



meeting report

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acronyms & abbreviations

CCM =	Country Coordinating Mechanism
CSS =	Community Systems Strengthening
CRSS =	Community-Response and System Strengthening
DRM =	Domestic Resource Mobilisation
GC7 =	Grant Cycle 7
GFAN =	Global Fund Advocates Network
Global Fund =	Global Fund to Fight AIDS, Tuberculosis and Malaria
HLM=	High-Level Meeting
LMICs =	low- and middle-income countries
ODA =	Official Development Assistance
PPPR =	Pandemic Prevention, Preparedness and Response
SDG =	Sustainable Development Goal
UHC =	Universal Health Coverage
WHO =	World Health Organization

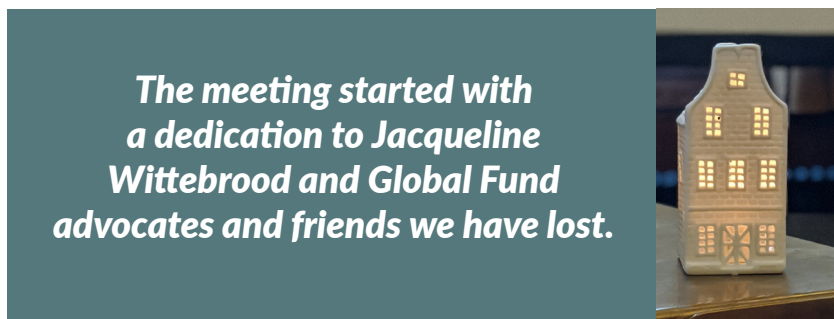
Note on text: All \$ figures are U.S. dollar amounts unless specified otherwise.

introduction & overview

The 2023 Global Fund Advocates Network (GFAN) Global Strategy Meeting took place over three days (18–20 April) in a hybrid format. Some 75 people from around the world participated in person in Nairobi, Kenya, with 20 others participating virtually for at least part of the meeting.

The majority of participants were from the civil society sector and were either members of GFAN as individuals or as representatives of a member organization. Other in-person attendees included representatives from the Secretariat of the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund), donors (e.g., Bill & Melinda Gates Foundation), and technical and advocacy partners such as Malaria no More UK and the Stop TB Partnership.

Resource mobilization for the Global Fund was the meeting’s main overarching topic. This included reflections on the 7th replenishment process over the course of much of 2022 and ongoing efforts to convert donor pledges into disbursements. The replenishment was the primary approach to secure the majority of funds for all aspects of the institution’s operations from 2023–2025, including grants to implementing countries and programmes. That three-year period is known as Grant Cycle 7 (GC7).



other areas of discussion included:

- challenges and opportunities for short- and longer-term resource mobilization campaigning and advocacy, including at various high-level global gatherings over the rest of 2023;
- broader issues, trends and developments related to HIV, TB and malaria that affect financing of disease responses in general; and
- strategies and priorities for further civil society advocacy in support of resourcing for the Global Fund and increased engagement of communities and civil society in disease responses that meet GFAN members’ principles and expectations.

The meeting consisted primarily of plenary sessions that included presentations and panel discussions, with substantial time devoted to questions and answers from in-person and virtual participants. Two sets of group work included (1) discussion and review of high-level events over the course of 2023 that offer advocacy opportunities, and (2) discussion of priorities, entry points and strategies regarding key themes and approaches for additional resources (e.g., domestic resources and sustainable funding for advocacy).

Local GFAN partner WACI Health organized a morning of site visits for meeting participants to Global Fund-supported organizations and facilities across Nairobi. A small number of attendees visited one of nine projects, meeting with staff, volunteers and clients in some cases. The nine sites included projects and facilities offering a range of HIV and TB prevention, treatment and care services. Some of the sites focused specifically on key populations including men who have sex with men, sex workers and people who use drugs.

about this report

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

the report is divided into four general parts:

- Section 1 provides an overview of 7th replenishment process and outcomes, as well as observations about the process from the Secretariat and civil society.
- Section 2 discusses key challenges to resource mobilization and more broadly to the health, well-being and rights of communities living with and affected by the target diseases.
- Section 3 discusses opportunities and options for increased and sustained resource mobilization for the Global Fund and improved disease responses overall.
- Section 4 summarizes preliminary planning and discussions for entry points, strategies and activities for civil society advocacy over the next several months and beyond, including the proposed launch of a new campaign to raise additional funding for the Global Fund ahead of the 8th Replenishment.

the report also includes four text boxes:

- Box 1 gives an overview of the GFAN Speakers Bureau and its new members.
- Box 2 provides a summary of observations from an informal talk by the Global Fund executive director, who participated virtually for one session.
- Box 3 provides a summary of some recent issues and trends around the Global Fund's three target diseases.
- Box 4 gives an overview of the RISE study, an independent effort led by civil society to assess and improve communities engagement in country coordinating mechanisms (CCMs) and beyond.

Twelve new members of [the GFAN Speakers Bureau](#) attended the meeting, introduced themselves and delivered brief remarks about their backgrounds, lives and reasons for wanting to be speakers. Ten were in Nairobi in person, while the other two participated virtually. They come from multiple countries and regions: five from Eastern and Southern Africa, four from West and Central Africa, two from Asia and one from Eastern Europe and Central Asia. They also are members of a wide range of communities that have benefited from Global Fund investments, including survivors of TB and malaria, people living with HIV, and LGBTQI+ populations.

The Speakers Bureau's main goal is to use personal stories to help increase awareness and support of the Global Fund and its impact in both donor and implementing settings. GFAN meeting participants were reminded that speakers are available for events and activities such as briefings and meetings with parliamentarians and other decision makers, conferences and meetings (including as speakers and panellists), and media outreach (interviews, blogs, etc.).

box 1: meeting the new GFAN Speakers



7th replenishment: reflections & observations

overview of process & outcomes

The Global Fund launched its 7th replenishment campaign in February 2022, to raise funds for its grants and administrative functions over the three-year grant cycle beginning in 2023. As of the start of the Nairobi meeting on 18 April 2023, a total of \$15.67 billion had been pledged from 50 public donors (including 22 implementing countries) and 27 private-sector donors for GC7.

The campaign was both a success and a disappointment. The majority of the Global Fund's donors maintained or increased their support and the amount raised was the most ever for a replenishment, representing an adjusted increase of 12% over the 6th replenishment. But it was below the \$18 billion target introduced in the investment case as the minimum the Global Fund hoped to raise for GC7. That target was based on an ask of a 30% increase over the total amount pledged for the 2020–2022 funding cycle, also known as Grant Cycle 6 (GC6).

