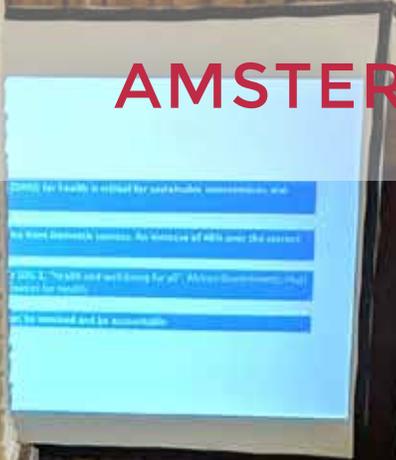


GFAN GLOBAL STRATEGY MEETING

5-7 MARCH 2019
AMSTERDAM, THE NETHERLANDS



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SUMMARY REPORT OF PROCEEDINGS

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ACRONYMS AND ABBREVIATIONS

AU	African Union
DRM	domestic resource mobilisation
G7	Group of 7
G20	Group of 20
GFAN	Global Fund Advocates Network
Global Fund	Global Fund to Fight AIDS, Tuberculosis and Malaria
IP	intellectual property
MIC	middle-income country
ODA	official development assistance
SDG	Sustainable Development Goal
TB	tuberculosis
UHC	universal health coverage

Note on text: All \$ figures are US dollar amounts unless specified otherwise.

INTRODUCTION AND OVERVIEW

More than 80 people from around the world attended all or part of the 2019 Global Fund Advocates Network (GFAN) Global Strategy Meeting, held over three days (5–7 March) in Amsterdam. The main topic of the meeting was resource mobilization for the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund), with particular emphasis on the 6th replenishment process that had recently been launched and will culminate in a formal pledging conference on 10 October 2019 in Lyon, France.

As of the meeting, GFAN had a record high total of 652 members, representing 320 global, national, regional, or local civil society groups from 90 countries. Most of the strategy meeting participants were from the civil society sector and were either members of GFAN as individuals or representatives of an organisation that is a member. Other attendees included representatives from the Global Fund Secretariat, donors (e.g., Aidsfonds), and technical and advocacy partners such as Médecins Sans Frontières (MSF) and the Stop TB Partnership.

GFAN is a forum for the development and coordination of advocacy messaging and entry points aimed at strengthening and improving the Global Fund's ability to better support people living with and affected by the three diseases, in particular the most marginalized and vulnerable in all contexts. Resource mobilization is a core focus area. Through wide-ranging presentations and discussions, the March 2019 strategy meeting sought to provide an opportunity for:

- advocates to share information and resources about their own past, ongoing and possible future strategies, events and activities aimed at ensuring a highly successful replenishment;
- the GFAN Secretariat to update members on its plans and strategies for the replenishment, including in regard to communications, messaging and calendar; and
- brainstorming about collaborative advocacy priorities and potential action steps over the next several months, including how to strategically influence donors to meet or exceed ambitious pledging goals.

As it has in previous years, the 2019 strategy meeting also looked beyond the specific and time-bound 6th replenishment process to consider broader trends, concepts and challenges affecting the Global Fund and HIV, TB and malaria responses in general. They included, among others, (1) the global landscape for external health and development assistance; and (2) shifting development approaches, priorities and expectations, including around the Sustainable Development Goals (SDGs), universal health coverage (UHC) and domestic financing for health.

These dynamic and complex issues are already having major impacts – both positive and negative – on the lives and well-being of GFAN members' core constituencies: people who want and need quality, effective and consistent HIV, TB and malaria services and support. To a significant extent, advocates' ability to influence trends and changes relies on improved recognition and understanding of them. A key objective of the strategy meeting therefore was to raise awareness in such areas and promote the development of frameworks and processes for advocates' increased, meaningful engagement. About this report

About this Report

This report provides a summary of proceedings in many of the meeting's various sessions over the three days. It is not intended to offer in-depth, comprehensive documentation of all that was discussed.

The report is divided into three general parts. Section 2 focuses on replenishment-specific issues and activities; Section 3 offers an overview of key points and observations from the meeting's discussion and presentations, organized by themes; and Section 4 includes preliminary ideas and observations about where, when and how advocates might engage in Global Fund resource mobilization over the next several months and beyond.

The report also includes information and observation about the GFAN Secretariat's initiatives regarding replenishment (Box 1) and sustainable financing for health (Box 3).



REPLENISHMENT ACTIVITIES AND ADVOCACY: UPDATES ON PLANS AND APPROACHES

2.1 The Global Fund Secretariat's investment case

The 6th replenishment is the main resource mobilization effort for the Global Fund's next three-year funding and programming cycle (2020–2022). The Global Fund Secretariat's replenishment activities are centred on and framed by its [investment case](#), which was formally launched at the preparatory meeting in New Delhi, India in January 2019. That meeting, which was the first time any replenishment gathering of its kind has been held in an implementing country, was characterized by extensive civil society participation and engagement prior to and during the actual event.

Notable features of the investment case include the following:

- The overall total 'ask' is a minimum of \$14 billion.
- The benchmark target increase from the previous funding cycle for the core Group of 7 (G7) and other 'traditional' donors is 15%.
- The private sector target is \$1 billion, which represents an increase of 17%.
- Efforts are being made to secure pledges from new donors in emerging economies – and to substantially increase pledges provided in the past by some donors in that category – but any amounts obtained almost certainly will be comparatively smaller.

