Synthesis of First Round of Input into Open Consultation on Strategy Development

SYNTHESIS OF FIRST ROUND OF INPUT RECEIVED BY 1 SEPTEMBER 2020

OCTOBER 2020
Update on Strategy Development Open Consultation

• Very encouraging response to the Open Consultation to date – with almost 250 respondents from a range of regions and stakeholders globally.

• The next slides present an overview of the high-level findings from the first round of responses received (as of 1 September 2020), followed by an Annex that presents more detailed analysis across the range of topics and questions.

• The Open Consultation is a critical input into the Strategy development process. This presentation has been reviewed by the Global Fund’s Strategy Committee (SC) in October 2020 and will inform a series of SC and Board discussions on Strategy development through Q4 2020.

• The Strategy Development Open Consultation is ongoing until the end of 2020. Submissions are very much still encouraged, with all input received by 1 December 2020 to inform the preparations and background materials for the 6th Partnership Forums that will take place in Q1 2021.

• Submissions can be submitted through the online form (available in six languages) or by email to strategydevelopment@theglobalfund.org.
Overview of Input received through Open Consultation (as 1 September 2020)

- Open consultation launched end May; running throughout 2020
- 5 areas of questions: -- Overall -- Strengthening Program Implementation -- Supporting Stakeholders and Partnerships -- Delivering Results and Innovation -- Best Ideas for Change
- Input submitted through secure online form available in six languages (EN, FR, SP, PO, RU, AR) or via email.
- Almost 250 respondents – mix of individual & group submissions
- Wide range of regions represented; 46% respondents identify as civil society; with communities, technical experts, CCMs, multilaterals, bilaterals, other implementers also well represented (see figures)
- 1st round synthesis focuses on key themes and strategic findings; 2nd synthesis late 2020 will update findings to inform Partnership Forums

246 total respondents to-date, across regions globally

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<tr>
<th>Region</th>
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<tr>
<td>Africa</td>
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<td>Latin America</td>
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<td>Asia-Pacific</td>
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<td>Europe</td>
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<td>Global</td>
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<td>Not specified</td>
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Representing 149 individual respondents and 63 on behalf of stakeholder groups (34 not specified*), including 3 reports describing survey findings representing > 300 individuals in Francophone Africa, Anglophone Africa, and Latin America

* Individual vs ‘Stakeholder group’ designations were deduced based on descriptors provided in the ‘Name’ section of the survey. 34 respondents were not assigned either designator, as they provided a blank response to the question.  **Respondents permitted to select all stakeholder categories that applied.
Overarching takeaways from initial 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:**

- Strongly agree: 42%
- Agree: 42%
- Neutral/ Don’t know: 5%
- Disagree: 4%
- Strongly disagree: 6%
- Not specified: 0%

N = 246

- **Strong majority of respondents feel that the Global Fund’s current objectives remain broadly relevant, but adaptation to current context is needed.**

- **Areas for improvements most highlighted to date include:** increasing community-led responses and meaningful engagement; funding accountability and M&E at all levels (including CLM); putting KVP and communities at the center of responses; integration; clarifying the GF’s role in RSSH; adaption to GHS threats; strengthened coordination with development and technical partners; addressing social determinants of health and equity (including gender); leveraging GF’s advocacy role in addressing human rights and other structural barriers; galvanizing political will; supporting adjacencies including coinfections and comorbidities; deepening STC support; increasing flexibility/ reducing risk aversion to increase innovation and impact.

The following slides give a summary of overarching themes and topics arising to date – please see Annex 1 for more in depth summary of topic-specific input and responses to each Open Consultation question.

KVP = key and vulnerable populations; CLM = community-led monitoring; GHS = global health security; STC = Sustainability, Transition & Co-Financing
Overarching themes arising through initial Open Consultation Input

**Deepening community engagement & support**
- More than one out of every five respondents discussed the need for **more meaningful engagement of communities**, particularly as a means for **overcoming human rights and gender barriers**, reaching key and vulnerable populations, and addressing all community needs.
- Key areas for improvement include more **meaningful engagement** of communities through Global Fund grant lifecycle (including on CCMs) and national programs; **scaling up funding and service delivery** through communities and civil society; **community-led monitoring**; and **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.

