

Seventh Replenishment Pledging Conference



September 16-21 @ New York, USA



GFAN Pledging Conference Pre-Meeting

16–17 September 2022
New York, USA

Summary Report of Proceedings



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Acronyms and abbreviations

DRM =	domestic resource mobilization
FIF =	Financial Intermediary Fund (for Pandemic Prevention, Preparedness and Response)
GFAN =	Global Fund Advocacy Network
Global Fund =	Global Fund to Fight AIDS, Tuberculosis and Malaria
HLM =	High-Level Meeting
PPR =	pandemic preparedness and response
UHC =	universal health coverage

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1. Introduction and overview

The Global Fund Advocates Network (GFAN) hosted a meeting in New York City on 16–17 September 2022 in advance of the pledging conference that concludes the 7th replenishment campaign by the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund). More than 70 people attended all or part of the meeting in person, with another 24 participating virtually for all or part of the gathering. They included representatives from GFAN member organizations and networks, the Global Fund Secretariat, and other civil society groups and multilateral organizations engaged in HIV, TB, and malaria responses worldwide.

The meeting had two main overarching components. One focused on **the short-term objective of the pledging conference** scheduled to take place on 21 September, just four days after the GFAN meeting ended, also in New York City. Through a series of plenary discussions and presentations, meeting participants shared information and strategized about how to jointly and individually support the Global Fund's efforts to get donors to pledge a total of at least \$18 billion for the 2023–2025 funding cycle. Many of these discussions centred on finding ways to successfully influence key donor decision-makers to announce contributions before or at the pledging conference that were at least 30% larger than committed for the 6th replenishment.

The GFAN meeting's second component explored **longer-term issues and priorities**, including:

- the network's possible future role in pandemic preparedness and response (PPR) activities and advocacy, including the newly launched Financial Intermediary Fund (FIF) for Pandemic Prevention, Preparedness and Response;
- entry points for influencing Global Fund policies and decisions over the rest of 2022 and beyond, including at committee and Board meetings where discussions will take place on implementing the new Global Fund Strategy and deciding how to spend the money raised for the next funding cycle; and
- upcoming high-level global meetings of importance to HIV, TB, and malaria responses, including on TB and universal health coverage (UHC).

One element of the first component was organized independently from GFAN. It was a joint session coordinated by the two civil society delegations and the communities delegation to the Global Fund Board as an 'open dialogue' to discuss key messages, stories and themes that could be used to help influence donors to make ambitious pledges allowing the Global Fund to raise at least \$18 billion. Annex 1 includes a summary of that session, which included a six-person panel discussion and a group activity to generate key messages to be used in social media in support of a successful replenishment.

About this report

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

The report is divided into two general parts:

- updates and planning specifically relevant to the 21 September pledging conference
- longer-term activities and priorities for GFAN and civil society

The report also includes three text boxes and one annex:

- Box 1 discusses unique and potentially catalytic aspects of the US contribution to the Global Fund
- Box 2 summarized initial discussions regarding a proposed civil statement immediately after the pledging conference
- Box 3 discusses lessons learned from GFAN's experience with the Access to COVID-19 Tools Accelerator (ACT-A) initiative

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- Annex 1 includes a detailed summary of a special session organized by the three civil society delegations on key replenishment messages

2. Updates and planning for the final days before the pledging conference

2.1 Secretariat overview: 7th replenishment campaign

Global Fund Executive Director Peter Sands spoke briefly at the GFAN meeting, thanking all participants for the work they have done in support of the 7th replenishment and providing an update and overview at this stage in the process. He referred to several unexpected challenges over the campaign, starting with Russia's invasion of Ukraine (which began during the preparatory meeting) and continuing through the death of Queen Elizabeth II, which forced the pledging conference to be moved back by two days at the last minute.

Other longer-term challenges have included restrictions and limits associated with the COVID-19 pandemic that made it difficult over the past 30 months or so to do some of the important outreach that traditionally has helped to drive awareness and support for the Global Fund, including visits with parliamentarians and policy makers. This has hindered efforts to establish relationships with potential new donors in particular. Similarly, there have been challenges due to changes in political leadership resulting in different governments in many places over the past couple of years. Several newer leaders the Global Fund has reached out to know little or nothing about the Global Fund and HIV, TB and malaria more generally, and it can take time to raise awareness and create connections with the main decision-makers in new administrations.

