









Framework will also serve as a strong basis for the development of the Strategy Narrative, which will further articulate the key actions and accountabilities needed to deliver each element of the Strategy Framework and will serve as a strong basis for development of the Strategy KPIs and M&E Framework.

9. These improvements are welcome, but a Strategy is better measured by the quality of its implementation over the quality of its text. Due to the extraordinary circumstances facing our partnership, the timelines for development of the Strategy Framework have been extended beyond the originally planned May 2021 Board meeting to the 22 July Extraordinary Board meeting, however it is critical we now pivot to finalizing the Strategy Framework, develop the Strategy Narrative and begin efforts to prepare to implement the new Strategy. This work has already begun at the Secretariat based upon the SC's recommended Strategy Framework and should not be further delayed, as the partnership is currently under exceptional workload pressures and significant additional efforts are required to adapt Global Fund systems, policies and processes to the new Strategy before launching the next cycle of grants with allocation letters in Q4 2022.
10. To support Board preparations in advance of the 22 July Extraordinary Board Meeting to approve the Strategy Framework, **the following paper gives a more detailed overview of the aims and intent behind the text and boxes of the SC-recommended Strategy Framework**. It is an update of the explanatory paper (GF/ExtraordinarySC01/02) and includes additional clarifications and guidance provided by the SC at its meeting. This paper is not an early version of the Strategy Narrative nor a preview of implementation and is not for Board approval; but it should be used to support review of the SC-recommended Strategy Framework presented in Annex 1.

## Introduction

11. We should be proud of the progress made to date to develop our next Strategy under SC and Board leadership. Over 5000 people have inputted into the Strategy process through our Open Consultation launched on-line in May 2020. The Board and SC has met frequently to discuss the most challenging issues facing our partnership. We hosted three successful Partnership Forums (with dozens of preparatory pre-meetings) that were inclusive, substantive and even a bit uplifting at times. All of this information has been considered in the Strategy Framework, including significant input from our partnership on areas where only limited discussion was possible during official meetings. We are pleased that this process has exemplified the Global Fund's values and commitment to openness, transparency and impact.
12. However, we are acutely aware of the immense challenges facing us only nine years away from the SDG deadline to "end the epidemics of AIDS, tuberculosis, malaria." At the end of 2019, only 67% of people living with HIV were on treatment, and >60% of new adult infections were among key populations and their partners<sup>3</sup>. A 2.9 million gap in TB diagnosis and reporting persists, while an estimated 3.3% of new and 17.7% of previously treated cases were estimated to have drug-resistance<sup>4</sup>. There remain estimated 229 million annual cases of malaria in endemic countries, with deaths concentrated in children

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<sup>3</sup> 2020 Global AIDS Update – Seizing the moment: Tackling entrenched inequalities to end epidemics. Geneva: UNAIDS; 2020.

<sup>4</sup> Global tuberculosis report 2020. Geneva: World Health Organization; 2020.













Global Fund partnership also has an opportunity to **lead by example and encourage partners and stakeholders at national and regional levels to consider equity, human rights and gender equality** in how they develop, execute and evaluate their programs and recognize success in these areas as critical on the pathway to improved impact against the three diseases, as well as wider health and UHC goals and broader structural improvements as set out in the SDGs.

38. Therefore, to accelerate progress to end AIDS, TB and malaria, as well as to contribute to more equitable access to health services, the Global Fund **will more purposefully invest in and leverage its platform to advance equity, gender equality and human rights** within the context of its mission. This will involve efforts across the Global Fund portfolio to scale-up comprehensive, partnership-based approaches to removing human rights and gender-related barriers to health; support comprehensive sexual and reproductive health programs and their strengthened integration with HIV services for women in all their diversity and their partners; advance youth-responsive programming, including for adolescent girls and young women (“AGYW”) and young KVP and their partners; deploy quantitative and qualitative data to identify drivers of inequity and inform targeted responses; and leverage the Global Fund’s diplomatic voice to challenge laws, policies and practices that limit impact on the three diseases.
39. Maximizing health equity, gender equality and human rights is mutually reinforcing of the Strategy’s other objectives. For example, investments in human rights-based and gender-responsive programming can help reduce key barriers to access formal health services and support systems for health to address inequities. Likewise, meaningful representation and engagement of communities living with and affected by the three diseases in all Global Fund-related processes is essential to ensure that the key human rights barriers and structural inequities that increase vulnerability to HIV, TB and malaria infection are addressed through Global Fund-supported programs.

### ***Mobilizing increased resources***

40. Twenty years on from its inception, the Global Fund is no longer an emergency gap filler, but a unique, pivotal, and continually learning catalyst to accelerate lasting change in the fight against the three diseases.
41. Its unprecedented impact over the last two decades has been made possible by widely supported and successful resource mobilization efforts. Looking forward to the 7<sup>th</sup> and 8<sup>th</sup> replenishments under the next Strategy’s term, and in the context of dire and long-lasting economic and societal consequences of the COVID-19 pandemic globally, **the Global Fund partnership will need to be unrelenting in its efforts to secure and catalyze increased domestic and international resources** to get the fight against HIV, TB and malaria back on track and accelerate progress towards the achievement of SDG 3.
42. The Global Fund will also build **sustainability and resilience through its focus on supporting efficient and effective health financing**. This will include strengthened focus on the value for money of Global Fund supported country programs and systems for health; support for strengthening country health financing systems; leveraging blended finance and debt swaps to translate unprecedented levels of debt and borrowing into tangible health outcomes; and efforts to support country health financing systems to improve sustainability and maintain gains as countries approach transition from external health

financing, including reducing financial barriers to access, strengthening purchasing efficiency and expanding social contracting for effective service delivery.

