
Final Synthesis of Open Consultation Input on Strategy Development

JUNE 2021

Introduction to Strategy Development Open Consultation

- The Strategy Development Open Consultation ran from May to December 2020*
- Input was submitted either via an online form available in six languages (Arabic, English, French, Spanish, Portuguese, Russian) or via email to StrategyDevelopment@theglobalfund.org**
- Online form organized around 5 areas of questions: - Overall - Strengthening Program Implementation - Supporting Stakeholders and Partnerships - Delivering Results and Innovation - Best Ideas for Change (see Annex for full questionnaire)
- The Open Consultation is a critical input into the Strategy development process. Specifically:
 - The first round of input was reviewed at the Global Fund's Strategy Committee (SC) in October 2020 and informed a series of SC and Board discussions on Strategy development through Q4 2020
 - Input received by December informed the preparations and background materials for the 6th Partnership Forums
 - All input received informs the development of the Strategy Framework and Narrative

The following slides provide a summary of key themes and strategic findings – **please see Annex for a more in-depth summary of topic-specific input and responses to each Open Consultation question.**

Executive Summary of Open Consultation Input

Overview

- Very strong response – with over 325 submissions representing >5,500 individuals from more than 50 countries*
- Wide range of regions and stakeholders represented; over 60% respondents identify as from civil society or communities

Key findings highlighted

<p><u>Overall</u> 78% respondents noted current Strategy objectives remain broadly relevant, but adaptation to current context is needed. Political will, financing gaps, and human rights among biggest threats</p>	<p><u>Community engagement & leadership</u> Need more meaningful community engagement (including on CCMs) & increasing community service delivery and monitoring to advance progress</p>	<p><u>RSSH</u> Need to better define scope of Global Fund RSSH investments; respondents frequently recommended strengthening support for Community Systems Strengthening and data systems</p>	<p><u>GHS</u> Important to adapt HTM programs to address GHS threats; range of perspectives spanning leveraging Global Fund strengths for GHS vs. ending three diseases</p>	<p><u>Partners & Technical Support</u> Important to strengthen coordination with development and technical partners; and to engage new (and local) providers of technical support</p>
<p><u>Equity, Human Rights, Gender</u> Critical to increase focus on equity, human rights and gender, most vulnerable populations to improve health outcomes</p>	<p><u>Social and environmental determinants</u> Need to address social determinants of health and adapt to climate change to deliver long-term impact against the three diseases</p>	<p><u>Promoting innovation</u> Various suggestions to promote innovation, including through increased risk appetite and funding flexibilities; need to differentiate based on contexts and needs</p>	<p><u>Integration & people-centered approaches</u> Critical to integrate within national and community systems, through people-centered approaches, addressing coinfections & comorbidities</p>	<p><u>Sustainability and transition</u> Continue to build sustainability and transition-readiness, including to adapt to economic challenges due to COVID-19 pandemic</p>

Acronyms: AMR: Antimicrobial resistance; CCMs: Country Coordinating Mechanisms; GHS: Global Health Security; RSSH: Resilient & Sustainable Systems for Health; HTM: HIV/AIDS, Tuberculosis and Malaria; GHS: Global Health Security; SHRH: Sexual and reproductive health and rights

* Of those who indicated their country in their submission

Topics for future focus highlighted through Open Consultation input (1/2)

Equity, human rights and gender

Respondents strongly emphasized that the Global Fund should increase its efforts on equity, human rights and gender to improve outcomes in all 3 diseases and health overall – including by more deeply embedding this focus throughout the Global Fund’s work and the grant lifecycle; increasing engagement with communities and strengthening efforts to monitor work in these areas and exchange on best practices; and supporting technical support in these areas.

Social and environmental determinants of health

Respondents frequently cited the importance of addressing social determinants of health and climate change, both through Global Fund-supported programs and Global Fund leverage at national and global levels, in order to make a marked change in impact through its next Strategy – including addressing social protection, education barriers, addressing cultural, social and legal barriers.

Resilient & Sustainable Systems for Health (RSSH)

General agreement that the Global Fund should continue investing in RSSH, but better define the scope of its support going forward. No overarching consensus on aims of RSSH investments. Respondents frequently recommended deepening community systems strengthening (CSS) support, introducing stronger accountability mechanisms, and working towards stronger integration within systems for health.

Global Health Security

Strong encouragement for the Global Fund to adapt HIV, TB and malaria programs to address global health security (GHS) threats; many (but not all) suggested more substantive engagement on GHS (including through deepening RSSH investments - lab networks, surveillance systems, human resources for health, supply chains, equity and quality of services, stronger integrated support and community-led programming); some cautioned against detracting from mission to end the three diseases.

Balancing innovation and risk

Respondents suggested various ways that the Global Fund could promote innovation, especially through increasing risk appetite and introducing funding flexibilities and opportunities. They noted the importance of differentiating approaches to innovation based on local contexts and needs, accounting for human rights considerations; ensuring equitable access to innovations; supporting capacity building; capitalizing on existing platforms and leveraging market shaping and supply chain work.

Strengthening partnerships with other technical and development partners

Respondents noted the importance of strengthened collaboration with, and coordination of, development and technical partners, and engaging new (and local) providers of technical support

For more information on any of these areas, see **Annex**



Topics for future focus highlighted through Open Consultation input (2/2)

Strengthening use of the Global Fund's leverage globally and locally to increase program impact

Respondents suggested that the Global Fund leverage its platform to advocate for continued support for the three diseases and broader health agenda in the post-COVID-19 environment; further leverage its unique platform to address human rights, gender and equity barriers; promote more integrated approaches to service delivery; strengthen efforts in information sharing and capacity building; increase funding flexibility and support for communities to strengthen program impact; increase accountability; and take a more significant coordination role among development partners

Best ideas for change

Suggestions focused largely around strengthening meaningful engagement and work with communities, civil society and other local actors; deepening engagement with in-country partners, particularly community-led and civil society groups; addressing social determinants of health; adjustments to the disease split; strengthening program integration; and funding for coinfections and comorbidities

Integration

Respondents frequently noted the scope for increased impact of resources if HIV, TB and malaria programs were better integrated within national systems for health through a people-centered approach; address coinfections and comorbidities; and were better integrated and coordinated with relevant sectors (e.g. social protection, education, water and sanitation, environment, One Health)

Strengthening engagement and support for communities

Respondents very strongly highlighted the need for more meaningful engagement of communities, including through more inclusive and collaborative planning processes, increasing service delivery and monitoring through communities, and supporting capacity building

Strengthening accountability

Strengthened accountability for funding at global, regional and national levels was raised repeatedly as a way to strengthen programming going forward. Suggestions for areas in need of advancement varied and included holding governments accountable for inclusion of KVP programming and addressing equity and social determinants of health; strengthening M&E of transition readiness and RSSH investments; scaling up community-led monitoring; data systems strengthening and use of data including gender-disaggregated data

Sustainability and transition

Respondents noted the importance of continuing to strengthen engagement with government, community and civil society stakeholders to enhance investments in programs; strengthen accountability; enhance monitoring of transition processes; support integrated, systems-oriented approaches; and support active use of lessons learnt on STC implementation to strengthen future efforts, while adjusting to the current financial climate

Annex

Detailed synthesis of input into Open Consultation

Recap: Questions for Input into Open Consultation (page 1 of 3)

Background information

1. Name (optional)
2. Email (optional)
3. Stakeholder Group (optional)
 - Civil society
 - Communities
 - Country Coordinating Mechanism (CCM)
 - Donor
 - Friends of the Global Fund
 - Global Fund Board or Committee Member
 - Implementer (e.g. Principal Recipient, Sub-Recipient)
 - Local Fund Agent
 - Multilateral, Bilateral or Regional Organization
 - Parliamentarian
 - Government Official or Lawmaker
 - Private Sector
 - Secretariat
 - Technical Evaluation Reference Group (TERG) member
 - Technical Expert
 - Technical Review Panel (TRP) Member
 - Other: _____
4. If your input related to a particular country, region or context, please state (optional)

Recap: Questions for Input into Open Consultation (2/3)

Please answer the questions that are most relevant to you and your work or engagement with the Global Fund

Overall

- What do you see as the biggest barriers to ending HIV, TB, malaria and achieving SDG3 in the coming 10 years?
- Do you think that the 4 Strategic Objectives of the Global Fund's current Strategy remain broadly relevant, but they need to be adapted to the current context and there are key areas where increased focus is needed to accelerate progress?

Strongly Agree

Agree

Neutral

Disagree

Strongly Disagree

Strengthening Program Implementation

- What can the Global Fund do to better support national, regional and community programs fight HIV, TB & malaria?
- As one of many financers of health systems, what role is the Global Fund uniquely positioned to play in supporting countries build resilient and sustainable systems for health, including to improve outcomes in the three diseases and contribute to UHC?
- What can the Global Fund do to better promote and protect equity, human rights and gender equality through national, regional and community programs?
- Based on what we know so far from the COVID-19 response, what role is the Global Fund best positioned to play in improving global health security and pandemic responses, including to protect progress in the fight against the three diseases?
- What can the Global Fund do to strengthen the sustainability of programs, or better support countries transition from Global Fund financing?

Recap: Questions for Input into Open Consultation (3/3)

Supporting Stakeholders and Partnerships

- What can the Global Fund do to better support you in your work to fight the 3 diseases?
- Partnership with communities affected by the 3 diseases is a core principle of the Global Fund. What aspects of the Global Fund's model could be strengthened to improve partnership with communities and strengthen impact?
- How could the Global Fund work more effectively with development, technical and other partners to support countries fight the 3 diseases and achieve SDG3? How would this strengthen impact?
- How do you think the Global Fund could better use its leverage at global level, to help shape the health, development, market shaping or financing agendas, and improve impact against the 3 diseases and SDG3?

Delivering Results and Innovation

- What can the Global Fund do to promote innovative, impactful programming, whilst balancing the need to be able to measure and report results and mitigate financial and programmatic risk?
- What can the Global Fund do to facilitate the uptake of new technologies, innovations and address market bottlenecks?

Best Ideas for Change

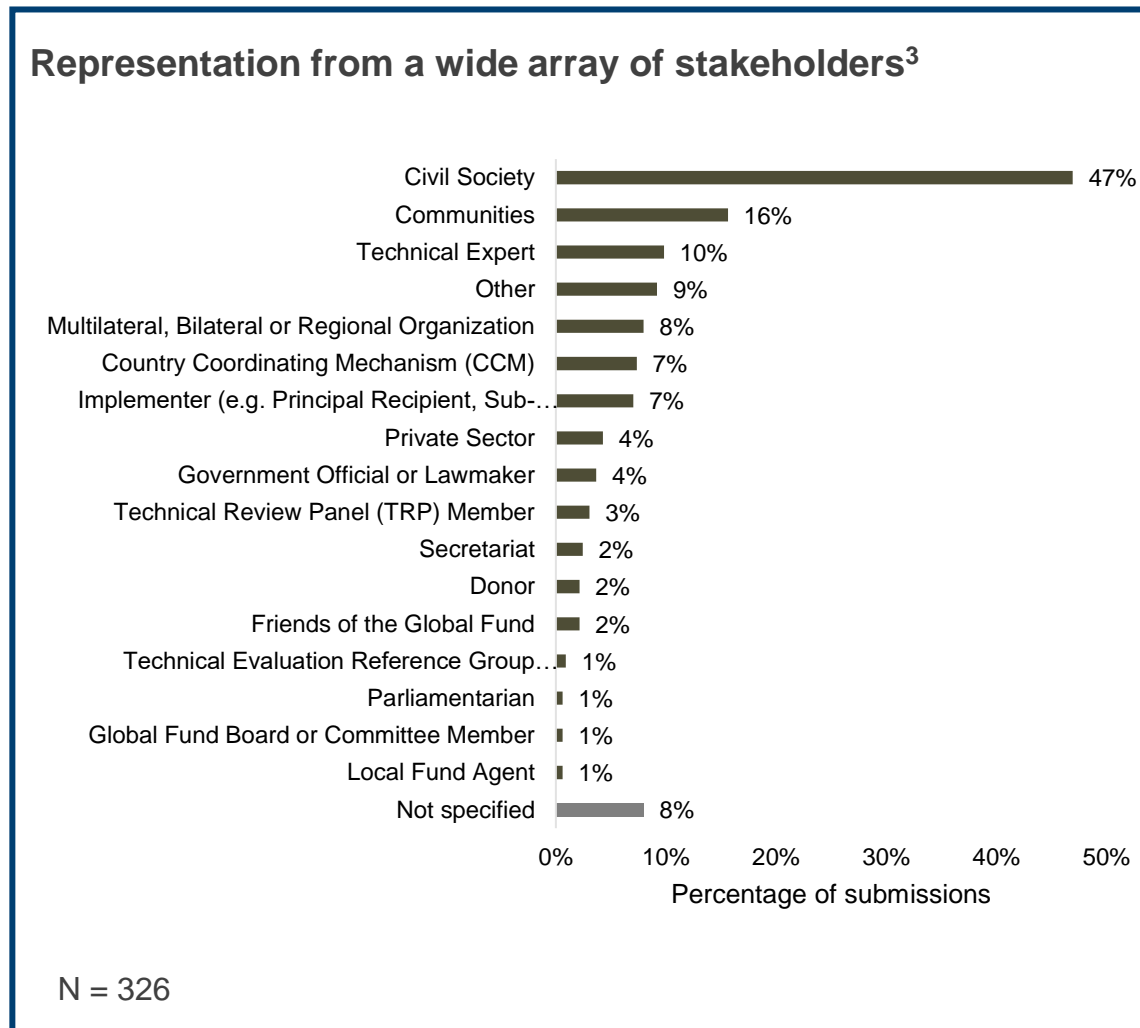
- If there was one thing you would ask the Global Fund to do differently to have greater impact towards achieving the SDG3 targets, what would it be and why?