For these and other reasons, there had been fewer pledge announcements in advance of the formal pledging conference than in previous replenishment campaigns. Driving momentum further over the next few days is therefore more important than ever, Sands noted. Listed below are some other observations from him, other members of the Secretariat at the meeting and some participants:

- Germany, Japan and the United States have all come through with pledges at least 30% greater than the previous replenishment. Japan's 30% increase in US dollars was equivalent to a nearly 60% increase in Japanese yen. Germany is an example of the fact that even after decisions have been made, they can be unmade – as it increased from an initial budget allocation to a 20% increase and then again to a 30% increase in response to push back and follow-up advocacy.
- A majority of the 20 largest historical donors have not yet announced (as of 17 September), including Canada, Australia, Spain, Italy and the Netherlands. The United Kingdom remains the biggest concern, and the US government and other partners have been working with Global Fund to get the country to announce as soon as possible.
- Key advocacy approaches at this late stage in the overall process should be at the highest level (e.g., ministers and heads of state), including through personal relationships and appeals, because the staffers and bureaucrats have already made their recommendations. One key message when reaching out to missions and other influential sources is that it is not too late to pledge now, and it is not too late even after the pledging conference. An important consideration to keep in mind is that the Global Fund raised over \$4 billion during the course of the current 2019–2022 funding cycle after the 6th replenishment pledging conference for Global Fund efforts to address COVID-19.
- The Secretariat has high hopes for the private sector, which contributed \$1 billion for the 6th replenishment. Several new donors from the sector are expected to announce for the 7th. Many current and potential private-sector partners prefer to focus on specific issues and areas (e.g., HIV prevention, community health workers, data systems) instead of having their money go directly to core allocations.

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Box 1. The special case of the US contribution

The US government's involvement, role and influence are important factors in the current replenishment. As host of the pledging conference, it has a special interest in a successful outcome. Also, the outcome has notable impacts on the ultimate size of the US contribution and the overall amount raised. The US government has already announced that it is prepared to provide \$6 billion over the three years of the funding cycle. But that total amount would only be made available if the Global Fund raised at least \$18 billion due to a US law prohibiting the country from providing more than 33% of total Global Fund financial resources. More information on this from GFAN can be found [here](#).

This situation suggests an advocacy message targeted at other donors, reminding them that **there could be money left on the table** if they and other donors do not collectively pledge at least \$12 billion. An associated message would be that failure to take full advantage of the US '2 for 1' match offer could result in fewer lives saved.

2.2 Messages and themes to support last-minute advocacy

Several GFAN meeting participants were scheduled to deliver speeches or participate in various panels or forums during the run up to the pledging conference on 21 September. Many were individuals living with or affected by HIV, TB and malaria who had been invited to provide statements and share their stories about how and why Global Fund support is so important to them, their communities, their families and their countries.

During a brief session at the meeting, some of these participants gave a brief overview of their likely talking points and received some suggestions and feedback from other GFAN meeting attendees that was intended to help further boost their influence in support of the replenishment. Below is a summary of some of the suggested issues and points to make that were introduced by other meeting participants for specific speakers to consider and may serve as useful key messages post-replenishment as well:

- **Malaria** continues to infect and kills hundreds of thousands every year – but it can be eliminated, as has already happened in many countries (e.g., Vietnam), often with Global Fund support.
- Making greater progress against **TB**, which kills more people than HIV and is itself the largest killer of those living with HIV, relies on more money being available overall. One reason is that the Global Fund 'disease split' model allocates a slightly larger share of overall investments to TB above the \$12 billion level across a three-year funding cycle.
- The Global Fund is indispensable in many contexts because it is able to support services and support even in some of the most **difficult and insecure places**, including those affected by ongoing conflict, displacement or political and economic crises (e.g., Myanmar, Ukraine and Sri Lanka). This is due to its flexibility and ability to adapt quickly to local conditions and needs.
- Global Fund funding **strengthens health systems as well as community systems** that are also critical to improved health services overall in addition to HIV, TB and malaria responses. The Global Fund therefore helps to ensure sustainability, which is needed to realize UHC and other key global health priorities and goals.
- The Global Fund is a proven and effective mechanism **linking the Global North and Global South**, thereby helping to boost international collaboration, efficiency and effectiveness in the face of all current or future health crises.
- The Global Fund plays a vital role in helping to **end inequality**, including by supporting community-based organizations and models that focus on key and vulnerable populations that are often ignored and left behind. By empowering communities, it helps to build resilience that benefits societies in general.

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- The Global Fund places a significant priority on **human rights and gender**, which allows its support to be made available to confront gender-based violence and violence against women and girls, among other human rights abuses and violations.

