

global fund seventh replenishment



cso pre-meeting to the
preparatory meeting
february 2022

key messages and reflections

2 March 2022



table of content

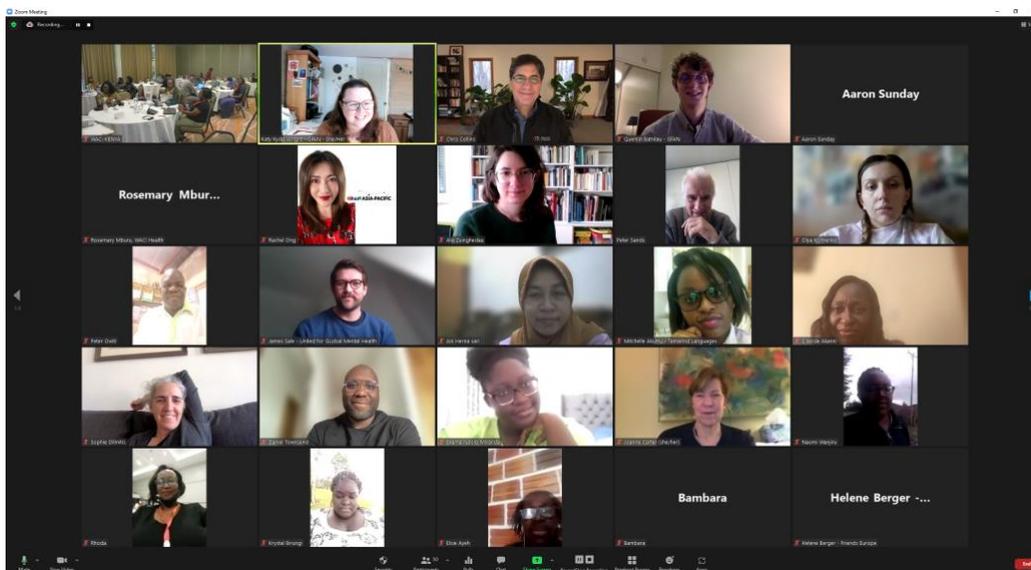
about this report	3
introduction & overview.....	4
activities in support of the replenishment.....	5
gfan secretariat support for the replenishment	5
gfan africa support for the replenishment.....	5
friends of the global fight support for the replenishment.....	6
global fund secretariat support for replenishment advocates	8
gfan civil society statement.....	9
investment case debriefing.....	11
overview of what is in the investment case	12
observation, comments and clarifications about the investment case.....	13

about this report

This report provides an overview of discussions during three calls organized by the Global Fund Advocates Network (GFAN) held shortly before and after the Global Fund’s 7th Replenishment preparatory meeting on 23–24 February.

The first two calls, on 15 and 22 February, were co-organized by the GFAN Secretariat, GFAN Asia Pacific, GFAN Africa and GFAN Afrique Francophone. They focused on discussing key points and issues to include in a civil society statement on the Global Fund’s investment case and highlighting some priority actions and events for civil society engagement in support of the replenishment. **The investment case is the document in which the Global Fund reveals how much money it hopes to raise and presents its argument for why all or more of those funds should be made available.**

The third call, on 25 February, provided a forum for GFAN members to listen to Global Fund Secretariat staff introduce and summarize the investment case, which was formally released on 23 February, and to ask questions and make remarks in response. A recording of this call can be found [on the GFAN Website](#).



Hybrid townhall meeting between civil society advocates and Peter Sands on February 22

introduction & overview

The Global Fund's 7th replenishment is the process through which it will generate financial pledges from donors to fund the 2024–2026 funding cycle. Two international meetings frame the process: (1) the preparatory (or 'kick-off') meeting, during which the Global Fund introduces the investment case and launches the replenishment drive; and (2) the pledging conference several months later, at which donor countries and organizations gather to formally announce their pledges and be recognized for their support.

Five African nations hosted the preparatory meeting, which was conducted virtually: the Democratic Republic of the Congo (DRC), Kenya, Rwanda, Senegal and South Africa. The heads of state of all those countries except DRC delivered remarks, as did representatives from other major African institutions such as the Africa Centers for Disease Control and Prevention, Global Fund partners from different sectors, and several donor countries. Two representatives from the communities/civil society sector participated: Grace Ngulube from Malawi spoke during the initial session, and Dr. Carolyn Gomes from Jamaica was a member of a moderated panel discussion.¹ The 7th replenishment's pledging meeting will take place in the United States in September or October 2022.