### *Contributing to pandemic preparedness and response*

43. The COVID-19 pandemic has been the largest single setback to our mission of ending AIDS, TB and malaria since the founding of the Global Fund. Official data show almost 4 million deaths since the start of the pandemic<sup>1</sup> and estimates of excess deaths suggest the true death toll is at least two to three times higher<sup>8</sup>. The impact of this pandemic, as with almost all pandemics, is greatest amongst the poorest and most vulnerable people and communities. The devastating speed, scale and scope of the health, social, political and economic crises caused by this ongoing pandemic is catalyzing a far-reaching G7/G20/UN debate about the shape, architecture and priorities of global health. Every major multilateral agency active in global health will likely be affected by the outcomes of these important debates. As the largest multilateral provider of grants in global health and the only agency specifically created to fight pandemics, the Global Fund will undoubtedly be affected by this reshaping of global health.
44. The Secretariat and Board have worked closely together to create an emergency response mechanism through the COVID-19 Response Mechanism (“C19RM”) to mitigate the impact on HIV, TB and malaria programs and support countries with urgent prevention, diagnostics, treatment and systems and community interventions for COVID-19. In 2020, the Global Fund awarded almost one billion dollars for the response through both C19RM and grant flexibilities in support of 106 countries and 14 multi-country grants. In 2021 and as of June 30, C19RM has launched guidance, allocations and enhanced technical review mechanisms with significant additional funding, and 27% or US\$869 million of C19RM 2021 funding has been awarded or recommended for Board approval to 36 applicants. The Global Fund has also worked to reflect its values and mission in engagement with ACT-A, seeking to ensure that that COVID-19 impact on HIV, TB and malaria is recognized and addressed, the vital role of communities is recognized and supported, and that the pandemic response is focused on holistic responses that leave no one behind.
45. Significant Board deliberations have therefore rightly focused on the Global Fund’s response to the COVID-19 pandemic, potential future Global Fund efforts in PPR, and on how PPR should be considered within the Strategy Framework. It is important to consider this changed and still changing global health landscape, build greater capacities to prevent and respond to new pandemics through the fight against the three diseases, and ensure that HIV, TB and malaria are not forgotten but remain high on the agenda as continuing major infectious and pandemic threats to the health of people and communities. We fully embrace the Developing Countries NGO constituency statement summary of the Board’s conclusions on PPR: “As the Delegation understands it, the Board steer has been that it is through the work we already do on HIV, TB and Malaria that we are in a position to step forward and say ‘let us help the world address this and subsequent pandemics’.”
46. It is recognized that the Global Fund has helped build the PPR systems, public health capacities and response capabilities used effectively in a number of countries to respond to COVID-19 and other epidemics (e.g. Ebola) and is a critical part of how we work, but also that these efforts were not specifically targeted in our last Strategy and that **more**

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<sup>8</sup> <https://www.who.int/data/stories/the-true-death-toll-of-covid-19-estimating-global-excess-mortality>



COVID-19 pandemic and implications for how we organize global health. **Decisions around the use of funding, policy changes or otherwise substantive issues around the operationalization of the next Strategy should be resolved through Board decisions by the May 2022 Board Meeting**, if not sooner, to inform preparations for the cycle of grants from the 2023-2025 allocation period, while noting that urgent adaptation and reaction to changing global events is always possible through additional Board decisions and actions.

52. The Secretariat's understanding of the boundaries for Global Fund PPR engagement are as follows:

a. ***In the context of the COVID-19 pandemic***

The current scope of Global Fund engagement is defined as approved under GF/B42/EDP10-11, GF/B43/EDP12, GF/B44/EDP18 and updated to the Board on a frequent basis. As set out in GF/B44/EDP18:

i) **The Global Fund's efforts aim** "to sustain progress on HIV, TB, and malaria, .... to bolster health and community systems and protect frontline health workers, and to sustain HTM program adaptations and risk mitigation measures."

ii) **The Board, through its Committees, will approve any changes** to the C19RM in line with the evolving context:

*"The Board will monitor C19RM on an ongoing basis to determine whether any changes are required as the pandemic continues to evolve; and The Secretariat will return to the Board, through its Committees, as relevant, for additional consideration and approval of any further modifications to C19RM."*

iii) The Secretariat will provide **monthly detailed reporting to the Board** on C19RM operationalization.

b. ***Beyond the context of COVID-19: Contributing towards pandemic preparedness including prevention, detection and response capacity***

The Global Fund is positioned to contribute to pandemic preparedness, including prevention, detection and response capacity through its Strategy goal and mutually reinforcing contributory objectives in ways that do not introduce competition with HIV, TB and malaria outcomes and which strengthen systems for health. These contributions would predominantly, but not exclusively, be through dual-use RSSH investments that contribute to outcomes against the three diseases, multi-pathogen preparedness, prevention and detection capabilities, as well as through community engagement. The scope, scale and specific investments and potential catalytic funding opportunities that contribute towards pandemic prevention, detection and response capacities should be considered in conjunction with the upcoming allocation policy decisions, however, examples of Global Fund engagement in contributing to pandemic preparedness and prevention would include:

i) Dual-use people-centered, integrated RSSH investments that benefit HIV, TB and malaria outcomes and build system resilience, preparedness and prevention of future pandemics (e.g. support for HRH and epidemiological capacity to comprehensively detect and respond to HIV, TB and malaria, relevant coinfections and comorbidities and respond to the signs of outbreaks; strengthening laboratory systems, diagnostic capacity and integration of cross-disease data systems and

strengthened use of real-time digital data and detection capacity to meet HIV, TB and malaria program demand and to detect signs of outbreaks);

- ii) Investments that support three disease outcomes and wider pandemic prevention and preparedness (e.g. efforts to address drug and insecticide resistance; infection prevention and control, and health services resiliency);
- iii) Efforts to strengthen equity, human rights and gender equality that build strengthened HIV, TB and malaria outcomes and build resilience in the face of future pandemics (e.g. gender-based violence prevention programs; leveraging the Global Fund platform and partnership at all levels to advocate for equitable pandemic preparedness plans, approaches and responses that build solidarity for current and future pandemics); and
- iv) Strengthening community engagement and leadership of HIV, TB and malaria and pandemic preparedness programs (e.g. community co-design and delivery of prevention and control interventions and messaging).