Overview of submissions received through Open Consultation

- Very strong response, with **326** submissions representing **> 5,500** individuals¹
- Mix of individual & group submissions:
 - **183 individual** respondents and **102 on behalf of stakeholder groups** (41 not specified²)
- **47%** of respondents identify as civil society; with communities, technical experts, CCMs, multilaterals, bilaterals, other implementers also well represented (see figure on right)
- Wide range of regions represented (see below)

326 total responses, with global coverage:

149 Not specified	50 Africa	42 Latin America
30 Asia-Pacific	42 Global	13 Europe



¹ Minimum estimate derived based on information provided by respondents.

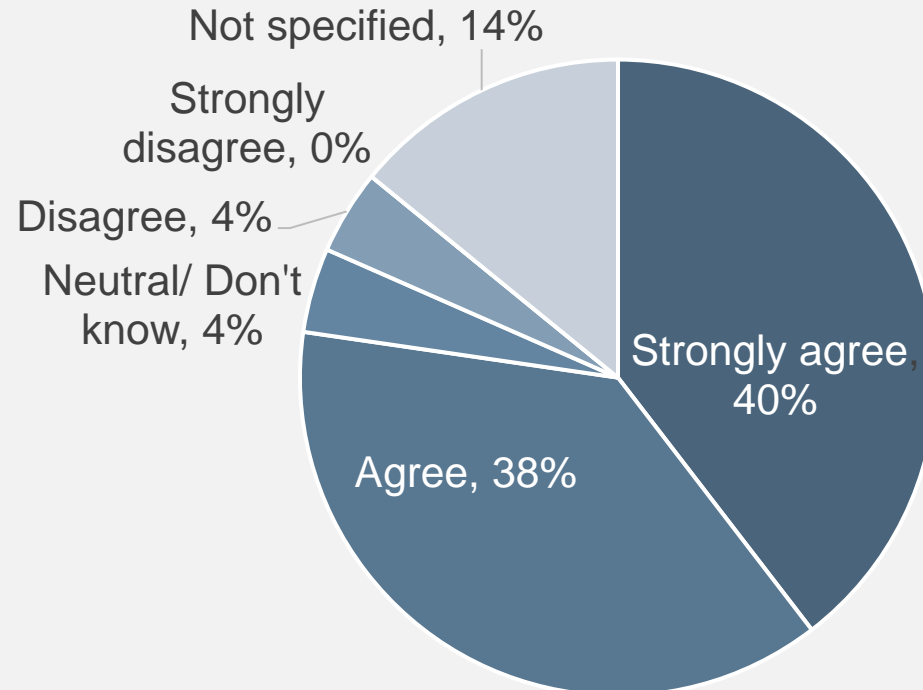
² 'Individual' vs 'Stakeholder group' designations were deduced based on descriptors provided in the 'Name' section of the survey. 41 respondents were not assigned either designator, as they provided a blank response to the question.

³ Based on number of submissions. Respondents were permitted to select multiple categories, i.e., all stakeholder categories that applied.

Overarching takeaways from Open Consultation input

Question: Do you think that the 4 Strategic Objectives of the Global Fund's current Strategy remain broadly relevant, but they need to be adapted to the current context and there are key areas where increased focus is needed to accelerate progress?

Response:



N = 326

Barriers to Success: Input Received through Open Consultation (1/3)

Related to the question: "What do you see as the biggest barriers to ending HIV, TB, malaria and achieving SDG3 in the coming 10 years?"

Overview: Political will and financing barriers were most frequently noted as the most significant barriers to ending the HIV, TB, malaria as pandemics, suggesting a need to strengthen Global Fund and partner engagement to address structural and political barriers, strengthen accountability, support advocacy and refreshed DRM in the COVID-19 era. Other barriers include limited attention to human rights and gender barriers, concerns about the wider health and development architecture, and weaknesses in health systems.

Respondents were most frequently concerned about **political barriers to ending the pandemics**, including lack of political will, governance issues and legal and policy barriers.

"Lack of strong, committed, sensitive government"

"The biggest barriers include the ones we're quite familiar with – financing, national commitment and leadership, and continuing to try to do the right things in the right place at the right time, at scale."

"Governments' failure to bring all donors and stakeholders to agree and implement the country strategy and plan consistently. Further, donors are unwilling to share and collaborate, and non-health ministries are not sufficiently involved"

"The legislative framework within the country restricts the activities of NGOs and government agencies. Low awareness of decision makers on key populations. High corruption not only among government agencies but also public organizations"

Financial concerns - mainly constrained domestic and international funding for HTM programming - both overall and in specific areas like prevention - were also commonly mentioned.

"Donor countries are likely to invest less in international development, due to reduced economic activity and government revenue, and domestic health budgets for on-going services will likely be hit due to diversion of resources to COVID-19 response."

"...the largest threat is the paradox of success: as countries get closer to elimination, both donor and domestic financing is re-allocated to higher priority interventions a review of malaria elimination programs identified 74 cases of resurgence across 61 countries when programs weakened; the single most frequently cited cause of resurgence was funding problems."

"Health is losing its place on the global development agenda, middle-income countries are excluded from multilateral funding mechanisms and the elimination of preventable disease epidemics of HIV, tuberculosis and malaria, treatable and curable, are no longer the order of the day"

"Increased funding to address TB is direly needed, especially in the current context where many global health funders have shifted focus to COVID-19, even as economic and health systems pressures deeply erode and deplete domestic funding available to TB and other health program budgets."

"The one greatest challenge is FATIGUE - with access to treatment and the end of the "epidemic of dying" HIV has become part of the "new normal" globally, and TB and malaria have been part of it for a long time already. Other health concerns, like COVID and even UHC provide donors and government in partner countries avenues (that happily negate the need to deal with the many human rights issues linked to HIV) to justify their disengagement from HIV, which will result in failure to fight HIV. "

Note: Direct quotes in parenthesized italics are anonymized stakeholder input, illustrating overarching themes.

Acronyms: DRM (Domestic resource mobilization); KVP (Key and vulnerable population); NGO (non-governmental organization); HTM (HIV, TB, malaria); UHC (universal health coverage)

Barriers to Success: Input Received through Open Consultation (2/3)

Related to the question: “What do you see as the biggest barriers to ending HIV, TB, malaria and achieving SDG3 in the coming 10 years?”

Respondents frequently discussed the importance of **reaching key and vulnerable populations going forward**, and putting communities at the center of responses to overcome barriers like stigma and discrimination and achieve the 3 disease goals.

“If we do not address HIV in people who use drugs, MSM and sex workers, we will not achieve the end of AIDS. If we do not provide community-based prevention, treatment and care for HIV, TB and malaria we will not make any progress. If we do not make communities the center of the responses to all 3 diseases our work will be in vain.”

“Despite the commitment to the ‘leaving no one behind’ pledge, reaching the most marginalized remains the main challenge and the lack of truly inclusive information and services remain the main barrier.”

“The criminalization of key population communities, people who use drugs, sex workers, gay and bi-sexual men and women and other men who have sex with men and transgender people, augmented by anti-science, anti-evidence based thinking that is reinforced by moralistic, discriminatory, conservative dogma, is the biggest barrier to ending HIV, TB and achieving SDG3.”

Concerns around changes in the **wider health and development environment** were also noted - particularly the repercussions of COVID-19, rises in poverty and inequity - as well as nationalism, demographic shifts, and climate change.

“... between 60 and 100 million people will be pushed into poverty by the end of 2020 due to COVID-19. Families will face financial hardships due to loss of income, and an increase in food prices threatens food security and will increase hunger.”

“Given the current COVID-19 pandemic, the biggest challenge will be sustaining the gains, while continuing to accelerate progress while dealing with the devastating economic and social impact...”

“Nationalist retreats of donor countries, but also recipients, versus the effort and collective and inter-state response necessary to fight pandemics”

“Demographic factors including population growth (particularly in sub-Saharan Africa) and growing insecurity / increase in displaced populations”

“A strong driver that will increasingly influence the fight.. is climate change. GFATM has to reflect in the new strategy about its own contributions ... for achieving the global goals ... fixed in the Paris Agreement.”

“Climate change, water scarcity and the continuing disenfranchisement of women across societies are highly problematic ramifications for the fight against the three epidemics and to achieve SDG3.”

Note: Direct quotes in parenthesized italics are anonymized stakeholder input, illustrating overarching themes.

Barriers to Success: Input Received through Open Consultation (3/3)

Related to the question: “What do you see as the biggest barriers to ending HIV, TB, malaria and achieving SDG3 in the coming 10 years?”

Respondents also noted issues with weaknesses in national and community **health systems strengthening**, including around the integration of services.

“Weak, underfunded and under-prioritized health systems, as exposed by the latest COVID-19 outbreak.”

“... weak health systems and sub optimal policy making, inequities in access, poor quality of care (which contributes to worse outcomes and to resistance)”

“HIV, TB and Malaria is not prioritized and or integrated into public health system”

“Absorption capacity on a country level because of insufficiently strong local health systems...”

“Health systems and services are still not adequately integrated, still too many lost opportunities.”

Although less frequently mentioned, respondents also discussed barriers related to **service quality**, limited **technological advancements**, **lack of access to legal and health services** among key and vulnerable populations, and weaknesses in the **global health architecture**.

“Global Fund procures, at considerable costs, access to IVDs However, the quality assurance of the IVDs and their use is immature or non-existent; establishing the opportunity for their inappropriate use, leading to incorrect test results, misdiagnosis, inappropriate treatment and subsequent continued transmission of disease.”

“Increase in resistance to HIV treatments, which requires concrete, real and lasting access to more effective treatments “

“Lack of awareness as to where patients can go and get help.”

“To achieve the SDG 3, we need to strengthen collaboration and increase the efficiency of the Global Health Architecture, rather than build new organizations”

“Major current bottlenecks include weaknesses in various parts of the health systems responsible for the procurement and delivery of health technologies, unequal and inequitable access to impactful health technologies by key vulnerable populations, and continued, insufficient manufacturing capacity for quality-assured products, which in turn contributes to the widespread marketing of sub-standard quality products “

Note: Direct quotes in parenthesized italics are anonymized stakeholder input, illustrating overarching themes.

Acronyms: IVD (In vitro diagnostic product)

Strengthening Global Fund's programs: Input Received through Open Consultation (1/8)

Related to the questions :

How do you think the Global Fund could better use its leverage at global level, to help shape the health, development, market shaping or financing agendas, and improve impact against the 3 diseases and SDG3?

What can the Global Fund do to better support national, regional and community programs to fight HIV, TB & malaria?

What can the Global Fund do to better support you in your work to fight the 3 diseases?

Overview: Respondents frequently suggested that the Global Fund take on a stronger coordination role and more closely collaborate with partners; step up its efforts an advocate for continued support for the HTM and broader health agenda in the post-COVID-19 environment; more strongly leverage its platform at global, national and local levels to address human rights, gender and equity barriers; promote more integrated approaches to service delivery; strengthen efforts in information sharing and capacity building; increase accountability; increase funding flexibility and support for communities to strengthen program impact; and more meaningfully engage with communities.

Respondents frequently discussed that the Global Fund should take a stronger **coordination** role among and more closely collaborate with development partners to better align support for country-level implementation.

“Remain vigilant (and be champions) to coordinate the actions of development partners.”

“We would like to see an even stronger partnership approach championed, particularly on health financing, where we would encourage the Global Fund to continue to work closely with WHO and the World Bank (and other stakeholders) Across partnerships, the focus should be at country-level, using joint plans, tools and pooled financing, leveraging the comparative advantage of each different agency to maximize impact.”

“Continue to explore opportunities to leverage its existing resources and use the SDG3 Global Action Plan as a vehicle to clarify roles, responsibilities and synergies with other organisations working in the field of health.”

“Greater partnership in country with partners (‘technical partners’ but also other organizations engaged in health) would allow for greater synergies to be achieved.”

“The Global Fund could better use its leverage by coordinating more with all global actors. For example, in advocating for pooled funds, structurally filled with international taxes on e.g. kerosene, and/or tobacco.”

...it is essential that the Global Fund more fully and effectively apply its leverage in the global market to coordinate with global donors, procurement mechanisms .. , and country governments to convene collective negotiations with pharmaceutical and diagnostics manufacturers for better pricing and delivery terms.”

“Bringing together health experts to make a common front on a global level. There are many good efforts, but not having an organization that can direct them, they get lost in the sea of policies of each nation.”

Note: Direct quotes in parenthesized italics are anonymized stakeholder input, illustrating overarching themes.

Strengthening Global Fund's programs: Input Received through Open Consultation (2/8)

Related to the questions:

How do you think the Global Fund could better use its leverage at global level, to help shape the health, development, market shaping or financing agendas, and improve impact against the 3 diseases and SDG3?

What can the Global Fund do to better support national, regional and community programs to fight HIV, TB & malaria?

What can the Global Fund do to better support you in your work to fight the 3 diseases?