The Secretariat considers the \$14 billion figure to be the minimum needed to achieve the current Global Fund strategy. According to analysis undertaken for the investment case, that amount would contribute to improved progress in meeting incidence and mortality targets in global plans for HIV, TB and malaria. However, although some progress is better than no scale-up at all (or 'maintenance'), significant gaps would remain in both of those areas even if the full amount is secured.

Shortcomings of the \$14 billion total and the broader financing climate can also be seen in analysis identifying an 'overall need' globally for the three diseases of \$101 billion for 2020–2022. The investment case assumes that domestic funding would constitute nearly half of all such financing (\$45.8 billion), followed by external donors other than the Global Fund (\$17.8 billion) and the Global Fund's \$14 billion. Collectively, that amount is just 82% of the \$101 billion needed.



PHOTO: GFAN Meeting participants listening to presentations

The Secretariat's strategy at this point in the replenishment process is to be as ambitious as possible – in recognition of the ultimate need for more than \$14 billion – while also being realistic with 'asks' and expectations. Targeted approaches are being based on context-specific political situations, donors' history with the Global Fund, and overarching developments in development priorities and interests. As noted in Box 1, GFAN agrees that \$14 billion is an important target to reach but argues that it is simply [not enough for the scaled-up responses needed across all three diseases. GFAN therefore is advocating for all partners of the Global Fund to prioritize seeking more than the baseline Global Fund 'ask' of \\$14 billion](#) for its 6th replenishment.

Box 1. GFAN's 'Get Back on Track' replenishment-focused campaign

In 2018, the GFAN Secretariat prepared the network's own investment case for the Global Fund's next three-year cycle, which was announced in the ['Get Back on Track' report](#) released at the International AIDS Conference. The total amount presented, about \$18 billion, is substantially larger than the \$14 billion specified in the Global Fund's investment case, which was formally presented in January 2019 and is guiding its replenishment goals. Although GFAN is strongly supporting the Global Fund's efforts to raise its target amount, it believes that much more than \$14 billion is needed to adequately meet HIV, TB and malaria needs. GFAN therefore will continue to gather, disseminate, highlight and advocate around data making the case for greater investments.

Such work is intended to complement GFAN's support for the replenishment in its proposed Get Back on Track campaign. The current plan is to launch the campaign on 18 April, 175 days before the pledging conference, with key intervals also being easy-to-remember numbers (100 days, 50 days, etc.). It is intended to be a flexible campaign with 'constant' social media presence.

Components could include, for example, publicizing and showcasing on the website and through social media what members are doing around Global Fund resource mobilization; preparing and making available support tools such as templates for letters to be sent to decision-makers in governments and parliaments; and adaptable advocacy language and approaches. GFAN also is prepared to help facilitate use of the Speakers Bureau, both in terms of in-person deployment of speakers and virtual options (e.g., videos).

Feedback from members will continue to influence the campaign's features before it is finalized and launched. Input also is being sought in response to GFAN's working language for replenishment messaging: 'The extraordinary is needed again'. Responses at the meeting to that proposed language were mixed. Some advocates liked the proposal and thought it could strike the right tone and generate enthusiasm. Others, though, were more cautious. Concerns raised included whether such language might work in different contexts and when translated into different languages, and whether it would give the potentially unhelpful impression that the Global Fund is not already 'extraordinary'.

2.2 Key Secretariat messages and strategies

The Global Fund Secretariat's main narrative for the investment case, and thus overall replenishment efforts, is the following: Ending the epidemics of HIV, TB and malaria, and achieving SDG 3 by 2030, is within reach. But it requires more resources and new ways of working. We must step up the fight. This narrative underpins a key message: that securing \$14 billion will help to accelerate progress toward SDG 3 and other development priorities among donors such as UHC, sexual and reproductive health and rights (SRHR) and health systems strengthening (HSS). That message, in turn, is driven by the conviction that 'maintenance is not an option' because it would essentially constitute regression in global HIV, TB and malaria responses.

Other key messages with likely appeal are around expanding and deepening collaboration and partnerships, improving execution, identifying and prioritizing innovation, and heightened emphasis on data. All have been positioned more centrally in recent years as top Global Fund objectives and principles.

The Secretariat plans to use a range of different options to spread such messages and positively influence heads of state and other government leaders, budget officials, parliamentarians and other decision-makers. What seems most useful will vary by context. The menu being considered includes the following:

- Organizing high-profile and public 'thank you' events as part of a way to promote positive engagement and momentum for generous contributions from other countries. This is considered particularly useful in the wake of early pledges, to help prompt other countries to react soon and ambitiously.
- Collaborating closely with communities and other civil society groups via GFAN, including to reach and engage parliamentarians.
- Using and harnessing the positive impact of individual stories, including by in-person or virtual accounts by individuals whose health and lives have benefited from Global Fund programmes. This is considered a direct, powerful way for the real impact beyond the numbers (e.g., number of people being tested for HIV or initiated on treatment) to be seen and the institution's focus on and prioritization of human rights to be communicated.
- Strategically using the health security angle if and when it seems reasonable. The potential impact and reach beyond Global Fund implementing countries of uncontrolled multidrug-resistant TB (MDR-TB), for example, could resonate with some donor governments.