**c. *Beyond the context of COVID-19: Contributing towards future pandemic responses***

Global Fund engagement in contributing to the response to a future non-HTM or non-COVID-19 pandemic would currently need to be determined on an ad-hoc basis by the Board depending on the characteristics of the pandemic, its impact, risk to the Global Fund's mission and response needs, and determined in collaboration with other global health actors according to comparative strengths and capabilities, as we have undertaken to do with C19RM. Global Fund efforts in this area, if required in the event of another future pandemic and as with C19RM, would likely require ad-hoc resource mobilization efforts under the direction of the Board. The scope of Global Fund engagement in addressing a new pandemic can only be determined through future Board decisions, considering lessons from Global Fund strengths and comparative advantages in fighting HIV, TB and malaria and during the COVID-19 response, and approaches that can concurrently protect and build resilience of HIV, TB and malaria programs and strengthen and build system resilience.

53. In the SC-recommended Strategy Framework, PPR is described as an “**evolving objective**” and is placed below the areas of our core mandate on HIV, TB and malaria and mutually reinforcing contributory objectives, but still clearly within the broader context of how the Global Fund partnership works. PPR is intentionally placed below these areas rather than as a box to the left or right of the Strategy Framework to convey that **this objective must be considered holistically within the Global Fund partnership, because it builds directly from our primary goal and mutually reinforcing contributory objectives to strengthen the resilience of HIV, TB and malaria programs and protect people and communities from current and future pandemics, and to avoid the perception of PPR as a separate, competing or siloed objective.** To this end, it is underscored that future resource mobilization efforts will be in support of the Strategy aims, with the three diseases firmly framed as the core Global Fund mandate. PPR will be positioned as synergistic and supportive of and not in competition with HIV, TB and malaria programs.
54. In many ways, an “evolving objective” is a simple and effective way to bridge the requirements of the Global Fund's Strategy timelines (which are set to lead directly to

replenishment and the next set of grants) with the broader discussions on the future of global health and therefore enable ongoing Board debate and decision-making on more appropriate timelines. As these global discussions resolve and the implications and choices for the Global Fund become clearer, the Secretariat will engage with the Board to further discuss the Global Fund's engagement in PPR. It is our shared desire to have these global discussions concluded as soon as possible. Similarly, the Board may request additional discussion on this and other topics of strategic importance, as the broader context evolves.

## Equipping the Global Fund partnership to deliver the new Strategy: Partnership Enablers and Strategic Shifts

55. This section of the Strategy intends to outline how **the broader partnership will need to evolve to deliver the new Strategy** in the contemporary global environment – in terms of **how actors across the partnership work together** and the **key shifts needed in the partnership's work**. Evolving the work of the Global Fund Secretariat is necessary but not sufficient to achieve the SDG 3 targets; we must change across our partnership.

### *Partnership Enablers*

56. The Global Fund will **continue to work as an accountable partner across the global health and development architecture, in support of the 2030 SDGs goals**. The effective delivery of the Strategy rests upon the efforts of the Global Fund's **unique and country-driven partnership model, founded upon the principle of country ownership**. The Partnership Enablers section aims to speak to the core elements of the Global Fund partnership required for effective implementation and to reach the 2030 targets: partnership actors from governments to communities to technical partners, each with their distinct and complementary roles and accountabilities (to be further discussed in the Strategy Narrative); the Global Fund's country-driven investment model; the roles of the Secretariat, the Board and independent Global Fund bodies including the TRP, Technical Evaluation Reference Group (the "TERG") and Office of the Inspector General (the "OIG").

57. To deliver the goals and objectives of the next Strategy, a **number of important areas of partnership evolution are highlighted** in this section: the need for the Secretariat to improve the flexibility and responsiveness of its grant lifecycle processes and tailor them to country contexts – from Challenging Operating Environment ("COE") to transition settings; the need for meaningful engagement of all actors in decision making around the grant lifecycle (including on the CCM) – in particular communities and malaria and TB stakeholders; the potential need to revisit the actors represented in the partnership to ensure they are reflective of the Strategy's aims 20 years on; the importance of better leveraging technical partner engagement to strengthen normative and prioritization guidance (especially in HIV prevention and malaria); to support the provision of technical support and capacity building based on country-led description of needs, including through local-level providers of expertise (including communities, civil society, academic, private sector) and through peer-to-peer learning; and the need to continue to support the integration of Global Fund mechanisms at country level (e.g. CCMs) to build sustainability, while continuing to safeguard the engagement of communities and civil society in decision making. All these areas will be further developed within the Strategy Narrative, describing

in greater detail the changes that are needed across the partnership and the associated accountabilities.

58. Articulating the clear roles and accountabilities of all actors in the Global Fund partnership for delivery of relevant aspects of the Strategy will be important to foster ownership and responsibility for fulfilment of these roles. This will be supported by a clear set of KPIs and M&E Framework for the Strategy, with associated accountabilities and prioritized, focused and mission-driven engagement with partners. The Global Fund Board is also an important body in holding actors across the partnership to account for maximizing their roles and efforts towards achievement of the Strategy's primary goal and objectives, given Board members' leadership roles on the boards of critical partners and that the Secretariat itself does not have authority over other partnership actors.