The period between the preparatory and pledging meetings is the time in which the Global Fund Secretariat and supporters of the Global Fund advocate with individual countries to encourage them to make robust and significant pledges that will collectively ensure full funding or more. As it has during previous replenishment processes, GFAN is helping to drive and support advocacy campaigns at global, regional and national levels, including within both donor and implementing countries. A key part of this work is to coordinate and amplify some key messages and activities with and on behalf of its members and allies.

¹ Ms. Ngulube is the founder of Youth-HealthConnect360 and a member of the Global Fund Youth Council, Malawi. Dr. Gomes is the special advisor on external relations for the Advisory Board of ProActividad and is currently serving as the chair of the Global Fund's Strategy Committee.

activities in support of the replenishment

GFAN SECRETARIAT SUPPORT FOR THE REPLENISHMENT

Key activities and events include:

- Preparation and dissemination of '[7 Asks for the 7th Replenishment](#)', a sign-on letter stressing the importance of the investment case calling for sufficient funds to tackle HIV, TB and malaria and leave no one behind. Released on 10 February, the letter attracted more than 140 signatories from around the world.
- Briefing calls for the GFAN members ahead of key events and milestones over the next several months, including the Global Fund Board meeting, the International AIDS Conference (IAC), meetings of the Group of 7 (G7) and Group of 20 (G20) countries, the replenishment pledging conference in the United States, etc.
- Preparation of policy briefs and other documents to build expertise and consensus among the network and communities and civil society more broadly, with topics including key and vulnerable populations, mental health and other determinants of health, and innovative financing and the private sector.
- Provision of communications assets and support, such as the GFAN [Speakers video](#).
- Hosting a networking zone at the IAC in Montreal, Canada, which begins the last week of July 2022.

GFAN AFRICA SUPPORT FOR THE REPLENISHMENT

Key activities and events in advanced of the preparatory meeting have included organizing and supporting press briefings and outreach activities such as thanking heads of state for their leadership and engaging with parliamentarians and the media. Several Africa civil society meetings were held to strategize advocacy and messaging around the event and beyond, including national civil society meetings in co-host countries and a regional meeting in Nairobi on 21–22 February 2022.

The regional meeting focused on some key messages that will drive advocacy around the replenishment in the region. The following are among those discussed:

- The major economic impact of COVID-19 in Africa lends even greater urgency to not failing with the replenishment and ensuring increased domestic resources to fight the three diseases.
- We are off track on the three diseases overall, including HIV, TB and malaria targets in the Africa region.

- Decision makers must be encouraged to target sufficient resources, including domestic ones, to where the needs are greatest – including adolescent girls and young women and other communities that are most likely to be left behind and/or missed by health systems.
- We should recognize that there are several countries did not honour their pledges for the 6th replenishment – and consider a strategy to get them to meet their commitments before the end of the current funding cycle and to prevent this from happening in the future.
- We will not achieve impact in 7th replenishment if human rights, gender and legal barriers persist and we do not invest more in communities, including community systems strengthening (CSS).

GFAN AP is leading on the development and roll out of the [GFAN Global Week of Action](#), to take place the week of 7-11 March. It will build on to the success of the '#LoveMoreGiveMore' campaign during the 6th replenishment by mobilizing civil society to “knock on doors” of embassies in their countries to present them with letters and arrange meetings in support of the replenishment. One aim is for these embassies to pass on messages of support to their capitals.

Guidance prepared and shared by GFAN AP can be used by advocates everywhere, and GFAN AP will work with civil society/communities colleagues to finalize language in individual letters to priority donors. African colleagues will be coordinated through GFAN Africa.

Note: All GFAN members are encouraged to send information to the GFAN Secretariat or the regional bodies about any actions and activities planned in support of the replenishment. GFAN can then help to publicize them and provide support in other ways if useful.

