
GF Strategy Development Update following 15th Strategy Committee

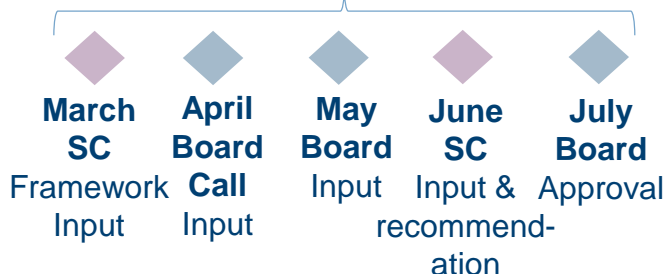
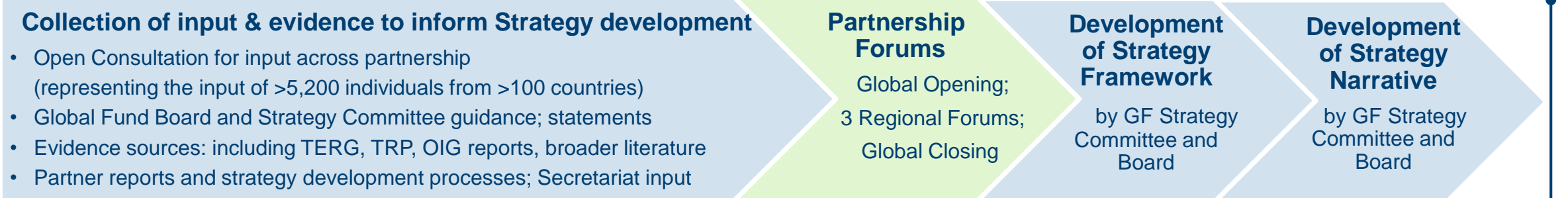
GFAN

6 April 2020

Global Fund Strategy Development Timeline

2020				2021			
Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4

Strategy Development



Final Strategy Document approved Nov 2021

Policy updates (including allocation methodology)
Development of Strategy KPIs and M&E Framework

Preparations for 7th Replenishment, Strategy implementation & next cycle of GF grants (2024+)

Recommendation from Inter-Sessional Board Meeting: “Option 3.5”

In December 2020, concluding a series of 9 SC and Board discussions

Overall: Maintain the Global Fund’s primary mission of fighting HIV, TB and malaria (HTM)

RSSH: Support RSSH investments that deliver the GF’s HTM goals

- Through integrated, people-centered investments that build sustainable outcomes against HTM and broader health benefits
- Building upon the GF’s comparative advantages and strengths
- Ensuring CSS plays a stronger role; retain flexibility to support strong country plans

GHS: Continue to flexibly engage with the responses to the COVID-19 pandemic and evolving discussions on GHS, considering:

- Existing contribution of GF to GHS through HTM and RSSH investments
- Key areas of GF strength¹ are core building blocks of national pandemic preparedness and resilience
- Support for GF leading as an ambassador for an inclusive GHS vision based on solidary and equity for affected communities

Unequivocal consensus: need to **strengthen community and civil society engagement & leadership of the response**, and strengthen focus on **equity, human rights, gender, most vulnerable**

Options 3 and 4 presented for Board consideration:
Maintain the Global Fund’s primary aims focused on HTM

Option 3: Focused on fighting HTM and making related contributions towards RSSH and GHS goals

Primary Strategy Aim

- Accelerate reduction of infections and deaths due to HTM, in order to end the three pandemics.

Secondary Strategy Aims

- Contribute to building and strengthening RSSH through integrated, people-centered investments that support outcomes against the three diseases, as well as broader health benefits;
- Contribute to building resilience to current and future epidemic threats through HTM and longer-term RSSH investments in areas of Global Fund strength.

Option 4: Reframing the fight against HTM as an essential part of a broader GHS agenda, and investing in RSSH to meet HTM and GHS aims

Primary Strategy Aim

- Accelerate reduction of infections and deaths due to HTM, in order to end the three pandemics.