Progress to date: As of 5 March 2019, two pledges had been announced:

- Luxembourg: €9 million (\$10.2 million), an 11% increase from the previous funding cycle
- Ireland: 'at least' 50% more, which would be a minimum of €45 million (\$50 million)

2.3 Advocates' work on replenishment

Civil society groups and coalitions are actively preparing and implementing advocacy campaigns and initiatives for the replenishment in most countries that have been Global Fund donors in the past. As observed at the strategy meeting, each country has different challenges and opportunities that influence the advocacy efforts.

Among prominent and important donors, for example, challenging considerations include unpredictability and the administration's lack of interest in external development (United States); Brexit (United Kingdom); less fiscal space due to lower tax income expected in next few years (Germany); little public awareness of or domestic constituency interest (Japan); and upcoming elections that make it difficult to get governments' attention and commitment (Canada, Denmark). Yet unique and powerful opportunities exist in such critical donor countries as well, including strong bipartisan support for the Global Fund in the past (United States); desire to host a successful replenishment and continue to be the second-largest donor (France); strategic leveraging to link support for a successful Global Fund replenishment with a successful Gavi one in 2020 (United Kingdom); and success of TICAD¹ and hosting of the G20 summit, for which global health is a major agenda item (Japan).

¹ The 7th Tokyo International Conference on African Development (TICAD) will be held in Yokohama, Japan in August 2019. The Japanese government has been leading this conference since 1993, co-hosted by the United Nations, the United Nations Development Programme (UNDP), the World Bank and the African Union Commission (AUC).

Box 2. Playful, loving and serious: the 'Love More Give More' campaign

Several innovative advocacy strategies and activities aimed at resource mobilization were mentioned at the meeting. One that received particular attention was the ['Love More Give More' campaign](#) initially developed by civil society advocates in Asia-Pacific but then quickly adopted by and coordinated with advocates in other regions. It involved actions on and around Valentine's Day (14 February 2019) and included advocates sending 'love letters' to embassies and high commissions of Global Fund donor countries. The letters and messages around them centred on thanking the countries for their continuous support for the institution and its work against HIV, TB and malaria.

Nearly 500 letters had been sent through this campaign by early March 2019, with actions taking place in over 40 countries. In most places, and especially where the letters were presented in person, deliveries of the letters and associated activities have been documented widely in the media, including numerous social media outlets.

The campaign was cited at the GFAN strategy meeting as an example of an engaging entry point at a political level. At the March meeting, Peter Sands called it "brilliant" because, he said, hooks around love and Valentine's Day are often what journalists and the media like to see and highlight. In his view, the campaign offered the opportunity to get much more media attention than, for example, Global Fund officials explaining the investment case to policy makers – which is likely to be a much more "boring" story to journalists in most places.

Most civil society groups and coalitions advocating in donor countries have identified their own 'ask' for those governments. In most cases, the target amount is at least 15% larger than the government's pledge made at the previous funding replenishment (the 5th). Advocates in some countries acknowledge, however, that it will be a struggle just to get the same amount as last time.

Although each context is different, some common issues and factors emerged from observations at the meeting by civil society representatives involved in replenishment advocacy at national levels. Potential value was seen in the following, for example, across multiple countries:

- Identifying and working through supportive parliamentarians from all parties across the political spectrum.
- Sign-on letters to key decision-makers in parliaments as well as government.
- In-person visits and strategic advocacy with people from implementing countries who have benefited from Global Fund programmes (e.g., GFAN Speakers Bureau participants). Their direct involvement is seen as highly influential among parliamentarians and a potentially effective way to boost media interest.
- A high-profile and visible pledging conference, including the lead up to it.
- Identifying opportunities to use French President Emmanuel Macron strategically. These might include him discussing the replenishment with leaders of some other donors who might be receptive to his influence (e.g., Canada) and strongly encouraging implementing countries to increase domestic resources for health and development, which might prove to be an appealing step by some donor constituencies (e.g., among parliamentarians and the government in the Netherlands). Macron's efforts in this area could be significant among Francophone countries and during visits with African heads of state over the next several months.
- Emphasizing the Global Fund's contribution to UHC, which can be significant relatively quickly because the mechanism's financing systems and structures are already in place. For many donors concerned about equity, a valuable message could be that UHC that does not leave people behind is more likely with expanded Global Fund input – and that expanded input requires increased financial resources for the Global Fund.
- Better and more strategic discussion of the Global Fund in the context of multiple replenishments (e.g., by Gavi, the Global Financing Facility, etc.). A case could be made that the Global Fund and the other institutions are not competing with each other, as each makes unique and important contributions to the achievement of overarching health and development priorities such as gender equality and SRHR.

ADVOCACY AND RESOURCE MOBILIZATION TOP THEMES AND ISSUES

Several themes emerged throughout the March 2019 strategy meeting across the plenary and panel discussions and in presentations from representatives from different sectors, including civil society, the Global Fund Secretariat and academia. This section summarizes input, observations and discussions associated with some of the main themes, including domestic resource mobilization (DRM), UHC, the changing global environment and narrative for aid, and collaboration and coordination.