Other messages and themes for all advocates to consider using in the run up to the pledging conference were discussed during different parts of the meeting. One is that changes in **life expectancy** directly related to the Global Fund’s engagement and support can be powerful signs of its value. In Malawi, for example, life expectancy increased by 19 years over two decades due to a reduction in the impact of HIV, TB and malaria, a period in which Global Fund programmes funded much of the responses to those diseases. Also, **solidarity** is one message that sometimes resonates with both existing and new donors. That is one reason why increased domestic resources for health in implementing countries, no matter how small, is an important signal to donors. Also, potentially valuable from the solidarity perspective are references to other countries having already given generously, with the implication being that other donors have a duty and responsibility to contribute similarly.

Several other messages were introduced during a joint ‘open dialogue’ session coordinated by the three civil society delegations to the Global Fund Board. Annex 1 contains a detailed summary of that session, which included a panel discussion focusing on what has been achieved and gained with Global Fund support and what could be lost if at least \$18 billion is not raised.

2.3 Where and how to be involved: events and advocacy materials

Meeting participants from GFAN and various partners mentioned several events and engagement opportunities for advocacy work in the run up to the pledging conference. They included:

- Social media tagging and highlighting (e.g., via #FightForWhatCounts; #CommunitiesAtTheCenter; #GetBackonTrack)
- Resources on the GFAN website, including an [events calendar](#), [pledge tracker](#) and [media/communications pack with talking points](#)
- Key events over the next few days, including “Times Square takeovers” (advocacy activity organized by GFAN), a Friends of the Global Fund event on challenging operating environments (COEs), a Global Fund Secretariat “Fight for What Counts” campaign event and a private sector event (invitation only).

Participants were also encouraged to “get to the microphone” whenever possible, with GFAN talking points offering some messages to highlight, and to reach out to country missions in New York to make the case.

Box 2. Responding to the pledging conference: initial discussions

GFAN introduced a plan for a civil society statement to be released after the pledging conference, after it is known how much was raised.

A rough sketch of a statement was presented at the meeting for preliminary discussion. It included language for consideration based on two scenarios: a ‘good’ one in which the \$18 billion target was fully or nearly reached by the end of the conference on 21 September, and a ‘bad’ one in which significantly less was pledged and/or the United Kingdom did not announce a contribution.

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Under both scenarios, the statement would start by expressing gratitude to the host country (the United States) and donors and remarking on the hard work done up to date in the replenishment campaign. The content of the rest of the statement would vary depending on scenario, with the focus in the 'good' scenario on encouraging even greater support in order for the world to get on track to meet all HIV, TB and malaria investment needs and achieve the Sustainable Development Goals (SDGs). The focus in the case of the 'bad' scenario would be on raising alarm bells about the critical services that would need to be cut or could not be funded as well as the potential lives lost.

Following discussion around the proposal, it was agreed that a small working group would take the idea forward in the days leading up to and after the pledging conference but in the end, with multiple organizations needing to make statements in response to their governments actions, GFAN Director Katy Kydd Wright instead wrote a [blog post](#) that was more informal and focused more on the questions that the less than 18 billion raised leave us with.

2. Beyond the 7th replenishment: advocacy priorities and events

2.1 Pandemic preparedness and response (PPR)

Pandemic preparedness became a major issue for the Global Fund over the course of the current funding cycle and its likely future importance can be seen in the new Global Fund Strategy. This strategic positioning echoes larger global shifts involving development agencies, governments and multilateral organizations since the COVID-19 pandemic.

A new priority for Global Fund advocates therefore centres on ensuring greater understanding and engagement in all pandemic preparedness and response (PPR) initiatives. Three key processes were discussed at the meeting: the new Financial Intermediary Fund (FIF) for Pandemic Prevention, Preparedness and Response, which is hosted by the World Bank; a proposed new global pandemic treaty; and a recently announced high-level meeting on pandemic preparedness to take place in 2023.

2.1.1 Financial Intermediary Fund (FIF)

The US government was one of several partners behind the creation of the FIF, which is intended to help support low- and middle-income countries to better plan for and respond to future pandemics and similar crises. A first notable step was a World Bank 'white paper' on the proposed initiative released in May 2022 that was open to public comment, including by civil society groups. GFAN was one of many from the sector to provide comments on the white paper.

The FIF was formally established during an 8–9 September 2022 meeting of its new governing board. At that point a total of \$1.4 billion in financial commitments had been announced and plans were being made for a first round of calls for proposals in November 2022. Some additional information on the PPPR FIF (now renamed Pandemic Fund) is [available on the GFAN website](#).