Pledged amounts were concentrated among historically generous donors even more than during past replenishments. The total committed by the Group of 7 (G7) countries and the European Commission (EC) increased the most as a group, 15%, from the 6th Replenishment. Among key donor countries, Canada, Germany, the European Commission, Ireland, Japan, Saudi Arabia, Spain and the United States all met the target of a 30% increase from the last replenishment, while France came close (23%). Other countries with pledges of 30% or more included Luxembourg, Portugal, Côte d'Ivoire, South Africa, Rwanda, Togo, and Uganda. Finally, South Korea quadrupled its pledge from the 6th Replenishment.

These generous commitments helped in part to offset a huge decrease (by 29%) in the amount pledged by the United Kingdom compared with the previous replenishment. The UK is historically the third largest public donor to the Global Fund.

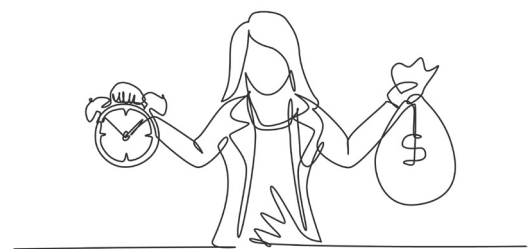
On the other hand, significant declines in adjusted commitments compared with the previous funding cycle were seen in other categories of donors: 39% among non-OECD DAC countries¹, and 18% from African countries. The decline in solidarity contributions, as the Global Fund refers to pledges from implementing countries, in Africa was largely expected by the Global Fund. Many low- and middle-income countries (LMICs) have been severely affected by economic and social challenges caused or heightened by the COVID-19 pandemic and recent shocks such as food insecurity, high inflation and fiscal restraints. From the Global Fund's perspective, it is more important for these countries to sustain contributions to their national programmes on HIV, TB and malaria and health systems more broadly than to provide a solidarity pledge.

There are multiple reasons, many overlapping, for the failure to meet the \$18 billion target. One is related to the strong US dollar, the currency used by the Global Fund for its work. All pledges

in currency other than U.S. dollar are converted to U.S. dollar at the prevailing rate at the time of pledging; and because the dollar significantly appreciated against the Euro and the Pound during the second and third quarter of 2022, pledge increases in national currencies converted to smaller increases in U.S. dollar in September 2022. For such reasons, the Global Fund estimated that – as compared to relative currency values at the time of the last Replenishment – it 'lost' about \$500 million due to foreign exchange trends around the time of replenishment.

Stagnant official development assistance (ODA) budgets for many current or potential donors was another factor, as were decisions to allocate ODA in non-traditional ways. For example, international rules on development spending allow the use of ODA money for spending domestically to assist refugees on their soil². Some European countries that have been important Global Fund donors (e.g., the United Kingdom, Sweden) have taken advantage of this flexibility by allocating money from their development budgets to cover costs of refugees from Ukraine, which leaves less for other areas of work.

A third top-level factor is the increasingly 'crowded space' in global health and development assistance. Many donors such as Switzerland, for example, gave substantial financial support to the recently launched Pandemic Fund – resources that might have otherwise gone to the Global Fund. As this example shows, new players in a field where overall funding availability is stagnant or barely increasing leads to some taking money away from others.



what the results mean in terms of programming

At this point, the financial resources that the Global Fund can provide to partners through grants and other programming options in GC7 seem likely to be lower than originally expected due to factors including not achieving the target 7th replenishment amount and a lower-than-usual carry over amount from the previous cycle of just \$250 million. After adjustments, the results from the 7th replenishment translated into an overall increase of 3.3% in country allocations for GC7 compared with the previous cycle.

All allocation decisions rely to some extent on various pre-determined algorithms that were described, discussed and decided within the Global Fund system before the replenishment was convened. The most important allocation-related priority for the Global Fund was to ensure no disruption in services. This has meant, however, that there is less money available than originally hoped for new activities, interventions and approaches.

The negative resource impacts of failing to meet the \$18 billion target are especially significant in some areas of high value and importance for key communities and civil society. About \$400 million in total funding is currently available for **catalytic investments in GC7**, which is less than half of the \$890 million allocated to them in the previous funding cycle. This means far less money will be provided for strategic initiatives, catalytic matching funds, and catalytic multi-country grants. These funding sources outside of standard country allocations are an essential way to direct Global Fund money to support community systems strengthening (CSS) and programming specifically targeted to reach key and vulnerable populations, including HIV prevention. (See page 24 for information about a proposed new civil society campaign to increase the amount of funding available for catalytic investments in GC7.)

Given all the challenges surrounding the 7th replenishment, however – and occurring as it did in the COVID-19 era – Secretariat representatives at the Nairobi meeting said they were pleased by the overall results. They hope it will be possible to make up for some of the gap between what has been pledged to date and the \$18 billion target for GC7 during the course of the funding cycle, through continuous resource mobilization efforts.

Secretariat representatives also stressed that community and civil society partners were instrumental in the achievement. Over the course of the replenishment process, advocates developed and signed on to more than 550 letters to donor governments, participated in actions and social media campaigns, met with governments (donors and implementers), shared personal stories about the Global Fund's impact, and raised awareness of it within their own communities.

lessons learned and other observations

ongoing Secretariat process

The Secretariat is in the midst of a lessons learned exercise regarding the 7th replenishment process that will be completed in the next few months. The review is a 'deep dive' around four themes in particular: the coordination and engagement with host countries, the investment case and related campaign and narrative, events and platforms, and the engagement of voices across the Global Fund partnership.

The lessons learned exercise will look at both success factors and challenges. Based on some preliminary discussions and analysis, success areas include setting a new record level of pledges

even in the midst of a difficult global environment (COVID-19 being just one of many destabilizing issues); continuous smart, strategic engagement with donors; cross-Secretariat collaboration and flexibilities; the early pledge announcement by the pledging conference's host (the United States), and political outreach.

Challenging areas likely to be referred to include the post-COVID shift in donor attention away from health; the United Kingdom's 29% decrease in funding, the first replenishment in which it did not increase; the rising trend for technical assistance (TA) set-asides and use of 'soft' conditionalities by donors (e.g., the 20% set-aside from France and a long list of conditions for Japan); and the logistical and visibility complications of arranging a pledging conference on the margins of the United Nations General Assembly meeting along with the last-minute need to change the date due to the funeral of Queen Elizabeth II.

civil society observations

Civil society advocates involved in organizing and supporting the two main replenishment-related conferences also mentioned some lessons learned about the process. The 7th replenishment preparatory meeting took place in virtual format in February 2022. For the first time ever, it was based in implementing countries: The meeting was co-hosted by the heads of state in five countries in Africa: the Democratic Republic of the Congo (DRC), Kenya, Rwanda, Senegal and South Africa.