Although distinct, these themes and issues are linked, and they overlap and complement each other to varying extent. All are relevant factors regarding entry points, concepts and approaches associated with expanded access to the services and support needed to improve the health, well-being and futures of people living with or vulnerable to the three diseases at the core of the Global Fund's current mandate. As a result, all are important considerations for ongoing, planned and expected advocacy work toward the 6th replenishment and Global Fund resource mobilization in the future.

3.1 DRM

Domestic resources for HIV, TB and malaria responses: how to increase countries' domestic financing, useful tools and targets, advocacy needs

Domestic resources comprise by far the largest overall share of financing for HIV, TB and malaria programming worldwide. Both the Global Fund Secretariat – as indicated in its investment case assumptions – and the main stakeholders (implementers and donors) acknowledge that such funding should rise substantially over the next three-year cycle. From the Global Fund's institutional perspective, DRM is tied to the guiding principle of country ownership. Its co-financing policies reflect the value it places on a partnership that includes sharing financial burdens.

However, many countries have been unable or unwilling to allocate increased or additional budget funds for the three diseases or health more broadly. Civil society advocates therefore consider DRM a critical part of their Global Fund resource mobilization work. They have two main priorities: (1) pushing their governments to commit and spend more, and (2) identifying funding sources for their in-country advocacy work on DRM and other vital issues for their constituencies.



Targets and messaging:

- Advocates in Africa are coalescing around an international target of government health spending equalling or exceeding 5% of gross domestic product (GDP). The African Union (AU) has endorsed this goal and has developed a scorecard that tracks where member states stand annually in relation to that target. The scorecard reportedly is a major component of a plan to boost domestic resources for health that is being rolled out. The scope for improvement is vast: In 2016, for example, just three AU countries reached or exceeded the 5% of GDP target.
- For most advocates in the region, this newer DRM angle has the potential to be more effective than the previous high-profile one: the 2001 Abuja Declaration in which AU leaders committed to allocating 15% of government budgets to health. In no single year since then have more than a handful of countries reached that goal.
- A third target also was mentioned at the meeting as being potentially useful for advocacy purposes: \$86 per person spending is required to make essential health services universally available in most low- and middle-income countries.



Regardless of which (or all) of the targets they prioritize, advocates typically call for their governments to meet their AU or global commitments and to be transparent about all aspects of government funding for health. Most continue to note, however, that they and other civil society and community partners focusing on such work do not have sufficient financial or technical capacity to undertake quality and effective advocacy and monitoring. Areas in which technical assistance is needed include on health financing literacy, budget making and tracking, and how to understand and obtain national accounts.

Few clear solutions currently exist for how to better respond to the persistent need for financial support to ensure effective and growing civil society advocacy at the national and local level. For various reasons, funding for such efforts has been lacking from most donors, including the Global Fund. Possible options to overcome this gap could potentially be found on both the donor and implementer sides. For example, more funding for civil society advocacy could be allocated through donor 'set-asides', such as the 7% France withholds for targeted technical assistance¹. More strategic pressure and urging might also prompt more implementers to provide financing for such advocacy from government or Global Fund programmes.

¹ In 2011, France launched the 5% Initiative, a mechanism through which it withholds a share of its contribution to the Global Fund and provides both short- and long-term technical assistance (TA) to implementing countries. France recently increased the initiative's budget to 7% of its contribution from 5%. Civil society stakeholders are eligible for long-term TA support through the initiative. <www.initiative5pour100.fr/en/about-us/the-5-initiative/>

3.2 UHC

The promise and perils of UHC from the perspective of HIV, TB and malaria responses; how to seize opportunities without losing what has been gained or further limiting progress against the three diseases; UHC through increased support for resilient and sustainable systems for health (RSSH)

As a topic, issue, approach or principle – or a combination of all four things – UHC has been at the forefront of global health and development agendas for the past few years, with notable highlights being high-profile international conferences in Japan in December 2015 and December 2017. Japan's continued interest in UHC is signalled by its government selecting it as a top agenda item at the G20 summit Japan is hosting in June 2019.¹ The UN's High-Level Meeting on UHC in September 2019 is an upcoming major milestone.

Because of its far-reaching implications, UHC is a cross-cutting issue for all civil society groups at all levels, including those represented on the Boards of the Global Fund, Unitaaid and other multilateral institutions. It is also closely connected to some of the main civil society priority areas within the Global Fund itself, such as sustainability and transition.

But although everyone in the development world is talking about UHC, there is no clear or standard definition of it. Each country is determining what its commitments are around UHC and the structure and form it will take. Therefore, in many places there is room for civil society to influence developments around UHC. Where they can, advocates have a need and responsibility to define it in ways that encompass critical priorities including leaving no one behind, equity and human rights.

Numerous examples already exist of the potentially negative consequences of non-inclusive and restrictive interpretations of UHC. In Kenya, for example, pilot programmes of UHC frameworks in several of the country's 47 counties are not including many HIV, TB or malaria services and support. Officials have claimed that it is not necessary to include those services because they are already financed and provided for through other sources (e.g., the Global Fund and the US President's Emergency Plan for AIDS Relief [PEPFAR]). This is a dangerous precedent and challenge.