Secondary Strategy Aims

- Build resilience to current and future epidemic threats (including AMR and wider drug and product resistance) through HTM and longer term RSSH investments, as well as through other areas of Global Fund strength;
- Contribute to building and strengthening RSSH through integrated, people-centered investments that support outcomes against infectious diseases, as well as broader health and GHS benefits.

¹ e.g. addressing HTM drug and insecticide resistance; CSS; and laboratory, supply chain and data systems strengthening

Overarching Partnership Forum Recommendations

Directional

- **Maintain the focus on HIV, TB and malaria (HTM)**, with contributions to RSSH through integrated, people-centered approaches (incl. coinfections and comorbidities) and to global health security and solidarity through a rights-based approach, aligned with Global Fund (GF) strengths
- **Place communities at center of the next strategy** – incl. by safeguarding community (incl. key and vulnerable populations (KVP)) and civil society's equal place at the table with government in decision making throughout the grant lifecycle; reinforcing each stakeholder's complementary strengths in program implementation and M&E and ensuring direct funding for community-led responses
- **Redouble efforts to address equity, human rights, gender and other structural barriers** to HIV, TB and malaria outcomes, incl. through support for community-based KVP and regional programs
- **Leverage the GF's position to advocate for its core principles and strategy aims** across stakeholder groups at national and global levels –including on human rights, equity, gender equality and other structural determinants of the 3 diseases

Across domains

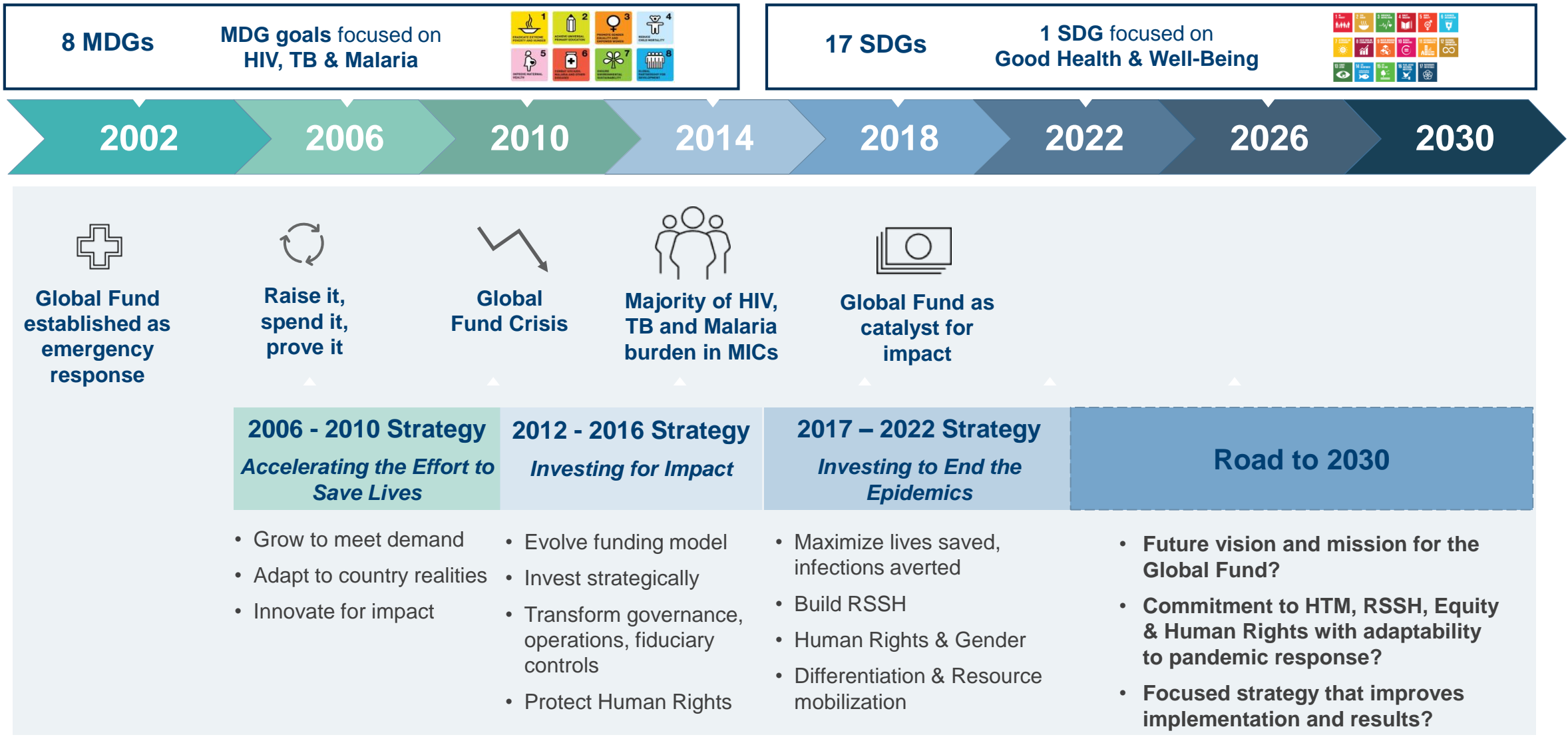
- **Strengthened generation and integration of timely, quality and open data for comprehensive decision making** (incl. community-led monitoring), ensuring every person counts
- **Strengthened sustainability and transition support**, including through integration into national systems, strengthening community systems and responses, work on national policies, social contracting, support for advocacy for sustained investments in KVP programs, and innovative domestic and external resource mobilization and value for money