GFAN Africa and other regional and local advocates organized several events and activities around the preparatory meeting, including mobilizing civil society in countries throughout the continent. Representatives agreed that hosting the meeting in the region helped them to raise their voices and highlight priority issues for communities and civil society locally and more broadly. Also beneficial in their view were the [Global Fund Results Report](#) and its messaging, which helped to tell a story of consistency in terms of

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lives saved, and framing the Global Fund as partnership in which implementing countries have influence and decision-making roles and responsibilities.

In the United States, host of the pledging conference in September 2022, American CSOs, convened by [Friends of the Global Fight](#) helped to ensure not only that the United States announced an ambitious pledge of \$6 billion in financing over GC7, but also announced its pledge relatively early. These positive developments were seen as helpful in building momentum that influenced several other donors to be more generous than they might otherwise have been and to announce pledges before or at the conference itself.

One lesson learned noted by US advocates is that it made a good impression among many members of Congress when they referred to the fact that implementing countries also make pledges to the Global Fund. This suggests that ongoing mobilization of implementing country leadership for such contributions in upcoming replenishments could be a useful strategy to drive continued support among US policy makers. Another observation was that future resource mobilization advocacy in the United States both during and after replenishments should highlight and show connections between HIV, TB and malaria responses and pandemic prevention, preparedness and response (PPPR). This could include making the point, with evidence, that the Global Fund is a path to anything related to PPPR and universal health coverage (UHC).

Regarding the US pledge, one key consideration is that US federal law prohibits the US government from providing more than one third of funding for the Global Fund. Therefore, the total amount of \$6 billion can only be disbursed if a total of \$18 billion is raised by the end of the funding cycle. Well over \$1 billion could therefore be 'left on the table' if the Global Fund is not fully funded.

Global Fund Executive Director Peter Sands joined the 2023 GFAN Global Strategy meeting virtually to deliver brief informal remarks and answer some questions from attendees. He thanked participants for their hard work and support during the 7th replenishment campaign and reminded all that although the \$18 billion target was not reached, the amount pledged to date (\$15.67 billion) was the most ever raised in a replenishment.

Sands focused most of his comments on some key issues and developments in the global health and development landscape that are already affecting the work and impact of the Global Fund and its partners in various ways or will soon do in the future. They included the following:

Recent challenges to the space, safety and rights of LGBTQI+ populations, particularly in East Africa, are a huge concern. Harsh laws and policies such as those introduced in Uganda run contrary to a rights-based mission of health and are huge obstacles to improving the health and well-being of everyone, and especially the most marginalized. There are no easy answers or ways to push back. The Global Fund Secretariat is monitoring these developments closely and talking with national and bilateral partners about the best ways to respond. The guiding principle is to 'do no harm' to the communities at risk. In practice (as of April 18 - the date of the meeting) this means not taking any actions – such as threatening to withhold funds for programming that reaches them – that could make their situations worse and potentially allow those who support such terrible laws and policies to blame outsiders for deteriorating conditions.

The number, severity and complexity of conflicts are growing, including in Ukraine and several places in Africa. Most recently, significant disruptions in health services in Sudan are putting the lives of millions of people at risk. In Sudan and other countries affected by conflict, the Global Fund is trying to protect people as best as possible while trying to ensure the continuity of vital services such as antiretroviral treatment (ART) and

malaria prevention and treatment.

Funding has presented challenges in several ways.

Many implementing countries continue to face fiscal and economic crises due to the lingering effects of COVID-19 and sudden cost-of-living increases due to global inflation, food insecurity and other causes. These developments restrict their ability to mobilize domestic resources for Global Fund priority diseases and interventions. Meanwhile, many donor countries face fiscal squeezes of their own along with political pressure to reduce development spending. These factors were a major reason that the 7th replenishment was not as successful as the Global Fund hoped.

Climate change is a major overarching existential challenge to the Global Fund as it will force the institution to change where and how it works. Climate change is likely to become a much bigger factor in the epidemiology of diseases. Changing geographic patterns and resistance profiles of some diseases (e.g., malaria) due to weather events are already evident, for example. Scenarios of people having to move due to desertification and dangerously hot temperatures raises a red flag for TB, since that bacterial infection thrives among large numbers of displaced people who are often crowded closely together.

The Global Fund has no dedicated or separate source of funding for climate change mitigation. But according to Sands, the institution must not only be smarter about understanding the impact on the priority diseases, but also position the work the Global Fund is doing as a partnership within the overall climate change agenda. This is important not just because a coordinated approach is the only way to make the change needed in response to climate change, but also because it is a way to ensure donors see how the work the Global Fund partnership does in HIV, TB and malaria contributes to overall mitigation efforts.

Sands noted that the 2023 United Nations climate summit (known as COP 28) that opens on 30 November will for the first time have a day dedicated to health. This represents an opportunity to position

box 2: remarks from the Global Fund Executive Director

health within climate change and influence discussions and strategies on impacts on individual and public health. A main way that climate change is already killing and will continue to kill people is through health effects. Highlighting impacts such as children's deaths from malaria in the wake of devastating cyclones in places such as Malawi should be a wake-up call for donors to build resilience now through HIV, TB and malaria programming that the Global Fund is supporting.

It was not all uncertainty and despair for the executive director in his remarks. He also referred to the **rapid and effective innovation** during COVID-19 that greatly improved many aspects of health services' delivery and effectiveness. Increased **digitization** seems likely to make things even more efficient while also bringing in and retaining more people in prevention, treatment and care services. Also, the upcoming UN High-Level Meetings (HLMs) on TB, UHC and PPPR in September 2023 signal continued global recognition of the need to tackle many of the most difficult barriers to health for all, including the most vulnerable and isolated.

Sands concluded with a plea for participants' help in positioning the Global Fund partnership in many of these other agendas (e.g., climate change, conflict and human rights outside the lens of health care). In his view, the Global Fund already plays a role in addressing such crucial challenges and has the skills, scope and capacity to do more. One of its most important assets, he added, is its relationship with communities. He stressed that he and his colleagues at the Global Fund know, based on years of experience, that if you want to respond to climate change with any hope of success, you must have communities at the centre. The same is true if you want to improve the health and well-being of displaced people and have a sustained agenda for human rights that reflects the realities of every context. Together, Sands concluded, we must ensure that stakeholders and donors understand this.



challenges & barriers

At many points during the Nairobi meeting, participants discussed various challenges that are important to communities and civil society groups that focus on and work with people living with and affected by HIV, TB and malaria. Some were in the area of financing and resource mobilization, while others were related more to access to quality services and support.

challenges regarding resource mobilization for the Global Fund

An immediate resource mobilization challenge for the Global Fund and partners is to **convert 7th replenishment pledges** into actual payments. This will be a key area of work for the Secretariat over the next year and ultimately over most of the 2023–2025 funding cycle. At the same time, there is urgency to **bring in new pledges** that can be applied to GC7 for several reasons. One is that the \$6 billion pledge from the United States cannot be fully called in until at least \$18 billion is raised; the gap between that target and what has pledged to date is about \$2.3 billion.