Several international frameworks and structures have recently been initiated to influence or harness development work associated with UHC. All deserve close attention and engagement from civil society advocates. The following are two notable ones discussed at the March 2019 strategy meeting:

Global Action Plan (GAP): The focus and scope of the GAP are evident in the name of the publication formally launching it in October 2018: *Towards a Global Action Plan for Healthy Lives and Well-being for All: Uniting to Accelerate Progress towards the Health-Related SDGs*. The GAP is a consortium of 12 (initially 11) global institutions that work in health, including the Global Fund. Its main aim is to 'change the course' for the health-centred SDG 3 so that its targets are more likely to be met¹.

1 The text of SDG 3: 'Ensure health lives and promote well-being for all at all ages'. The Global Fund's three diseases are mentioned in one of the dozen top-level targets, 3.3: 'By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases'.

The main approach outlined to date is through seven ‘accelerators’ through which key priority action areas and activities are being developed¹. The current plan is for the GAP to be finalized and approved by September 2019, after which it will be implemented.

Civil society was not involved in designing the GAP, determining its ‘accelerators’, or drafting the launch document. Among the concerns noted by some civil society advocates is the lack of strong language about the promotion and protection of human rights. In a two-day strategy session in December 2018, a group of advocates met with representatives of several GAP partner institutions to consider how and where civil society could be engaged in the current phase before the GAP is finalized, which would allow some civil society influence. Through an open process begun that month, civil society representatives were recruited and selected to participate in discussions around all seven accelerators (each of which is led by one of the 12 partners to the overall plan). The [report from the December 2018 meeting is available on the GFAN website](#).

Civil Society Engagement Mechanism of UHC 2030 (CSEM): CSEM is a part of the UHC2030 international partnership, which is largely composed of and driven by multilateral institutions and governments. CSEM’s aim is to ensure that the views and needs of communities and civil society groups are included in all UHC2030 decision-making processes. Its key principles include full inclusivity (‘leaving no one behind’) and that community and civil society groups must be engaged and supported to contribute in all components of UHC design, delivery and monitoring.

Civil society’s ability to influence UHC discussions and decisions relies on staying fully informed and engaged globally, regionally and nationally. Work will regularly be needed to examine and monitor UHC frameworks and their ongoing and potential impact on people living with HIV, TB and malaria and the programmes that support them. One such piece of work has been undertaken through the Partnership to Inspire, Transform and Connect the HIV response (PITCH) project. It centres around in-depth research of experiences in Indonesia, Kenya, Uganda and Ukraine, all of which have been developing and implementing UHC structures. A report from the year-long research was due to be released shortly after the March strategy meeting.

Key questions guiding the PITCH research included how HIV can and should be integrated into UHC, and whether HIV responses are jeopardized if such integration occurs. One optimistic finding was that the schemes in the four countries offer promise and opportunities to further bring to scale and sustain HIV responses. However, many of the report’s other findings are cause for concern for civil society advocates everywhere. They include evidence of huge risks from declining international funding for HIV and health; challenges to key populations from legal and policy barriers and lack of political will to include or support them in UHC frameworks; and gaps, delays and inefficiencies due to large and expanding bureaucracies. Another important observation by the report’s authors is that although risks are evident in both of the main ways UHC is being financed and structured – tax-based and insurance-based models – tax-based ones appear less risky from an overall HIV response perspective.

1 The seven ‘accelerators’ include community and civil society engagement; sustainable financing; determinants of health; frontline health systems (i.e., expanding and improving primary health care, data and digital health; R&D, innovation and access; and innovative programming in fragile and vulnerable states and for disease outbreak responses. More information about all the accelerators can be found in the document released in October 2018, which reflects partners’ work in the GAP’s initial phase only: www.who.int/sdg/global-action-plan/Global_Action_Plan_Phase_I.pdf.

The following were some other UHC-related observations at the meeting as well as suggested UHC-related advocacy activities:

- Civil society advocates focusing on HIV, TB and malaria should not only seek to identify challenges, but also should collect and disseminate best practices where UHC can “work for us and not against us”, in the words of one participant. This could include highlighting models where civil society was able to help convince governments to include HIV and key populations in UHC frameworks. In Vietnam, for example, HIV is included in the national insurance programme due in large part to civil society advocacy funded by the Global Fund.
- A set of unifying principles for HIV, TB and malaria advocates could help to guide coordinated, collaborative advocacy around UHC. Such principles could start by stating what advocates are asking for regarding UHC.
- Optimism is as important as pessimism. Even if and when civil society advocates are sceptical and wary of UHC, they should also be open to seizing opportunities. UHC could be a solution to many if not all the challenges currently faced by HIV, TB and malaria responses. It could also help to address concerns about potential ‘competition’ around multiple replenishments.
- By working to change the narrative around UHC – such as to something like ‘last mile first’ – civil society advocates could help put the poorest and minorities at the centre of UHC designs. This is as logical as it is equitable: if UHC is designed for a minority or minorities, it will work for the majority.

3.2 ODA and the multilateral institutions that shape it

Current and future health financing environment: trends, challenges and opportunities; changing and shaping the emerging dominant global narrative on aid

As noted in the Global Fund Secretariat’s investment case, the Global Fund’s \$14 billion target for the 2020–2022 funding cycle is less than 14% of the estimated total need for the three diseases over that three-year period. A larger amount – \$17.8 billion, second only to domestic financing – is assigned to a third category, external sources other than the Global Fund.