Ways of working

- **Support country ownership by articulating distinct and complementary roles** that governments, communities, civil society, private sector and technical and other partners play, to ensure mutual inclusion and accountabilities
- **Address power imbalances on CCMs** to safeguard empowered and equal representation of TB, malaria and communities (incl. KVP) throughout the grant lifecycle
- **Strengthen partnerships to achieve strategy aims**, incl. with private sector, academia and related sectors (social protection, environment)
- **Strengthen market shaping, procurement and innovation uptake** and address barriers to access to affordable commodities
- **Increase Secretariat flexibility to support countries to tailor programs to country context**, and to address rigidity around risk appetite to allow space for innovations and improve program quality

The PFs have given rise to concrete recommendations for Strategy development on ~25 topic areas. These inputs have informed the zero draft Strategy Framework and will continue to inform Strategy development. Detailed reports from the PFs (one overarching report and one for each region) are under development and will be published on the Global Fund website in May.

Background: Evolving Context of Global Fund Strategies



Transition from emergency response to differentiated and catalytic investor

How has the Draft Zero Strategy Framework been developed?

The Strategy Framework presented to 15th Strategy Committee was truly a first 'zero draft', for SC input.

It has been developed considering:

- Input to date through the Strategy process, incl. through the Open Consultation; recommendation from December Board Intersessional Meeting (“option 3.5”); Partner strategies and plans; evidence from TERG (incl SR2020), TRP, OIG; Secretariat; and the 6th Partnership Forum recommendations
- Lessons from implementation of the current Strategy, incl.:
 - Need to better prioritize Strategy goals to provide greater clarity for operationalization across the partnership, grant lifecycle prioritization discussions, and contribution to more catalytic use of resources and VfM;
 - Need to more clearly articulate roles and accountabilities across the Partnership: to provide clarity on responsibilities and address imbalances in decision-making power at the CCM.

What is the Purpose of the Global Fund's Strategy?