Civil society representation on the FIF board. Since submitting input to the 'white paper' in May 2022, GFAN has been involved in coordinated activities aimed at opening the FIF to civil society voices, including a successful effort to create two civil society seats on the FIF governing board. With other partners, the network also led a process to quickly recruit two civil society board members, and two alternates, to join the first FIF board meeting on 8–9 September.

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The selection of permanent representatives from the sector will need to be completed in advance of the May 2023 board meeting (and the interim representatives are eligible to seek these positions as well). That process will be more consultative and open compared with the one used to select interim representatives, which had to be done within days in advance of the first board meeting in September.

Similar to the Global Fund system, civil society has the power and responsibility to make its own decisions about suitable criteria for its representatives and how they are selected. The FIF's board has other similarities to the Global Fund's model, including an equal split between donor and implementing countries (nine board seats each) in addition to separate seats for philanthropy and civil society. Important considerations for civil society engagement that continue to be discussed by GFAN and partners include how the civil society delegations should fulfil a broad consultative role and how they are to be funded.

Early concerns about the FIF. In the few months since the FIF was introduced with the World Bank 'white paper', there have been consistent concerns from the civil society perspective across the development world, including Global Fund partners. The concerns are around issues such as the FIF's transparency; how and whether civil society can be meaningfully involved in all structures and systems; the FIF's understanding and commitment to equity; and how or if the Global Fund and other multilateral financing institutions such as Gavi can get access to its funds.

Other fundamental concerns question the need for a fund dedicated to PPR when many established and effective mechanisms such as the Global Fund already have the systems and structures to deliver such funds and in many cases have already been doing so – e.g., the Global Fund's COVID-19 Response Mechanism (C19RM). This concern also centres around the potential that the FIF could duplicate or 'replace' funding that would otherwise be available to the Global Fund.

2.1.2 International pandemic treaty

Separate to the FIF, a proposed new global pandemic treaty is currently being developed. This is a relatively long-term process, with a zero draft not expected until April 2023 – to be discussed at the 76th World Health Assembly – and eventual adoption of the treaty not until 2024 at the earliest.

An intergovernmental negotiating body (INB) is coordinating the treaty drafting and negotiating process. Opportunities for civil society input are somewhat limited because treaty development is a heavily state-centred process. However, questions can be emailed in advance of and during four "informed, focused consultations" with experts over the next several weeks.

Some or all of the consultation topics may be of interest to Global Fund advocates. They include: legal matters (14 September), operationalizing and achieving equity (5 October), intellectual property and access to pandemic response products (7 October); and One Health¹, antimicrobial resistance, climate and zoonosis (14 October). (More information on these consultations is available on the [INB's website at WHO](#).)

2.1.3 GFAN's role in PPR moving forward

At the request of GFAN global representatives, meeting participations were asked whether and how GFAN should be involved in PPR-related work in the future. The general consensus was that the network should consider PPR in general to be a priority for monitoring and watchdogging, including by offering members regular calls and updates on relevant issues and developments.

¹ One Health refers to an approach to take a more holistic approach to Global Health by removing silos between human, animal and environmental health; in particular to better help prevent, detect and control emerging zoonotic agents (e.g., pathogens from animals that affect humans). The approach emphasizes the importance of better understanding and monitoring interactions at the 'human-animal-environment interface'.

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In terms of the FIF, GFAN's proposed role could be twofold: (1) to support civil society delegation and constituency work, around which it has extensive expertise and experience, and (2) to engage the broader network through informational activities such as membership calls and a new GFAN FIF Google Group listserv (which was already in development at the time of the meeting and would soon be launched). Such activities and access to tools would be a follow-on of events already organized, including a 'town hall' discussion on the FIF held on September 15th 2022.

A separate issue is whether the FIF should be a direct focus of GFAN's advocacy work (and participants were reminded that GFAN's Steering Committee would need to be consulted about this as well). This idea was greeted positively during brief discussions at the meeting. The following are among the comments, observations, and suggestions:

- Whatever GFAN says and does regarding the FIF and PPR in general should be **aligned with the Global Fund**. This includes stressing and highlighting the same principles and trying to ensure that the FIF acts like the Global Fund in areas such as community engagement.
- More generally, GFAN can help make the important case that **communities must be involved in all PPR activities**, including prevention (which at heart is a community focus). This could be an opportunity to strengthen community surveillance and integrate with medical surveillance.
- GFAN should focus and insist on rigorous attention to **data and accountability** in all PPR-related activities. This would include effective monitoring, including by communities.
- GFAN could play a close watchdog role in ensuring that the FIF's language, tone and approach are **respectful, non-judgmental, and non-stigmatizing**. References to language from the World Bank and other FIF partners about "beneficiary countries" is one example of problematic and archaic terminology.
- GFAN should make the case that communities were instrumental to the maintenance of many key services during the COVID-19 pandemic and that service disruptions were minimized due to systems, structures and partnerships set up and supported by the Global Fund. The point should be made that these **existing mechanisms should be built on**, resourced, and integrated in any PPR efforts.
- GFAN should continue and expand its role in **helping civil society in implementing countries understand the FIF and other PPR-related issues** as they evolve and in terms of how they relate to various multilateral initiative and mechanisms ranging from the Global Fund to Gavi to UHC to One Health. How these new initiatives and approaches fit in an already-complicated global health and development environment is also a concern for governments and other partners everywhere.
- GFAN could make and build the case that **the Global Fund already has the capacity, experience, and financing structures** to do all or most of what the FIF proposes as well as most other likely PPR-related investments. Part of the case could be tied to the new Global Fund Strategy, which further emphasizes resilient and sustainable systems for health (RSSH) – and PPR is essentially RSSH after all.
- GFAN could help lead collective civil society discussions about an overall strategy of how to deal with PPR and the FIF. One component could be based on the recognition that this is a new landscape for most GFAN members and allies. Therefore, there is likely a need **to find and involve people with different expertise**, not just in regard to the Global Fund. Taking such steps will be crucial for effectively supporting civil society representatives on the FIF board and strengthening advocacy around the FIF and PPR at country and grassroots levels.

One reason this is important is that so many of the conversations around the FIF are happening with and through finance ministers, not health ministries. Engaging intelligently, effectively, and persuasively with finance ministers is therefore critical.

Box 3. Learning from the ACT-A experience

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Lessons learned from the Access to COVID-19 Tools Accelerator (ACT-A) initiative are likely to be instructive for the FIF, including in terms of the engagement and involvement of communities and civil society. GFAN was heavily involved in ACT-A from the beginning; most notably, alongside StopAIDS and WACI Health it built a [platform](#) to advocate for civil society and community inclusion through all levels of the ACT-A and supported those representatives in their roles.

A formal evaluation of ACT-A will be released in October 2022. Separately, GFAN and its Platform partners have commissioned an internal evaluation that should be available around the same time. This evaluation will focus on all aspects of civil society and communities engagement in the ACT-A, including what did and did not work and whether the experience of *the Platform* is replicable or otherwise useful for the FIF and other mechanisms.

Some likely areas of discussion in the Platform evaluation include whether and how the civil society representatives were seriously engaged throughout the ACT-A process and the extent to which there was adequate consultation with and engagement of the sector at regional and local levels in addition to global.

2.2 Mobilizing increased domestic financing for health

Domestic financing is an essential component of funding for HIV, TB, and malaria in every country with Global Fund programmes. It is the largest single financing category (45% of the total) in the investment case for the 7th replenishment. Therefore, domestic resource mobilization (DRM) is a major ongoing priority for the Global Fund Secretariat, and civil society advocates in most implementing countries during and in between replenishment campaigns.

The urgency has always been evident: Sustainability of all health programmes and initiatives relies on sufficient domestic financing, including and in addition to those directly related to the Global Fund's three diseases. This 'additionality' message is one the Global Fund regularly stresses. It was created not to take over and fully fund local programmes, but to provide additional and catalytic support that helps to leverage domestic financing and strategies.

Many implementing countries have struggled economically over the past few years due to the impacts of the COVID-19 pandemic and other challenges. The situation has been especially problematic in challenging operating environments (COEs) and fragile states such as South Sudan. The Global Fund's co-financing policy aims to take into account the wide variations in partner countries' economic reality and fiscal space when setting co-financing requests, with decisions about financing shares and amounts decided on a case-by-case basis.

DRM has long been at the centre of **GFAN Africa's** advocacy work, including calling on countries to meet regional health financing targets such as spending at least 5% of gross domestic product (GDP) on health and dedicating 15% of national budgets to health. One tool it focuses on is the Africa Scorecard on Domestic Financing for Health. GFAN Africa is tracking progress against this scorecard and is planning a civil society report that will urge for the addition of indicators that can help to assess equity and health access. Another tool that GFAN Africa uses to push for the same objective of increased domestic resources for health is the Addis Ababa Commitment toward Shared Responsibility and Global Solidarity for Increased Health Financing Declaration, also known as the [ALM Declaration](#).