Yet despite the size and importance of that share of overall financing, the category is arguably poorly understood across the civil society sector and thus far less likely to be a target of advocacy. This is a critical gap of knowledge given the power and influence of many of the institutions within that category and the billions of dollars at their disposal for programmes that directly and indirectly affect HIV, TB and malaria responses in the developing world.

Much of the funding provided through this external channel is classified as official development assistance (ODA), including bilateral financing for HIV,

TB and malaria programmes. Also included are highly influential multilateral institutions that finance such programmes themselves as well as set global policies and standards for ODA – including the World Bank, the International Monetary Fund (IMF) and the Organization for Economic Cooperation and Development’s Development Assistance Committee (OECD DAC).

These institutions and structures are at the heart of considerations about the future of the Global Fund and global health aid more broadly, and are playing central roles in countries’ steps toward UHC. Many of those countries are implementing Global Fund grants, with some soon scheduled to transition. Others have already transitioned from the Global Fund. All of these contexts are of strong interest to communities and civil society groups working on Global Fund issues.

The World Bank, IMF and OECD DAC are complex and opaque. But it is increasingly important for civil society to understand how these institutions are structured; what their priorities, limitations and challenges are; and how they are leading or responding to trends in external financing for health and development. To be as effective as possible, civil society advocates should urgently seek to find the best entry points in and around these institutions to get the type and scope of financial support desired for the disease responses and overall health. More informed and strategic engagement also is vital to ensure that key principles of human rights, gender equality, and full equity are reflected in their policies and programmes.

Harmful trends and new conceptual approaches to development assistance

A growing number of researchers and development specialists are concluding that trends in ODA and development financing overall are causing significant harm by placing more conditions, restrictions and limitations on financing arrangements. One such trend is a shift in financing models from grants to loans, which place more burdens on recipients. Many influential people in international financing institutions and governments also believe there is no role for international development cooperation in middle-income countries (MICs), and that the future in such contexts lies with blended finance and eventually just private flows. This line of thought essentially means a nearly full retreat from the public sector over time because most lower-income countries – with the exception of ‘fragile’ states – are on the path to graduating to middle-income status.

Analysis presented at the March 2019 meeting highlighted concerns about the current environment and trends. Of eight forms of development finance identified, only one – international public financing – is expected to decrease over the next decade or two. Yet research indicates that this source is unique and should be protected because it is much more flexible and advantageous for recipient countries and the people living in them. Among the reasons: financing through this model is cheaper because it is concessional; is easier for accountability because it is more likely to be transparent and open; is more likely to be available than other public or private sources in risky or ‘difficult’ contexts; is more sustainable because it is less likely to follow or be associated with electoral cycles or changing national opinion; and is the best source to ensure and expand gains in human rights and other civil society priorities.

The potentially dire future has prompted some researchers and advocates to develop alternative conceptual approaches to development assistance (including for health). One, which GFAN continues to support the advancement of, is around the idea of ‘global public investment’, which among other things would reinvigorate the concept of global solidarity and change the thinking around development financing so it is no longer considered ‘charity’ or ‘voluntary’. Replacement concepts would include equality and contributions by all. Such conceptual changes would require major shifts in governance and cooperation, but could have considerable benefits from both the donor and implementer perspectives. Most notably, refocusing and reconceptualizing ODA could be an effective approach for global UHC.

Box 3. GFAN proposal: aligned global advocacy for sustainable health financing

In recognition of its members' current and future needs and priorities, GFAN supports thinking on new ideas and approaches for financing of health and development overall, and advocacy around them in particular. Many of these initiatives extend far beyond the Global Fund's mandate and reach, in recognition of recent trends by donors and other stakeholders away from disease-specific interventions.

One recent area of work was GFAN's development of a draft '**unified framework for sustainable health financing advocacy**'. The desired outcome is an aligned global advocacy effort for sustained financing of all SDG 3 targets for health as well as progress toward broader SDG aims related to human rights, gender equality and removing social and economic inequities. This effort could be an important and useful way for advocates to better express the value of advocacy for health – including toward ensuring improved results – and to find more donors to support such work.

3.4 Coordination and collaboration

Positioning the Global Fund as a contributor to joint work and strengthened partnerships in the integrated development world of the SDGs

The SDGs are at the core of the 2030 Agenda for Sustainable Development, the dominant global development guiding force since 2015. The agenda seeks to more closely tie together and integrate a wide range of development priorities, including health. It and the associated UHC movement strongly promote a shift from disease-specific financing and programming as a necessary step toward improved integration, efficiency and sustainability in the broader health field. The efficiency component is commonly cited as a reason for institutions and initiatives such as the Global Fund to coordinate more closely.

Partly in response, a central component of the Secretariat's 6th replenishment messaging is building a story line around collaboration and partnership. As observed by Global Fund Executive-Director Peter Sands at the March strategy meeting, donors "love" to hear that the Global Fund and other institutions such as Gavi are coordinating and collaborating more closely. For such reasons, the Global Fund has sought to articulate a "joint story on health" – in Sands' words – in its replenishment investment case, highlighting what it intends to do differently and in cross-cutting ways.