Other challenges are more longer-term and characterized by uncertainty. The **complex global context** that often negatively affected resource mobilization for the Global Fund during the 7th replenishment process has not improved and there is little sign it will get better soon. Important issues within this context often overlap and contribute to each other. They include economic turmoil and fiscal pressures (in both donor and implementing countries); geopolitical tensions, including conflicts and displacement; growing humanitarian needs; climate change; ODA stagnation; and growing inequalities within and among countries. Coupled with the impacts of COVID-19, one increasingly likely consequence of such uncertainty is the failure to achieve many, if not all, of the Sustainable Development Goals (SDGs), including those related to HIV, TB, malaria

and health overall. Meanwhile, an evolving global health landscape includes new actors and new priorities, such as PPPR, and changes such as the World Health Organization (WHO) moving toward a replenishment model for some of its funding. Both of these add to overall demands for funding in development.

The increasing global attention to climate change, which in general is a good thing for people's overall well-being and future, threatens to **push health down as a priority** in both donor and implementing countries. This trend also could reduce interest in or attention to human rights, gender equality and other issues that are also at the centre of the Global Fund's way of working and its communities and civil society partners at all levels.

These and other challenges could lead to changes in how the Global Fund undertakes future replenishments and other resource mobilization efforts. For example, according to Secretariat representatives it might make sense to abandon setting the same target increase for all donors (e.g., the 30% for GC7). Instead, differentiated tasks might be necessary to take into account where individual donors are regarding factors such as ODA policies and trends, per capita spending on development aid and health, and economic and political situations.

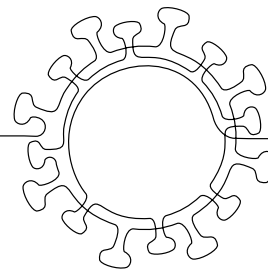
the broader perspective: challenges to the health, well-being & rights of communities & those living with & affected by the diseases

From the perspective of communities and civil society, some related and additional challenges also have a big impact on their ability to support resource mobilization for the Global Fund and to improve and sustain HIV, TB and malaria responses that reach all in need. They include:

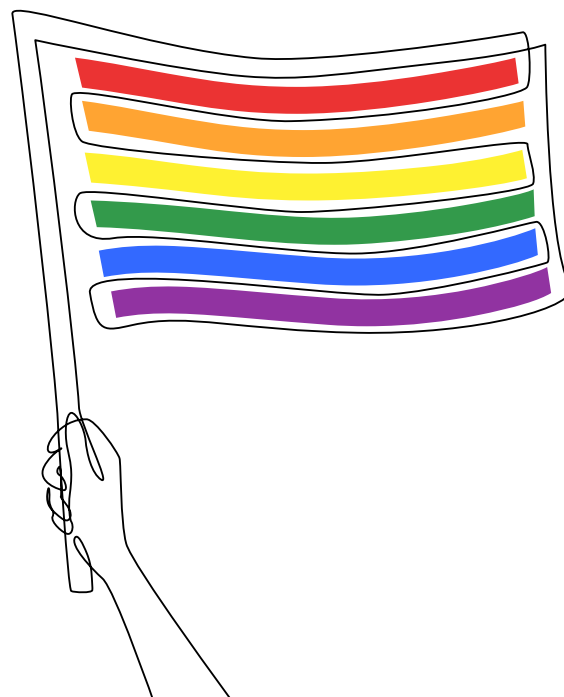
- The **shrinking civil society space**, which is due in some places (e.g., India) to restrictions placed on non-governmental organizations (NGOs). In general, many groups in the sector around the world do not have enough resources to do fulfil their important roles in providing services, monitoring and advocacy. The vital independent effort to hold governments and other actors accountable becomes harder and harder to follow through on.
- **Unfunded overall HIV, TB and malaria responses**, including lack of investment in social enablers that are critical for prevention, treatment and care among the most vulnerable and marginalized populations. Linked to this is the **medicalization of disease responses**, which is evident in the large and growing share of funding devoted to procurement of commodities (a trend partly due to higher costs). For GC7, some civil society advocates see the likelihood of grants being even more commodity-heavy than usual due to governments' inability to cover need due to negative exchange rate trends, rising costs of products, and struggles to service national debt.
- **Domestic resourcing for health continues to lag**, as indicated by implementing countries' inability or unwillingness to allocate more money to individual disease responses and health in

general. In sub-Saharan Africa, for example, only 2 of 55 countries assessed in an independent scorecard introduced by civil society have recently met the 2001 Abuja Declaration target of allocating 15% of the national budget on health; only 8 of 55 have achieved per capita spending targets on health; and only 2 of 55 met the target of 5% of GDP as minimum government health expenditure, as called for in the political declaration agreed at the September 2019 UHC HLM. Such financial pressure on governments and other local partners is one reason that many countries have failed to meet Global Fund **co-financing requirements** and may be even less likely to meet them in GC7.

- The impacts of COVID-19 severely **reduced fiscal space** in many LMICs. Overall Africa gross domestic product (GDP) contracted by 3.6% and the total output loss on the continent was estimated at \$370 billion.



- In too many countries, communities and civil society continue to **struggle to engage in and influence Global Fund grants** at all stages, from participating on writing teams to responding to feedback for revisions to implementation and monitoring. While there are a number of excellent examples of meaningful inclusion of communities and civil society, overall their inability to participate meaningfully in many places frequently leads to a lack of vital interventions in grants related to human rights, gender equality, and community responses that best reach key populations. Key gaps in community engagement in Global Fund processes at country level include:
 - » Lengthy and complicated travel to capitals and other urban centres where discussions are taking place; lack of funding for transport
 - » Lack of access to information due to 'digital divide' (e.g., unreliable Internet)
 - » Lack of information or understanding about the key issues being discussed and more generally about the health sector of the country, due in large part to limited training, education and awareness-raising
 - » Lack of meaningful representation on CCMs, which can refer to a variety of consequences, including not being listened to or heard by other members and insufficient representation by important populations such as young people and survivors of TB.
 - » Lack of support for CSS, which makes it harder for quality engagement to be established and financed.
- Harsh anti-gay legislation recently introduced in Uganda, Nigeria and other places underscores the severe and **increasing threats to the health and well-being of LGBTQI+ people** in many implementing countries. Such laws are not only harmful to human rights and devastating to communities the Global Fund has vowed to support, but also bad for health outcomes. A significant portion of Global Fund programming is technically illegal under such laws.



members speak: GFAN priorities in 2023

According to the results from our annual survey of GFAN members, the following are the top three areas members want to see GFAN focusing on in 2023: Resource mobilization for the Global Fund; community, rights and gender (CRG) issues; and domestic resource mobilization (DRM).