The Global Fund's Strategy aims to guide the work of the Partnership by:

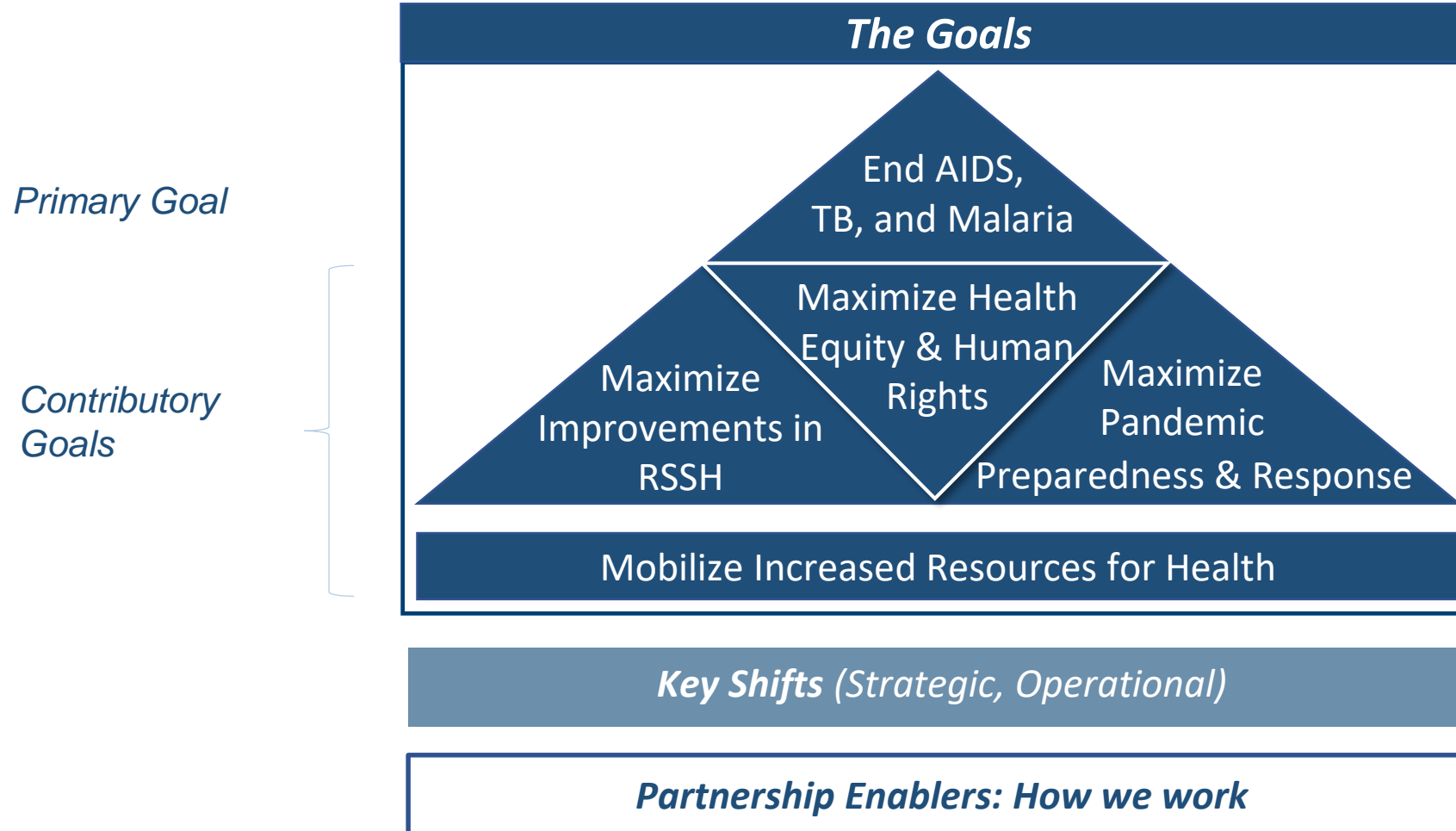
- Articulating and prioritizing the goals (“the what”) that the Global Fund will pursue using available resources;
- Articulating a high-level hypothesis on the key areas of focus needed to achieve these goals (“the how”), including critical shifts in approach;
- Specifying the roles and accountabilities of each stakeholder involved in the Strategy's delivery, to ensure efforts are clear and complementary (“the who”); and
- Setting a high-level statement of intent that expresses Global Fund values, ambition and intended impact.

It also serves as:

- A ‘level-setting’ document, aligning the Global Fund Partnership around a shared vision/ ambition in advance of Replenishment;
- The foundation for an accountable Monitoring & Evaluation and KPI framework; and
- The critical starting point for how the GF evolves its operations to successfully implement.

