GFAN Call on the 33rd Global Fund Board Meeting, 10 April 2015

Speakers

- Mark Dybul, Executive Director, Global Fund
- Ton Coenen, Board Member, Developed Country NGO Delegation
- Alexandr Curasov, Board Member, Communities Delegation
- Jomain McKenzie, Focal Point, Developing Country NGO Delegation

Notes

Mark Dybul, Executive Director, Global Fund

- This board meeting was more about prep work for upcoming board meetings and strategy.

Development Continuum/EAI

- How do we invest in different ways as countries transition?
- Reviewing country classifications - should there be coefficients for health when creating calculations that modulate GDP?
- Expert panel and working group members are highly qualified and involved.
- EAI report needs to be completed by next March.

Board session on Community, Rights & Gender (CRG)

- A lot of enthusiasm and conversation on need to focus on human rights pillar of strategy and what that means for next strategy
- More conversation on gender this time than in the past
- We need to translate this global conversation to country dialogues and the allocation decisions made in-country – we’re not in a very good position currently.

Community Systems Strengthening

- Lot more conversation on this at this board meeting, especially from private sector. If you want to make an impact and resilient health system, you need a focus on communities. Health is more than products and clinics – it's getting into the community and changing perceptions on rights and behaviours.
- As countries transition, communities often get left behind and focus is on public sector.
Ton Coenen, Developed Country NGO Delegation

**Strategy**

- Prep work has been helpful, but there should be a stronger focus on overall strategic aim of new strategy to take it to a higher level. This was discussed in board retreat in November as well.
- What does it mean to end the 3 diseases? The next 5 years will be crucial for this.
- People affected by HIV will be living in middle-income countries – this is a specific issue. This focus should not be on countries, but where the people live who are affected. This is linked to responsible transition and planning ahead.
- Pushed for innovation – shortening the time between evidence base for interventions and when they reach the people who should be using them.

**Finances**

- Disbursement of money is slower than planned and wanted – issues with roll out of new funding model, etc. – but there is an enormous need, particularly with Unfunded Quality Demand.
- Secretariat needs to use flexible grant duration.
- Are we spending the money fast and wise enough to achieve impact? We shouldn’t go into a replenishment period with money lying around.
- They were happy to hear from Mark that the Secretariat will come back with answers to this.

Alexandr Curasov, Communities Delegation

- One very important issue for the Delegation was the decision to host the Partnership Forum in Addis Ababa – they take issue with the legal environment in Ethiopia, as it’s punitive to men who have sex with men and drug users. They are concerned about the communities who will take place in this forum.
- Requesting from the Secretariat:
  - a list of countries where board meetings could be held
  - clear operating procedures put in place to avoid that any governance meeting be hosted in countries where the legal environment criminalizes key affected populations

Jomain McKenzie, Developing Country NGO Delegation

- Was impressed with the coverage of governance in this board meeting and how implementer and donors worked together on key issues, as well as the smooth transfer of new board leadership. Believe the Global Fund is in a much better place than a few years ago.

**Strategy**

- Called for the KPI be produced along with the new strategy – glad this is the approach going forward.
- Regarding donor agencies – these organizations are building their own strategy and linked to the SDGs. Calls for the GF to work with these other agencies so the strategy complements the narrative of the global community while still staying true to the focus of the 3 diseases.

**CRG**
- Requested a report be provided annually and that it includes young people and intersection with key populations be included.

**Replenishment**
- Somewhat comfortable with information received so far and is looking forward to continued information on this.

**Q&A**

**Questions**
- Development Continuum: concern that this is just another document for the new strategy to take into account, but suggests that this should be the main guiding document.
- Replenishment process: the Developing Country NGO Delegation has been insisting that the implementer countries should be contributing as well to the Global Fund, but sometimes the GF doesn’t have the proper mechanisms to incentivize the implementer countries to do this. However, they are contributing to the World Bank, IMF, WHO, etc. in order to get loans and grants. Should consider how to do this. Also, there are no incentives for regional powers to contribute on a regional basis (like the private sector can direct funds where they want).
- Middle-income countries: At the board was there a noticeable shift in the positions in relation to middle-income countries? There seems to be a softening of the stance and a recognition of going where the epidemics are.
- Strategy: There are a number of different strategy processes (SDGs, UNAIDS, GF) – is there a discussion on alignment of these processes to avoid repetition, etc.?

**Answers from Mark Dybul**
- Ethiopia is legal from a governance stand-point as a host country as the only restriction they have is on countries that refuse entry to people with HIV. They can’t make a list of countries right now because there are differing views on what this list should take into account and they need more guidance on this. However, they do take the issues raised seriously and will get back to the delegation for a conversation.
- The Secretariat is intentionally not driving the strategy process, it’s under the responsibility of the SIIC. How the development continuum and EAI documents are used in the strategy are decided on by the SIIC. The Board needs to drive the process. It’s important to put concerns about the strategy to the SIIC directly.
• The GF does not have quotas and this would likely not pass at the Board, but it's a good point to look at. The GF has a version of this – increased domestic financing for health. He encourages implementer countries to invest money they would give to the GF into their own health systems because it could have a big impact in their country. A few countries do donate to the GF though. In the NFM, countries won't access final 15% of allocation unless they increase domestic financing for health – this is probably more important because it could make a great impact in their countries and is more important than small contributions to the GF; however, he could be wrong and another approach may be better.

• If the GF allowed earmarking for certain counties, it would be a matter of a few years that the larger donors would request the ability to direct their money or stop donating to the GF. During the last replenishment, it was difficult to encourage some countries to donate without earmarking. In other multilateral groups, they have problems with government-directed programs and the GF doesn't work like this.

• There has been a shifting on the view of MICs, but not sure where this will land. It's important to provide analyses and information in a coherent way, not just "we think this is better because..." When more people see the data, the more likely progress is. There seems to be an openness.

• Would like to integrate strategies more. GF has incorporated UNAIDS' strategies. SDGs is a member state activity, so the GF is not involved in it. It would be helpful for the communities involved to pull these discussions together as they are invited to all these meetings and the GF is usually not.