Summaries provided by meeting participants highlighted some recent issues and trends around the Global Fund's three target diseases. The information pointed to several future advocacy priorities for communities and civil society regarding the Global Fund and bigger and better diseases responses in general.

HIV trends & observations

- An overarching view of HIV globally is one of recent stagnation and huge persistent inequities despite steady overall improvement over the past decade or more. New infections are increasing annually in some regions, including Eastern Europe and Central Asia, the Middle East and North Africa, and Latin America and the Caribbean, even while continuing to decline in some higher-burden regions in sub-Saharan Africa (home to 60% of all new infections in 2021).
- An estimated 70% of all new infections worldwide now are among key populations, and adolescent girls and young women are three times more likely than boys and young men to be newly infected each year in sub-Saharan Africa. The lack of quality sex- and age-disaggregated data is a barrier to efforts to combat these and other notable inequalities.
- Important innovations in prevention such as long-lasting injectable pre-exposure prophylaxis (PrEP) and vaginal rings have barely been introduced, and oral PrEP is still not available to many who could most benefit (e.g., key populations). Effective vaccines against and cures for HIV infection are not on the short-term horizon.
- It will be important for advocates and allies to find new and engaging ways to make politicians and decision makers care about HIV. This underscores the need to identify messages and data points that resonate – such as, perhaps, around areas including the costs of inaction, the social and economic impact of poorly addressed HIV epidemics, and the wide-ranging future consequences of continued high vulnerability among adolescent girls and young women.

- Greater attention is needed in other areas of innovation, for example digital solutions. Interventions in such areas could be especially useful for reaching those most concerned about confidentiality, stigma and discrimination, including young people.

TB trends & observations

- There is a mix of good news and not-so-good news regarding TB. On the positive side, 2022 was the best year ever in terms of access to TB diagnostics and treatment in 30 high-burden countries, which marked a complete recovery from COVID-19 impacts. United Nations HLM treatment targets in these 30 countries were achieved that year. On the negative side, financing for TB is still, chronically, far below what is needed to accelerate and sustain progress and reach key targets.
- According to the [Global Plan to End TB, 2023–2030](#), a total of \$240 million is needed over the plan's eight years to meet SDG targets that include 90% reduction in TB deaths and 80% reduction in TB incidence rates. Cost analyses in years immediately prior to the COVID-19 pandemic found that national TB programmes were operating with a 40% financing gap. That gap is probably much bigger now.
- Global Fund support for TB in GC7 will be \$154 million more than in the previous funding cycle. Also, an addition \$82 million in catalytic funding (through matching funds) has been allocated to 20 countries for case identification and treatment for drug-resistant TB. Yet there is no funding in GC7 for the strategic initiative for TB, which is a huge concern.
- Despite the global response to TB being far behind overall, there are signs of hope -- including in regard to advances in the vaccine front. The Global Plan has a vaccination target of \$13 million post-2027.

box 3: disease updates: where we are, where we are going and what we need

Malaria trends & observations

- Progress remains far too slow to meet key 2030 targets for malaria, including global case incidence and mortality rate. Yet the current situation is in some ways better than many organizations and experts anticipated early in the COVID-19 pandemic. Momentum has largely been sustained and progress was made across a number of key programmatic areas, including malaria treatment, preventive treatment for pregnant women and residual spraying.
- Financing shortfalls persist. In 2021, funding for malaria control and elimination was estimated at \$3.5 billion globally, which is only about a third of the estimated \$10.3 billion in investment needed globally by 2030 to meet the [Global technical strategy for malaria 2016–2030](#) (GTS) milestones.
- Optimism centres around promising areas of development such as vaccines. The RTS,S AS01 vaccine was introduced in three pilot countries in 2019 and prequalified by WHO in July 2022. WHO currently recommends its use for children in sub-Saharan Africa and other regions with moderate-to-high *P. falciparum* malaria transmission. Other potential vaccine options are in the pipeline, including innovative ones based on the same kind of mRNA technology first introduced in COVID-19 vaccines.
- Several other areas of innovation could have significant impacts. One is the use of monoclonal antibodies for malaria treatment, a therapeutic option that could be on the market in a few years and be a game changer (although a likely expensive one). New net technology that includes two active ingredients with different modes of action has improved prevention options. And malaria control could be transformed by innovations being explored such as the 'gene drive' gene-editing technique aimed at stopping mosquitoes from reproducing.



improving prospects & progress: opportunities & options

In the face of challenges related to resource mobilization and the state of the three diseases overall, meeting participants discussed a range of opportunities to improve prospects and progress. Some referred to strategies and approaches to raise money while others were focused more on areas aimed at increasing the quality, efficiency and effectiveness of HIV, TB and malaria response and ensuring they meet key rights-based principles.

focus areas & strategies related to resource mobilization

In terms of investments and resourcing, civil society representatives from Africa were among those who referred multiple times to **domestic resource mobilization** (DRM). They support dedicated efforts by local advocates to get their governments and other in-country stakeholders to better fund disease programmes and health overall. As part of this effort, many want to highlight the Global Fund's co-financing requirements and encourage the Global Fund to be more aggressive in following up with countries that fail to meet their predetermined levels. In their view, greater adherence to co-financing requirements would be an incentive for donors to give more and could be a core element of future resource mobilization efforts.

The Secretariat considers the **private sector** to be a potentially rich source of additional resources. Mobility and engagement restrictions during the COVID-19 pandemic slowed down efforts to make greater progress in this highly relationship-driven and extremely competitive area, but new momentum seems possible. Among the potential benefits of private-sector outreach is that it might be a **good way to fund some of the catalytic investment areas**, including around lab strengthening, digital transformation and resilient and sustainable systems for health (RSSH). Some donors from this sector also might be interested in supporting gender and human rights activities and interventions through the catalytic investments entry point.