Respondents also frequently called on the Global Fund leverage its platform to **advocate** at both the global and country level for continued support in the fight against the 3 diseases, particularly around key human rights barriers holding back progress – and for health more broadly in the post-COVID-19 environment.

“The Global Fund should position itself as the advocate for HIV, TB and Malaria in the COVID-devastated world...”

“Advocate for a comprehensive public health approach.”

“Advocacy with government, policymakers and the elected representatives is critical in not only raising the profile of TB but also ensuring that commitments made at the UN HLM on TB translated into action with strong policies and funding (both domestic and international) for TB.”

“Advocacy toward increased domestic financing is one obvious (and ongoing) area for emphasis for the 2 disease areas [HIV and TB]. That said, many countries are nowhere near sustainability and transition status, and any optimistic timelines that were put forward pre-COVID-19 will now be readjusted with more cautious assessments.”

“The Global Fund should share its best practice and expertise with other donors to persuade them to invest in harm reduction and advocate for removal of legal and policy barriers that stop people who use drugs from accessing health and social services.”

“The Global Fund should support community-led organizations in advocacy for decriminalization, and recognize and support community expertise and knowledge around health, prevention and programming.”

“Advocate for Countries to allocate adequate resources to the Health area. Financing must have a share of the recipient countries in the financing. For African countries, it is necessary to ask them to comply with the Abuja Declaration to allocate 15% of the state budget to the health area.”

“There is an agreement among the majority of respondents that the GF should take more advantage of its role in political terms: “the Global Fund is a high-level key influencer and actor that engages in dialogues with governments, civil society and key partners; having gained this ground, it should be used to negotiate health solutions in the context of each country or region, alongside leveraging resources and strengthening sustainable links”. In this way, the GF can “promote spaces for negotiation with high level authorities of the national government, the presidency, and ministers; it can lobby new administrations by raising awareness of the progress made and the need to continue and maintain achievements.”

“The Global Fund needs to work at a global level to advocate for the rights of young people who use drugs, ensuring that national governments recognize and meet the needs of young people who use drugs, as well as other young key affected populations.”

Note: Direct quotes in parenthesized italics are anonymized stakeholder input, illustrating overarching themes.

Strengthening Global Fund's programs: Input Received through Open Consultation (3/8)

Related to the questions:

How do you think the Global Fund could better use its leverage at global level, to help shape the health, development, market shaping or financing agendas, and improve impact against the 3 diseases and SDG3?

What can the Global Fund do to better support national, regional and community programs to fight HIV, TB & malaria?

What can the Global Fund do to better support you in your work to fight the 3 diseases?

Respondents suggested that the Global Fund build on its successes by redoubling efforts to address **human rights, gender and equity barriers** (e.g., to address income, gender, disability, age, legal, policy, geographic, additional barriers for KVP) and **efforts for KVP** at national, local and global levels.

"The Global Fund has done more to support rights-based health services than any entity in history. In all of its use of its voice and influence in global health, it should continue to stress that respecting, protecting and fulfilling human rights in health is not an afterthought but an essential element of health systems strengthening and health service delivery, and it should continue to work to demonstrate the effectiveness and cost-effectiveness of rights-centered and gender-transformative programs and services."

"The GF could do more to defend and discuss its core principles based on CS integration, respect for human rights and defend these principles actively on the ground at country level but as well among other stakeholders in the global health arena ... with a weaker portfolio on CS integration. Wherever these principles do not get respected the GF needs to speak up, GF CS based advocacy needs further and stable support. You are doing well here - this is meant as an encouragement to even do better"

"With multiple global donors, the Global Fund is uniquely placed to promote, fund and uphold gender equality as a core part of human rights across all levels of its work and in all countries where it works. The Global Fund can be a forceful agent for change for us all in these increasingly challenging and uncertain times. The Black Lives Matter and Me Too movements have shown how urgent and widespread the call for change to the status quo is. The Global Fund has it in its power to build on these movements and to shift the global needle away from populism towards global social justice and equity."

"The Global Fund can do far more to address gender equality as fundamental to all that it does and prioritize effective action on human rights and gender equality as central to all efforts on health, development, market shaping or financing agendas."

"The Global Fund is a key actor in the framework of international cooperation, as it is an institution recognized for its achievements and results, which is why it is in a position to alert, define and promote agreements with the sectors responsible for the global agendas, so that they take into consideration and make visible the populations affected by the three diseases and guarantee their access to all human rights."

"TGF should support programs that break norms and barriers, promoting injustices towards young people and young women. The current programs are mainly service delivery."

"The Global Fund should share its best practice and expertise with other donors to persuade them to invest in harm reduction and advocate for removal of legal and policy barriers that stop people who use drugs from accessing health and social services."

"Considering the existing Global Fund's commitment to equity, to ensure the right to health for all is fulfilled and SDG3 is achieved, the best way the Global Fund can support Humanity & Inclusion is to explicitly mention the importance of promoting gender, age and disability inclusion as minimum requirements in every Global Fund's initiative."

"Support advocacy to decriminalize and repeal punitive laws, policies and practices that target key populations and sex workers."

"Strengthen its focus on disability inclusion and that of its partners."

Note: Direct quotes in parenthesized italics are anonymized stakeholder input, illustrating overarching themes.

Strengthening Global Fund's programs: Input Received through Open Consultation (4/8)

Related to the questions:

How do you think the Global Fund could better use its leverage at global level, to help shape the health, development, market shaping or financing agendas, and improve impact against the 3 diseases and SDG3?

What can the Global Fund do to better support national, regional and community programs to fight HIV, TB & malaria?

What can the Global Fund do to better support you in your work to fight the 3 diseases?

To better respond to HIV, TB and malaria, respondents suggested that the Global Fund more meaningfully **engage and support communities and civil society, and scale-up community-led responses**

“The COVID-19 crisis has clearly demonstrated the importance and urgency to move towards models that place communities and patient groups at the centre.”

“The Global Fund must fully fund community-led services and work towards fulfilling the global commitment that at least 30% of all service delivery is community-led. Involving people who use drugs in service delivery recognises and utilises their unique experiences, knowledge and contacts.”

“Provide alternative channels of financial support to fund civil society and community-led harm reduction and other programmes and networks for people who use drugs, sex workers, gay men and other MSM, and trans people.”

“Ensure that a set proportion of each malaria grant is allocated to civil society recipients to implement community-led interventions targeting populations that are at higher risk of malaria transmission.”

“The Global Fund has set an unprecedented example in establishing the need for community members who are affected by HIV, tuberculosis, and malaria to be represented in its structure and processes. Country Coordinating Mechanisms (CCMs) are phenomenal in the diversity of their members. Nevertheless, in some cases, these members have little interaction with the sector they intend to represent. Measures can be put into place to ensure that these members consult and collaborate more fully with the stakeholders they represent across the country.”

“To better support national, regional, and community programs to fight malaria, a paradigm shift of what is thought to be community engagement is needed.”

“The support from civil society as advocates and implementing partners is still remarkable. However, roles and responsibilities should be clarified and coordination smarter to increase results and impact, appropriation, and integration.”

“The Fund should strive more towards ensuring the full participation of key populations in decision-making, design, implementation and monitoring of programs. It is necessary to abandon the model where technical partners are the only source of information on the situation in the country. Recognize the skills, knowledge and experience of sex workers and other key populations on a par with the knowledge of other professionals in the field.”

“The Global Fund can increase its engagement with civil society organizations in meaningful ways. This means developing a clear and comprehensive plan to consult CSOs in the work of the Global Fund. A CSO engagement plan would allow various CSOs who work on the three diseases to provide their input and feed into decision-making processes such as board meetings and consultations as well as increase transparency and accountability.”

Note: Direct quotes in parenthesized italics are anonymized stakeholder input, illustrating overarching themes.

Strengthening Global Fund's programs: Input Received through Open Consultation (5/8)

Related to the questions:

How do you think the Global Fund could better use its leverage at global level, to help shape the health, development, market shaping or financing agendas, and improve impact against the 3 diseases and SDG3?

What can the Global Fund do to better support national, regional and community programs to fight HIV, TB & malaria?

What can the Global Fund do to better support you in your work to fight the 3 diseases?

Respondents also suggested strengthening efforts to address **coinfections, comorbidities** and adjacent health areas through more **integrated and people-centered approaches** and expanded support.

"...our approach to co-morbidities and eligible costs will need to be reviewed to enable countries to implement person-based approaches and only health."

"Integration of services and capacity strengthening of human resources for health is key."

"Conduct stronger data collection efforts around HIV/AIDS coinfections."

"Include Cervical Cancer screening and treatment in the Post 2022 funding strategy."

"Leveraging Global Fund resources and investments to secure expertise of technical agencies for prevention and management of other co-morbidities and conditions like reproductive maternal neo-natal, child and adolescent health (RMNCAH), Immunization, NCDs and their risk factors, Cervical Cancer, Hepatitis and Mental Health and Antimicrobial Resistance could result in substantial benefits without much additional costs."

"Ensure that the strategy includes a much more ambitious, bold, and forward-looking objective on SRHR/HIV-prevention ... This is a logical extension of the Global Fund's current mandate on SRHR."

"an increased focus on SRH integration and advocacy (and internal commitment) within funding siloes to ensure that women are able to meet more of their health needs at one point in the delivery system would be an incredible and welcome step forward."

"GF could support to enhance integration of viral hepatitis into existing programmes and also push for reduction in medication and diagnostic costs."

"The Global Fund can better support us in fighting these diseases by showing great leadership and innovation in fully integrating psychosocial support into its approach in every setting."

"Within its current mandate, social protection, coverage of co-infections, mental health and other psycho-social interventions should be included in Global Fund programming and grant-making for the investments to be truly effective."

"To consider life-approach and better tackle disabilities as consequences of TB... Consider issues around alcohol abuse as part of programmes... there were comments from civil society about how to make NCD complementary.... to not set aside infectious disease, but to better focus and invest in co-morbidities"

"Broaden its scope and to allow funding for integrating additional health and social services to current community-based malaria interventions. Such integrated services need to be tailored to communities' needs, including primary healthcare, reproductive, maternal, neonatal, child and adolescent health (RMNCAH), water sanitation and hygiene (WASH), livelihood development."

Note: Direct quotes in parenthesized italics are anonymized stakeholder input, illustrating overarching themes.

Strengthening Global Fund's programs: Input Received through Open Consultation (6/8)

Related to the questions:

How do you think the Global Fund could better use its leverage at global level, to help shape the health, development, market shaping or financing agendas, and improve impact against the 3 diseases and SDG3?

What can the Global Fund do to better support national, regional and community programs to fight HIV, TB & malaria?

What can the Global Fund do to better support you in your work to fight the 3 diseases?

Respondents suggested that the Global Fund enhance its support for **information sharing and provision, and building capacity**, including through **south-to-south** learning and stronger technical support and guidance.

“Reinforce the CS [civil society], if necessary, by a substantial south / south technical support.”

“Continued capacity building for management and logistics and health workers, as turnover of staff is relatively high;”

“Be a united sharing expertise, knowledge and increasing capacity of the countries.”

“Support my organization by training members on awareness and sensitization on 3 diseases.”

“create better digestible and understandable Information to support our advocacy activities”

“our donor ... funds HIV only so we need more capacity building on the two diseases as well as in COVID-19”

“Having both financial and technical resources through the CRG to improve our proposal initiatives”

“Developing technical guidance and improving the practical resources for governments/implementers to design and execute community health programs to address the three diseases.”

“Share best practices and lessons learned from countries in term of partnerships with UN agencies, international NGOs and other actors capable of delivering services in the most challenging environments.”

“Increase technical assistance to countries in order to define criteria for carrying out responsible transition processes oriented to institutionalize the national financing, on an integrated approach and guaranteeing sustainability.”

“Play an important role in helping countries/recipients to establish processes for regional best practices and resource sharing, which would contribute to address the issues of inadequate domestic funding to support introduction of new health tools and show implementation of country programs.”

Note: Direct quotes in parenthesized italics are anonymized stakeholder input, illustrating overarching themes.

Strengthening Global Fund's programs: Input Received through Open Consultation (7/8)

Related to the questions:

How do you think the Global Fund could better use its leverage at global level, to help shape the health, development, market shaping or financing agendas, and improve impact against the 3 diseases and SDG3?

What can the Global Fund do to better support national, regional and community programs to fight HIV, TB & malaria?

What can the Global Fund do to better support you in your work to fight the 3 diseases?

Respondents also suggested that the Global Fund better **tailor its support to country and local contexts.**

“Dive deeper into the culture of each country - to know and understand better the rules of the socio-political context and the dynamics of the populations to which the interventions reach.... Think of a mechanism for decentralized delivery of resources to the [sub-national level] or other structures that facilitate and promote the national response.”

“Be more cognizant of the unique priorities and challenges of each country”

“Clearly understand the local needs and local settings;”

“Promote solutions adapted to the needs of people infected / affected by pandemics.”

“Advancing differentiated (tailored to needs and preferences of clients I.e. providing options for clients to access services where, when, and how they prefer) models of HIV prevention, testing, and treatment to optimize uptake and retention over time.”

“The GF could develop new activities that target specific populations that are context relevant and designed by the community actors themselves.”

“The Global Fund should adapt its mandate in malaria pre-elimination and elimination settings where the malaria burden is low. In those settings, the Global Fund should move beyond disease-specific approaches and invest more in integrated approaches and in addressing the social determinants of health.”