Draft Zero Strategy Framework – for SC Input

*High-level
version*



End AIDS, TB and malaria

*Detail on
Goals & Objectives*

Primary Goal

Catalytic people-centered HTM investments tailored to maximize impact and build sustainability according to local context, including through:

Objectives

- Redoubled focus on HTM incidence reduction
- Addressing structural barriers to HTM outcomes
- Improve the quality of TB care and services, through holistic and people-centered approaches, adapted to context

HIV

- Focus on precision prevention, with behavioral, biomedical and structural components tailored to needs of populations, to reduce incidence & improve equity
- Provide quality people-centered care & treatment, to improve wellbeing, prevent premature mortality for PLHIV and reach epidemic transition
- Advocate and promote legislative and policy changes to reduce HIV related stigma, inequities and uphold the rights of PLHIV and KVP

Malaria

- Expand equitable access to quality early diagnosis and treatment, integrated into PHC, and ensure optimal vector control coverage
- Optimize the implementation of interventions, tailored to sub-national level using granular data and capacitating decision making and action
- Drive towards elimination and facilitate prevention of reestablishment
- Establish control in all areas of high malariogenic potential and achieve regional elimination in a select area of sub-Saharan Africa to demonstrate the path to eradication

Contributory Goals

Maximize improvements in RSSH

Maximize Health Equity and Human Rights

Maximize Pandemic Preparedness and Response

Objectives

To catalyze sustainable HTM outcomes, as well as in related areas of health, in support of UHC, incl.:

- Integrated, people-centered quality services
- Scaled-up community systems and response investments
- Leveraging and engaging the private sector
- Strengthened generation & use of quality, timely open, digital & secure data at all levels (incl. CLM)
- Strengthened ecosystem of quality supply chains, diagnostics and laboratory networks
- Market shaping focused on promoting sustainable, ethical and localized procurement,

By using Global Fund programs and platform to:

- Prioritize equity (e.g. by gender, geography, age, income, for KVP) in access to prevention, treatment, care services and health outcomes
- Advance comprehensive approaches to removing human rights and gender-related barriers across the Global Fund portfolio
- Incentivize government adoption of human rights-based and gender-responsive programs
- Prioritize investments and outcomes for KVPs

By leveraging core Global Fund strengths to support:

- Robust surveillance systems, real-time digital data and detection capacity
- Strengthened laboratory systems and diagnostic capacity
- Tackling drug and insecticide resistance
- Front-line capacity for detection and rapid response to epidemics and pandemics
- Solidarity for equitable, rights-based approaches
- Integration of community systems for detection and response