As countries in the region face tough spending and allocation choices in the post-COVID era, GFAN Africa has continued to urge them to not divert resources from essential basic services, including those for HIV, TB and malaria, and to reallocate at least 1% of their budgets toward the health sector in general.

GFAN Africa's DRM-focused activities are often done through collaborative efforts with other initiatives. The three-year Joint Learning Agenda on Strengthening Civil Society Capacity for Health Financing, launched in November 2020, is training around 400 advocates across 20 countries in a process that also includes a 'training of trainers' component reaching 40 people. Another, Health Education, Advocacy and Learning Series (HEALS), is a joint

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learning project on effective advocacy for DRM for health that is being piloted by partners in Kenya, Vietnam, and the United States.

In addition to advocacy in support of the 7th replenishment, UHC and primary health care are two other priorities for **GFAN Asia Pacific (GFAN AP)**. It has been supporting the development of investment cases regarding the community, rights and gender (CRG) aspects of HIV, TB, and malaria responses to achieve UHC. Countries where this work is being done include Indonesia, Sri Lanka, and Vietnam.

For GFAN AP, DRM is an overarching advocacy approach for achieving UHC and other health-related improvements throughout the region. In Vietnam, for example, advocates are pushing for more government spending on both UHC and primary health care. Advocates in India are looking to bring in more young people to do advocacy for increased domestic health financing as part of a 'bottom-up' approach to amplify the voices of all communities.

GFAN meeting participants briefly discussed various other messages and approaches for DRM. One focused on finding ways to hold politicians accountable for election promises to improve health systems, an objective that requires greater attention and domestic financing. Another considered using an approach combining human rights and cost-benefit analysis in environments where key populations are by far the largest groups of people affected by the three diseases (e.g., Eastern Europe and Central Asia). In many of those settings, governments could save both lives and money, thereby making more funding available for health in general, by reallocating government funds from harassing and locking up drug users to harm reduction services.

2.3 Notable upcoming events in 2022 and 2023

The United Nations will be hosting three important high-level meetings (HLMs) in 2023, one on UHC, one on PPR and the final one on TB. All are major advocacy priorities for civil society groups focused on the Global Fund and health more broadly at global, national and local levels.

2.3.1 HLM for UHC

The HLM for UHC will take place in September 2023. The meeting is being framed by UHC2030 and Civil Society Engagement Mechanism for UHC2030 (CSEM) in the context of the world not being on track to meet the 2023 targets set by the [2019 political declaration on UHC](#), and that the COVID-19 pandemic has pushed back efforts even further.

Opportunities for engagement will be determined and overseen by a task force to coordinate preparation set up by UHC2030. Multistakeholder consultations will be one part of this process. One focusing on updating the 'key asks' – the core requests for governments and political leaders – will take place during the first quarter of 2023. A separate multistakeholder hearing will be organized in the year's second quarter, which is also when the zero draft of the HLM outcome document will be ready for review.

CSEM has responsibility for ensuring that civil society and communities are involved throughout the process, including providing input into the key asks, participating in the multistakeholder hearing, and feeding into the zero draft of the political declaration. This will include organizing webinars to mobilize civil society at all levels (global, regional, and local).

All activities and entry points focused on civil society engagement will be made available on the [CSEM website](#), which also has toolkits and other supporting materials for advocates. GFAN meeting participants were encouraged to be in touch with CSEM representatives – through the website – if they would like to be involved at any or all stages of the process. Other information about the HLM overall is available on the main [UHC2030 website](#).

Suggestions for advocacy and focus

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- UHC Day is 12 December. That could be a time for key messages, including about DRM (as increased domestic financing is essential to achieve UHC).
- UHC is often conceptualized as being solely or primarily about the availability of medicines. Efforts should be made to expand the understanding among all people that it also refers to accessibility and affordability of essential health services and support in general.
- Young people's engagement from the beginning should be prioritized.

2.3.2 HLM for TB

The 2023 HLM for TB will likely also take place in September 2023 during the UN General Assembly. Planning for it is a bit further behind compared with the UHC HLM, including in terms of identifying the two co-convenors to be appointed by the UN Secretary-General.

Two key documents will influence the focus and scope of the meeting: the [Global Plan to End TB, 2023–2030](#), which was published in July 2022 and discusses what needs to be done in light of the impacts of COVID-19, and an updated version of the '[A Deadly Divide](#)' report, which reports on progress toward the [UN Political Declaration on the Fight Against TB](#) adopted at the previous HLM on TB in 2018. (The most recent version was published in November 2020, with the follow-up version not published as of mid-September 2022.)