Leveraging political momentum around the three UN HLMs (TB, UHC and PPPR) to take place in September 2023 could be strategically valuable for the Global Fund, including partners in communities and civil society. These meetings could be entry points in efforts to get decision-makers to see the bigger picture, including how the Global Fund's investments in TB, health systems strengthening (HSS) that incorporates CSS, and COVID-19 should be strengthened and better supported in order to take the steps necessary to achieve whatever commitments come out of the meetings.

New strategies, approaches and ways of **aligning with donor priorities** could underscore the added value of the Global Fund. Making the case more clearly, with examples, of why the Global Fund is **not just a vertical funder** could help to convince some donors to support it due to demonstrated work and impact in areas such as HSS, PPPR, and digital health. These areas of work and impacts might be referred to as **'diagonalization'** because of the links and connections across what the Global Fund contributes to, from social supports to referrals to creating and collaboration across partners.

Highlighting alignment could complement increased efforts by the Secretariat and advocates to make the case that **health is interconnected with and inseparable from the environment, migration and climate effects**, among other high-profile development priorities. Such efforts could help to open more funding opportunities from ODA sources for the Global Fund and HIV, TB and malaria responses even in a landscape of stagnant development spending that is being targeted toward more and different priorities. And finally, there might be huge opportunities for the Global Fund to align with and have **complementary initiatives and funding structures with other institutions such as Gavi**, which could strengthen arguments and evidence about the efficiency and effectiveness of cooperation and coordination while further highlighting the Global Fund's flexibility.

The Global Fund is one of the only institutions of its kind where communities not only have a voice but a vote. This **unique governance model** helps has helped to build a powerful sense of ownership across the partnership. An appeal that capitalizes on this emotion, including the **pride of participation and demonstrated success**, could perhaps influence donors that do not want to see the Global Fund fail to meet its targets and full potential.

Making a **continuous advocacy push on the United Kingdom** over the course of GC7 could potentially yield benefits. A new Labour government after the next general election, which must be held by the end of January 2025, seems to be a necessary development for any hope of increased investment from the United Kingdom for GC7. However, there is no clear indication now as to whether a Labour government would reverse the Conservative government's cut in ODA from 0.7% to 0.5% or whether the Global Fund would be a priority in its development considerations. UK advocates are considering many different ways to

influence policymakers, including working with US advocates to encourage US officials to lean on the UK government to help ensure that no US funding available for the Global Fund is left on the table in GC7.

The Global Fund was encouraged to consider using a **regional approach to reaching out to and bringing in new and existing donors**. In the Asia Pacific region, for example, there are many examples of cross-country coordination and engagement on development issues and priorities. This suggests some value in finding ways to tap into and harness these experiences in support of overall increased Global Fund support based on regional solidarity and peer pressure.

The Global Fund remains by far the largest funder of TB programming in most LMICs. New and emerging advocacy opportunities could help to **direct more funding from donors to the Global Fund for TB or to other important funding sources for TB interventions** (e.g., national governments and other local partners, including civil society). New tools are available to improve TB diagnosis, the first step toward receiving treatment and curing more people. These tools and approaches need to be funded, as do local and national partners that will roll them out and sustain access. The recent growth of networks of people living with and affected by TB at national, regional and global level is a positive sign that the capacity and skills of community partners are increasing. Given these trends, some donors might welcome the opportunity to contribute to a major impact in terms of lives saved. Another potentially influential approach could be to highlight among some donors a high-profile conclusion in a recent Copenhagen Consensus paper that "interventions to address TB represent exceptional value-for money".

approaches and strategies for more effective disease responses

Some other topics and actions presented at the meeting were not opportunities for resource mobilization for the Global Fund itself necessarily. Instead, they were more closely related to improving disease responses overall or for strengthening the ability of communities and civil society to participate in Global Fund processes and as advocates and services providers across a wider spectrum of areas. They included the following:

- Building up **community advocacy on malaria**. This is seen as important to shift approaches and systems – for example, toward targeted responses and not just universal dispersal, a change that could help to find and support populations that are currently difficult to reach.
- **Better and more targeted data collection, dissemination and use** could help to improve the efficiency and effectiveness of diseases responses. A main role for advocates in this opportunity is to push for greater attention to and resources for data to inform decision making (e.g., age- and sex-disaggregated data). The Global Fund has a role too, by getting access to more data on its programmes and making the information available more widely.
- Encouraging all actors in disease responses, including fellow advocates, to **think more about the social in addition to the medical in disease responses** could be a major opportunity to break down some persistent barriers. This proposed approach was raised in reference to TB and malaria in particular, as social factors that affect access to services and care are not always understood or addressed. (Many of the same barriers exist regarding HIV responses, but there has historically been much more extensive and vocal discussions about these factors in terms of this disease response over the years.)
- **Community systems strengthening (CSS)** is central to amplifying and sustaining responses that meet the needs of all people. By further and more strategically highlighting the role and benefits of CSS in disease responses, the Global Fund and communities and civil society partners could help to **drive more funding to groups in the sector** to allow them to participate more extensively and effectively. Funding for community-led monitoring and advocacy has been especially difficult to secure, either through Global Fund processes or other sources.
- Several civil society advocates at the meeting encouraged the Global Fund to “**use the teeth you have around affordability**”. This refers to the fact that many new tools and innovations across all three diseases could be expensive and fiercely guarded by pharmaceutical companies in terms of intellectual property and access. The Global Fund should, in their view, take a more proactive role in ensuring that these desperately needed health products are affordable to be used in all contexts where they are needed.
- Changing the entire global health architecture to one based on ‘**global public investment**’ is an ambitious, longer-term yet potentially transformative approach that many advocates have been supporting. This would involve framing public health in the context of being a public good, which would have major consequences for how health is funded, organized and delivered. Making even preliminary shifts toward this equity-based approach could be incredibly significant to the health and lives of millions of people living with and affected by HIV, TB and malaria as well as the governments and communities who support them.

CRG updates: key Secretariat support options & tools related to civil society

The Community, Rights and Gender (CRG) Department is the Secretariat section most directly responsible for supporting the engagement of civil society in Global Fund processes. It is currently going through a restructuring related in part to the implementation of the new Global Fund Strategy and has been heavily involved and invested in creating new tools for GC7 that aim to enable more community priorities to be identified and funded through Global Fund grants.

In terms of **internal restructuring and roles**, CRG is leading on 3 of the 10 key shifts identified in the new strategy and supporting 6 others, in consultation with the Grant Management Department and other Secretariat sections. The three areas it leads on are (1) a more systematic approach to supporting the development and integration of community systems for health; (2) a stronger role and voice for communities living with and affected by the diseases; and (3) intensified action to address inequities, human rights and gender-related barriers.