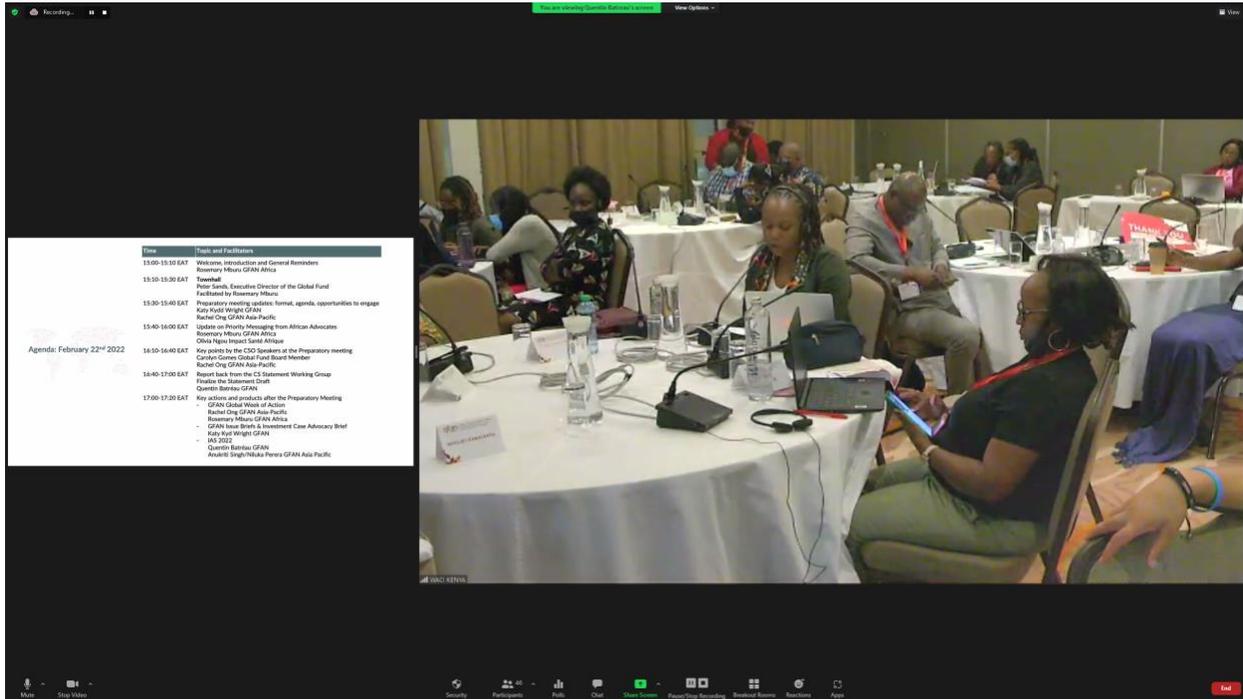
FRIENDS OF THE GLOBAL FIGHT SUPPORT FOR THE REPLENISHMENT

Friends of the Global Fight is playing a major role in organizing and coordinating support for a successful replenishment in the United States, which will host the pledging conference in September or October. Friends' main focus will be advocacy and lobbying work to ensure as big a pledge as possible from the US government.

Some of the key entry points and activities over the next several months include seeking to influence the president's proposed budget, which will be released in March and be the starting point for the eventual federal budget; a series of events in Washington and the West Coast on the history of the Global Fund and US support; amplifying Global South messages, including through a possible congressional delegation visit to sub-Saharan Africa; and attending and raising voices at public hearings on State Department and Foreign Operations Bills in Congress (starting in the summer). Friends of the Global Fight hopes to regularly convene US advocates and work through GFAN to convene global advocates.

According to Friends, one important factor that will influence the US government pledge is a US law stating that the US government can only provide one third of all Global Fund funding. Other issues expected to influence the pledge amount include what the government plans to do about pandemic preparedness, which will determine where some development money will go; the degree to which the US will be willing to use its diplomatic outreach to influence other donors; and competing demands such as for funding for the Access to COVID-19 Tools Accelerator

(ACT-A), the Coalition for Epidemic Preparedness Innovations (CEPI) and Gavi, The Vaccine Alliance.



Rosemary Mburu and CS Advocates in Nairobi, Kenya, during the hybrid meeting, Feb 22

global fund secretariat support for replenishment advocates

The Global Fund Secretariat welcomes and supports GFAN members and all other organizations, networks, groups and individuals that are advocating for a successful replenishment. It has been developing and rolling out communications 'assets' that can be used by advocates everywhere. Many of them are included in a recently released [social media toolkit](#) that was updated after the preparatory meeting to include a lot of previously embargoed information relevant to the investment case. This overall package is part of the larger campaign titled 'To Fight for What Counts'.

The toolkit includes various messages that could be incorporated into advocates' campaign messaging at national, regional and global level, including about ending inequities and safeguarding human rights.

Secretariat staff stress that the Global Fund wants to keep the lines of communications open with GFAN members and other advocates as part of way to ensure that products, tools, messages, etc. are getting to the right people who are able and willing to support resource mobilization. The Global Fund's public relations, marketing and other departments/teams are open for questions, feedback and support at any time.