**Coordinating with partners**
- Respondents encouraged **stronger collaboration with development and technical partners** both in-country and globally, as means for **improving complementarity**, supporting adoption of normative guidance, reducing duplication, coordinating technical support and harmonizing information.
- Respondents frequently suggested that the Global Fund **leverage its position to act as more of a convener** in the space, as well as to create opportunities for engagement of **new providers** of technical support, including local providers, communities, civil society and private sector.

**Biggest barriers to ending the 3 diseases**
- **Political will and financing barriers** were most frequently noted as the most significant barriers to ending the 3 epidemics and achieving SDG3, suggesting a need to strengthen Global Fund and partner engagement to **address structural and political barriers**, **strengthen accountability**, support advocacy and **refreshed domestic resource mobilization in the COVID-19 era**.
- Other suggested areas where the Global Fund could focus on more deeply going forward included HIV prevention; TB financing; integrated community-based malaria programming; integration within national systems for health and across sectors; and supporting adjacencies including coinfections and comorbidities.
### 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 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 GF-supported programs and GF 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, and addressing cultural, social and legal barriers.

### Resilient & Sustainable Systems for Health (RSSH)

General agreement that the Global Fund should continue supporting, but better define the scope of its investments in RSSH going forward. No overarching consensus on aims of RSSH investments. Respondents frequently recommended deepening community systems strengthening (CSS) support and working towards stronger integration within national 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 3 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.

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For more information on any of these areas, see Annex 1.
Topics for future focus highlighted through initial Open Consultation input (2/2)

<table>
<thead>
<tr>
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<tbody>
<tr>
<td><strong>Strengthening use of the Global Fund’s leverage globally and locally to increase program impact</strong></td>
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<td>Respondents suggested that the Global Fund leverage its platform to advocate for continued support for the 3 diseases and broader health agenda in the post-COVID-19 environment; further leverage its unique platform to address human rights, gender and equity barriers; and take a more significant coordination role among development partners</td>
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<th>Best Ideas for change</th>
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<td>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</td>
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<th>Integration</th>
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<td>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)</td>
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<th>Strengthening engagement and support for communities</th>
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<td>As noted in the overarching themes – respondents very strongly highlighted the need for more meaningful engagement of communities, including through CCMs, increasing service delivery and monitoring through communities, and supporting capacity building</td>
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<th>Strengthening partnerships with other technical and development partners</th>
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<td>As noted in the overarching themes – respondents noted the importance of strengthened collaboration with, and coordination of, development and technical partners, and engaging new (and local) providers of technical support</td>
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<th>Sustainability and transition</th>
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<td>Respondents noted the importance of continuing to strengthen engagement with government, community and civil society stakeholders to enhance investments in national 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</td>
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Annex
Detailed synthesis of first round of input into Open Consultation (as of 1 September 2020)
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 (page 2 of 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 (page 3 of 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?
Barriers to Success: Initial Synthesis of Input Received through Open Consultation (1/3)

In response to 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 epidemics, suggesting a need to strengthen GF and partner engagement to address structural and political barriers, strengthen accountability, support advocacy and refreshed DRM in the COVID-19 era. Other barriers to address include limited engagement of KVP, concerns about the wider health and development architecture, and weaknesses in health systems.

Respondents were most frequently concerned about political barriers to ending the epidemics, 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.”

“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 limited domestic and international funding for HTM programming - both overall and in specific areas in need 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.”

“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. This failure will perversely further undermine the willingness of both donors and partner countries to support action to end HIV, TB and malaria.”

Note: Direct quotes in parenthesized italics are anonymized stakeholder input, illustrating overarching themes emerging from the open consultation.

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

Acronyms: DRM (Domestic resource mobilization); KVP (Key and vulnerable population); NGO (non-governmental organization); HTM (HIV, TB, malaria); UHC (universal health coverage); MSM (Men who have sex with men); MHPSS (Mental health and psychosocial support); IVD (In vitro diagnostic product)
Barriers to Success: Initial Synthesis of Input Received through Open Consultation (2/3)

In response to 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.”

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.”

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In response to 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 health systems:

“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…”

Although less frequently noted, respondents also discussed barriers related to service quality, limited technological advancements, 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 

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

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**Strengthening Global Fund’s programs: Initial Synthesis of Input Received through Open Consultation (1/7)**

**Overview:** Respondents suggested that the Global Fund step up its efforts as 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; increase funding flexibility and support for communities to strengthen program impact; promote information sharing and capacity building; and increase accountability and meaningful engagement.