New leadership for the CRG Department should be in place by the 'go live' deadline of 1 September 2023 for the new structure and system. Staff will be involved particularly in three thematic clusters of work: (1) gender, human rights, health equity and adolescent girls and young women; (2) key populations, community engagement and Community Responses and Systems Strengthening (CRSS); and (3) investment support.

Moreover, changes made for GC7 promise to **strengthen measurement and monitoring capabilities of community and civil society priorities**, with increased focus on tracking and measuring progress made across the five CRG-led key performance indicators (KPIs). Of particular note is that the Global Fund has for the first time introduced a

KPI on community engagement for GC7. Over the course of the funding cycle and beyond, the CRG Department will pay close attention to the reported results against these KPIs.

other new tools & expectations for GC7

The Global Fund has introduced some new policies and expectations for GC7 that are intended to boost the amount of funding and support going to interventions that are prioritized by and target communities and key populations, and which are led by them. One is a series of **minimum expectations for community engagement at three different periods of the grant process**, including during funding request development, grant making and grant implementation. These new expectations aim to address longstanding evidence that civil society engagement often starts off strongly but typically drops off over the course of the process, which is one reason that many community priorities do not make it to the end and are dropped before grant signing. An example of such minimum expectations is that at grant making stages, all community and civil society representatives on CCMs should have timely access to information on the status of grant negotiations and any associated actions.

Program essentials are another tool that the Secretariat is using to try to encourage more uptake and funding of interventions in grants that **address the direct and specific priorities of communities and civil society**. They are defined as evidence-based interventions and approaches to address the ambitious goals set out in the HIV, TB, and malaria global strategies. In GC7, countries are being asked to outline their level of advancement toward achieving the program essentials, to identify gaps, and to then say how they hope

to overcome those gaps. Human rights and key populations are common themes in many program essentials. Examples of program essentials related to each of the three target diseases are:

- HIV: HIV programme for key and vulnerable populations integrate interventions to reduce human rights- and gender-related barriers
- TB: Decentralized, ambulatory, community- and home-based, people-centred services are provided across the continuum of TB care.
- Malaria: Strengthening coordination and linkages between public, private and community systems for service provision.

The mandatory new '**community annex**' is another important element of the effort to boost inclusion of and funding for community priorities in Global

Fund grants; although there are significant questions as to how the data will be utilized towards making meaningful changes, since it will not be reviewed by the TRP. All funding requests in GC7 are now required to include a mandatory annex that lists up to 20 priority interventions and activities that communities and civil society prioritized during the country dialogue process.

There is no requirement that any or all of these items be included or mentioned in grant proposals. But the mandatory annex is important to communities and civil society anyway because it provides a clear list of what is important to them that CCMs and all other Global Fund structures must see and consider. Suggestions for how to make these well-crafted and influential include ensuring that the language of the annex 'speaks the Global Fund language', is as clear as possible, is costed to the extent possible, and is aligned with requests with the modular framework.



box 4: RISE study: independent effort to assess and improve communities engagement in CCMs and beyond

The French government's criticisms in previous funding rounds about communities not being engaged enough at all levels of the Global Fund process prompted the development and launch of the RISE study (which stands for Representation, Inclusion, Sustainability, and Equity in Country CCMs and Global Fund Grants). After learning of their government's dissatisfaction, local French advocacy group Coalition Plus did a 'flash survey' of community-based organizations, with notable results including many survey respondents referring to insufficient community inclusion on decision-making bodies during Global Fund grant implementation; delays and general slowness of absorption and disbursement of funding, with communities not having access to sufficient support and training; and failures in CCM governance, including how communities were unevenly involved worldwide.

Based on these and other findings, local French advocates collaborated and coordinated with research organizations and other partners to put together the RISE Study. This community-led evaluation process is based on and centred around metrics important to communities. It aims to collect quantitative and qualitative data in many settings to come up with recommendations for improvement of CCM functioning and greater involvement of communities across the overall grant cycle. The study design calls for a wide range of input, from CCM members (including government members), to advocates to those working in the Global Fund Secretariat and beyond.

Current plans are for the quantitative survey to be released sometime in May 2023 and for the qualitative one to launch the following month at the latest. Results will be available in September, and the goal is to publish results in December and then begin using it in advocacy spaces in 2024, starting with the International Conference on AIDS and Sexually Transmitted Infections in Africa (ICASA) in February 2024.

Representatives of the Global Fund Secretariat at the meeting said they welcomed the report and see it as linked to the [CCM Evolution initiative](#). In their view, the findings and recommendations should help hold the Global Fund partnership to account and lead to improvements.



next steps: identifying advocacy priorities & entry points

summaries of preliminary planning discussions

The Nairobi meeting included two main sessions involving breakout groups in which participants had an initial opportunity to strategize about next steps and advocacy strategies related to Global Fund resource mobilization.

During informal, preliminary discussions, **key events** identified as being of potential value for civil society advocacy in the relative short term in 2023 included the Group of 7 (G7) and Group of 20 (G20) meetings and the HLMs on TB, UHC and PPPR (all scheduled for September 2023, with several civil society advocacy entry points in the lead up). **Other areas considered important for advocacy** on behalf of the participation and priorities of communities and civil society included the [Pandemic Fund](#), the [global accord on PPPR \('Pandemic Accord'\)](#), and the revision to the [International Health Regulations \(IHR\)](#).

In addition, preliminary planning took place near the end of the meeting about **potential advocacy activities and approaches around four key areas**: additional donor and other resource mobilization; DRM; transparency and civil society and community inclusion in decision spaces; and sustainable funding for advocacy. This planning was just the first step in developing and rolling out campaigns. Meeting participants agreed that they will consider ways to take these initial steps forward, with GFAN's guidance and support available as requested. Listed below are selected points from discussions in the breakout groups focusing on each of these four broad areas:

DRM (domestic resource mobilization)

- A campaign's key themes could be private-sector engagement and the impact of not achieving the minimum needed by the Global Fund ('cost of inaction'), including in regard to lives saved and infections averted.
- Actionable asks could be for countries to meet co-financing requirements and to report them properly; to fund the gap in programmes between what is needed and the cumulative funding amounts from the Global Fund and other external donors; and for the private sector to be more engaged in HIV, TB and malaria responses in general and in support of the Global Fund more specifically.
- The targets of a campaign in this area could include leaders and representatives from the private sector and national and sub-national parliaments, CCM members, secretaries at line ministries (and health sector staff below ministry level). Additional targets could be other health sector advocacy groups and campaigns (e.g., related to cancer and non-communicable diseases); and other global movements of relevance to health and development (e.g., climate change, migration).