Some of the pictures taken by GFAN speakers and staffs in the Preparatory Meeting photobooth

gfan civil society statement

Parts of the calls on 15 and 22 February were devoted to brainstorming the content of the [Civil Society Statement on the Investment Case](#), with the ideas and input from the calls marking the starting point for the drafting of the statement. A small group of call participants from the 15 February virtual gathering put together a rough draft for presentation during the 22 February call.

The brainstorming exercises were a bit tricky because they took place before the investment case was released to the public and thus its contents were not fully known. But it was understood that the statement would be revised as needed to reflect those contents.

Proposed ideas and messages for the civil society statement were developed in break-out groups and plenary during the 15 February GFAN call. They include:

- Direct financing should be made available for **communities and civil society to work on domestic resource mobilization (DRM)**, including for advocacy.
- COVID-19 hit HIV, TB and malaria responses hard, but the pandemic also showed the resilience our disease response; in many ways, they were the foundation for the response to COVID-19, including the community systems. This indicates that good investments in HIV, TB and malaria – and in the Global Fund – are **good investments for pandemic preparedness**.
- Similarly, **innovations** in HIV, TB and malaria programmes in response to COVID-19, such as multi-month antiretroviral dispensing and using the Internet to support service delivery, indicate that **donors' money will go further than ever**. Giving more means accelerated progress.
- The **pandemic also brings a window of opportunity** for good and lasting changes, e.g., in terms of rebuilding systems to be better and overcoming legal barriers and other human rights priorities.
- Access to real-time **data** is vital for better results, including in terms of disaggregated country-level data on the three diseases and data on how countries are living up to their co-financing commitments. This data should be open-access and transparent, so that governments and other partners can be held accountable (e.g., by communities and civil society).
- **Young people** have important roles to play in Global Fund decision making and programming (e.g., as implementers). They need to have more financing and capacity to be involved. A similar message was the importance of investing in **key and young vulnerable populations** and monitoring these investments.
- A sense of urgency is needed and the impact of COVID-19 should not be an excuse to avoid being ambitious. This is a **time to accelerate, not 'recover'**.
- Strong messages are needed about **challenging operating environments** as well as laws and policies to **improve human rights and promote gender equality**.

- Focus on **mental health**, including its integration into HIV, TB and malaria interventions and showcasing the impacts of this integration.
- In the complex links between Global Fund financing and pandemic preparedness, it is essential to ensure **no diversion of funds or attention from HIV, TB and malaria**.
- The **value of communities** must be reiterated and reinforced, and this is a good time to remind everyone that the new Global Fund Strategy specifically states that communities must be at the centre of everything the Global Fund does. This is true for anything done regarding pandemic preparedness at all levels.

A 'zero' draft of the civil society statement was presented to participants on the 22 February for brief discussion. Feedback and suggestions included the following:

- Highlight the **financing gaps**, including:
 - The gap between the overall needs in the three diseases across 2024–2026 as calculated by the Global Fund and the Global Fund's proposed contribution.
 - Although there is a significant increase in the 'ask' for the 7th replenishment, it is still not enough due to the huge overall need and the ground lost to COVID-19 and emerging threats. [GFAN's own analysis](#) has pointed to a Global Fund 'ask' of \$24 billion for the three diseases and \$4.5 billion for community-led responses.
- The statement should have a **positive, welcoming tone** that constructively criticizes where relevant.
- Refer specifically to some **positive messages and numbers**, such as the return on investment (which was calculated at \$31 for every \$1 invested)
- Additional **language on community systems** should be in the statement, including observations about whether this component was 'strong' in the investment case.
- Emphasize the importance of **linking to the new Global Fund Strategy**, which among other things calls for more extensive and in-depth focus on communities, human rights and gender
- Mention and highlight the critical **role of implementing countries** and reflect their needs and expectations – including, for example, by integrating some of the key messages that came out of the Africa regional civil society meeting immediately before the preparatory meeting (see Section 3 above).