Respondents suggested that the Global increase the **flexibility** of its funding to enable increased programmatic impact.

“Significantly empower its PRs with line item flexibility and the ability to proactively reprogram within that threshold. The Global Fund’s current grants management approach is so focused on controls that it limits PRs’ ability to manage and reprogram responsibly. These long and unnecessarily bureaucratic review processes contribute to under-absorption of funds, frustration among SRs, and ultimately under-served communities with poorer health outcomes.”

“The Global Fund is best positioned to finance large-scale procurement of commodities and has therefore established systems for accountability that limit operational flexibility and procedures for sustainability that limit expenditure on human resources – both of which present challenges for elimination settings.... As malaria becomes more focalized, interventions need to be implemented that account for the characteristics of that focus, which in turn requires operational and financial flexibility to adapt intervention targeting based on local transmission drivers. Existing Global Fund guidelines are very restrictive in terms of what a country can procure and implement”

Note: Direct quotes in parenthesized italics are anonymized stakeholder input, illustrating overarching themes.

Strengthening Global Fund's programs: Input Received through Open Consultation (8/8)

Related to the questions:

How do you think the Global Fund could better use its leverage at global level, to help shape the health, development, market shaping or financing agendas, and improve impact against the 3 diseases and SDG3?

What can the Global Fund do to better support national, regional and community programs to fight HIV, TB & malaria?

What can the Global Fund do to better support you in your work to fight the 3 diseases?

Respondents emphasized the importance of **strengthening funding accountability and program quality** at global, national and local levels, particularly to increase transparency, and supporting community-led monitoring and in-country data systems.

“We need total monitoring of the work of AIDS service organizations, anti-tuberculosis services. Real figures on mortality among these key groups, real figures on the development of resistant forms of HIV, and resistant forms of TB, it is necessary to monitor the reasons for lack of adherence to HIV and TB treatment. We need a real assessment of the situation, real numbers.”

“The ... Strategy should drive increased accountability at all levels of the Global Fund, from countries to the Secretariat. This should include a monitoring and evaluation approach with key performance indicators that not only address quantity (such as the number of services delivered), but quality (such as the efficacy of such services). This will require a reframing of the understanding of accountability – to extend beyond financing to programmes. This will also involve an exploration of what quality means – such as in terms of gender equality and human rights – and how different stakeholders can be held to account for their achievement.”

“Strengthen the in-country systems (Financial, Monitoring and Evaluations and PSM) at each level (National, Regional, Community).”

“GFATM should support community-led organizations in data collection and participation in PSE [population size estimates], especially for sex worker groups. Data on population size estimates for sex workers has been an issue for the sex worker community groups for years, but has largely remained unaddressed”

“The Global Fund must strengthen its commitment to funding advocacy via multi-country grants, and developing criteria which are better suited to measuring the impact of advocacy over the short-medium term.”

“The Global Fund needs to be more transparent. Figures on harm reduction allocations and expenditures for each grant period together with allocations and expenditures relating to advocacy for rights and health of people who use drugs should be published regularly and made easily available for civil society on the Global Fund website.”

“Civil society in many of the countries in which Global Fund works has asked for more visibility into the targets, performance, grant amounts of principal and sub recipients and has not been able to obtain this information. In some cases, civil society has received portions of this information but been told that the information is inaccurate and cannot be relied on. In the absence of systematic, transparent and thorough information on GFATM grants, above and beyond the question of whether funds were disbursed and spent, civil society is hampered and program inefficiencies and poor performance is allowed to flourish.”

Note: Direct quotes in parenthesized italics are anonymized stakeholder input, illustrating overarching themes.

Ideas for change: Input Received through Open Consultation (1/3)

Related to the question: “If there was one thing you would ask the Global Fund to do differently to have greater impact towards achieving the SDG3 targets, what would it be and why?”

Overview: Suggestions focused largely around strengthening meaningful engagement and work with communities, civil society and other local actors; deepening engagement with in-country partners particularly. community-led and civil society groups; addressing social determinants of health; strengthening program integration; broadening support for coinfections and comorbidities and adopting a more people-centered approach; and considering adjustments to the disease split.

Respondents most frequently discussed the need to strengthen meaningful engagement at country level, and to work more closely with **communities, civil society** and other **local actors**.

“Equal participation of Non Governmental organizations is the big challenge”

“Communities should be included when looking for contextual solutions to infectious diseases ... The majority of health concerns find their first encounter in community’s which is why it is critical to have community-level solutions and involvement for the identification and reporting of those health conditions.”

“Democratic your spaces, where not only your friends and acknowledges attend, involve the communities ... ; so that nobody is left behind”

“Contract with community associations instead of international NGOs by making community actors employed”

“Take better account of the needs and solutions proposed by the communities, support and finance them, in conjunction with the States.”

“strengthen the community-led responses and rights-based programming”

“This funding must include funding for civil society and community advocacy, including most importantly decriminalization and an enabling environment.”

“The Global Fund must work to ensure the programs they are implementing are suited to specifically tackling the nuanced needs of young people who use drugs. In order to do this, there needs to be a greater understanding of what those needs are through greater inclusion of young people who use drugs at a high level as well as a push for accurate, reliable, age-disaggregated data related specifically to young people who use drugs.”

“Invest in our communities for programmes and advocacy”

“Empowering recipient governments and in-country partners, instead of external consultants, to develop innovative, data-driven application”

“The Global Fund should also create a separate funding stream for drug user-led organisations that is not conditional on government approval.”

“Stop ignoring the importance of community systems and prioritize these activities to strengthen health systems and for sustainability.”

Note: Direct quotes in parenthesized italics are anonymized stakeholder input, illustrating overarching themes.

Ideas for change: Input Received through Open Consultation (2/3)

Related to the question: “If there was one thing you would ask the Global Fund to do differently to have greater impact towards achieving the SDG3 targets, what would it be and why?”

Respondents suggested that the Global Fund engage more strongly in addressing **social determinants of health, human rights, gender, equity** and other structural barriers.

“An increased focus on addressing health inequities, social justice, human rights and gender equality and other structural barriers that increase the vulnerability of sex workers and other key populations to poor health outcomes.”

“Increased investments in policy and law reform to decriminalize HIV transmission/exposure/non-disclosure, sex work, drug use, same-sex sexual behaviors, gender identities expression etc. to ensure access of key populations to health and justice.”

“address health inequities around the world and across key populations, including sex workers, in a person-centred approach”

“Support CSOs to reach the poorest of local populations”

Other themes included strengthening program **integration**, broadening support for **coinfections and** adopting a more **people-centered approach**, and addressing **inequities**.

“GFATM needs a holistic strategy for integrated approaches to combat infectious diseases and zoonoses such as tuberculosis to achieve SDG3 according the One Health approach.”

“as much as possible, moving toward a system that allows (especially the most vulnerable) people to access all of their health needs in one place improves trust, creates efficiencies, and improves health outcomes...”

“Integrate health systems strengthening into the work around the three diseases, rather than make it as distinct initiative.”

“The Global Fund could improve its impact by addressing comorbidities with HIV, TB and malaria, which pose a threat to the achievement of global targets on HIV, TB and malaria and by extension the SDG3 targets. These include noncommunicable diseases, such as cancer, diabetes, hypertension and mental health which SDG target 3.4 focuses on.”

“Require women-centred and community-led data collection, monitoring and evaluation”

“Ensure country ownership, use the money to steer that, not to worsen verticalization in pursuit of short term, unsustainable results.”

“Fully integrate mental health through psychosocial support throughout the Global Fund’s approach to HIV and TB programming”

“As a leading partnership with investment capability and reach, the Global Fund is best positioned to work with countries to encourage strengthening integrated care, a whole of government and a whole of society approach for improving health outcomes.”

“Require one application per country, with disease-specific strategies knit together with cross-cutting elements that provide the infrastructure benefitting all health outcomes”

Note: Direct quotes in parenthesized italics are anonymized stakeholder input, illustrating overarching themes.

Ideas for change: Input Received through Open Consultation (3/3)

Related to the question: “If there was one thing you would ask the Global Fund to do differently to have greater impact towards achieving the SDG3 targets, what would it be and why?”

Several respondents also raised concerns around the **disease split** and country eligibility, and suggested other factors to account for in funding allocation and eligibility.

“Since the disease split remains low for TB, catalytic funding provides an opportunity to narrow the gap for TB financing. TB needs to be a priority area for catalytic funding.”

“The single most dramatic way in which the Global Fund can accelerate progress towards achieving SDG3 is to elevate TB. TB, and drug-resistant TB in particular, is the disease against which the least progress has been made. Despite being the biggest cause of death among the three diseases, it continues to receive only 18% of the Global Fund’s resources. Of the USD 17 billion funding gap, more than half is needed for TB in Global Fund eligible countries over three years.”

“The four strategic objectives of Global Fund’s 2017-2022 strategy remain valid and relevant. However, given that the current disease split of 50% for HIV, 18% for TB, and 32% for malaria has been in place since the first allocation period of 2014-2016, well before the significant political and technical achievements by the TB community, we recommend the Global Fund to strongly consider the Strategic Committee’s recommendation on its 9th committee meeting and conduct a full analysis to revise the current disease split.”

“The Global Fund should work with UNAIDS, PEPFAR and other key donors and governments to create a clear process for prioritising which countries are eligible for HIV funding, and which populations/interventions are prioritised within countries based on actual needs, not on country income status income.”

“Adjusting the criteria for funding to become a financing model driven by disease burden and country GDP (general and health spending) in order to more strategically allocate fewer resources to transitioning countries (i.e. countries who have greater ability and are closer to self-financing their responses to HIV, TB, and malaria), and prioritize decreasing global resources on countries that still need external support to finance their national HIV, TB, and malaria responses.”

“Stop leaving the region. It is necessary to re-evaluate, restructure and redefine the strategies and actions carried out”

“...respondents propose changes to the country eligibility criteria and to current approaches to concept notes. Regarding the former, several respondents point out the need to revise the eligibility criteria to include “middle-income countries, [and to] account for migration problems, and inequities”.

“Argentina has not received further funding from the Global Fund, although it would be very important to receive assistance again because we have large pockets of poverty and a fragile public health system.”

Note: Direct quotes in parenthesized italics are anonymized stakeholder input, illustrating overarching themes.

Acronyms: GDP (Gross domestic product)

RSSH/UHC: Input Received through Open Consultation (1/3)

Related to the question: “As one of many financers of health systems, what role is the Global Fund uniquely positioned to play in supporting countries build resilient and sustainable systems for health, including to improve outcomes in the three diseases and contribute to universal health coverage?”

Overview: General agreement that the GF should continue investing in RSSH, but better define the scope of its support going forward. No overarching consensus on aims of RSSH investments. Respondents frequently recommended deepening CSS support, introducing stronger accountability mechanisms, and integrating support with the broader health system.

General support for the Global Fund to **continue and better define the scope of its investments in RSSH** going forward.

“Health system weakness has been identified as a key barrier to achieving disease impact under the current strategy. Health system strengthening should be at the heart of the new strategy.”

“[RSSH] Should be much more limited than currently, should focus on few areas done well, rather than trying to do everything. A focus on procurement and supply (with others) and data for decision making is probably the main comparative advantage.”

“The Board of the Global Fund should be more demanding on the Secretariat on: focusing more on the Primary Health Care level using the catalytic effects of the Global Fund and in respect with its core principles rather than the fairly general and vague HSS approach.”

“Before the GF considers expanding its support to strengthening health systems, it should first look at what the needs are and what can be strengthened in terms of better outcomes for the three diseases, focusing on improved provision of and access to care.”

Suggestions on how to evolve RSSH support differed, with some respondents suggesting an **expanded cross-cutting mandate and others deepening ‘diagonal’* support**, i.e., aiming for disease-specific results through improved health systems.

“RSSH needs to be a stronger priority of the Global Fund if efforts in the fight against the three diseases are to be sustainable”

“RSSH ... is a critical and necessary piece but will not have any success as an objective on its own”

“The Global Fund should increase its investments in building resilient health systems since the world will not reach UN targets on the three diseases and will not reach UHC unless a major effort is devoted to health systems.”

“Push back against the health systems ideologues in favour of health systems support that makes sense for a global financier without country presence and focus on what the GF is supremely good at - gap financing of expensive commodities/diagnostics.”

Note: Direct quotes in parenthesized italics are anonymized stakeholder input, illustrating overarching themes.

* Diagonal financing aims to achieve disease-specific outcomes by improving health systems.

Acronyms: GF (The Global Fund to Fight AIDS, Tuberculosis and Malaria); HSS (Health systems strengthening); RSSH (Resilient & sustainable systems for health); UHC (Universal health coverage)

RSSH/UHC: Input Received through Open Consultation (2/3)

Related to the question: “As one of many financers of health systems, what role is the Global Fund uniquely positioned to play in supporting countries build resilient and sustainable systems for health, including to improve outcomes in the three diseases and contribute to universal health coverage?”

Respondents frequently recommended **deepening community engagement** including increased CSS support through RSSH investments and increasing capacity of CBOs to deliver RSSH support, particularly given communities’ ability to address human rights barriers and reach KVPs.

“We want the Global Fund to continue investing in and championing community systems strengthening (CSS)”

“The GF has a unique advantage ... in strengthening health systems due to its close links with communities... The focus on community health systems should be maintained, by providing sufficient opportunities for engagement and necessary funding, and integrated with broader health systems strengthening efforts. “

“The complementarity of health systems and actions towards marginalized populations and / or those furthest from the healthcare system will only be achieved through the action of community-based organizations, which must be prioritized....”