transparency & civil society & community inclusion in decision spaces

- Key campaign themes and actionable asks could be around TB research and development (including regarding vaccines) in the lead up to and during TB HLM in particular. One important component would be ensuring the engagement of civil society and communities in all discussions regarding access, clinical trials, prices and products.
- PPPR was seen as another key area regarding transparency. One main ask could be to help ensure more extensive and meaningful civil society engagement through the establishment of a formalized mechanism for this engagement around all PPPR conversations – similar to what has been created for UHC, the [Civil Society Engagement Mechanism for UHC2030 \(CSEM\)](#).
- World Bank processes were a third priority area regarding improved transparency, as identified by workshop participants. This institution is becoming more influential as host, facilitator and driver of processes relevant to health and development (and to communities and civil society groups working on HIV, TB and malaria issues) such as the Pandemic Fund and the [Global Financing Facility for Women, Children and Adolescents \(GFF\)](#).

sustainable funding for advocacy

- The general vision of having dedicated, predictable, long-term funding for advocacy can only happen if donors see the value of advocacy. This means making the case for such investments more effectively through differentiated, targeted and segmented approaches and messages.
- These messages and approaches should clearly position advocacy as an essential part of interventions and thus as a standard component of all implementation investments. A potentially powerful argument could be that nothing can be sustained in HIV, TB, malaria and greater health responses without independent monitoring and advocacy from communities and civil society. Campaigns could start with the assumption that many current and potential donors understand the value of community-led advocacy but need to be convinced that funding it aligns with shifting priorities and the need to demonstrate impact.
- In addition to existing donors, efforts to promote and establish funding for civil society advocacy should include reaching out to domestic sources (including through ongoing DRM campaigning), the private sector, and other non-ODA options (e.g., foundations).
- Key next steps could include following up on a series of meetings just prior to COVID-19 that were convened by the Joep Lange Institute (JLI) in the Netherlands. These meetings aimed at creating a joint funding mechanism for civil society advocacy for health.

Additional donor and other resource mobilization

Key components and steps in a campaign could include:

- ensuring that current donors meet their pledges in full for the 7th replenishment as well as other commitments, including some outstanding from previous funding cycle;
- pursuing top-ups even if only small amounts of additional funding would likely result from countries including Australia, Spain, the Netherlands, Qatar and Luxembourg and possibly South Korea;
- exploring opportunities with the private sector that seek to avoid unhelpful earmarking paths;
- looking more closely at and reaching out to countries that did not pledge for the 7th replenishment but had supported the Global Fund previously. For one major country in this category, Brazil, possible entry points could include targeted US diplomacy and leveraging the country's high-profile renewed commitments to fighting TB under the new government³; and
- considering ways to create and strengthen country-specific asks, based on the understanding that challenges and opportunities vary by country.

campaigning for additional resources for GC7

As noted throughout the Nairobi meeting, the Global Fund currently plans to dedicate only about \$400 million during GC7 for catalytic investments. This represents a huge decline of more than 55% from the \$890 million allocated in the previous funding cycle. Meeting participants were concerned because Catalytic Investments, and in particular the Strategic Initiatives are extremely important resourcing options for civil society and communities. They often direct funding to interventions and organizations that are not supported through standard country allocations. While not the only source of funding, services vital for key populations and communities are frequently funded through these investments.

Over the course of the meeting, there was great interest in a campaign to 'fully fund' catalytic investments in GC7 by seeking to fill the \$500million gap. However, it was pointed out that one

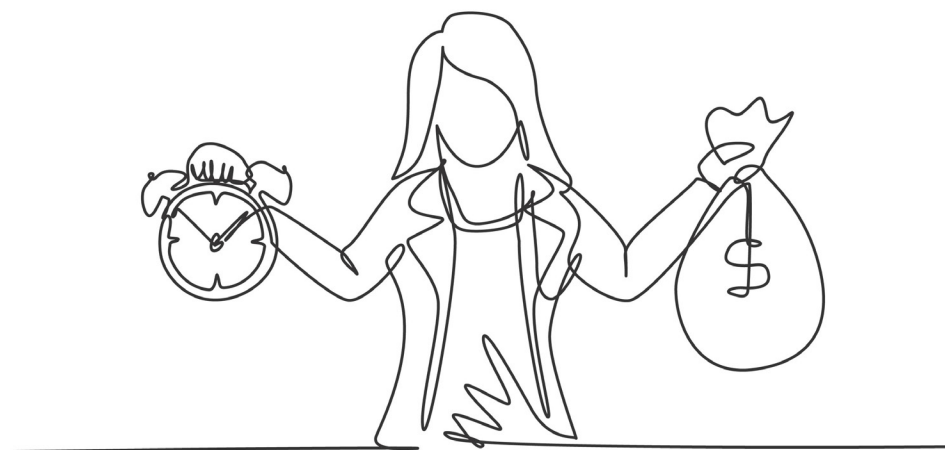
major challenge with a simple "fully fund the Catalytic Investments" style campaign is related to how the Global Fund's allocation methodology is structured, as it leaves no easy or direct way to ensure that additional funding would go to catalytic investments. A civil society-led campaign could help to identify and implement a range of strategies to overcome this barrier and successfully raise new funds for these important areas of work but would need adjustments at the governance level of the Fund.

Through the conversations in Nairobi, it became clear that there was no simple option for a resource mobilization campaign and that a broader set of tools for individual approaches to campaigning would be needed. This would utilize the impact of the cuts to the Catalytic Investments to underscore the impact of not reaching the \$18 billion minimum investment target.

Although the overall goals and objectives would be the same across the campaign, it would likely be most effective by focusing on differentiated messaging and outreach approaches. Some public donors, for example, might be attracted by the opportunity to steer funding toward favoured health priorities that are reflected in one or more Strategic Initiatives even though they would not be able to “ earmark ” any new funds for that. Similarly, evidence of one or more Strategic Initiatives being good value propositions in areas such as digital services and innovation might be seen by some private-sector donors as a compelling reason to increase or provide new funding that can be directly allocated to catalytic investments. And

underscoring all of this, not all advocates will be able to support a campaign for increased funding and so the campaign would need to provide other tools and options to focus on pledge conversion and/or simply maintaining conversations with decision-makers to continue to shore up understanding and support of the Global Fund.

GFAN agreed to help develop and support such a campaign, including by doing some analysis of potentially valuable entry points.



endnotes

- 1 OECD DAC = Development Assistance Committee of the Organization for Economic Cooperation and Development. A total of 31 countries are currently in the DAC, including most donors with the highest per capita incomes.
- 2 As noted on the OECD website: www.oecd.org/dac/financing-sustainable-development/development-finance-standards/refugee-costs-oda.htm
- 3 See, for example: <https://bit.ly/3MqgTf6>