### **Strategic Shifts**

59. To deliver the new Strategy in the contemporary global environment, a 'business as usual' approach to the partnership's collective work will not yield the accelerated improvements required to meet the 2030 targets, with progress now set further back due to the COVID-19 pandemic. As such, in the explanatory paper that was sent to the Extraordinary SC Meeting on the Strategy Framework (GF/ExtraordinarySC01/02), the Strategic Shifts **described the overarching ways in which the partnership's collective efforts and focus will need to evolve** to deliver the next Global Fund Strategy. The Strategic Shifts were framed as being **cross-cutting in nature across the Strategy's goal and objectives**, with the aim of avoiding repeating any of the priorities already stated in the goal and objectives. The Strategic Shifts presented to the SC to meet these aims were: a focus on urgently accelerating implementation pace to achieve the 2030 targets; encouraging climate, environmentally-sensitive and One Health approaches to programs; encouraging and accepting the risks of innovation to deliver health impact; accelerating the equitable introduction and uptake of innovations; and to accelerate the generation of real-time data for program decision-making.
60. Through the constituency statements received in advance of and discussion at the Extraordinary SC Meeting, it was clear that there are different understandings among constituencies, as well as the Secretariat, of what the Strategic Shifts should be used for. **There seems to be overarching consensus that the Strategic Shifts should focus on areas where the partnership's collective work needs to improve to deliver the Strategy, but a spectrum of nuanced perspectives** around whether this means that they should also (re-)highlight important approaches or principles described elsewhere in the Strategy Framework; highlight areas of underperformance to be addressed; be used to set the scope of ambition of Global Fund partnership evolution; or be used to highlight cross-cutting areas of work not otherwise addressed in the Strategy Framework where actors' efforts among the Global Fund partnership need to be collectively re-examined and updated to make progress.
61. Given the lack of a shared understanding around what the Strategic Shifts should be used for and therefore what the specific Strategic Shifts should be, at the Extraordinary SC Meeting, the SC decided it was preferable to take the Strategic Shifts out from the Strategy Framework recommended to the Board, and that they should be further developed and elaborated within the Strategy Narrative. In this way, the Strategic Shifts would be maintained as an important overarching aspect of the Strategy and used to

comprehensively guide the partnership changes needed to underpin the Strategy's success. Specifically on the Strategic Shift "Encourage climate, environmentally-sensitive and One Health approaches" - given the interlinkages to the PPR work through the multidisciplinary and cross-cutting One Health approach (addressing the interconnected nature of the health of humans, animals and the shared environment), this Strategic Shift was moved to the PPR section of the recommended Strategy Framework, and is now presented within the 6th PPR sub-objective.

62. Reflecting on the term "Strategic Shifts," in many ways, the entire Strategy itself could be seen as a collection of "strategic shifts" in ways that the partnership's collective efforts need to be better focused or improved to achieve the Strategy's aims. Every sub-objective articulated under the primary goal and objectives already highlights how the Global Fund partnership's efforts need to be better focused and prioritized to strengthen its impact. Through the Strategy Narrative, each of these sub-objectives in turn will have 3-4 concrete areas of action described underneath them to deliver these envisaged changes or updated areas of focus.
63. Another related consideration is that for the Strategy to be a useful tool to better guide and focus the partnership's efforts (as was regularly requested through the Strategy development process), it would be confusing to the end user to have changes or areas of focus duplicatively highlighted in different parts of the Strategy, for example both in the Strategy's goal or objectives and differently described within a set of Strategic Shifts.
64. Recommended way forward on Strategic Shifts: Considering the above and the steer of the SC, **we recommend that the Strategic Shifts be described within the Partnership Enablers section as the key cross-cutting areas for collective partnership action where improved performance is needed to deliver the primary goal and objectives of the Strategy.** A more precise term such as "Strategic Partnership Shifts" could further clarify the purpose of this section of the Strategy. In this way, the other areas described within the Partnership Enablers section as outlined above (paragraphs 56-58) would focus on the 'who' in the partnership and what is required from each actor to deliver the Strategy; whereas the section on shifts within the Partnership Enablers would highlight critical and priority cross-cutting areas for collective partnership action where improved performance is needed. The Strategy Narrative would address the shifts comprehensively as follows:
  - Describing the cross-cutting areas for collective partnership improvement, not described elsewhere in the Strategy: such as the need to: 1) urgently accelerate the pace of implementation to achieve the 2030 targets; 2) encourage and accept the risks of innovation to deliver health impact (e.g. working across the partnership to limit risk aversion and overemphasis on financial performance, and incentivize health impact, program quality and effective service delivery); 3) accelerate the equitable introduction and uptake of innovations (e.g. how actors across the Global Fund partnership must collaborate to accelerate introduction of new tools, approaches and products through each stage of the innovation pathway); and 4) shift towards the generation of real-time data for program decision-making (e.g. requiring significant efforts with technical partners and leveraging lessons on the importance of daily data during the COVID-19 pandemic for adapting programmatic responses for greatest impact and resource mobilization). As these areas have not been described elsewhere in the Strategy, additional detail will be provided on the key actions and accountabilities required to achieve these shifts.

- Underscoring the cross-cutting areas for collective partnership improvement throughout the Strategy Narrative: To ensure the Strategy holistically describes the key areas for collective improvement in partnership performance, it will be important to highlight the required shifts in partnership performance as part of relevant sections of the Strategy Narrative. Examples of these areas, many of which have been raised in SR2020<sup>9</sup>, could include how actors in the Global Fund partnership must collectively work differently to: 1) support the sustainability of Global Fund-supported programs at country level; 2) put an emphasis on systems strengthening over support; and 3) ensure meaningful engagement and leadership of communities (including KVP) throughout Global Fund processes, especially at country level. To focus attention on these shifts, it may be most effective to describe them within the corresponding areas of the Strategy Narrative goal and objectives sections, and further underscore them in the Partnership Enablers description of partner roles and accountabilities.