Opportunities for civil society engagement will be arranged and scheduled over the next few months, with information regularly updated on the [Stop TB Partnership website](#). The organization will select one or more civil society groups to help oversee and mobilize the sector's involvement in the lead up to the meeting, including by arranging and supporting consultations to give feedback. The deadline to [apply for this role](#) is 13 October 2022.

Suggestions for advocacy and focus

- The timing is good for next year (2023) to be the most important advocacy effort ever on TB. In addition to the HLM, the Stop TB Partnership board meeting will be in India, home to the world's greatest TB burden, and India will be hosting the Group of 20 (G20) and has signalled that TB will be one of its top priorities in that forum. These developments offer the opportunity to drive short-term politically actionable targets on quality diagnosis and treatment, for example, and make this a political issue and not just a technical one.
- TB responses are often still highly vertical, which means that there is often competition for resources even when integration should be the goal (especially with HIV responses). Integration is essential for improved case detection and treatment uptake.
- Most TB data collection does not search for or disaggregate by key populations including transgender individuals, sex workers and people who use drugs. This helps to keep these vulnerable people invisible and harder to reach.
- The next 12 months are critical for TB, both within the Global Fund and more broadly. New diagnostic tools are available as are shorter treatment regimens that are less toxic and more effective. Such tools offer great opportunities, including when Global Fund country coordinating mechanisms (CCMs) consider how to spend TB funds.
- The structures and systems built by TB programmes have widespread value and application. TB diagnostics and infrastructure were used in COVID-19 responses, which indicates that TB can be a centrepiece of future PPR funding and attention (especially in terms of airborne diseases).
- Actively building and strengthening community and civil society knowledge on TB is important for improved responses, especially in terms of reaching key and vulnerable populations. Stop TB Partnership and other partners should invest in building capacity on TB in the sector, including in GFAN. This could include raising greater awareness about and expanding the [Challenge Facility for Civil Society](#), the Stop TB

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Partnership's Stop TB Partnership's grant mechanism for TB-affected community and civil society organizations.

2.3.3 HLM for pandemic prevention, preparedness and response

In the days preceding the GFAN meeting, the United Nations General Assembly (UNGA) announced that a High Level Meeting on Pandemic Prevention, Preparedness and Response would also take place alongside the HLM on TB and UHC – and also no later than September 2023.

Suggestions for advocacy and focus

In the absence of further detail, advocacy should focus on the organization ahead of the PPPR HLM of a community and civil society hearings, and coordination with national delegations to ensure that a diversity of voices be consulted in-country.

Some concern exists that the multiplication of high level meetings on health during UNGA 2023 could lessen the impact of each of them – this is a risk that needs to be accounted for when planning advocacy activities.

2.3.3 Global Fund governance

The Global Fund governance calendar over the next several months includes many events related to allocating resources pledged in the 7th replenishment and implementing the 2023–2028 Global Fund Strategy. Although formal agreement has already been reached on the overarching ways that the money will be used, there are still opportunities for civil society to influence decisions. These include the Strategy Committee meeting in October 2022 and the November 2022 Board meeting, at which new key performance indicators (KPIs) and monitoring and evaluation (M&E) frameworks will be discussed in addition to discussions about funding over the upcoming three-year cycle.

Important developments associated with the May 2023 Board meeting include the selection of a new Board chair and vice-chair as well a community, rights, and gender update.

GFAN will coordinate with the communities delegation and the two civil society delegations regarding additional information about these and other events, including possible calls and learning opportunities.

Annex 1. Summary of special session organized by the communities delegation and two civil society delegations to the Global Fund Board

Communities and key populations at the centre of the new Global Fund Strategy and the 7th replenishment

Purpose of the joint session:

The session coordinated by the two civil society delegations and the communities delegation to the Global Fund Board was an open dialogue under the theme 'impact, impacting and impactful'. The aim was twofold:

- to highlight examples of how and why Global Fund support has been essential to communities around the world – and, by extension, improved and saved millions of lives; and
- to brainstorm about some key messages for social media and other advocacy efforts in the last days prior to the 7th replenishment pledging conference (recently rescheduled to 21 September) and the following several weeks.

The overall goal was to help increase and drive momentum for donors to meet the Global Fund's replenishment target of least US\$18 billion for the 2023–2035 funding cycle. The investment case released by the Global Fund in February 2022, at the beginning of the replenishment campaign, provides a detailed analysis of why that amount was chosen and the potential impact it could have across the funding portfolio, including in terms of lives saved and infections averted.

