

Priorities in discussing the new Global Fund 2017-2021 Strategy

24 June 2015

The Global Fund is developing its new Strategy for 2017 – 2021. This provides an opportunity to ensure that the Global Fund stays true to its mission and develops ambitious goals and targets. First and foremost the focus of the strategy should be on accelerating progress in order to end the three diseases by 2030 and the strategic objectives should emanate from this primary goal.

This preliminary position paper summarizes strategic priorities for discussions on the Global Funds new strategy as identified by the Communities Delegation, the Developing and the Developed Countries NGO delegations. This paper is aimed to be used during the upcoming Partnership Fora in Addis Ababa, Bangkok and Panama and other consultation opportunities and will be further refined with inputs following the Partnership Fora.

The Global Fund should leave no one behind

The Global Fund should maximize its impact by reaching vulnerable people and communities most in need in countries where the diseases are. Reaching *the communities* harnessing disease rather than an approach focusing on certain *country profiles*, is more likely to deliver high impact since more poor people and more people with the diseases live in middle income countries. Conversely, investing in the poorest countries alone does not necessarily translate into reaching the people most in need.

The Global Fund could provide important global leadership by working with countries to track and ensure that HIV/Aids, Tuberculosis and Malaria and related health services are reaching people most in need in all countries receiving Global Fund resources.

Furthermore, the Global Fund should tailor its investments based on local priorities and opportunities for epidemiologic impact. For example, catalytic funding for high impact communities and civil society advocacy across the three diseases in order to win increased domestic investments in health, achieve policy change or to change legal environments, may deliver great potential to scale up services in some country contexts beyond funding only service delivery and health commodities directly. This is especially true in Middle Income Countries and transitioning countries where a new role for the Global Fund role as strategic investor must be developed.

Responsible Transition Planning

The strategy should lay out that transition planning should begin well in advance and using a responsible time horizon. Medium-to-long term transition plans should be negotiated between the Global Fund and these countries. Transition plans should include assessment of critical interventions or approaches to the three diseases, and which work with vulnerable populations, who are unlikely to be picked up by governments and so merit international support for the longer term.

Countries with the means to significantly expand their domestic investments into the three diseases should do so and be encouraged. The Global Fund should develop a more sophisticated and ongoing approach to incentivizing domestic investments and for

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approaches and populations the government won't pay for and includes participation with civil society and most affected groups.

Human Rights at the core of the response

The Global Fund must ensure that countries not only promote, defend and protect human rights, but also ensure that health programs are designed on a human rights based approaches and create rights-based environments that sustain the investments and help to achieve the desired impact: rights to engagement, rights to health, rights to access to affordable medicines, Key Affected Populations and women's rights, etc.

The Global Fund should increase investments in interventions that are driven by key populations and aimed at protecting the rights of their communities. Additionally, it is also important to invest in responsible assessment of age, gender and key populations disaggregated data in order to be able to understand the potential needs for services.

No sustainability without epidemic control

Sustainability definitions should not be based on a narrow framework of financial sustainability but instead be based on a thorough understanding of epidemic control and how increased quality of lives and health can be sustained **through and beyond** Global Fund grant cycles. Ultimately, Global Fund investments are unsustainable when infections rise and disease progression continues.

This approach requires ambition and impact. Financial sustainability should not be a strategic goal in and of itself, but rather a means to eliminate and eradicate the diseases. Sustainability also means accurate assessment of critical human rights barriers to work with vulnerable populations. The Global Fund should be seeking sustained and sufficient investment in countries and communities by all partners, through ambitious and increased resource mobilization and a strong framework of incentives for direct co-investment by implementing countries in services, better policies and overall health systems.

Access to best practices in treatment and prevention

The Global Fund investments should contribute to accelerated access to game changing developments for people most in need. The Global Fund should prioritize dramatically shortening the time between the emergence of new evidence-based interventions and access by communities most in need, in order to maximize impact and deliver health justice. It should therefore strengthen its efforts to ensure optimal access at the level of delivery of services to people affected by the three diseases.

The Global Fund should support efforts to make quality medicines and other health commodities available at the lowest possible price, including the use of provisions in

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national laws and international intellectual property agreements for the production and supply of generic medicines.

Dramatically increase community owned responses

Proactively working to achieve scale-up of community service delivery approaches (including community systems strengthening) will be essential in reaching the unreached, improving outcomes and ultimately achieving the Global Fund's strategic goals. This requires close collaboration and coordination among the Global Fund, governments, civil society and other relevant stakeholders at country level, and technical partners. The Global Fund should strengthen all efforts to ensure access of communities to Global Fund funding and to meaningful engagement in country dialogue processes and program implementation.

Continuously improve the Funding Model

Further implementation of the funding model during the next allocation period should encourage robust investment cases that include full expression of prioritized demand by countries, rather than applicants responding only to the envelope available. Opportunities for differential investment for impact outside the allocation formula should be based on country country-led formulation of demand, and captured, expressed and prioritized for additional resource mobilization (i.e. , through incentive funding and a register of UQD.)

The allocation formula should be adjusted in order to learn lessons from the first three years of implementation—for example, placing less emphasis on multiple prior years of grant implementation, and instead on other more current indicators of programmatic need and performance.

Making the Sustainable Health Development Goal work

The advances made in the fight against HIV/AIDS, Tuberculosis and Malaria are widely considered to be one of the few striking successes of the MDGs – but there is still a distance to cover. In the context of the SDGs, the Global Fund will play a critical role in tackling the unfinished business of the health-related MDGs, and to achieve the new target to end the three epidemics by 2030. Through its demonstrated focus on impact and scale-up to population-based results, as well as its critical role in health system and community system strengthening, the Global Fund can and will play a leading role while directly contributing to achieving the overall health goal.

The Global Fund should work with and support communities and civil society to ensure that HIV/AIDS, Tuberculosis and Malaria figure strongly in the Post-2015 agenda. Health are rights central to development and effective responses to the 3 diseases are central to health and rights of key affected communities. The importance of increased domestic funding and national laws that guarantee a human rights approach for all, are crucial to achieve the SDGs. We must make sure that we leave no-one behind!