65. Constituencies' feedback is welcomed as to whether this would be an effective approach to taking forward the shifts.

## Conclusion

66. Coming into the Extraordinary Board Meeting on the Strategy Framework, there seems to be strong Board consensus around the primary aim of ending AIDS, TB and malaria and mutually reinforcing contributory objectives of the next Global Fund Strategy, with people and communities affected by and living with the three diseases at the center of all the Global Fund's work. As noted at the 45<sup>th</sup> Board meeting, while it may be challenging to obtain unanimous comfort regarding the physical placing of the PPR box in the Strategy Framework, it is most important that we ensure broad agreement around the aims and intent behind any potential role in PPR and how this will build on and contribute towards the primary goal and mutually reinforcing contributory objectives of the draft Strategy Framework.
67. It is hoped that this brief explanatory paper helps further clarify understanding and solidify consensus around the intent and broad scope of the Global Fund engagement on PPR going forward, - building on the encouraging near-unanimous decision of the SC to recommend the Strategy Framework to the Board. As the landscape and global architecture continue to evolve in response to the COVID-19 pandemic, the Strategy's PPR objective may continue to 'evolve', but within the boundaries indicated within this paper, and with the nuances of the Global Fund's engagement on PPR to be further determined under the Board's guidance and authority.
68. Above all, there is much work to do to continue to **mobilize the partnership's efforts and global resources behind the next Global Fund Strategy and our partner strategies to end the three diseases and set the world on track to achieve the SDG 3 by 2030**. We look forward to the July 2021 Extraordinary Board Meeting to approve the Strategy Framework and, based on an approved Strategy Framework, to collectively taking this work forward through the development of the Strategy Narrative, which will set out the concrete actions to be pursued under each area and sub-objective of the Strategy Framework to achieve the Strategy's aims. To this end, at the July 2021

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<sup>9</sup> <https://www.theglobalfund.org/en/technical-evaluation-reference-group/evaluations/strategic-reviews/>

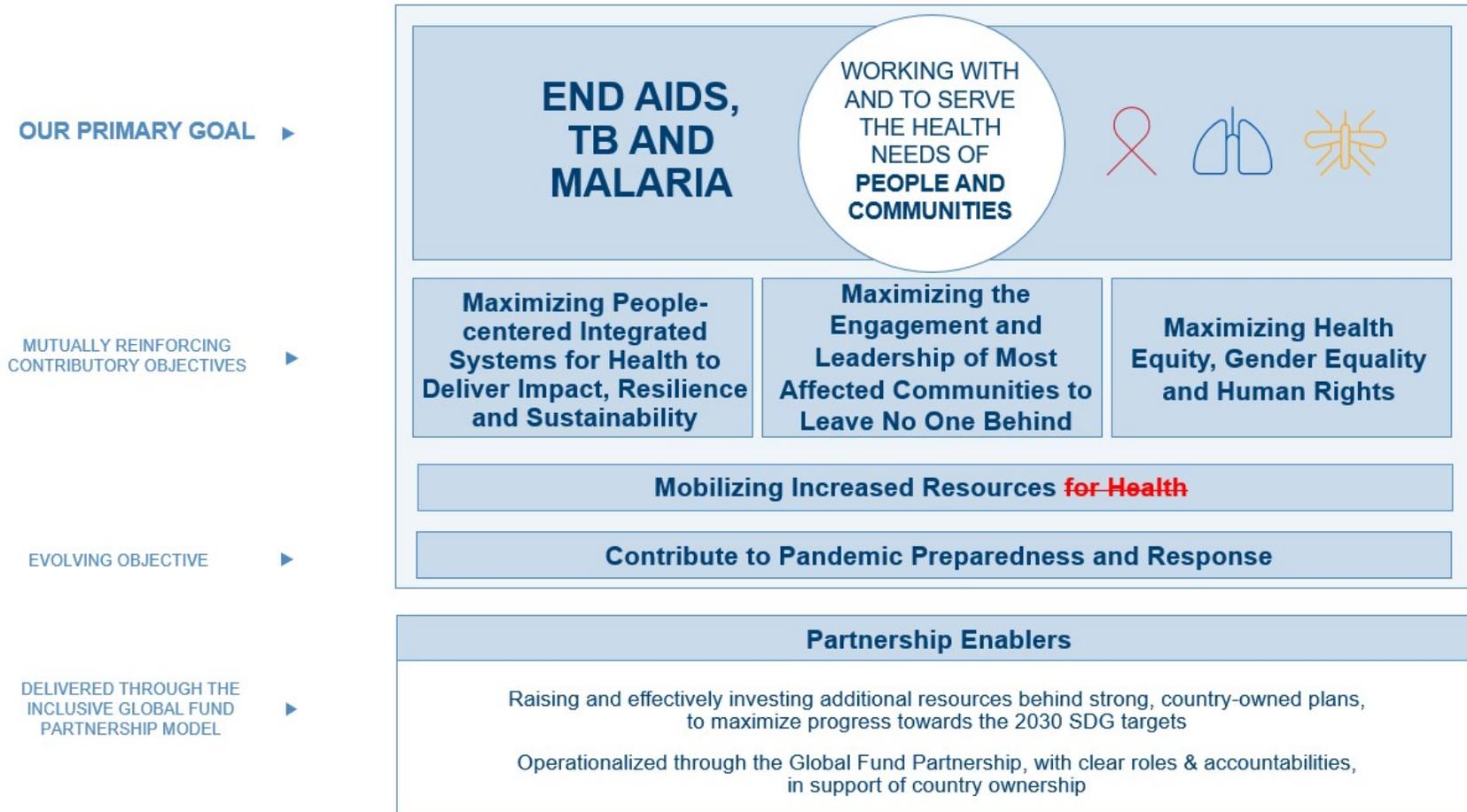
Extraordinary Board Meeting, constituency feedback on additional priority areas to be well articulated within the Strategy Narrative are welcomed, in addition to those highlighted through constituency statements<sup>10</sup> to date and through the wider Strategy development process (including the Partnership Forums, Open Consultation and wider evidence sources such as SR2020).