The session consisted of two parts: a panel discussion and a group activity to generate key messages to be used in social media in support of a successful replenishment.

1. Panel discussion

Six people directly and indirectly involved in community-based activities in HIV, TB and malaria responses at global, regional and/or local levels participated in the moderated panel discussion.

Each panellist delivered brief remarks in response to two main questions: (1) How has the money received from the Global Fund helped you and your communities? and (2) What will happen to our communities if the Global Fund's replenishment target amount is not met? Listed below is a brief summary of some of the themes and messages mentioned by the participants over the course of the session.

What has been gained and achieved. The Global Fund's unique focus on equity, human rights, gender and community engagement has made it an especially valuable and effective partner in reaching the individuals and communities most in need. Among many other valuable impacts, the Global Fund has:

- Contributed to the reduction of malaria mortality by more than 50% by supporting access to prevention tools such as (i) free mosquito nets every three years to millions of people, (ii) rapid diagnostic tests and (iii) injectable medicines to treat severe malaria.
- Contributed to improved well-being and quality of life by investing in community organizations that provide quality services not just in HIV, TB and malaria, but increasingly across broader health care and social protection sectors in many places.
- Raised the profile of TB worldwide while accounting for more than three quarters of all international financing for TB responses.
- Been instrumental in allowing communities and other partners to maintain essential HIV, TB and malaria services during the COVID-19 pandemic even where health systems have been severely disrupted.

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- Played a major role in reaching vulnerable, stigmatized and criminalized populations such as men who have sex with men, sex workers, transgender persons and people who use drugs and increasing their access to lifesaving services. The Global Fund's targeted support has empowered such communities to design and lead their own interventions and activities, to become better advocates, and to influence key policies and strategies in their own countries, including those that are barriers to their health and safety.
- Brought lifesaving services to people who use drugs through support of harm reductions initiatives such as syringe exchange and opioid agonist treatment (OAT).
- Ensured continued access to essential HIV, TB and malaria services for people and communities experiencing humanitarian crises, as in Ukraine and other challenging operating environments (COEs)

What could be lost. Failure to at least meet the US\$18 billion replenishment target could have the following consequences, all of which could lead to more infections and deaths and further set back efforts to meet global targets related to HIV, TB and malaria and create healthier and more productive societies overall:

- Reduction in funds available for key and vulnerable populations, including because of the likelihood that the Global Fund's Community, Rights and Gender department (CRG) will have fewer financial and human resources and far less money will be available for catalytic investments that often focus on reaching the most vulnerable.
- Reductions in services for the most vulnerable and marginalized to HIV, TB and malaria due to many community-based networks and organizations finding it difficult if not impossible to find other financing options. Many would be forced to cut services drastically or close altogether.
- Less monitoring, accountability and advocacy related to human rights abuses and violence, particularly against key and vulnerable populations.
- Less ability to reach and support criminalized populations in a global environment characterized by resurgent anti-rights momentum.
- Reduced numbers and capacity of community health workers (CHWs) due to lack of training and financial support.
- Reduced knowledge and capacity about HIV, TB and malaria among communities and the people and countries they serve, which would in turn reduce awareness and uptake of evidence-based prevention and treatment interventions.
- Reduced preparation and resilience to face future pandemics and other crises to health systems. An important lesson learned during the COVID-19 pandemic is that interventions, services and systems supported by the Global Fund, including those provided and led by communities and key populations, have helped many countries address urgent and unexpected health needs. One of many examples is the use of existing TB diagnostic tools to test for the virus that causes COVID-19.

2. Key messages to amplify

All meeting participants, in person and virtual, were invited to propose messages to be used across social media and other influencing platforms. The messages were intended to push donors to collectively meet the US\$18 billion target and to understand why increasing and sustaining investments in the Global Fund is so vital to overall global health and well-being.

Participants were encouraged to add the hashtags #FightForWhatCounts and #CommunitiesAtTheCenter and to tag GFAN (@gfvocates), the Global Fund (@GlobalFund), the Developing Country NGO Delegation (@DevelopingNGOs), the Developed Country NGO Delegation (@developingNGO), and other key people or organizations such as heads of state, other health groups and the media.

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The messages were proposed and revised in real-time and were collected and made available on a Jamboard titled 'Amplifying voices, saving lives' at <https://bit.ly/3xtUPim>. More than 20 key message ideas were listed on virtual 'stickies' on the Jamboard by the end of the session, with many referring to the number of lives (20 million) that the Global Fund estimated could be saved over the next funding cycle if it had at least US\$18 billion to spend.