Respondents frequently called on the Global Fund leverage its platform to **advocate** for continued support for the fight against the 3 diseases 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 counties 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 support community-led organizations in advocacy for decriminalization, and recognize and support community expertise and knowledge around health, prevention and programming.”
- “Advocacy for sustainable investment by governments in NHIS [national health information system] can be useful.”

**In response to questions:**

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<tr>
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<tr>
<td>What can the Global Fund do to better support national, regional and community programs to fight HIV, TB &amp; malaria?</td>
<td><strong>Advocate</strong> for continued support for the fight against the 3 diseases.</td>
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<td>What can the Global Fund do to better support you in your work to fight the 3 diseases?</td>
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* Diagonal financing aims to achieve disease-specific outcomes by improving health systems.

**Note:** Direct quotes in parenthesized italics are anonymized stakeholder input, illustrating overarching themes emerging from the open consultation.

**Acronyms:** HTM (HIV, TB, Malaria); UN HLM (United National High-level Meeting); NHIS (National health information systems); CS (Civil society); CSO (Civil society organization); PR (Principle recipient); SRHR (Sexual and reproductive health and rights); AYP (Adolescents and young people); PSE (Population size estimates)
In response to 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 discussed frequently that the Global Fund should take a stronger coordination role among 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.”

“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.”

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Strengthening Global Fund’s programs: Initial Synthesis of Input Received through Open Consultation (3/7)

In response to 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 (such as GAVI etc) 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”

“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.”

“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.”

“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.”

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Acronyms: HTM (HIV, TB, Malaria); UN HLM (United National High-level Meeting); NHIS (National health information systems); CS (Civil society); CSO (Civil society organization); PR (Principle recipient); SRHR (Sexual and reproductive health and rights); AYP (Adolescents and young people); PSE (Population size estimates); KVP (key and vulnerable populations)
**Strengthening Global Fund’s programs**: Initial Synthesis of Input Received through Open Consultation

### In response to 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 communities and civil society, and scale-up community-led responses.**

"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."

"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 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 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."

"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. Additionally, increased CSO engagement includes working with CSOs on the ground, such as for service delivery and education. The Global Fund should increase investments in community-led approaches to responding to all three diseases."

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**Note:** Direct quotes in parenthesized italics are anonymized stakeholder input, illustrating overarching themes emerging from the open consultation.

* Diagonal financing aims to achieve disease-specific outcomes by improving health systems.
Strengthening Global Fund’s programs: Initial Synthesis of Input Received through Open Consultation (5/7)

In response to 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.”

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”

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

Acronyms: HTM (HIV, TB, Malaria); UN HLM (United National High-level Meeting); NHIS (National health information systems); CS (Civil society); CSO (Civil society organization); PR (Principle recipient); SRHR (Sexual and reproductive health and rights); AYP (Adolescents and young people); PSE (Population size estimates)
Strengthening Global Fund’s programs: Initial Synthesis of Input Received through Open Consultation (6/7)

In response to 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.

“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”

Respondents also suggested expanding support for coinfections, comorbidities and adjacent health areas through integrated approaches.

“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.”

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

“Strengthen integration and linkage between SRHR and ATM interventions and access to services for AYPs especially AYPs living with disabilities.”

“…lack of thorough MHPSS [mental health and psychosocial support] integration in the strategy to end HIV and TB.”

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Acronyms: HTM (HIV, TB, Malaria); UN HLM (United National High-level Meeting); NHIS (National health information systems); CS (Civil society); CSO (Civil society organization); PR (Principle recipient); SRHR (Sexual and reproductive health and rights); AYP (Adolescents and young people); PSE (Population size estimates)
Strengthening Global Fund’s programs: Initial Synthesis of Input Received through Open Consultation (7/7)

In response to 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** at global, national and local levels and supporting community-led monitoring.

“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.”

“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.”

“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.”

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**Acronyms:** HTM (HIV, TB, Malaria); UN HLM (United National High-level Meeting); NHIS (National health information systems); CS (Civil society); CSO (Civil society organization); PR (Principle recipient); SRHR (Sexual and reproductive health and rights); AYP (Adolescents and young people); PSE (Population size estimates)
**Ideas for change:** Initial Synthesis of Input Received through Open Consultation (1/3)

**In response 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?”

**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; adjustments to the disease split; and strengthening program integration; funding for coinfections and comorbidities.

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.

- “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.”

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

Acronyms: NGO (Non-governmental organization); GDP (Gross domestic product); CSO (Civil society organization)
Ideas for change: Initial Synthesis of Input Received through Open Consultation (2/3)

In response 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?”