69. A draft of the Strategy Narrative will be circulated among constituencies for review and input at the beginning of September (tentatively 1-10 September), including the re-articulation of the Strategic Shifts based upon Board input, before an updated draft is presented to the SC in October for recommendation to the Board in November. Progress on the Strategy will allow the SC and Board to take forward important and related areas of work, such as the development of the next KPIs and M&E Framework for the Strategy, to serve as the basis for the 7<sup>th</sup> Replenishment campaign and, critically, for the changes and concrete actions outlined in the Strategy to be implemented at the Secretariat and across the partnership in preparation for Strategy implementation and the cycle of grants from the 2023-2025 allocation period.

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<sup>10</sup> A summary of constituency statement input received in advance of the Extraordinary SC Meeting on areas to be further elaborated in the Strategy Narrative is provided in Annex 2.

## Annex 1 – Global Fund Strategy Framework



OUR PRIMARY GOAL

**End AIDS, TB and Malaria**

To reach the ambitious SDG targets for HIV, TB and malaria, the Global Fund will support catalytic, people-centered HIV, TB and malaria (HTM) investments tailored to maximize impact, equity, quality and build sustainability according to local context, based on country-owned plans and aligned with technical partner guidance, including through:

- Redoubled focus on HTM incidence reduction
- Addressing structural barriers to HTM outcomes

SUB-OBJECTIVES

*HIV*

- Accelerate access to and effective use of precision combination prevention, with behavioral, biomedical and structural components tailored to the needs of populations at high risk of HIV infection, especially key and vulnerable populations (KVP)
- Provide quality, people-centered diagnosis, treatment and care, to improve wellbeing for people living with HIV (PLHIV), prevent premature mortality and eliminate HIV transmission
- Advocate for and promote legislative, practice, program and policy changes to reduce HIV-related stigma, discrimination, criminalization, other barriers and inequities and uphold the rights of PLHIV and KVPs

*TB*

- Focus on finding and treating all people with DS-TB and DR-TB through equitable, people-centered approaches
- Scale-up TB prevention with emphasis on TB preventive treatment and airborne infection prevention and control
- Improve the quality of TB services across the TB care cascade including management of co-morbidities
- Adapt TB programming to respond to the evolving situation, including through rapid deployment of new tools and innovations
- Promote enabling environments, in collaboration with partners and affected communities, to reduce TB-related stigma, discrimination, human rights and gender-related barriers to care; and advance approaches to address catastrophic cost due to TB

*Malaria*

- Ensure optimal vector control coverage
- Expand equitable access to quality, early diagnosis and treatment of malaria, through health facilities, at community level and in the private sector
- Implement malaria interventions, tailored to sub-national level, using granular data and capacitating decision making and action
- Drive towards elimination and facilitate prevention of reestablishment
- Accelerate reductions in malaria in high burden areas and achieve sub-regional elimination in select areas of sub-Saharan Africa to demonstrate the path to eradication

MUTUALLY REINFORCING CONTRIBUTORY OBJECTIVES	<p align="center"><b>Maximizing People-centered Integrated Systems for Health to Deliver Impact, Resilience and Sustainability</b></p>	<p align="center"><b>Maximizing the Engagement and Leadership of Most Affected Communities to Leave No One Behind</b></p>	<p align="center"><b>Maximizing Health Equity, Gender Equality and Human Rights</b></p>
SUB-OBJECTIVES	<p>To catalyze sustainable HTM and broader health outcomes and in support of UHC, the Global Fund will strengthen RSSH by supporting countries and communities to:</p> <ul style="list-style-type: none"> <li>• Deliver integrated, people-centered quality services</li> <li>• Strengthen and reinforce community systems and community-led programming, integrated within national health and social systems</li> <li>• Strengthen generation and use of quality, timely, transparent, and disaggregated digital and secure data at all levels, aligned with human rights principles</li> <li>• Strengthen the ecosystem of quality supply chains to improve the end-to-end management of national health products and laboratory services.</li> <li>• NextGen market shaping focus on equitable access to quality health products through innovation, partnership, and promoting sustainable sourcing and supply chains at global, national and community levels</li> <li>• As part of Global Fund efforts to strengthen country oversight of the overall health system, better engage and harness the private sector to improve the scale, quality and affordability of services wherever patients seek it</li> <li>• Deepen partnerships between governments &amp; non-public sector actors to enhance sustainability, transition-readiness and reach of services, including through social contracting</li> </ul>	<p>To deliver greater impact and ensure the HTM response is responsive to and led by those living with and most affected by the 3 diseases, the Global Fund will reinforce community leadership by:</p> <ul style="list-style-type: none"> <li>• Accelerating the evolution of CCMs and community-led platforms to strengthen inclusive decision making, oversight and evaluation throughout Global Fund-related processes</li> <li>• Evolving Global Fund business processes, guidelines, tools and practices to support community-led organizations to deliver services and oversight, and to be engaged as providers of technical expertise</li> <li>• Supporting community and civil society-led advocacy to reinforce the prioritization of health investments and drive toward UHC</li> <li>• Expanding partnerships with communities living with and affected by emerging and related health areas to support more inclusive, responsive and effective systems for health</li> </ul>	<p>To improve HTM outcomes and drive more equitable access to health services, the Global Fund will support countries and communities by:</p> <ul style="list-style-type: none"> <li>• Scaling up comprehensive programs and approaches to remove human rights and gender-related barriers across the portfolio</li> <li>• Supporting comprehensive SRHR programs and their strengthened integration with HIV services for women in all their diversity and their partners</li> <li>• Advancing youth-responsive programming, including for AGYW and young KVPs and their partners</li> <li>• Deploying quantitative and qualitative data to identify drivers of HTM inequity and inform targeted responses, including by gender, age, geography, income and for KVPs</li> <li>• Leveraging the Global Fund's diplomatic voice to challenge laws, policies and practices that limit impact on HTM</li> </ul>
SUB-OBJECTIVES	<p align="center"><b>Mobilizing Increased Resources for Health</b></p>		
	<p>To strengthen the scale, sustainability, efficiency and effectiveness of health financing for national and community responses the Global Fund will work across the partnership to:</p> <ul style="list-style-type: none"> <li>• Increase international financial and programmatic resources for health from current and new public and private sources</li> <li>• Catalyze domestic resource mobilization for health to meet the urgent health needs for SDG 3</li> <li>• Strengthen focus on VfM to enhance economy, efficiency, effectiveness, equity &amp; sustainability of Global Fund supported country programs &amp; systems for health.</li> <li>• Leverage blended finance and debt swaps to translate unprecedented levels of debt and borrowing into tangible health outcomes.</li> <li>• Support country health financing systems to improve sustainability, including reducing financial barriers to access and strengthening purchasing efficiency.</li> </ul>		