Unitaid is also seen as a 'natural' partner of the Global Fund because of the numerous opportunities to streamline costs and services. For example, Unitaid's added value includes making drugs, bed nets and other essential commodities much more affordable for Global Fund programmes. Unlike the Global Fund, Unitaid also has been able and willing to focus on intellectual property (IP) issues – a priority for civil society advocates in many parts of the world – as part of its affordability and access work. According to Sands, the Global Fund has been exploring options for operational coordination and other synergies with Unitaid and hopes that a proposal for future collaboration and partnership can be brought to both institutions' Boards later in 2019.

3.5 Innovative financing

The Global Fund and other financing institutions commonly refer to their exploration of ‘innovative financing’ options and models to increase the amount of funds available. Yet, there is little agreement about what the term covers and whether various models and approaches called ‘innovative’ will be harmful or beneficial to people living with or vulnerable to HIV, TB or malaria.

According to Global Fund Secretariat representatives, it is looking closely at options such as social impact bonds and loan buydowns to increase funding amounts for disease responses in implementing countries. It also regards other forms of private-sector engagement as having ‘catalytic’ potential for long-term health financing. But the Secretariat reportedly does not consider any of these to be a substitute for grantmaking or to replace the Global Fund’s current role as an efficient and effective channel for ODA.

Many in the civil society sector believe that some proposed innovative financing options, such as loan buy-downs, might not work well for their communities or advocacy efforts. Others are concerned that in the name of innovative financing, implementing countries will be pushed to take up loans to increase domestic resources for health. Most advocates acknowledge that they and their civil society partners must learn more about proposed models and approaches so they can better influence discussions around them and monitor their development and impact. Yet in the absence of greater transparency, initial responses are likely to continue to be sceptical and suspicious.



PHOTO: GLOBAL FUND EXECUTIVE DIRECTOR PETER SANDS
SPEAKING TO GFAN MEMBERS

NEXT STEPS

STRATEGIZING AROUND KEY EVENTS AND MESSAGES

Through a workshopping process, meeting participants brainstormed about possible priorities, entry points and activities for coordinated civil society advocacy through the lens of three topics: DRM, IP literacy, and 'rethinking aid' (e.g., the future of ODA and financing for health and development). A fourth workshop focused on identifying key events and other milestones around which replenishment-related advocacy could take place over the next several months through or coordinated with GFAN's 'Get Back on Track' campaign.

Listed below are some preliminary ideas, suggestions and priorities from each workshop group. More extensive detail about workshop discussions can be found in the Dropbox folder created for meeting participants. The results from the workshops are an important early step in GFAN-supported work to finalize a coordinated, collaborative advocacy plan over the several months leading to the replenishment conference in October 2019.

DRM

Short-term priority during the replenishment process: A common position paper among the three civil society delegations to the Global Fund Board on DRM. This paper should be framed from the perspective of what civil society believes is necessary, including target financing amounts; what domestic financing is allocated for across HIV, TB and malaria responses; and who or what receives financing.

Other needs identified regarding civil society and domestic financing, including more generally and in the longer term:

- Civil society should be equipped to advocate effectively around DRM. This requires, among other things, access to relevant empirical data, such as country-by-country level data on actual Global Fund co-financing commitments; the ability to track how money is spent; and increased and sustainable funding for advocacy.
- Targeted resource mobilization is needed to enable civil society to advocate on the DRM issue. One possible option: Undesignated funding for technical assistance from donor countries could be made available for civil society capacity to advocate around DRM.
- Connecting advocates with experts who have expertise in following budgets and national financing processes. This is an important step for local civil society groups to track what domestic resources are spent on and the effectiveness of advocacy efforts.
- More systematic and consistent sharing of lessons learned around DRM across countries and regions.
- Analysis of if and how the private sector is contributing to DRM – and consideration of how to support such efforts if feasible.
- Research and analysis to get an empirical sense of domestic financing for and in support of the most vulnerable, including key populations.

IP literacy

The discussion centred mostly around getting the Global Fund Secretariat and GFAN more literate about and involved in IP issues, and to consider them critical for the achievement of their overall objectives and goals. Participants collectively stressed their belief that if no IP work is done by the Global Fund and Unitaïd – ideally in a collaborative manner – it will be much more difficult to improve and sustain disease programmes or to build fully inclusive UHC frameworks. One possibly optimistic development has been recent changes in top-level discussions in the United States around drug pricing and transparency in the wake of growing public anger at high drug costs.

Short-term priority during the replenishment process: The NGO Delegation to the Unitaïd Board has prepared a position document responding to Italy's resolution to the World Health Assembly (WHA) regarding transparency on drug prices. The document will be made available to GFAN members to sign on to as co-sponsors if they wish.

The suggested activities and priorities noted below are longer term and thus primarily relevant for the post-replenishment period:

- The Global Fund should fund IP work, including for civil society advocacy around the issue.
- The three civil society Delegations to the Global Fund Board could draft a group position paper on IP for the Board and committees to consider.
- GFAN could commission a report on IP and access to medicines and coordinate its circulation among advocates at country level.
- Develop a toolkit on IP advocacy. Among other focus areas, such a toolkit could help people advocate with governments on why IP is an important transition issue.
- Develop or support an online course on IP issues and elements. GFAN could be asked to be involved in such an effort.