Contributory Goal

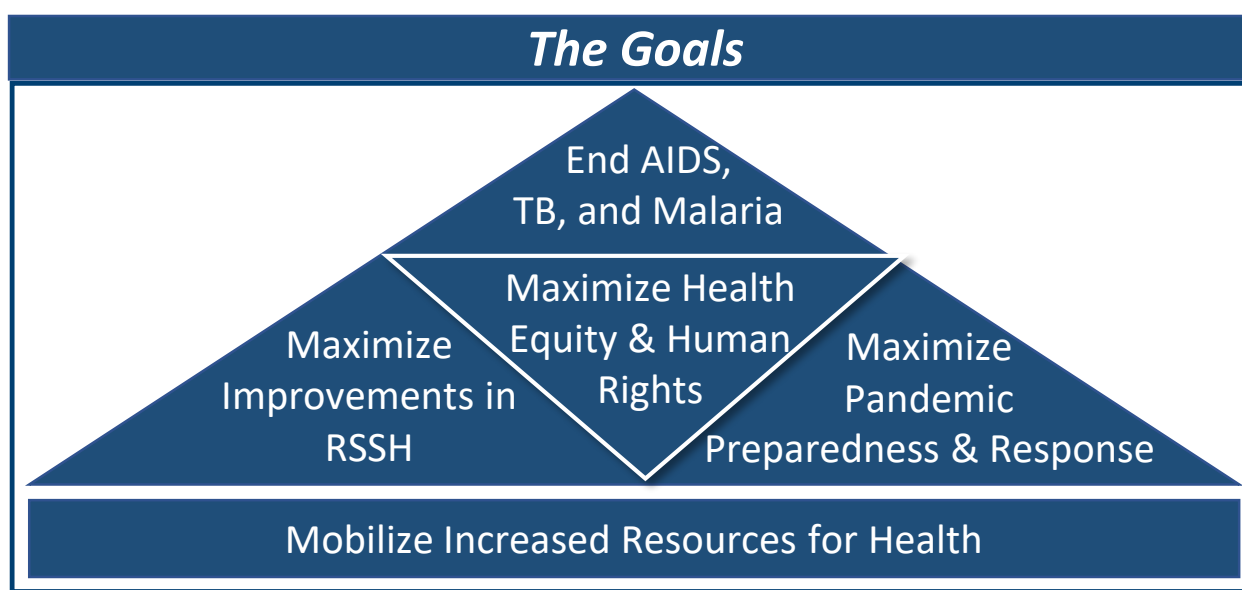
Mobilize Increased Resources for Health

Objectives

- Intensified resource mobilization
- Catalytic domestic resource mobilization, enhanced VfM focus & support for strengthening health financing systems
- Health financing support to reduce service barriers & strengthen purchasing efficiency

Primary Goal

Contributory Goals



Detail on Strategic Shifts and Partnership Enablers

Key Shifts

Strategic Shifts			
Urgent acceleration of implementation pace to achieve 2030 targets	Encourage climate and environmentally-sensitive health approaches	Resilient and agile global health product supply networks leveraging innovation and partnership	Encourage and accept the risks of innovation to deliver impact
Operational Shifts			
Scaled-up community-led programming & monitoring to leave no one behind	Advocate for core Global Fund priorities and principles	Equipped CCMs for inclusive investment development, oversight and results	Accelerating introduction and uptake of innovations

Partnership Enablers: How we work

The Global Fund Model: raising and effectively deploying additional resources to fund ambitious, equitable, national and community-owned health plans developed based on global technical guidance to accelerate and maximize progress towards 2030 SDG targets.

Partnership: of communities, governments, civil society, donors, technical partners, private sector and other partners working together to deliver results, each with distinct, complementary roles and accountabilities, in support of core principles of impact, rights and country ownership.

Secretariat: Supporting delivery of the Strategy through flexible, responsive grant lifecycle processes, tailored to country context.

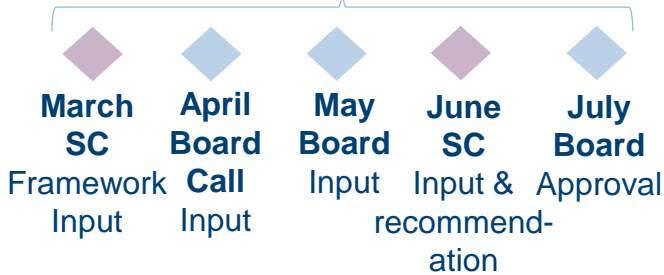
Board: Providing effective leadership, guidance, oversight and decisions to achieve the Global Fund mission.

Independent GF Bodies: Independent TRP, TERG, OIG and assurance oversight in support of the Strategy's delivery and accountability.

Next Steps: Global Fund Strategy Development Timeline

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Back up

EECA-LAC Partnership Forum Recommendations

Directional

- **Keep the main focus on HIV, TB and malaria**, and use GF investments to enhance integration and strengthen systems
- **Redouble efforts to address equity, rights, gender and other structural barriers, and support community-based KVP programs** - recognizing these are the biggest barriers to HIV and TB progress in the regions, progress has been too limited to date. The GF must seek to maximize its influence through country grants, specific catalytic funding, and increased use of political engagement to accelerate progress
- **Be a leader: Use the GF's leverage to advocate for its core principles** – especially those related to human rights, equity, gender equality and other structural determinants of the 3 diseases – to keep HIV, TB and malaria on the agenda; safeguard the role of communities and civil society; and mobilize domestic resources
- **Leverage the strengths and flexibility of the GF as it positions itself to act nimbly, efficiently, and in a rights-based manner in a changing global landscape** – including to address emerging epidemics, climate change, and migration/ fragile settings to protect progress against HIV, TB and malaria