Peter Sands comments on the investment case

Feb 22

During the 22 February call, Global Fund Executive Director Peter Sands shared some reflections on the upcoming preparatory meeting and the investment case. Some of what he discussed was also mentioned during by Secretariat participants on the 25 February call (see Section 6). The following are among his observations (verbatim when possible; otherwise paraphrased):

- A key consideration in the investment case modelling and analysis was that in the past two years we have basically gone backwards or stopped in progress toward ending the three diseases. This means that the trajectory on deaths we want to avoid must be steeper, and this will take more money. We can't ignore this. We either need more money – a lot more – or we give up on the 2030 global goals for HIV, TB and malaria.
- The Global Fund is taking this investment case as an opportunity to reinforce what it would take to make the new Strategy come alive. This means a commitment put people and communities at the centre of all we do; have people-centred and -integrated systems of health; and reinforce and strengthen commitment to gender inequality, human rights. We know these are critical components of what we need to do to end HIV, TB and malaria.
- The investment case is being delivered in the context of COVID-19, and thus in the context of pandemic preparedness. We are making the case that to allow countries to better prepare, we must reinforce health systems against existing pandemics such as HIV, TB and malaria.
- With so many competing agendas, we want to make clear that HIV, TB and malaria are not separate from pandemics – they are older pandemics that we have not defeated. And investing in health systems is how we cost-effectively deal with these and future pandemics.
- In the new Global Fund Strategy, there is much more explicit consideration of the mental health aspects of the three diseases. I think we can use this as an example of how we are evolving as people-centred and away from these diseases being simply seen and responded to as viruses, parasites, etc. For some donors in particular, this will be particularly resonant.
- I think the biggest risk is in domestic resourcing. I think a big advocacy area should be to ensure that the three diseases do not fall off the priority list for domestic budgeting and funding. We see the risks already; COVID-19 has resulted in diversion of budgets, for TB in particular. We need to ensure that as we look forward in next grant cycle period, we must know and make clear that HIV, TB and malaria will be defeated only if governments step up and fund and prioritize responses to them.

investment case debriefing

The 25 February call focused on the content of the Global Fund's [investment case](#), which had been released two days earlier at the start of the 7th replenishment preparatory meeting. The call consisted of sessions in which Global Fund Secretariat staff provided an overview of the investment case, including its methodology, and responded to several questions posed by call participants.

Some of the issues and observations discussed are summarized below. They include many of those considered of particular interest to communities and civil society and GFAN members' likely advocacy efforts moving forward. Secretariat participants on the call noted that the release of the investment case is just the start of a long campaign and that some of the questions from advocates, donors and others will be answered as the campaign moves along. The Secretariat will prepare materials that address some of the questions not answered by the investment case, and all call participants were reminded that some of these questions might have to wait some time to be answered since many relate to the Global Fund's ongoing governance process (e.g., discussion of key performance indicators [KPIs]).

OVERVIEW OF WHAT IS IN THE INVESTMENT CASE

The Global Fund is **asking for \$18 billion** for its HIV, TB and malaria programming (the \$18 billion is to fund the implementation of the new strategy whose primary goal is to end AIDS, TB and malaria for the 7th replenishment cycle) in the 2024–2026 funding cycle. This is the 'bare minimum' amount it calculates is needed to achieve the 2030 Global Plan targets that are set by technical partners. The \$18 billion would represent a 14% share of the **total projected resource needs of \$130.2 billion** over the three-year funding cycle in the countries where the Global Fund invests.

The **14% Global Fund share** is unchanged from the 6th replenishment, but the total amount is much higher – \$18 billion compared with \$14 billion, an increase of 30% – because the total projected needs as calculated by the Global Fund have increased at the same rate. **Domestic resources are projected to be \$58.6 billion**, which would constitute 45% of the total projected resource need. About 19% (\$25.2 billion) of the total is projected to come from **non-Global Fund external funding** (e.g., PEPFAR, other bilateral donors, foundations, etc.). Together, these three sources would cover 78% of the total resource need of \$130.2 billion calculated by the Global Fund, which would leave a significant **gap of \$28.4 billion (22%) in available investments**.

Also noted and stressed by Global Fund Secretariat representatives on the call:

- The \$18 billion specified in the investment case **only refers to core investments in HIV, TB and malaria and the health systems that support these programs**. The investment case does not cover or refer to funding for the emergency pandemic response through the COVID-19 Response Mechanism (C19RM).