'Rethinking aid' (the future of ODA and development financing)

The future and composition of ODA have no direct relevance on the Global Fund's 6th replenishment. But they are indirectly linked because the Global Fund's \$14 billion target for the replenishment is based on an assessment of what it believes is realistic. The Secretariat might have been more ambitious in its overall 'ask' if it had been more optimistic about how much money might realistically be available through ODA for the three disease responses and other associated health issues. For such reasons, it is important for civil society to begin devoting more attention and thinking to ODA because the future of aid and the future of institutions and mechanisms such as the Global Fund are linked. The quality, scope and sustainability of UHC frameworks also rely to a significant extent on the future of aid.

Focus areas of preliminary thinking might include the following:

- How and why the various key multilateral players in development financing are linked, where they differ, and what their interface is or should be with the Global Fund. (The main players are the IMF, World Bank and OECD DAC.)
- Further discussions are recommended around a new 'global health campaign' that would be developed and led by civil society. The Joep Lange Institute (JLI) has proposed such an initiative and is currently gathering observations and thoughts about how a campaign might be structured and what its goals and priorities would be. Among the initial ideas for main goals are greatly increasing financing for health at global, regional and national levels. Another might be to raise awareness about the consequences of inaction and the benefits of radical improvement, including among the most vulnerable, poorest and most marginalized.

Priority advocacy events and strategies in the lead up to replenishment

Throughout the meeting, participants proposed numerous potential events and activities for replenishment-related advocacy. Additional suggestions were made in a workshop focusing on GFAN's 'Get Back on Track' campaign.

Listed below are several events proposed for attention over the next several months. The list is followed by suggestions for advocacy messaging and strategies for some individual events and more broadly in support of replenishment. The input and observations will influence GFAN's finalization of its campaign. GFAN will coordinate bi-weekly calls, produce toolkits and find other means to engage advocates around many of the moments to influence below.

Moments to influence with Global Fund resource mobilization advocacy (from 5 March to 10 October 2019):

March

- 24: World TB Day

April

- 12–14: World Bank annual meetings; Washington, DC
- 18: GFAN Replenishment Campaign Launch
- 20: C20: Day of Action on G20
- 23–26: International Union against Tuberculosis and Lung Disease, 7th Conference of The Union Asia Pacific Region; Lahore, Pakistan
- 25: World Malaria Day
- 28–1 May: 26th Harm Reduction International Conference; Porto, Portugal
- 29: Multi-stakeholder hearing on UHC; New York City

May

- 14–16: Global Fund Board meeting; Geneva
- 20–28: World Health Assembly; Geneva

June

- 3–6: Women Deliver conference; Vancouver
- 19–22: International Union against Tuberculosis and Lung Disease, 21st Conference of The Union Africa Region; Victoria Falls, Zimbabwe
- 28–29: G20 heads of state meeting and C20; Osaka, Japan

July

- 9–18: High-level Political Forum (HLPF) for review of 2030 Agenda for Sustainable Development and the Sustainable Development Goals; New York City

August

- 25–27: G7 summit; Biarritz, France
- 29–30: 7th Tokyo International Conference on African Development (TICAD); Yokohama, Japan

September

- 23: UN High Level Meeting on UHC, New York City

October

- 10: Global Fund pledging meeting; Lyon, France

Selected messages and strategies

1) General observations

Advocacy efforts can be coordinated through and/or with Global Fund technical partners (Stop TB Alliance, UNAIDS, and RBM Malaria No More), all of which have been developing advocacy-relevant tools and documents for resource mobilization.

TB is wildly underfunded and is a huge health problem. Throughout the replenishment process and beyond, advocates might consider letter campaigns reminding countries of the commitments they made at the UN High Level Meeting on Tuberculosis in 2018. The Stop TB Alliance is focusing on raising advocacy around those commitments in the 'It's Time' campaign it launched after that meeting.

2) Event-specific observations

G20 and G7 messaging and focus ideas:

- UHC is a main agenda item of the G20 meeting, and thus messaging should emphasize and highlight how the work of the Global Fund and broader work to fight the three diseases helps to deliver UHC. A fully funded Global Fund is crucial to achieving UHC and leaving no one behind.
- The Global Fund is one of the best mechanisms to invest in for significant, sustainable achievements in reducing the burdens of the three diseases.
- The Global Fund is one of the best mechanisms to invest in to forcefully address huge gaps and challenges related to the vulnerabilities of adolescent girls and young women, especially for HIV.

Women Deliver entry points:

- The Women Deliver conference is a big priority for the Global Fund and one in which opportunities to highlight its work should be seized.
- The Secretariat and GFAN are sharing a booth at the conference.
- The Global Fund is holding a joint event with Gavi and the Global Financing Facility (GFF) on innovative financing in regard to adolescent girls and young women.

World Malaria Day and other malaria-specific entry points:

- Building on and supporting the World Malaria Day theme: 'Zero Malaria Starts With Me'.
- Working with and through Global Civil Society for Malaria Elimination (CS4ME) on messaging and activities. The CS4ME platform will be released on World Malaria Day and a GFAN Speaker will attend high-level events associated with its release.

HLPF messaging tips:

- Be provocative and stress the equity angle to reach a potentially broader audience. This could be one entry point to making the case for resource mobilization.



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