“Community system strengthening must be at the foundation of the strategy, one that envisions a responsible transition to public sector financing of resilient and sustainable systems for health that are inclusive, equitable and committed to the protection of human rights for all.”

“ (CSS) must become the backbone of robust responses—and especially as the Global Fund transitions out of countries.”

Several noted need for Global Fund RSSH investments to be better **coordinated with other funders**, and build **strengthened accountability and M&E** of RSSH investments

“Establish a mechanism for direct dialogue between the Global Fund and the high authorities of the Ministry of Health, the Ministries of Finance and Social Protection; as a space from which to raise awareness, support and guarantee the commitments aimed at building sustainable health systems with universal coverage.”

“The Global Fund’s focus and expertise and emphasis on working with vulnerable and marginalized groups are a huge asset. While this focus should not be lost, greater collaboration with other multilateral funders, at the country level and through regional strategic initiatives, would avoid duplication and facilitate more accessible PHC coverage.”

“Making the CCMs accountable for the monies that they get”

“Strengthening in the M&E system: tools for setting up indicators and their evaluation”

“The GF will be best positioned ... by investing in projects that aim to mainstream anti-corruption measures - such as transparency, accountability and multi-stakeholder participation - in its grants.”

“Strengthening transparency in funding structures of diverse countries to prevent health corruption.”

Note: Direct quotes in parenthesized italics are anonymized stakeholder input, illustrating overarching themes.

* Diagonal financing aims to achieve disease-specific outcomes by improving health systems.

Acronyms: RSSH (Resilient & sustainable systems for health);UHC (Universal health coverage); CSS (Community systems strengthening)

RSSH/UHC: Input Received through Open Consultation (3/3)

Related to the question: “As one of many financers of health systems, what role is the Global Fund uniquely positioned to play in supporting countries build resilient and sustainable systems for health, including to improve outcomes in the three diseases and contribute to universal health coverage?”

Many noted the importance of Global Fund work to **foster stronger integration within country systems for health**, including to underpin achievement of UHC, and to build strengths in key areas such as supply chain strengthening, quality of services, HRH, and data management.

“Increase dialogue and initiatives supporting governments to ensure all UHC legislation is rights-based and inclusive, and where necessary reform and repeal laws that criminalise [exposure and transmission of] communicable disease.”

“Support quality of healthcare provision in field of HIV and TB and integration of these services into the main healthcare system. Support national independent healthcare accreditation systems/institutions.”

“Integrated community case management of malaria, supported by adequately resourced and competent local health facilities, serves as a model for successful universal health coverage.”

The Global Fund should focus on specific support for the axes linked to HSS that are necessary for the implementation of its programs: supply chains, purchasing and human resources in health...”

“The Global Fund should continue to play a strong role in strengthening national health information management systems as well as supply chain systems”

“While the GF cannot do everything, but it can orchestrate the process as a lead financer by motivating the health ministry through strong CCM to engage ‘whole-of-the government’ and ‘whole of the society’ through RSSH in the next strategy.”

“We strongly recommend The Global Fund provide significant investments in IPC for an integrated and more holistic approach to RSSH that would also require working across sectors.”

“Global Fund can invest in the development of further integrated programs and address the needs of different communities and key populations using a more comprehensive approach, such as delivering HIV, TB and/or Malaria services in Primary Health Care and Reproductive health settings.”

Note: Direct quotes in parenthesized italics are anonymized stakeholder input, illustrating overarching themes.

Acronyms: RSSH (Resilient & sustainable systems for health); UHC (Universal health coverage); HRH (Human resources for health); M&E (Monitoring & evaluation); PHC (Primary healthcare); CCM (Country Coordinating Mechanism); IPC: Infection prevention and control;

Global Health Security: Input Received through Open Consultation (1/3)

Related to the question: “Based on what we know so far from the COVID-19 response, what role is the Global Fund best positioned to play in improving global health security and pandemic responses, including to protect progress in the fight against the three diseases?”

Overview: Strong encouragement for Global Fund to adapt HIV, TB and malaria programs to address global health security threats; many (but not all) suggested more substantive engagement on GHS (including through RSSH investments); some cautioned to not detract from mission to end the 3 diseases.

Many encouraged the Global Fund to continue its efforts **adapting HIV, TB and malaria programming to the realities of COVID-19 and other global health security threats**. Some highlighted a need for the Global Fund to better articulate and position its efforts on the three diseases within the broader context of protection against future and existing pandemic threats.

“Rather than broadening the Global Fund strategy to include new global health priorities, the Global Fund should instead remain focused on TB, HIV, and malaria and articulate how investments in these three diseases benefit and help to address broader global health priorities such as pandemic preparedness and health system strengthening.”

“Help countries implement their pandemic response without jeopardizing the three disease programs.”

“GF has the role to propose that PLHIV, TB and malaria affected by COVID-19 be prioritised in the response.”

“Resistance to diagnostics, medicines and insecticides is a major threat to malaria control and elimination. Ongoing research and development (R&D) and accelerated access to new interventions will be needed on an ongoing basis until eradication is achieved.”

“The Global Fund should continue to provide funding to preserve investments in the fight against the three diseases and concurrently support effective responses to other epidemic/pandemic threats among populations affected by the three diseases, including by providing for temporary flexibilities/additional funding windows.”

“Its the underlying conditions of the three diseases that need to be protected in order to bend the COVID -19 curve including maintaining the gains and progress in the fight against the three diseases if we are to End the pandemics by 2030-2035.”

“...the Global Fund should instead remain focused on TB, HIV, and malaria and articulate how investments in these three diseases benefit and help to address broader global health priorities such as pandemic preparedness and health system strengthening.”

Note: Direct quotes in parenthesized italics are anonymized stakeholder input, illustrating overarching themes. *

Acronyms: RSSH (Resilient & sustainable systems for health); PLHIV (People living with HIV); GHS (Global Health Security); HTM (HIV, TB, malaria); GF: The Global Fund to Fight AIDS, Tuberculosis and Malaria;

Global Health Security: Input Received through Open Consultation (2/3)

Related to the question: “Based on what we know so far from the COVID-19 response, what role is the Global Fund best positioned to play in improving global health security and pandemic responses, including to protect progress in the fight against the three diseases?”

Of those respondents who discussed the Global Fund’s overarching mandate, **most suggested that the Global Fund further engage on GHS** through efforts to protect against other pandemic threats and antimicrobial resistance; some noted that such efforts would need to be supported through additional financing and flexibilities that **does not displace HTM funding**; although a minority, **some cautioned** against any expansion of mandate.

“...any action to address emerging issues should be exclusively to protect the core of the Global Fund: HIV, TB and malaria and the achievements to date.”

“The young people felt that TGF has a significant role in Global Health Security without compromising the gains made in AIDS, TB, and Malaria.”

“With the COVID-19 pandemic and upcoming global recession ... resources for HIV, TB and malaria will become even more scarce and limited. It is crucial that the response to the three diseases is not side-lined and the progress made to date is not lost.”

“Most respondents agree on the importance of having flexible funds, and specific funds that enable a response to emerging pandemics without taking away from efforts and resources designated for response to the three diseases.”

“[Stakeholder] rejects any expansion of the Global Fund mandate without a substantial increase to the funding it has at its disposal.”

“...a potential expansion of the mandate and scope of the GF towards other health areas or diseases should not go ahead without a commensurate and significant increase in resources.”

“We affirm the continued importance of the Global Fund, be it in new pandemics, post-new pandemics, and existing pandemics context.”

“We want the Global Fund to institute plans within its overall strategy and to enable flexibilities within grants that allow for timely responses to emerging pandemics (focused on key and vulnerable communities)”

“Keep flexibilities and be open in strategy objectives to cope with the emerging health challenges, for example COVID-19 like pandemics/epidemics etc.”

“While it is necessary to allocate additional resources to respond to COVID19, these should not come from funds already allocated. It is desirable that if there are additional resources, these can be used to finance actions that benefit the communities. It is of utmost importance that despite the emergence of COVID19, the GF commits to maintaining investment levels for HIV, TB and malaria.”

Note: Direct quotes in parenthesized italics are anonymized stakeholder input, illustrating overarching themes. *

Acronyms: RSSH (Resilient & sustainable systems for health); PLHIV (People living with HIV); GHS (Global Health Security); HTM (HIV, TB, malaria); TGF: The Global Fund to Fight AIDS, Tuberculosis and Malaria

Global Health Security: Input Received through Open Consultation (3/3)

Related to the question: Based on what we know so far from the COVID-19 response, what role is the Global Fund best positioned to play in improving global health security and pandemic responses, including to protect progress in the fight against the three diseases?

Ways to strengthen engagement in GHS included **deepening RSSH support**, particularly in areas of Global Fund strength, including supply chains, laboratory networks, surveillance systems, HRH, AMR-related activities, as well as through **evolving** the concept of global health security to include solidarity and a stronger emphasis on addressing human rights and gender barriers, **ensuring quality of services**, stronger **integrated support** and **community-led programming**.

“Sustainably contribute to prevention and care of Covid-19 in the areas of the fight against the pandemic that overlap with what the Fund does best (procurement and supply chains; empowering civil society and communities)”

“We believe that the GFATM can play an active role in pandemic preparedness and global health security in the future. Particularly through increased efforts in building resilient and sustainable systems for health....”

“Contribute to the strengthening of the preparedness of the health systems for pandemics to avoid essential service disruptions, to strengthen prevention measures, including infection control, social support, vaccination and preventive treatments.”

“The Global Fund’s investments in supply chain strengthening, data systems and management, lab capacity, and enforcing strong quality assurance measures are all part of pandemic preparedness. ... The expansion of the wambo.org platform to supply health products and PPE in response to the COVID-19 pandemic and beyond Global Fund-funded countries ... further strengthening the Global Fund’s capacity in these areas will allow the organization to contribute to the COVID-19 response and to future pandemics without substantially changing its remit or focus.”

“Four areas of health systems support traditionally provided by the Global Fund to address AIDS, TB and Malaria need to be expanded and strengthened in the COVID-19 era and in anticipation of future pandemic threats ... Diagnostic systems...; Procurement and supply chain management systems...; Digitized information systems for M&E ...; Health workforce capacity expansion...”

“Increased investments in resilient and sustainable systems for health, including community systems strengthening to ensure that health systems are inclusive and equitable...”

“The new GF strategy needs to position itself well by guaranteeing that the human rights related questions that go along with a "global health security framing" do get addressed. We are aware that GHS-framing sales well. However, not everything that sells well is legitimate.”

“Invest in peripheral laboratory infrastructure and regional sentinel surveillance networks... Data collected from these sites can also help develop antibiograms and AMR stewardships locally that contribute to improving the quality of care from which all patients can benefit.”

Note: Direct quotes in parenthesized italics are anonymized stakeholder input, illustrating overarching themes.

Strengthening partnership with communities: Input Received through Open Consultation (1/3)

Related to the question: “Partnership with communities affected by the 3 diseases is a core principle of the Global Fund. What aspects of the Global Fund’s model could be strengthened to improve partnership with communities and strengthen impact?”

Overview: Improvements require more meaningful engagement of communities, including more inclusive and collaborative planning processes; increasing service delivery and monitoring through communities, and supporting capacity building.

Meaningful engagement of communities: Strong response on need to significantly increase meaningful engagement of communities affected by and living with the three diseases through more inclusive and collaborative planning processes, including by further evolving CCMs and more deeply recognizing communities as experts in the response.

“An inclusive planning can help to make the grants financing arrangements more efficient and effective. Efforts should be oriented to build better negotiation between associations and affected communities and the public sector...”

“Support for, and a focus on, the strengthening of CCMs and other national coordination bodies in providing equal weight to the knowledge and experience that communities bring to decision-making.”

“Opinions, interventions and expert contributions from people who use and inject drugs are too often closed down, ignored or not heard. Governments dominate CCMs, and through criminalisation, politics, stigma, religious and cultural discrimination and prejudice or just plain ignorance fail to maximise the expertise on offer from drug user-led organisations. The CCM Evolution project does not address this weakness...”

“Establish collaborative platforms with community members where community members' voices are heard on a regular basis and acted upon...”

“The Global Fund must ensure dialogue with communities in national GF transitioning processes where the knowledge and experiences of sex workers and other key populations will be recognized and equally valued as the knowledge of the technical partners, academia, NGOs.”

“It would have to develop mechanisms of participation, where information is circular and transparent, where representative voices of populations affected by diseases can be heard and allow a more real and humane view of the context.”

“The GF should also lead the way for more inclusive governance models in global health, both at international and national levels.”

“If the Global Fund is to consider a serious partnership with communities, it needs to accept that international, regional and national networks and organizations led by local key populations are the experts.”

“AGYW seek to participate actively in the process of health care delivery ... Tokenism is noticeable by the AGYW .. As such, they are apathetic and reluctant to engage with such structures unless there is a clear indication of transformation.”

Note: Direct quotes in parenthesized italics are anonymized stakeholder input, illustrating overarching themes.

Strengthening partnership with communities: Input Received through Open Consultation (2/3)

Related to the question: “Partnership with communities affected by the 3 diseases is a core principle of the Global Fund. What aspects of the Global Fund’s model could be strengthened to improve partnership with communities and strengthen impact?”