- The Global Fund projects that a successful replenishment of \$18 billion would contribute to **saving 20 million lives** between 2024 and 2026 and **reducing the mortality rate by 64%** across the three diseases by 2026, relative to 2020 levels. Modelling for the investment case suggests that with all three diseases, a successful replenishment of at least \$18 billion will **bend the trajectory toward what is needed to achieve the global plans by 2030**.
- The modelled trajectories for mortality and incidence underlying the investment case assume that the impact of Covid 19 on the three diseases is mitigated by the end of 2023. This would mean that by the beginning of the 2024–2026 funding cycle, Global Fund grants will be back on track toward meeting their original targets.
- Modelling indicates a **1:31 return on investment**. This means that every dollar invested on scaling up Global Fund programmes would produce health gains valued at \$31 and gains in productivity of \$2.5. Three quarters of these gains would occur in low and lower-middle income countries.
- As described in the methodology annex of the Investment Case, the modelling assumes a breakdown by disease of the Global Fund resources according to the disease split as approved by the GF Board in Nov 2021. **Concerns that TB is chronically more underfunded** are to some extent addressed by the revised ‘disease split’, which means that a larger share of all Global Fund resources is available to it above the \$12 billion level. With the new disease split, at the \$12 billion threshold TB’s share of the disease split moves up from 17% to 25%, while HIV’s moves down from 50% to 45%, and malaria’s down from 32% to 30%..

Summary of the above: According to the modelling underpinning the investment case, by raising and spending \$18 billion the Global Fund would contribute to saving 20 million lives from 2024–2026; reduce incidence rate of cases by 58% by 2026 compared with 2020; keep the downward trajectory of these epidemics consistent with 2030 targets (gaps notwithstanding); catalyse domestic investments up to \$59 billion; flow \$6 billion to reinforce systems for health; contribute to improved pandemic preparedness; yield a return on investment of 1:31; and reduce between-country inequality in life expectancy by 9% by 2026.

OBSERVATION, COMMENTS AND CLARIFICATIONS ABOUT THE INVESTMENT CASE

- The investment case lays out a strong vision with compelling language, especially around key and vulnerable populations and a people-centred approach. But there was **limited detail about how this vision can be acted on** -- including, for example, how key and vulnerable populations will be served by this investment case.
- Similarly, among the main overarching questions to Peter Sands and others at the preparatory meeting were those related to how the Global Fund will ‘operationalize’ it on many parameters, e.g., regarding community systems and pandemic preparedness. One take-home message from many of those comments was that the document is a great frame but it is **not clear what it means in practice, including how the Global Fund is going to measure and report against its investments**.
- The modelling for the investment includes a scenario for “continued Covid disruption” showing the rebound of incidence and mortality in such a case between now and the end

of 2026. While the impact of another pandemic was not explicitly modelled, the “continued Covid disruption scenario” can serve as an illustration of such a case.

- Concerns were noted that the investment case does not contain adequate **information or detail to understand how the DRM numbers were achieved** and what the mean for individual countries, which would help advocates better monitor and hold governments to account.
- According to the Global Fund Secretariat, the **DRM figures** were based on current and future projected government expenditures and were **more conservative** than in previous investment cases. The exception was for India and Indonesia, which collectively account for 50% of the TB portfolio. They were the only countries where the Global Fund, used the same approach as was taken in previous investment case projections (based on the “DIPI” method). This is because in these countries there are signs of major commitments by governments and innovative financing approaches are planned.
- The current \$18 billion target assumes a certain level of investment in health systems, and certainly some of these investments will contribute to pandemic preparedness. However, any specific spending by the Global Fund for COVID-19 or pandemic preparedness more generally over the course of the 2024-2026 funding cycle would be raised separately. **The \$18 billion will not be “cannibalized” to do things other than what has been planned, granted and allocated for HIV, TB and malaria.** With this in mind, the Global Fund will continue to make the case that the most efficient and impactful way to invest in pandemic preparedness is to channel a lot of this money, especially for low and middle-income countries, through the Global Fund.
- There is **no ‘ring-fenced’ money for RSSH** in the \$18 billion. However, because building and reinforcing health systems is vital in HIV, TB and malaria responses, RSSH will still be further integrated and people centred in line with the objectives of the new strategy, with country-driven processes making the main decisions of how and where to spend the funds.
- The Global Fund **did not factor inflation** into its modelling for this investment case, and it has never done so in the past.
- **Foreign exchange rate** fluctuations have in the past significantly altered the US dollar amounts eventually provided to the Global Fund for use. As it did with the previous replenishment, the Global Fund will take a reference rate on the day of pledging conference and fix numbers as to the exchange rates at that time.

GFAN follow up from the 25 February call

- GFAN will follow up with the Global Fund Secretariat about when the slides shown during the 25 February call can be shared with members.
- GFAN will collect all the outstanding questions in the chat during the 25 February meeting and present them to the Secretariat to review and respond to, if possible.