Several respondents raised concerns around the disease split, 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”.

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Acronyms: NGO (Non-governmental organization); GDP (Gross domestic product); CSO (Civil society organization)
**Ideas for change: Initial Synthesis of Input Received through Open Consultation (3/3)**

**In response 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?”

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**, funding for **coinfections and comorbidities**, and addressing **inequities**.

- “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”

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Acronyms: NGO (Non-governmental organization); GDP (Gross domestic product); CSO (Civil society organization)
**RSSH/UHC: Initial Synthesis of Input Received through Open Consultation (1/2)**

*In response to 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 GF should continue supporting, but better define the scope of its investments in RSSH going forward. No overarching consensus on aims of RSSH investments. Respondents frequently recommended deepening CSS support.

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

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”

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.

- “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….”

*Note: Direct quotes in parenthesized italics are anonymized stakeholder input, illustrating overarching themes emerging from the open consultation.*

* Acronyms: RSSH (Resilient & sustainable systems for health); UHC (Universal health coverage); CSS (Community systems strengthening); CBO (Community based organization); KVP (Key & vulnerable population); HRH (Human resources for health); M&E (Monitoring & evaluation); PHC (Primary healthcare)
**RSSH/UHC: Initial Synthesis of Input Received through Open Consultation (2/2)**

*In response to 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 national 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.

“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”

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”

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Acronyms: RSSH (Resilient & sustainable systems for health); UHC (Universal health coverage); CSS (Community systems strengthening); CBO (Community based organization); KVP (Key & vulnerable population); HRH (Human resources for health); M&E (Monitoring & evaluation); PHC (Primary healthcare)
Global Health Security: Initial Synthesis of Input Received through Open Consultation (1/2)

In response to 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.

“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.”

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

“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.”

“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.”

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Acronyms: RSSH (Resilient & sustainable systems for health); PLHIV (People living with HIV); GHS (Global Health Security); HTM (HIV, TB, malaria); HRH (Human resources for health); PPE (Personal protective equipment); M&E (Monitoring & evaluation)
Global Health Security: Initial Synthesis of Input Received through Open Consultation (2/2)

In response to 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 laboratory networks, surveillance systems, HRH, and supply chains, as well as through ensuring quality of services, stronger integrated support and community-led programming.

“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…. Stronger health systems can offer safe and high-quality health services and thereby reduce the spread of infectious diseases.”

“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.”

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

“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…”

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

Acronyms: RSSH (Resilient & sustainable systems for health); PLHIV (People living with HIV); GHS (Global Health Security); HTM (HIV, TB, malaria); HRH (Human resources for health); PPE (Personal protective equipment); M&E (Monitoring & evaluation)
**Strengthening partnership with communities: Initial Synthesis of Input Received through Open Consultation (1/2)**

**In response to 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 through CCMs, 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 the 3 diseases, including on CCMs.

“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."

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

Acronyms: CCM (Country Coordination Mechanism); NGO (Non-governmental organization); CSS (Community system strengthening); CS (Civil society); CSO (Civil society organization)
Strengthening partnership with communities: Initial Synthesis of Input Received through Open Consultation (1/2)

In response to 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.”

Particular areas respondents noted were in need of further investment included building institutional and workforce capacity of in-country partners and expanding accountability efforts, including community-led monitoring.

“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.”

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Acronyms: CCM (Country Coordination Mechanism); NGO (Non-governmental organization); CSS (Community system strengthening); CS (Civil society); CSO (Civil society organization)
**Overview:** Improvements require strengthened collaboration with development, private sector, and technical partners, and engaging new (and local) providers of technical support.

**Coordination of support among development, PS, and technical partners:** Need to improve collaboration with development, PS, and technical partners, as a means for improving funding complementarity, supporting adoption of normative guidance, 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.”

“Avoid duplication and promote collaboration: 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 guidelines, 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”

**Note:** Direct quotes in parenthesized italics are anonymized stakeholder input, illustrating overarching themes emerging from the open consultation.

* Diagonal financing aims to achieve disease-specific outcomes by improving health systems.
Strengthening partnerships with technical and development partners: Initial Synthesis of Input Received through Open Consultation (2/2)

**In response to 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 expand the range and 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”

**Note:** Direct quotes in parenthesized italics are anonymized stakeholder input, illustrating overarching themes emerging from the open consultation.