Many suggested increasing financial support and funding service delivery through communities and civil society, noting the importance of grounding the response in community needs, and addressing equity, human rights, gender other barriers.

“Communities need be seen as an asset for the GF and as part of the solution for countries, It should be mandated and established as a pre-requisite before accepting a letter of intent with any country. All concept notes should be rejected if they do not define a clear role for communities on effectively ending the diseases”

“The Global Fund should consider the possibility of creating a separate funding mechanism for key populations organizations, which should include an appropriate grant management process for small community organizations and multi-year contracting agreements with such organizations, which will build sustainable systems and community responses.”

“GFATM should ensure that funding is accessible to community-led groups and also manageable.”

“Prioritise investments in communities, including through increased investments into community systems, systematic and meaningful investment into human rights and gender-transformative programs.”

“The existing level of funding to CSS is way too low and prevents CS from effectively performing the role it is best placed to play in reaching the most marginalised.”

“GF should invest more in the organizational development of community organizations.”

“It is always said that we, community-led organisations don’t have capacity, but who and how can we build our capacity without funding?” ‘

“Find a creative mechanism to fund community-led responses – for example, through directly entering into multi-year service agreements with community-led organizations.”

“Increase the percentage allocation to non-State Actors grants across the whole Country portfolio. Specific allocations may be smaller-scale and may require more management, but community led grants are more likely to make an impact for the people at grass roots level.

”The GF should invest more in key populations related to the three diseases, uphold the GIPA principle and expand funding for its activities. For example, in the region, trans women have been identified as a priority due to their high prevalence; the GF should also prioritize the empowerment of their organizations and networks.”

“establish a separate funding mechanism for key-population/community-led organizations.”

Note: Direct quotes in parenthesized italics are anonymized stakeholder input, illustrating overarching themes.

Strengthening partnership with communities: Input Received through Open Consultation (3/3)

Related to the question: “Partnership with communities affected by the 3 diseases is a core principle of the Global Fund. What aspects of the Global Fund’s model could be strengthened to improve partnership with communities and strengthen impact?”

Particular areas respondents noted in need of further investment included **building institutional and workforce capacity of in-country partners** and expanding accountability efforts, including community-led monitoring and ensuring use of data to drive evidence-based programming.

“Improve community health systems and civil society stewardship to reach the vulnerable and the hard to reach groups including people on the move (refugee, migrant, displaced and mobile populations) by strengthening capacities, governance, finance and the use of digital tools and technologies.”

“The main challenge with the partnership with communities is the low capacity of local civil society. Need for capacity-building for the CSOs both on planning, implementation and reporting as well as financial management.”

“Investments in community level data collection and information systems to help us understand the impact and gaps at local level could be one area of increased emphasis/focus.”;

“The main challenge with the partnership with communities is the low capacity of local civil society. Need for capacity-building for the CSOs both on planning, implementation and reporting as well as financial management.”

“Strengthen South-to-South capacity transfers.”

“Set up youth led and community based monitoring systems to ensure communities are more engaged in monitoring the performance of GF grants.”

“Focus on building national capacities and competencies for the grant and programme management and service delivery and decrease dependency on international (NG) organisations.”

“A strong community support and monitoring system developed through the GF should be an integral part of primary care led by the government”

“Potential quote: The Technical Review Panel must be empowered to reject any concept note that does not include sizeable investments aimed at meeting the needs of key and vulnerable populations, strengthening their capacity to lead and fails to define a clear, substantial and meaningful role for civil society. CCMs that demonstrate an inability to meet these requirements must be provided with firm guidance and targeted technical assistance to evolve and change.”

“There is also lack of adequate use of the information generated within the grants, and with the CSOs, since they are not included in the national reports nor are they discussed during the decision making process, as mentioned by one participant “A lot of data is produced, from the community to the national level, and within the grants processes, but every stream runs separate and the only important thing seems to be just the generation of data”.

Note: Direct quotes in parenthesized italics are anonymized stakeholder input, illustrating overarching themes.

Acronyms: CSS (Community system strengthening); CS (Civil society); CSO (Civil society organization)

Strengthening partnerships with technical and development partners: Input Received through Open Consultation (1/2)

Related to the question: “How could the Global Fund work more effectively with development, technical and other partners to support countries fight the 3 diseases and achieve SDG3? How would this strengthen impact?”

Overview: Improvements require strengthened collaboration with development, private sector, and technical partners, and engaging new (and local) providers of technical support.

Coordination of support across partners: Need to improve collaboration with and provide greater clarity on roles and responsibilities across development, private sector, and technical partners, as a means for improving funding complementarity and avoiding duplication, supporting adoption of normative guidance, supporting more inclusive programming and promotion of human rights and gender equality, coordinating technical support, and leveraging cost efficiencies.

“...strengthening of collaboration will not be possible without real reflection on the possible synergies and linkages both at Geneva level and in the countries.”

“Greater clarity around roles, responsibilities, and oversight of technical assistance are essential for operationalising the post-2022 strategy.”

“Focus on building effective data use within countries rather than data for reporting purposes only, whilst strengthening cooperation amongst partners for harmonization of data...”

“The Global Fund must ensure that normative guidelines are used by all stakeholders...”

“Global Fund must serve as a facilitator in consolidating technical guidances, and use their position to demand political will”

“Support donors to coordinate and implementation of set asides for TA”

“The Global Fund can work effectively with partners by implementing a stronger coordination mechanism with other multilaterals to make significant investments in the foundation of health systems to ensure the greatest value of money. This would also allow for increased transparency and accountability among partners.”

“The Global Fund and technical partners must work together when there is a lack of political will in a large number of countries to effectively tackle human rights abuses and promote gender equity.

“The Global Fund should sit with relevant stakeholders (where PRs will be observer) on half-yearly basis to review the process of the programme and accordingly accommodate the programme implementation.”

“One opportunity at hand is supporting governments to develop strategies to engage the private sector for health care services in an overall national plan, with attention to reporting on indicators reflecting quality of care in return for access to commodities at reduced prices”

“Strengthen collaboration and coordination to ensure alignment and engagement to avoid overlap among partner orgs.”

“Either the CCM-coordination needs strengthening to cover this area or a mechanism to strengthen coordination among different partners through a functional agreement or MOU.”

Note: Direct quotes in parenthesized italics are anonymized stakeholder input, illustrating overarching themes.

Acronyms: TA (Technical assistance); PR (Principle recipient); CCM (Country Coordinating Mechanism)

Strengthening partnerships with technical and development partners: Input Received through Open Consultation (2/2)

Related to the question: “How could the Global Fund work more effectively with development, technical and other partners to support countries fight the 3 diseases and achieve SDG3? How would this strengthen impact?”

Expanded group of partners: Important to establish more multi-sectoral partnerships and to consider expanding partnerships to build capacity of in-country partners, particularly in the provision of technical support, including local providers.

“Allowing the country to choose their own TA preferably from local experts that suit the country rather than GF determined TA.”

“Incorporate work with experts in other areas, e.g. mental health, economic development and innovation.”

“Broaden your list of technical partners and work with those who make targets that are not putting PLHIV first and don't support those.”

“Partner with technical agencies and the development community to explore ways to integrate NCD screening and care for PLWHIV and TB stepwise and efficiently across global health (SDG3) goals.”

“The [name of organization] suggests that The Global Fund continue to pursue dialogue with a broad spectrum of partners with aligned outcomes, standards, and targets. Finding and reinforcing synergies across the three disease areas would also lead to optimized funding and elimination efforts.”

“There is value in including roles such as community development practitioners into the picture, who can help bring in expertise related to education, child rights, poverty alleviation and engaging with specific groups and populations.”

“It is essential in the current global context with the health crisis-covid-19, to strengthen the articulation and response capacity of both the State and the organizations at all levels. Specialized technical support, the evaluation of their progress, Interpretation and timely communication from the Global Fund is crucial to establish the agency-institution-community links to jointly assess whether the objectives are being achieved and to feel the impacts.”

“Leverage private sector capabilities such as consumer- and patient-centered insight, research, and design; market strategy; and analytics to ensure that investments in procurement and policies set by national programs are met with patients who are motivated to take up services”

“The Global Fund is currently not well-suited at country level to align with national decision-making on RSSH and GHS as it lacks technical expertise and contact-points with relevant Ministerial departments.”

“Strengthen coordination among funding, technical and other partners such as WHO, UNFPA, WFP, UNICEF, World Bank, regional development banks, Defeat NCD and Gavi to support national governments to strengthen health systems and service delivery (not just within specific diseases) to achieve UHC and SDG 3.”

“Lead a dedicated multi-stakeholder alliance made of donor governments, WHO and others to ensure that domestic and external funding for health is protected, an alliance that is also to actively participate in debt relief negotiations as necessary.”

Note: Direct quotes in parenthesized italics are anonymized stakeholder input, illustrating overarching themes.

Equity, human rights and gender: Input Received through Open Consultation (1/3)

Related to the question: “What can the Global Fund do to better promote and protect equity, human rights and gender equality through national, regional and community programs?”

Overview: Respondents emphasized that the Global Fund should double-down its efforts on equity, human rights and gender – including by more deeply embedding this focus throughout the Global Fund’s work and the grant lifecycle, increasing engagement with communities and strengthening efforts to monitor performance and exchange on best practices in this area.

Respondents suggested the Global Fund **build on its critical work and double-down on its work and leverage to promote equity, human rights and gender going forward**

“The Global Fund should continue to strongly position itself in supporting the protection of human rights as they relate to the fight against the three diseases, notably the right to health and the right to enjoy the benefits of science.”

“We congratulate the Global Fund on its leadership in promoting a strong focus on human rights and gender equality, championing the rights of some of the most vulnerable, marginalized and at-risk people in the world. It will be important to maintain this focus....”

“...the tone set by the Global Fund in grant development and in engagement with country Ministers of Health and Finance, as well as through partnerships with other actors including the private sector, can drive accountability for inclusion of human rights and gender equity in decision-making.”

“Existing Global Fund guidance on equity is specifically focused on the patient, so in countries where malaria disproportionately impacts men... there is little focus on thinking through gender strategy. ...analysis in 14 countries using Malaria Community Health worker gender data ... found that programs that are unpaid or underpaid are staffed predominantly by women, while paid community health worker programs are typically staffed by men. Because such a high percentage of the health workforce is female, tackling gender equity from a health workforce perspective could prove to be transformative. ... Global Fund should encourage countries to provide a demographic breakdown of their workforce and call upon them to present strategies to address potential inequities.”

“... the GF could request official documentation of a country’s equity strategy, including information on equal opportunities for employment, education, remuneration, and advancement for women and other visible minorities.”

“Address gender equality in a more robust and proactive way, including scaling up funding for SRHR. The fact that less than half of current proposals to the Global Fund address gender equality is a terrible indictment that the Global Fund – and the global community - is slipping back from its global commitments and failing to meet the needs and priorities of the majority of people affected by the three diseases in most countries. The Global Fund cannot achieve its targets and achieve real impact unless it does more and does better for women and girls in all the countries that it reaches.”

“In the [year] 2000 the GF was focusing in excluded and vulnerable populations, but along the years it moved to a more technical and supplies centered approach .. In the current situation ... it may be necessary to go back and look again to the socioeconomic determinants.”

Note: Direct quotes in parenthesized italics are anonymized stakeholder input, illustrating overarching themes.

Acronyms: GF (The Global Fund to Fight AIDS, Tuberculosis and Malaria); SRHR (Sexual and reproductive health rights)

Equity, human rights and gender: Input Received through Open Consultation (2/3)

Related to the question: “What can the Global Fund do to better promote and protect equity, human rights and gender equality through national, regional and community programs?”

There were a variety of approaches noted for the Global Fund to further promote such engagement, including requiring **stronger integration** of equity, human rights and gender considerations throughout the Global Fund’s work and grant lifecycle, and by exchanging on best practices and providing better **technical support** to applicants.

“Make grants conditional to Government to remove red flags related to promoting and protecting equity, human rights and gender equality.”

“Develop a user-friendly checklist/template that once ticked off would ensure that these issues are mainstreamed in programming”

“Ensure a human rights-based approach to programming, aimed at integrating human rights principles . . . , including increased and meaningful involvement of civil society and people with lived experiences, particularly in decision-making processes and through permanent seats in institutionalised response mechanisms. The Global Fund can consider conditionalities in grantmaking, including ratification of and respect for international treaties . . . to protect equity, human rights, health and environment.”

“Strengthen the “Rights Approach” among the requirements for the submission of new grants or concept notes. Increase the score for this aspect as part of the evaluations by the GF to the financing requests presented. Incorporate specific indicators that evaluate the scope / results in this matter in the performance framework.”

“Facilitate and support CSOs, in training and then sensitizing communities on human rights related to health, to instruct beneficiary countries to facilitate CSOs in advocacy activities on human rights in urban and rural areas of target communities”

“The Global Fund is uniquely positioned to safeguard a human rights based approach to building health systems. Its mechanisms such as the CCM and its funding guidelines need to be protected and built on, to ensure that a human rights-based approach is mainstreamed into all areas of RSSH and UHC.”

To help with this, respondents noted the importance of stronger **community and civil society** leadership – both in planning and in delivering support.

“Continuing and enhancing the GF’s focus on strengthening community systems and ensuring that community-led networks and organizations are involved in and are heard in health policymaking, financing, and implementation processes by acting as a global voice.”