EVOLVING  
OBJECTIVE

### Contribute to Pandemic Preparedness and Response (PPR)

Working collaboratively with actors across the global health architecture under an evolving objective, the Global Fund will leverage its core strengths and HIV, TB and malaria capacities and contributions to RSSH, community leadership and engagement, and equity, gender equality and human rights to build pandemic preparedness and response capabilities and contribute to resilient and sustainable systems for health.

*Approach*

- Leveraging the Global Fund partnership model and principles to contribute to PPR, strengthen the resilience of HIV, TB and malaria programs and contribute to wider systems strengthening and resilience.

SUB-  
OBJECTIVES

*Focus*

- Scaling up investments that build the resilience of HTM programs to current and future threats
- Building front-line capacity for detection and rapid response to epidemics and pandemics at facility and community levels
- Scaling up and integration of community systems capacity for detection and response
- Strengthening disease surveillance systems, including the use of real-time digital data and detection capacity
- Strengthening laboratory systems, supply chains and diagnostic capacity to meet HTM program demand and respond to outbreaks
- Addressing the threat of drug and insecticide resistance, and encouraging climate, environmentally-sensitive and One Health approaches
- Leveraging the Global Fund's platform to build solidarity for equitable, gender-responsive and human rights-based approaches
- Championing community and civil society leadership and participation in pandemic preparedness and response planning, decision making and oversight

*Equipping the Global Fund Partnership to deliver the new Strategy: Partnership Enablers*

DELIVERED  
THROUGH THE  
INCLUSIVE GLOBAL  
FUND PARTNERSHIP  
MODEL

**Partnership Enablers: How We Work**

Working as accountable partners across the global health and development architecture and in support of the 2030 SDGs goals:

**The Global Fund Partnership:** Communities, governments, civil society, donors, technical partners, private sector and other partners working together at all levels to deliver results, each with distinct, complementary roles and accountabilities, in support of core principles of impact, equity, human rights and country ownership, adapted to local context.

**The Global Fund Model:** Raising and effectively deploying additional resources to fund ambitious, equitable, country-owned health plans developed based on global technical guidance to accelerate and maximize progress towards 2030 SDG targets.

**Secretariat:** Supporting delivery of the Strategy through appropriate, flexible and responsive grant lifecycle processes, tailored to country context - from COE to transition settings – and strengthened collaboration with other global health actors.

**Board:** Providing effective leadership, guidance, oversight and decisions to achieve the Global Fund mission.

**Independent Global Fund Bodies:** Independent technical review, evaluation, OIG and assurance oversight in support of the Strategy's delivery and accountability.

## Updating the Global Fund's **Vision** and **Mission** to reflect the Strategy's goals towards 2030

### 2023-2028 Strategy Vision

#### VISION:

*A world free of the burden of AIDS, tuberculosis and malaria with better, equitable health for all.*

### 2023-2028 Strategy Mission

#### MISSION:

*To attract, leverage and invest additional resources to end the epidemics of HIV, tuberculosis and malaria, reduce health inequities and support attainment of the Sustainable Development Goals.*

## **Annex 2 – Overview of constituency input on areas to be further elaborated in the Strategy Narrative – received through constituency<sup>11</sup> statements in advance of the 15 June 2021 Extraordinary Strategy Committee Meeting**

### Ending AIDS, TB and Malaria

- Efforts to increase uptake of proven HIV prevention tools, upgrading metrics for tracking performance, and focus on the quality and effectiveness of interventions (PF)
- Importance of supporting cross-border approaches within the malaria section (SEA) and description of health outcomes seeking to achieve in malaria (Fr/ Ger)
- Demonstrate how the Global Fund will pursue and strengthen an integrated, holistic and public health approach to ending AIDS, TB and malaria, their comorbidities, to contribute to UHC (Developing NGOs)
- Articulate how the Global Fund Strategy supports achievement of UNAIDS and other partner Strategies (UNAIDS)

### Mutually reinforcing contributory objectives

- Highlighting that HTM coinfections and comorbidities and RMNACH are key ‘broader areas of health’ for integration through people-centered approaches (Fr/Ger)
- Acknowledging the importance of health systems as mission critical to achieve HTM goals (ESA, WCA)
- Highlighting the importance of Global Fund contributions to UHC through the Global Fund Strategy’s aims (Japan, SEA)
- Clarifying the intent for RSSH interventions to focus on systems strengthening, rather than support (UK, Fr/Ger)
- Highlighting importance of community-led monitoring (LAC)
- Highlighting how sustainability and transition efforts will be strengthened (SEA)
- Clarity on Global Fund levers to challenge laws, policies and practices preventing equitable access to HTM services (CA/SWI/AUS)
- Acknowledging and addressing the shortcomings of the Global Fund's delivery of the current strategy, especially on addressing human rights barriers, gender equality and building strong community systems at all levels (Developing NGOs)
- Articulating how the Global Fund can support improvements in the collection and use of disaggregated data, and strengthened uptake of gender data, to support efforts to remove structural barriers that drive inequality and poor health outcomes (CA/SWI/AUS)

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<sup>11</sup> Abbreviations of constituency names used in this annex are as follows: CA/SWI/AUS for Canada, Switzerland and Australia; Developing NGOs for Developing Country NGOs; EECA for Eastern Europe and Central Asia; EMRO for Eastern Mediterranean Region; ESA for Eastern and Southern Africa; Fr for France; Ger for Germany; LAC for Latin America and Caribbean; PF for Private Foundations; PS for Private Sector; SEA for South East Asia; UK for United Kingdom; US for United States; WCA for West and Central Africa; and WPR for Western Pacific Region.

