectors who must be excluded at all costs. The GHS concept has already been co-opted in this way by many countries to close borders, increase surveillance and commit numerous human rights violations in the name of health. In the context of growing calls for the decolonisation of international aid, development and global health, the Global Fund needs to use terminology and definitions that inspire confidence rather than fear or mistrust.

Interviews with donors revealed that GHS was in fact embraced opportunistically by some of them as a way to secure additional income streams. But as one put it, “this is not about building walls or denying that we are all connected. The notion of GHS does not justify limiting freedom of speech, freedom of movement, freedom of key populations.” As another noted, “None of us is safe unless all of us are safe.”

It should be clearly recognized that **investing in community systems strengthening is in itself the Global Fund's contribution to RSSH and GHS.**

2.6 Resourcing

Questions were raised about whether expansion should necessarily be the goal when the Global Fund is already the best funded global health agency (compared with WHO, for example). Rather, it is important to talk about the “right-sizing” of the Global Fund and what its added value is and should be. There is considerable space for the Global Fund to improve the efficiency of its spending, rethink co-financing principles and reflect on how it can use its political capital and leverage to influence domestic resource mobilization. It is important for the Global Fund to build stronger relationships with Ministries of Finance as well as Ministries of Health, and to consider what its role should be in relation to public-private partnerships. In terms of allocation, the tiny overall percentage spent on CRG, and the modest level of Global Fund resourcing for TB compared to HIV and malaria, were mentioned as imbalances that need to be addressed.

3 Recommendations

In light of all we have heard through this consultation process, combined with internal discussions and reflections within GNP+, Aidsfonds and the Communities Delegation to the Global Fund, we make six key recommendations to inform the new Global Fund Strategy.

3.1 Use the Global Fund's weight and influence to tackle human rights barriers

By far the biggest barrier to ending the three diseases lies in the ongoing human rights violations against, and criminalization of, sex workers, men who have sex with men, trans and gender diverse people and people who use drugs. Despite the political challenges involved, the Global Fund needs to take a much stronger position on this and directly fund human rights work, including gender justice and anti-criminalization efforts. Unless it actively confronts systemic legal inequalities and human rights violations, the Global Fund will never achieve its mandate. Accountability for CRG cannot be limited to just one department or portfolio. In concrete practical terms, this means substantially scaling up the capacity and resources devoted to CRG issues across the Global Fund – both in absolute terms and as a proportion of total expenditure – to match the critical role these issues play in fulfilling the Global Fund's core mission.

3.2 Designate a specific direct funding stream for community/KP-led responses

A designated community/KP funding stream includes investing directly in indigenous key population-led organizations. After years of building their capacity, it is long past time for the Global Fund to trust the expertise and ability of communities to manage programmes, rather than continually giving that power to international NGOs who can pack up and leave when it suits them. Having a separate and clearly tracked stream directly for KP-led / community-led (as opposed to community-based) organizations would help reach the groups and communities who need it most.

To invest this stream in a meaningful way, the Global Fund needs to directly target some support towards organizational strengthening and technical assistance, in particular around administration and finances. This would also help to address the current power inequalities within Country Coordinating Mechanisms (CCMs), where community/KP representatives often seem to have “a seat at the table but not a say”. Indeed, far from facilitating KPs' and communities' access to funding, CCMs have themselves often acted as the prime barriers or gatekeepers preventing such access.

3.3 Designate a specific funding stream for emergencies and innovations

The learning from COVID has taught us all that we need to adjust to a new reality – one that is likely to include future pandemics and other emerging threats. These new challenges call for a specific funding pot that gives the Global Fund agility to react quickly to specific crises while retaining the core focus on HIV, TB and malaria (as it did in Venezuela, for example). This funding stream could also be directed to help support innovations and creative solutions that do not make it into country plans, in order to increase the range of interventions and help to build the evidence base for their effectiveness and impact.

3.4 Improve Global Fund accountability through better tracking and transparency

The Global Fund needs to track much more clearly where the money is going (including the percentage going to community/KP-led organizations) and be able to show impact. All work done on human rights, gender and criminalization needs to be tracked, monitored and evaluated. Data must be disaggregated, accessible, transparent and actively shared so that various stakeholders can see both the flows and the results of funding. In line with the findings on the need for greater coordination, the Global Fund could usefully adopt the new UNAIDS targets, including social enabler targets, and report against them. These include designated percentages of investment that must be community-led (e.g. testing and treatment 30% community-led, prevention 80% community-led).

3.5 Take greater care to anticipate and prevent harm in the transition process

It is clear that premature transition by the Global Fund out of certain countries has caused harm to key, marginalized and vulnerable populations, whose needs and priorities have been either overlooked or deliberately excluded by national responses where domestic political will and commitment are low. To prevent such unintended consequences in future, the Global Fund should first revisit its eligibility criteria so that country income level is not the key determinant. Secondly, the Global Fund should make targeted investment in community-led monitoring, watchdogs and advocacy **before** transition occurs so that continuity and accountability are ensured. Multi-country and regional funding can also help to maintain support for otherwise newly ineligible countries to avoid a 'cliff-edge' scenario. Where RSSH investment includes salary support for healthcare workers and frontline staff, there must be a clear transition plan rather than an assumption that countries will automatically or seamlessly absorb these costs.

3.6 Make no changes to the mandate that come at the cost of our lives

We welcome boldness and new thinking. We are by no means averse to an evolution in the Global Fund's mandate to keep pace with a changing context. But we believe it is legitimate to ask: is it acceptable for any stakeholders to contemplate a short-term increase in deaths as a risk worth taking, if they are not the ones who will actually bear that risk and pay the price?

As people and communities living with or affected by HIV, TB and malaria, we look forward to continuing the conversation and finding solutions that work for all.

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