“The active participation of key populations in all the processes of elaborating and developing health programs, policies, strategies, HIV, based on the needs of the population, a program directed by the populations themselves for their populations.”

“There was another discussion that permeated through the consultations, ethnicity and representation within programmatic read. Indigenous communities, communities of ethnic groups without infrastructure and minority ethnicities seem to be forgotten in the delivery of services and programmatic work.”

Note: Direct quotes in parenthesized italics are anonymized stakeholder input, illustrating overarching themes.

Equity, human rights and gender: Input Received through Open Consultation (3/3)

Related to the question: “What can the Global Fund do to better promote and protect equity, human rights and gender equality through national, regional and community programs?”

Respondents highlighted that this will require strengthened **M&E and accountability of equity, human rights and gender efforts**

“The disaggregation by sex, gender, ethnicity and territory (rural / urban) are crucial to see if we are serving and reaching the most vulnerable affected by the diseases in question (HIV, TB and Malaria)”

“Review, revitalize and re-invest in community based monitoring to the response to the three diseases”

“By integrating transparency, accountability and multi-stakeholder participation in the Fund’s programmatic work at national, regional, and community levels, the Fund will be in a much better position to ensure that their programmes contribute to making progress on equity, human rights, and gender equality.”

“work harder to identify and understand the structural factors that drive new HIV infections ... and establish mechanisms to track progress toward lowering these barriers”

“Gender equality should be addressed specifically and measurably through all Global Fund policies, programmes and actions and remain at the heart of everything the Global Fund does.”

They also underscored the criticality of addressing **structural barriers, punitive laws and supporting legal literacy** including through increased advocacy

“Ensure that the strategy addresses the underlying norms, policies and socio-economic drivers of the epidemics, including by integrating targets on gender-transformative approaches.”

“Scale up its support for advocacy for de-criminalisation, removal of punitive laws, policies and practices, that target and weaken the human rights of people who use drugs and other key populations. Increase support for community-led paralegal and legal services within grants. Escalate investment in programmes to eliminate gender-based violence, particularly amongst women who use drugs and other key populations. Make promotion and protection of human rights and gender equality an inviolable condition for a successful grant application.”

“Provide more funding for legal aid services led by key populations.”

“Fund more programs so that they are empowered to address stigma, discrimination and violence against sex workers and other key populations”

“The Global Fund can and should continue and strengthen the support of the sex worker community to advocate for decriminalization and the elimination of punitive bias from the security forces. The Global Fund can and should demand changes in policies and practices that undermine the human rights of key populations and vulnerable communities. The Global Fund can and should support raising the legal literacy of the community to defend their rights and protect them from violence, as well as help ensure the community has access to full-fledged justice and health care.”

“Ensure discussions on equity focus on human rights stigma and exclusion but also take account of economic poverty which often prevents access to GF prevention and treatment because of practical limitations such as transport to the nearest clinic.”

“The target should be to make a difference in beneficiaries receiving services with equity and dignity and who will have a chance to complain if their rights are not respected or if they are denied access the services.”

Note: Direct quotes in parenthesized italics are anonymized stakeholder input, illustrating overarching themes.

Environmental and social determinants of health: Input Received through Open Consultation (1/3)

In response to multiple questions

Overview: Respondents frequently cited the importance of addressing social determinants of health and climate change, both through its programs and leverage at national and global levels, in order to make a marked change in impact through its next Strategy.

Many respondents cited the need to **address key social determinants of health** through its **programs** and **capitalizing on its leverage at national and global levels**, e.g., addressing social protection, education barriers, and addressing cultural, social and legal barriers.

“As many of the drivers for child marriage and HIV are the same, it is essential that programmes focused on prevention of HIV address these shared drivers and focus on improving AGYW’s wellbeing; this investments should include: ... Education initiatives to ensure girls stay in school, support return to school for pregnant or married girls, and have access to comprehensive sexual education to enable them to safely navigate sexual relationships”

“As poverty continues to be a significant determinant of ill-health and a barrier to health care, there is strong evidence that HIV, TB, and Malaria inappropriately affect the most impoverished communities in the world. A lack of essential health services, poor nutrition, and inadequate living conditions highly contribute to the three diseases’ spread.”

“Fund income-generating activities for PLWHIV, especially key populations”

“Increase available funding for Food and nutritional support and social protection schemes”

“Stimulate efforts for the inclusion into Global Fund country and regional proposals of decriminalisation, the reduction of stigma, and the removal of legal barriers to service access, together with explicit support for a community, rights and gender focus in all aspects of national and regional actions that utilise Global Fund resources.”

“The Global Fund needs to use it’s position and power as a donor to be a force for positive change at the country-level.”

“To ensure equitable access to services, not only stigma and discrimination but also geographical and financial barriers pose a challenge. The establishment of national insurance schemes and the provision of services free of charge, including for reproductive health, should therefore be promoted and supported by the GFATM.”

“The Malaria response seriously lacks sensitivity to gender, age and social/human rights issues. The GFTAM should promote active discussion among experts and dedicated institutions (notably with WHO) to issue resolutions towards a better integration of gender and human rights as part of the response to Malaria.”

“Monthly grant to adolescent girls, so they can be able to take care of their needs, so they can avoid getting into relationships with sugar daddies.”

“In multiple countries, even basic forms of social assistance such as food for people living with TB and transport support for people with access barriers have been removed from proposals at the indication of Global Fund staff. Social assistance is an integral part of person-centered care that not only recognizes the dignity of each person, but also has a direct impact on the disease specific targets. Survey after survey of TB survivors name social assistance as among the top request for TB program improvements. Social assistance should be a standard program component, rather than viewed as a ‘nice-to-have’.”

Note: Direct quotes in parenthesized italics are anonymized stakeholder input, illustrating overarching themes.

Acronyms: AGYW (Adolescent girls and young women); GFATM (The Global Fund to Fight AIDS, Tuberculosis and Malaria); WHO (World Health Organization); PLHIV (People Living With HIV/AIDS)

Environmental and social determinants of health: Input Received through Open Consultation (2/3)

In response to multiple questions

The importance of **social protection** and **social support** was highlighted by many respondents as being especially critical in **addressing the impact of COVID-19** – drawing from **lessons across disease areas**

“Continue with actions for the promotion and protection of all the rights of those affected, emphasizing social protection that guarantees a dignified life for all those affected in vulnerable situations.”

“The need to give special attention to social support in the current COVID crisis is critical. Drawing lessons from HIV, the Global Fund should promote a social support system to social support for people with TB and at risk of TB. Currently, GF social support interventions have mainly been aimed at people with MDR-TB or HIV-TB co-infection.”

“Social protections for key populations during times of crisis (for example many brothels and safe houses for key populations may be closed during COVID-19)”

Several respondents recommended that the Global Fund strengthen its impact through taking a more **integrated, community-centered, cross-sectoral and One Health approach**.

“Promote a holistic approach in which the biomedical, social and economic needs of each child and / or adolescent are addressed together through services in and delivered by communities themselves.”

“Increasingly it is recognized that the health problems of the world need to be tackled in a holistic approach. This SDGs should also be clearly recognized by The Global Fund’s strategy and the implementation of its programs. Working outside of a disease-specific silo can result in a virtuous spiral of better results, more efficient use of overall resources (both donor and national) and help to protect against future emergent health problems while achieving the control and elimination of the three target diseases.”

“...the One Health approach should be considered in the strategy development process. With the leverage the Global Fund has, it can introduce a paradigm shift to overcome the disease-focused vertical structures that are still present in most partner countries. Forging synergies with the overall health system and aligning with overall national health strategies needs to be a top priority in all grant-agreements. Strengthening systems, in our view, constitutes the exit-strategy of the Global Fund.”

“include the fight against NTDs and One Health in its mandate”

“Streamline efforts to build and sustain a pipeline of capacitated community health workers focused on integrated patient support... Provide adequate capacity building and financial support system as well as better protection (legal and physical) for community healthcare workers on integrated disease prevention/patient support.”

“Advocate for mental health integration.”

“Keep a focus on AIDS, TB and Malaria, while situating them in the wider, emerging context of planetary health.”

“When focusing on strengthened community systems, the One Health Approach - through its multi-disciplinary orientation and the aim for integrated inter-sectoral efforts - offers the most promising instrument in terms of impact, effectiveness, acceptability and cost-effectiveness.”

“National and regional activities by the Fund should be linked to national One Health strategies (for instance in Rwanda where an elaborate national One Health strategy already exists). To ensure this, the grant application process needs to be revised. ... applicants must provide information that national One Health strategies were considered.”

Note: Direct quotes in parenthesized italics are anonymized stakeholder input, illustrating overarching themes.

Acronyms: GF (The Global Fund to Fight AIDS, Tuberculosis and Malaria); NTDs (Neglected Tropical Diseases); SDG (Sustainable Development Goals)

Environmental and social determinants of health: Input Received through Open Consultation (3/3)

In response to multiple questions

Some respondents noted the importance of **supporting countries to address the impact of climate change** through adaptation and mitigation efforts, and by adopting catalytic, institutional actions to address the environmental impact of the Global Fund's work.

"A strong driver that will increasingly influence the fight against the three diseases is climate change. GFATM has to reflect in the new strategy about its own contributions as global health actor for achieving the global goals that have been fixed in the Paris Agreement."

"Missed co-benefits due to a lack of inter-sectoral approaches e.g. clean energy or clean water for the health sector; If the health sectors' CO2 emissions are not sufficiently reduced, climate change and the associated burden of disease will be accelerated; So far, global health institutions have not transformed their practices towards a climate-friendly conservation of resources."

"Similarly to how GFATM has been addressing Covid-19, GFATM must get prepared to tackle and mitigate impacts of climate change/land degradation/flooding/hunger etc. on the health of communities and thus the achievement of its disease related goals."

"The Global Fund should seek exchange and coordination with global actors that address climate change, water scarcity and gender inequality to maximize synergies both at a global and at the country level. Climate change has the potential to reverse all the gains made in global health and ending the three diseases. A new strategy needs to address the link between control of infectious diseases and climate mitigation and adaptation."

"Interlinkages between climate, health and environment are an important area of work for the future Global Fund... Leverage extensive experience .. to advocate for increased resource allocations in climate, environment and health programmes. The Global Fund can play a role in strengthening capacities in relation to the healthcare workforce and equipment (e.g. PPEs). Strategic investments such as promoting renewable energy sources are pivotal for increasing access to quality healthcare services and reducing CO2 emissions. Better promote the wide range of options available to make health responses more resilient and sustainable... encourage and strengthen cross-movement civil society solidarity that goes beyond health, human rights and gender to actively include climate/environmental justice movements. The Global Fund ... must encourage transparency in the production and traceability of health commodities from material sourcing to production, use and disposal."

"Cut down costs of GF Secretariat travel with teleconferencing can replace many GF staff country visits and very expensive travels and carbon footprints as huge savings can be had that can free up additional funding for implementation."

"In light of the current pandemic and the lack of expertise regarding the interplay of human, veterinary and planetary health governance, we recommend focusing the next GFATM strategy more around the concept of One Health. One Health should become part of a new pillar that focuses on "prevention of (new) infectious diseases."

"There is a need for a greater investigation into the interlinked challenges of climate change and malaria elimination. Specifically, there must be a greater understanding of how climate change will impact malaria epidemiology, control and elimination efforts and what changes will need to be implemented as a result. Current pilot studies adjusting the administration of seasonal malaria chemoprevention to changes resulting from climate change, for example, contribute to this agenda."

Note: Direct quotes in parenthesized italics are anonymized stakeholder input, illustrating overarching themes.

Innovation and Risk Assurance: Input Received through Open Consultation (1/4)

Related to the question

What can the Global Fund do to promote innovative, impactful programming, whilst balancing the need to be able to measure and report results and mitigate financial and programmatic risk?

What can the Global Fund do to facilitate the uptake of new technologies and innovations, and address market bottlenecks?

Overview: Respondents suggested various ways that the Global Fund could promote innovation – including through funding opportunities and grant flexibilities and increasing risk appetite. They noted the importance of differentiating approaches to innovation based on local contexts, accounting for human rights considerations, as well as ways to strengthen scale-up through market shaping, procurement and supply chain work.

Respondents suggested various ways that the Global Fund could better scale-up innovative approaches, **including through specific funding channels, grant flexibilities, increasing risk appetite** and being prepared to scale-up effective innovations.

“Creating a separate pool of financing that plays under a different set of rules: if the Global Fund wants to finance innovative strategies and interventions, it must provide a level of flexibility in what is financed”

“I think that data science matching fund is a good model of how innovation could be injected into the GFATM country funding - separate funds could be allocated to be used for innovative and even experimental approaches to health delivery, monitoring and evaluation of interventions.”

“Challenge the young people to pitch their innovative ideas to solve problems in areas of need, then sponsor the development of the technology for use.”

“Consider an innovation fund that is managed independently, that can try new ideas, and aren’t held accountable to the same metrics as ‘business as usual’ programmes.”

“Provide PRs with a clear level of line item flexibility, e.g., 10% per major budget category (personnel, ..., monitoring and evaluation, etc.) Remove the discretionary budget approval categories which tie the hands of PRs and SRs for months (sometimes years).”

“Consider the whole lifecycle of innovation investments.... E.g. when providing funding for new interventions ensure that there is ongoing funding where results are proven, to ensure movement to full scale up and integration of the approach in a system.”