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

Acronyms: PS (Private sector); TA (Technical assistance); PR (Principle recipient)
Equity, human rights and gender: Initial Synthesis of Input Received through Open Consultation (1/3)

In response to 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 GF’s work and the grant lifecycle, increasing engagement with communities and strengthening efforts to monitor performance 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.

“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 disproportionally 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, renumeraton, 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.”

Note: Direct quotes in parenthesized italics are anonymized stakeholder input, illustrating overarching themes emerging from the open consultation.

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

Acronyms: SRHR (Sexual and reproductive health rights); CSO (Civil society organization); M&E (Monitoring and evaluation)
Equity, human rights and gender: Initial Synthesis of Input Received through Open Consultation (2/3)

In response to 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 strong integration of equity, human rights and gender considerations throughout the GF’s work and grant lifecycle, and by 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”

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.”

Note: Direct quotes in parenthesized italics are anonymized stakeholder input, illustrating overarching themes emerging from the open consultation.

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

Acronyms: SRHR (Sexual and reproductive health rights); CSO (Civil society organization); M&E (Monitoring and evaluation)
Equity, human rights and gender: Initial Synthesis of Input Received through Open Consultation (3/3)

In response to 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”

They also underscored the criticality of addressing structural barriers, punitive laws and supporting legal literacy.

“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.”

Note: Direct quotes in parenthesized italics are anonymized stakeholder input, illustrating overarching themes emerging from the open consultation.

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

Acronyms: SRHR (Sexual and reproductive health rights); CSO (Civil society organization); M&E (Monitoring and evaluation)
Environmental and social determinants of health: Initial Synthesis of 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 its position and power as a donor to be a force for positive change at the country-level, especially given that the window of opportunity is finite.”

“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.”

Note: Direct quotes in parenthesized italics are anonymized stakeholder input, illustrating overarching themes emerging from the open consultation.

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

Note: Direct quotes in parenthesized italics are anonymized stakeholder input, illustrating overarching themes emerging from the open consultation.

* Diagonal financing aims to achieve disease-specific outcomes by improving health systems.
In response to multiple questions

Some respondents noted the importance of **addressing climate change** to maintain progress against the 3 diseases.

“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. 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 it’s disease related goals.”

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

Acronyms:
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.”

Note: Direct quotes in parenthesized italics are anonymized stakeholder input, illustrating overarching themes emerging from the open consultation.

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

Acronyms: PR (Principal Recipient); SR (Sub-recipient); GDF (Stop TB Partnership’s Global Drug Facility)
Innovation and Risk Assurance: Initial Synthesis of Input Received through Open Consultation (2/3)

**In response to 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?**

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.

“Avoid by all means to develop specific parallel systems.”

“Consider opportunities to stockpile key products to mitigate the risks of stockout. 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. In TB, continue support of and partnership with GDF and its market-shaping role.”

“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.” **

**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 an 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.

“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.”

**Note:** Direct quotes in parenthesized italics are anonymized stakeholder input, illustrating overarching themes emerging from the open consultation.

- Diagonal financing aims to achieve disease-specific outcomes by improving health systems
- **Source:** 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: PR (Principal Recipient); SR (Sub-recipient); GDF (Stop TB Partnership's Global Drug Facility)
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.”

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.”

**Note:** Direct quotes in parenthesized italics are anonymized stakeholder input, illustrating overarching themes emerging from the open consultation.

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

* Acronyms: PR (Principal Recipient); SR (Sub-recipient); GDF (Stop TB Partnership’s Global Drug Facility)
Sustainability and transition: Initial Synthesis of Input Received through Open Consultation (1/3)

In response to 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 national 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 national programs, strengthen 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.”

**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 emerging from the open consultation.

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

Acronyms: STC (Sustainability, Transition and Co-Financing); MoF (Ministry of Finance); UHC (Universal health coverage); M&E (Monitoring and evaluation)
**Sustainability and transition: Initial Synthesis of Input Received through Open Consultation (2/3)**

**In response to 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...”

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

“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.”

“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. This will also encourage agreement between governments and other actors on the readiness for transitioning...”

“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”

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

Acronyms: STC (Sustainability, Transition and Co-Financing); MoF (Ministry of Finance); UHC (Universal health coverage); M&E (Monitoring and evaluation)
Sustainability and transition: Initial Synthesis of Input Received through Open Consultation (3/3)

In response to 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 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”

“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.”

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