- How the Global Fund will harness private sector capabilities and capacities to improve the scale, quality and efficiency of services to strengthen outcomes, e.g., in supply chain, direct delivery of people-centered services, including in regard to TB (PS, PF)
- Clarifying the scope of work of the next generation market shaping approach to deliver and bring innovations to our efforts in a timely manner (PS, Fr/Ger)
- Details on efforts to increase international domestic resources for the Strategy's objectives in a resource-constrained environment and context (PS)
- Articulating that 'mobilizing increased resources for health' intends to support mobilization of resources in support of the Strategy's primary HTM goal and objectives, and support countries in increased mobilization and effective use of resources in support of their efforts to achieve SDG 3 (in response to Communities' question, Fr/Ger)
- Articulation of how the Global Fund's efforts to mobilize increased resources for health is supportive of countries' wider health financing efforts and complementary with the mandates of other development partners (UK)
- Articulation of how sub-objective on 'leveraging the Global Fund's diplomatic voice' will be put into practice (US – verbal contribution at SC)

#### Evolving Objective on PPR

- Clarification to of how sustainable community engagement would work in the context of PPR – including engagement at CCM level and related processes (PS)
- Articulating the relation and distinctions between RSSH and PPR investments (CA/SWI/AUS)
- Articulating the Global Fund's role in the evolving global PPR landscape (CA/SWI/AUS)
- Clarifying how the Global Fund can leverage its platform to build solidarity for equitable, gender-responsive and human rights-based PPR approaches (Fr/Ger)
- Articulating the conceptual link between the PPR objective, other objectives and primary goals, to help guide programming and implementation (Fr/Ger, EECA/EMRO)

#### Partnership Enablers

- Articulating the comprehensive and inclusive definition of 'country ownership' and 'affected communities' to facilitate a common understanding of these terms (Communities)
- Strengthening operationalization of the partnership model at country level, including at CCM level to support balanced decision making across actors (SEA, WPR, Developing NGOs)
- Articulating how country ownership can be strengthened (LAC)
- Strengthening collaboration and coordination with development partners (including on priorities) at global, regional and national levels (LAC, UK)
- Complementarity, roles, accountabilities of actors across partnership, and how partnership will evolve to strengthen accountability for and achievement of impact (LAC, PS)
- The Global Fund's leverage in strengthening technical support and capacity building, with a view to sustainability (LAC, PF)
- Articulating efforts to strengthen the sustainability of Global Fund efforts through the integration of decision making (CCMs and other Global Fund-specific structures) within national institutions (UK)

- Articulating the reforms required to the partnership model to address persistent structural bottlenecks (Developing NGOs)
- Highlighting the importance of multi-country partnerships and multi-sectoral partnerships beyond the health sector (Developing NGOs)
- Describe how the Global Fund is actively engaging with other global health initiatives and define goals for a more collaborative approach to achieve the Global Fund's mission (Fr/Ger)
- Articulate the interdependence between the mobilizing resources objective and partnership enablers (EECA/EMRO)

### Strategic Shifts

*(Focus on specific Shifts proposed by Constituencies)*

- Clarifying that the Strategic shift: “Encourage and accept the risks of innovation...” intends to emphasize the importance of incentivizing health impact, program quality and effective service delivery over financial performance/absorption and that this will entail accepting greater financial risk (Fr/Ger; LAC; Developing NGO)
- Articulate a shift in relation to sustainability and transition of Global Fund investments, including around integration of decision-making (e.g., CCMs) within national institutions (UK; SEA)
- Articulate a shift/articulation within the partnership enablers section around greater collaboration and coordination, including with other global health institutions (UK) and with more ambition (Fr/Ger).
- Describe what will change in order to shift towards an integrated, people-centered approach to HTM and how it will be measured (Fr/Ger; UK)
- Articulate a shift that clarifies an emphasis on health systems strengthening over support (Fr/Ger; UK)
- Describing greater focus on prevention (UK)
- Provide clarity on what the proposed shift on environment, climate and One Health will entail e.g., partnerships with One Health experts at country-level (Fr/Ger); and its impact on the three diseases (WPR)
- Introduce a shift on strengthening community engagement and leadership (SEA)

### Overarching

- Clarity on how the Strategy will be implemented at country level (CA/SWI/AUS)
- Interlinkages between the primary goal and objectives and associated hierarchy (CA/SWI/AUS, UK)
- Specifying what the Global Fund will not do under new Strategy (CA/SWI/AUS)
- ‘Theory of Change’ (ToC) to articulate the Global Fund's role and contributions to HIV, TB, malaria, RSSH, PPR, human rights, health equity and gender equality (PF)
- Clarity on how the comparatively more complex Strategy Framework leads to greater prioritization, ease of measurement and strengthened impact (PF)
- Articulating Global Fund comparative advantages, strengths and core principles (including partnership, country ownership, performance-based funding, and transparency) (PF)

- Articulating how the Global Fund will catalyze country and regional capabilities, to strengthen impact and sustainability (PF)
- Articulating the new Global Fund Strategy's main ambition and how the Global Fund will go beyond business as usual and reform our ways of working to deliver the Strategy (Developing NGOs)
- Articulating the importance of strengthening support for refugees and IDP, including in the EMRO region (EECA/EMRO)