“Innovation cannot always be verified or translated into short-term programs .. Build innovative and quality programs longer, supported in their implementation and set up by local actors.”

“Innovation is largely stymied by over zealous auditing. There is too much a 'one size fits all' approach because of underlying anxiety about risk not really being rewarded. ... Lighten up on the monitoring where country systems are strong enough. Or use other donor systems.”

“Reviews its own risk appetite and adapts its own policies accordingly. Currently there are no rewards throughout the system for bold behaviour.”

Note: Direct quotes in parenthesized italics are anonymized stakeholder input, illustrating overarching themes.

Innovation and Risk Assurance: Input Received through Open Consultation (2/4)

Related to the questions:

What can the Global Fund do to promote innovative, impactful programming, whilst balancing the need to be able to measure and report results and mitigate financial and programmatic risk?

What can the Global Fund do to facilitate the uptake of new technologies and innovations, and address market bottlenecks?

Respondents suggested ways that the Global Fund could **innovate in its funding models, market shaping, procurement and supply chain work**, including leveraging its existing platforms and partnerships to promote new technologies.

“Continue to improve WAMBO in an open and transparent way and with full evaluation of its strengths and weaknesses and work closely with the Global Drug Facility to create a global and co-ordinated system of effective procurement for the three diseases.”

“Enhance the drug procurement platform (wambo.org) with flexible payment terms for domestic procurements.”

“The Global Fund Strategic Initiative (SI) can be leveraged to complement the work of organizations like Unitaid, ... to support seamless transition when introducing new tools...”

*“Further support could be forged through stakeholder alignment on standards, such as those outlined by the WHO...consider innovative funding models that focus on specific challenges such as MDR-TB...support R&D pipelines, focusing for instance on operational research, to help foster innovations. ...Emphasis on creating top-down product introduction roadmaps for new technologies and innovations after appropriate approvals and endorsements would generate a proactive approach and could greatly accelerate uptake of new products. Developing clearer health systems frameworks would allow for accelerated introduction of new technologies and drugs and their scaling. This would require country specific approaches and overarching policy from the GF that encourages and incentivizes the operationalization of improved technologies faster. Working with industry partners to determine areas for co-investment, particularly for new products which require the generation of further evidence would be essential for faster and more effective ways to combat TB.” **

“The Global Fund should consider creating special categories or “on-ramps” for innovations, ... and approaching these innovations differently from existing standards of care. This may include the need to pay more for relatively more costly innovations during a time-limited “ramp-up” period.”

“Innovative technologies need strategies for early introduction, which would require more structured and regular consultations between the Global Fund and innovators with products in late stage development, such as PDPs, aimed to better inform the development of the Global Fund’s procurement strategy..”

“Consider funding for stage III/IV of clinical trials of new tools ... while strengthening coordination with WHO normative bodies to ensure tighter (and timelier) alignment between emerging WHO priorities, the pre-qualification process and Global Fund’s financing.”

Note: Direct quotes in parenthesized italics are anonymized stakeholder input, illustrating overarching themes.

*Source: Answer to question 'If there was one thing you would ask the Global Fund to do differently to have greater impact towards achieving the SDG3 targets, what would it be and why?'

Acronyms: MDR (Multidrug resistance); GDF (Stop TB Partnership's Global Drug Facility); R&D (Research & Development); PDP (Product Development Partnerships); WHO (World Health Organization)

Innovation and Risk Assurance: Input Received through Open Consultation (3/4)

Related to the questions:

What can the Global Fund do to promote innovative, impactful programming, whilst balancing the need to be able to measure and report results and mitigate financial and programmatic risk?

What can the Global Fund do to facilitate the uptake of new technologies and innovations, and address market bottlenecks?

Respondents frequently viewed **access to affordable medicines and medical technologies** as area for improvement, recommending the Global Fund take a more active role in building partnerships including with local private sector actors and shaping market dynamics and regulations.

“The Global Fund market shaping approach should pursue a healthy balance between seeking price reductions to maximize access to innovation and a price point that will enable sustainable production and continued investments in health technologies for the fight against the three diseases and manage resistance. Finance the establishment of socially aligned, local strategic medicine importers in order to market products to the public sector.”

“...engage early with manufacturers to provide visibility on the needs and consider using long-term volume commitments.”

“The Global Fund should use its voice to challenge traditional patent regimes and particularly unmerited patent extensions for life-saving medicines and medical equipment.”

“It is essential that the Global Fund use its leverage as a leading funder/buyer to reduce prices, to promote price transparency, and to negotiate better supply terms.”

“Keep accelerating access to medical products by using Global Fund’s established mechanism and market power to make sure that countries not only have additional financial resources to purchase vital commodities but also at an assured quality and reasonable price.”

Note: Direct quotes in parenthesized italics are anonymized stakeholder input, illustrating overarching themes.

*Source: Answer to question ‘If there was one thing you would ask the Global Fund to do differently to have greater impact towards achieving the SDG3 targets, what would it be and why?’

Acronyms:

Innovation and Risk Assurance: Input Received through Open Consultation (4/4)

Related to the questions:

What can the Global Fund do to promote innovative, impactful programming, whilst balancing the need to be able to measure and report results and mitigate financial and programmatic risk?

What can the Global Fund do to facilitate the uptake of new technologies and innovations, and address market bottlenecks?

Participants stressed the importance of differentiating approaches to innovation based on local contexts and needs, accounting for human rights considerations, being country-led and the importance of engagement with **communities and civil society** in rolling out innovative approaches.

“Provide platforms for those who are never in the room or ever heard. Eliminate gate keeping inherent in the existing ways of work and structures. “

“Not all new technologies and innovations are welcomed, especially if they put key populations... at greater risk of state persecution. Biometrics and tracking technologies ... should be used only in circumstances when key populations have approved them. Any new technology that can put a community at risk of state violence should be tested first.”

“All of these technologies need to be carefully scrutinized by networks and organizations led by key populations to identify possible risks to criminalized populations that would result in the violation of their rights.”

“Communities are best placed to innovate and have a history of devising innovative, impactful programming. There need to be better systems of both supporting this as well as scaling these up.”

“Allow countries to propose innovative ideas, rather than investing in a wide range of strategic initiatives.”

“A critical component to avoid stockouts and ensure in-country and last mile delivery is investment in Community Led Monitoring and the introduction of indicators that assess availability of life saving products at the level of end-users (i.e. above and beyond the current On-Shelf-Availability indicator used by the Global Fund).”

Several also suggested that the Global Fund support **assessments** and further **disseminate knowledge and build capacity** to identify missed opportunities and increase demand of new technologies and approaches.

“The design of these new technologies must be carried out with the support of a gendered analysis to anticipate possible barriers...”

“The Fund could invest in 1) end-user research prior to and during introduction of new technologies to better understand demand-side bottlenecks for specific populations;”

“Training communities on the new technologies and innovations.”

“Sharing lessons learned in various languages, not only in English.”

“Improving in-country procurement capacity and supply chains are very important knowing that some countries are still faced with disruption in treatment.”

“We recommend sharing learnings around sustainable procurement strategies and to also share learnings for new drug introductions, such as bedaquiline, and other quality antimicrobials.”

Note: Direct quotes in parenthesized italics are anonymized stakeholder input, illustrating overarching themes.

Sustainability and transition: Input Received through Open Consultation (1/3)

Related to the question: “What can the Global Fund do to strengthen the sustainability of programs, or better support countries transition from Global Fund financing?”

Overview: Respondents noted importance of continuing to strengthen engagement with governments, community and civil society stakeholders to enhance investments in programs; strengthen accountability; enhance monitoring of transition processes; support integrated, systems-oriented approaches; and actively use lessons learnt on STC implementation to strengthen future efforts, while adjusting to the current financial climate.

Respondents suggested several areas that the Global Fund could focus on in order to strengthen sustainability of programs and prepare countries for transition. Among the most common were:

Strengthen engagement with governments (incl. MoF) to enhance investments in programs, strengthen health and financial management systems, and build capacities at national and community levels.

“Working with countries and particularly Ministries of Finance, building the investment cases and impact methodologies for continued national investments into the programs...”

“To support development of national capacities for financial management, programme management, procurement and supply, increases allocative and technical efficiency and alternative domestic financing (e.g. from local governments, social contracting) through transparent and fair process.”

“... engage with Ministries of Finance and discuss innovative and alternative ways to increase the fiscal space thereby increasing domestic resources available for the 3 diseases.”

“Conduct dialogue with MOHs to explore avenues for investment which contribute towards smooth program transition.”

“Sustainability can be further enhanced through the development of local capacity for service delivery through both public and private sector channels, gradually reducing reliance on expensive international consulting firms.”

Aligning GF support within country-led, integrated national programs.

“Integrated approaches which combine three disease efforts with other health programmes to create packages of quality essential services .. This requires a shift away from focusing on individual elements of the system ... , to one that looks more at the interconnections between different health system building blocks, in line with the more deliberate approach to health system strengthening...”

“The Global Fund can support sustainability of existing programs by prioritizing their evolution from disease-centric into people-centred, integrated care models, and sustainable, resilient health systems.”

Note: Direct quotes in parenthesized italics are anonymized stakeholder input, illustrating overarching themes.

Sustainability and transition: Input Received through Open Consultation (2/3)

Related to the question: “What can the Global Fund do to strengthen the sustainability of programs, or better support countries transition from Global Fund financing?”

Increase support for **communities and civil society** to advocate and hold governments accountable, and to sustain services and decrease barriers to access for key and vulnerable populations.

“It is only by investing in and sustaining civil society advocacy for domestic resource mobilization that we can help ensure governments step up to fund their own responses to the three diseases and UHC more broadly, ensuring also that funding is targeting to the poorest and most marginalised.”

“Take steps to ensure that programs and services for sex workers and other key populations are continued and included in appropriately funded country epidemic response plans. Such measures should be taken much earlier than they currently do...”

“LGBTQI-organizations, historically, have received little to no governmental funding ... There needs to be an increased focus on a sustainable transition from international to national financing ... as well as have access to sensitized health care, and actions put in place to secure the sustainability of key organizations for hiv prevention and human rights.”

“Ensure inclusion of community and key populations in the transition dialogue.”

Strengthen M&E of sustainability, countries’ readiness to transition, and ability to sustain progress, aligned with other external development partners.

“The Global Fund can develop a sustainability monitoring framework that monitors the readiness of countries to finance their own HIV, TB, malaria programs. This should harmonize with other funders’ sustainability programs. Where there are overlaps, alignment between them should be encouraged.”

“Simply continuing to monitor and understand the challenges that African and other developing countries face with respect to their current debt burdens and the associated repayment requirements will allow for designing a more flexible approach to securing and maximizing programme funding ...”

“Contribute to the overall transparency and accountability agenda by supporting the tracking of health spending from all source”

“Incorporating sustainability, transition and co-financing indicators in the Global Fund’s Key Performance Indicator Framework that focus on assessing the quality and sustainability of transition and co-financing”

“ongoing monitoring of the durability of services and provision of continued and sustained investments in programming for criminalised populations or otherwise socially marginalised or suppressed (incl. women and girls) until the law/systems reform are implemented to ensure equitable access of criminalised/excluded communities from UHC.”

Note: Direct quotes in parenthesized italics are anonymized stakeholder input, illustrating overarching themes.

Acronyms: UHC (Universal health coverage); M&E (Monitoring and evaluation); LGBTQI (Lesbian, gay, bisexual, transgender, queer and intersex)

Sustainability and transition: Input Received through Open Consultation (3/3)

Related to the question: “What can the Global Fund do to strengthen the sustainability of programs, or better support countries transition from Global Fund financing?”

Continue to evolve the implementation of the Global Fund’s **STC policy** to account for lessons learnt and the current financial climate, in order to underpin sustainability, account for the time needed to successfully transition, jumpstart efforts to plan for transition earlier, and consider means of continued engagement where political will is lacking.

“The GF needs to either adapt its policy or more actively apply the principles of flexibility and differentiation in the implementation of its Sustainability Transition Co-financing (STC) policy and ensure that context specific factors and criteria other than income level and overall disease burden are adequately taken into consideration.”

“The idea most mentioned by the respondents is related to the way in which transition processes are carried out, highlighting the limited time allocated to this process as critical.”

“In the experience of [Country X], two years was very little transition time, since the country was on its way to eliminating the autochthonous transmission of malaria by 2020; ... but financial support of a longer duration is required to sustain this achievement and to strengthen the different pillars that have contributed to achieving this phase, in addition to the transition of financial support.”

“Transition times need to be longer as most countries who have transitioned have not maintained adequate domestic funding and most services for vulnerable populations has disappeared.”

“You cannot do much if the governments do not want to act. Where this is the case, you should not leave the country, even if it became upper income.”

“Examining policy on co-financing - ensuring risks are analyzed and mitigated especially in context of recession”

“Increase accountability for results and impact, including sanctions for non-payment of co-financing commitments”

“A coordinated transition strategy would also allow for greater sustainability of progress in the three epidemics and reduce the risk of a resurgence of infections.”

“It is possible that some countries may see backsliding on the economic and epidemiologic progress. Both transitioning and transitioned countries may see changes in the metrics used to determine eligibility. Being able to address increased need, particularly if a country experiences an outbreak will require flexibility and rapid response in order to sustainably maintain the gains against the three diseases.”

Note: Direct quotes in parenthesized italics are anonymized stakeholder input, illustrating overarching themes.