Across Domains

- **Commitment to strengthen community (including KVP) and civil society engagement and leadership of the response** – through leadership of programs, community-led monitoring (CLM), creating avenues for direct community funding, promotion of dual-track financing principles (not through iNGOs), regional grants, meaningful engagement on CCMs, advocating for engagement in other national processes
- **Strengthened cross-sector collaboration, enhanced partnerships and accountability** (regional, in-country and with communities and civil society) - to support sustainability, integrated service delivery, address social determinants of health and harmonize with UHC agenda

Ways of Working

- **Strengthened transition support** – including for domestic resource mobilization, advocacy for policy change and rights-based equitable responses, government capacity building on community and civil society engagement, and the sustainability of KVP programs; introducing flexibilities regarding pace of transition (especially in the wake of COVID-19); and facilitating access to technical support, recognizing that in EECA/LAC the GF is sometimes the only or main funding mechanism
- **Ensure GF processes promote and support differentiation at all levels according to context**, including support for regional approaches to strengthen cross-border collaboration and jointly advocate for policy change; longer horizons for investments that deliver change over longer periods (e.g. equity, human rights, gender); better use of catalytic investments and other tools to achieve aims
- **Increased use of timely and quality data to inform decision making**, including support and use of CLM, subnational data and cross-sectoral data, and support for operational research – with routine sharing of data and best practices to local-level for use
- **Use the GF's leverage to ensure transparency of costing and supply chain information, and to support access to affordable commodities (including in the context of transition)**, to support sustainability and continued progress, accountability and community engagement

Africa MENA I Partnership Forum Recommendations

Directional

- **The GF should maintain its core focus on HIV, TB and malaria** to ensure progress against its core mandate, **and clarify an engaged role and niche in GHS, RSSH and on funding coinfections and comorbidities**, considering the benefits of people-centred service integration while ensuring catalytic approaches given limited resources
- **Place communities at the center**, including by recognising and supporting their leading role in the response, and give far greater attention to **addressing structural barriers to and social determinants of the 3 diseases** (incl. human rights, gender barriers, and specific barriers facing KVP, youth, and women), shifting from a predominant GF focus on biomedical interventions; and supporting the generation and collection of indicators to track progress in these areas
- **Maximize use of the GF's political leverage** in support of its core principles and strategic priorities, including to advocate for political leadership in overcoming structural barriers (incl. human rights) and addressing social determinants of HIV, TB and malaria; for increased domestic resources; and to act as a catalyst to encourage other partners to leverage their role (development, government, GF governance officials). Demonstrate at global, regional and national levels what good human rights programming looks like
- **Enhance the sustainability of programs**, through **strengthened integration** of people-centred GF disease investments **into national health and community** systems (especially for KVP); support for integrated, meaningful and sustained community engagement in the response; support for inclusive development of National Strategic Plans; and more **catalytic support for domestic resource mobilization** (use of co-financing to address health system barriers, more health for money, leveraging cross-sectoral investments)

Across Domains

- **Strengthened support for generation and use of quality, disaggregated data for decision making at all levels**, including support for electronic management systems; platform integration across sectors and partners; support for and integration of community-led monitoring (CLM); collection and use of quality data on key populations; strengthening the availability and transparency of program data for in-country partners at all levels; and strengthened technical support to help prioritize program focus on most affected populations
- **Embolden and scale up community and civil society leadership of programs**, including through direct funding channels (incl. dual-track financing) that address access barriers at CCM level; support for CLM; address lack of risk appetite for community-led work; recognize communities' roles as experts; address commensurate compensation; provide capacity building; and ensure integration with national systems
- **Support country ownership by articulating distinct and complementary roles** that governments, communities, civil society, private sector and technical and other partners play, to ensure mutual inclusion, respect and accountabilities, and address barriers to inclusive leadership and decision-making

Ways of Working

- **Address implicit CCM power imbalances:** between governments and communities, civil society, KVPs and youth, and address the limited voice of malaria and TB, to ensure meaningful engagement and balanced decision making
- **Strengthen market shaping, procurement and innovation uptake** by incentivizing local and regional manufacturers; ensuring transparency of data; quality assurance of systems; leveraging private sector expertise; supporting preferential pricing for domestic resources and through GF transition
- **Improve the flexibility and responsiveness of Secretariat operations** throughout the grant lifecycle to better deliver the GF's strategic priorities according to country context and in response to a changing environment (e.g., GHS, COEs, climate, governance challenges, etc.)

Asia, Pacific & MENA II Partnership Forum Recommendations

Directional

- **Keep the focus on HIV, TB and malaria**, while leveraging GF strengths to make related contributions to RSSH and global health security through solidarity and rights-based approaches
- **Put communities front and center of the next GF strategy:** Walk the talk on community and civil society engagement and leadership of the response (from CCMs to Geneva-level) – strengthening community engagement and systems is one of the GF's unique comparative advantages – the GF should use its leverage to safeguard an equal place for communities at the table with government in decision making around the grant lifecycle to leverage each stakeholder's comparative and complementary strengths in program implementation and M&E; ensure direct and increased funding for community-led responses (incl. through dual track financing, multi-country grants); and focus on people-centered approaches rather than on just the diseases
- **Addressing stigma, inequities, human rights and structural barriers** (incl. legal/ policy changes at national and regional levels) must be viewed as essential to stepping up progress against HTM and leaving no one behind, with clear, wider benefits beyond disease responses. The GF should use its political leverage to advance these issues with all partners, and at all levels. Investments to be accompanied by appropriate metrics to measure impact, including beyond the grant lifespan

Across Domains

- **Integrating HTM programs into national systems** to build sustainability, contribute to UHC and maximize impact – incl. seeking integration with related areas of health provision (e.g., SRH, febrile illnesses, mental health); related sectors (e.g., social protection, education, environment); and community systems and responses. Build government capacity, work on national policies (e.g., public financial management) and ensure mechanisms for directing public financing (such as social contracting) are in place prior to transition, while supporting communities' and civil society's critical advocacy role
- **Generation and integration of timely, quality and open data for comprehensive decision making and ensuring every person counts** – with focus on understanding, valuing and supporting KVP and those left behind (respecting confidentiality concerns); expanding community-led monitoring; supporting electronic management systems and innovations; and integration across platforms to inform comprehensive people-centered responses
- **Augment HTM programs** to respond and contribute to the COVID-19 response; leveraging GHS momentum to prioritize ending HTM, better integrating communities in the COVID-19 response and ensuring flexibility to adapt to evolving context and priorities

Ways of Working

- **Addressing power imbalances on CCMs** to safeguard empowered and equal representation of TB and malaria, and communities (incl. KVP, migrant populations, indigenous communities) in decision making throughout the full grant lifecycle
- **Bringing innovations to scale** across the 3 diseases, including through strengthened partnership with the private sector, academia and communities for evidence generation, operational research, technical support, developing investment cases, capacity building and support for rapid scale-up and use of new tools
- **Supporting market shaping and access to commodities** – including in advance of, during and after transitions – through addressing barriers to access to affordable medicines, strengthening supply chain infrastructure and leveraging quality assurance mechanisms at national levels
- **Supporting resource mobilization** through innovative domestic and external resource mobilization approaches and partnerships (including private sector), strengthened investment cases and data
- **Increasing GF Secretariat flexibility to support countries to tailor programs to country context**, incl. by addressing rigidity around risk appetite to allow space for innovations and improve program quality, promote local solutions, and ensuring country teams are capacitated to promote community role and to support tailoring of program across country contexts