

RECOMMENDATIONS FROM THE ACTION PARTNERSHIP

THE GLOBAL FUND TO FIGHT AIDS, TUBERCULOSIS AND MALARIA 2022 STRATEGY DEVELOPMENT



The development of The Global Fund to Fight AIDS, Tuberculosis and Malaria's new strategy offers a real opportunity for reflection and progression in the way critical global health issues are funded and prioritised. The Global Fund's impact is unparalleled in the ongoing and historic response to AIDS, tuberculosis (TB) and malaria. Yet, the COVID-19 pandemic has caused significant and long-lasting damage to the response to the three diseases at the core of the Global Fund's mandate, and - while the Global Fund's efforts to mitigate this impact are monumental - this strategy offers an opportunity to reinforce work to rebuild progress lost since 2020.

Above all, the Global Fund should continue ongoing work to meet commitments from the 2017-2022 Global Fund strategy, including building on progress made against the three diseases in its mandate, whilst working to build health system resilience globally. Additionally, we would like to see clear action from the Global Fund to target these key areas:

01

COMMIT TO THE GLOBAL FUND PLAYING A LEADING ROLE IN CLOSING THE FINANCING GAP FOR TB, INCLUDING COMBATTING THE GROWING PROBLEM OF ANTIMICROBIAL RESISTANCE (AMR).

02

LEARN LESSONS FROM THE COVID-19 PANDEMIC ON THE IMPORTANCE OF WELL-FUNDED AND ROBUST HEALTH SYSTEMS WHICH ARE SECURE AGAINST EXISTING AND FUTURE GLOBAL HEALTH EMERGENCIES, AND LEVERAGE COVID-19 INVESTMENTS TO REDUCE THE NUMBER OF NEW CASES OF TB IN ORDER TO MEET SUSTAINABLE DEVELOPMENT GOAL 3.3 - TO END TB EPIDEMICS BY 2030.

03

REMAIN FLEXIBLE WITHIN THE NEW STRATEGY AND ASSOCIATED FUNDING STREAMS TO ADAPT AS NEW TECHNOLOGICAL AND MEDICAL ADVANCES ARE MADE, AS WELL AS OTHER NECESSARY COSTS SUCH AS HUMAN RIGHTS-RELATED INTERVENTIONS, OVER THE COURSE OF THE STRATEGY'S TIMEFRAME.

04

STRONGER RECOGNITION OF FUNDING REQUIREMENTS FOR COUNTRIES TRANSITIONING TO LOWER LEVELS OF EXTERNAL FUNDING AND THE IMPLEMENTATION OF A STRONGER JOINT TRANSITION PLAN, INCLUDING RECOGNISING THE IMPORTANCE OF TRANSITION IN BUILDING RESILIENT HEALTH SYSTEMS FOR GLOBAL HEALTH SECURITY.

05

RECOGNISE THE INTERCONNECTED NATURE OF GLOBAL HEALTH THREATS BY INCORPORATING UNIVERSAL HEALTH COVERAGE (UHC) AND PEOPLE-CENTRED TB CARE WITHIN GLOBAL FUND COUNTRY GRANTS; THIS MUST INCLUDE RECOGNITION OF THE CRITICAL LINKS BETWEEN TB, NUTRITION, AND MENTAL HEALTH. FURTHER, PLANS MUST BE SET OUT TO WORK MORE COLLABORATIVELY WITH OTHER KEY MULTILATERAL GLOBAL HEALTH FINANCING MECHANISMS, SUCH AS GAVI, THE VACCINE ALLIANCE, AND THE GLOBAL POLIO ERADICATION INITIATIVE.

All commitments set out within the Global Fund's new strategy should be framed within an anti-oppression context. As one of the most influential actors in global health programming and funding, it is essential that the Global Fund takes a proactive approach to eradicating oppression in all its forms, starting with building anti-oppression language and thinking into all Global Fund initiatives and programmes.

KEY ASK 01



**COMMIT TO THE GLOBAL FUND PLAYING A LEADING ROLE IN
CLOSING THE FINANCING GAP FOR TB, INCLUDING COMBATTING
THE GROWING PROBLEM OF ANTIMICROBIAL RESISTANCE (AMR).**

There is currently a monumental funding gap in TB financing¹ which means that a number of key issues remain unprioritised by the global health community. Historically, TB has been allocated a substantially smaller portion of Global Fund financing than HIV/AIDS and malaria. Arguments in favour of maintaining the current allocation methodology generally centre around the absorption capacity of TB programmes. However, these discussions are outdated and ignore the impact of chronic underfunding on the TB response's operational effectiveness and efficiency.

Areas in TB which must be urgently tackled are: the lack of diagnostic access and effective case finding interventions to identify missing cases; slow up-take of new treatment regimens and limited drug susceptibility testing access hampering multi-drug resistant TB (MDR-TB) treatment adherence and success rates; low preventive therapy coverage; sub-optimal engagement of private sector and primary health care service providers in TB; continuing low access to bacteriological diagnosis despite large investment; and the continuing need for better treatment and diagnostic tools through well-funded research and development (R&D).

Priority should also be given to community relays and health personnel, as the people working most closely with those living with, or at risk of, TB. Their actions for TB early testing, health care and patient follow-up are critical and must be prioritised. Resources should be reinforced for the long term in order to allow health personnel to work autonomously to provide appropriate care to people most at risk.

Work must continue to reach the UN High-Level Meeting (UNHLM) *target of preventive treatments to 30 million people*, as well as SDG 3.3. Therefore, the Global Fund's new strategy must address adding preventive treatment for TB, for all TB contacts, and continuing to include finding missing people with TB in the priority areas for matching funds under catalytic investments.

The 41st meeting of the Global Fund board emphasised the need for a robust analysis of the global disease split. We urge the Global Fund to initiate review of the disease split and revisit the allocation formula to support an increase in TB funding from its current allocation of 18% to bring it in line with AIDS and malaria funding. In order to revise allocation, the Global Fund should not divert funding from AIDS and malaria funds, but rather increase funding targets to grow the Fund's overall potential, alongside investing new sources of funding and unallocated budget directly to TB until financing is equitable across the three diseases. Any growth in Global Fund financing should be directed according to need, with TB coming as top priority given the current and historic financing gap and the increasing burden of AMR globally, as well as the catastrophic and disproportionate impact of COVID-19 on the TB response.

The new Global Fund strategy should also explicitly acknowledge global commitments on TB, including plans to catch up on UNHLM targets up to 2023 and End TB Strategy targets and SDG 3 to 2030. In particular, the Global Fund should acknowledge the financial gap in achieving these commitments and outline smart and innovative financing mechanisms to ensure TB programmes are adequately funded.

¹ The WHO Global Tuberculosis Report 2020 identified a funding gap of \$1.3bn across the 30 highest burden TB countries in 2019

KEY ASK 02

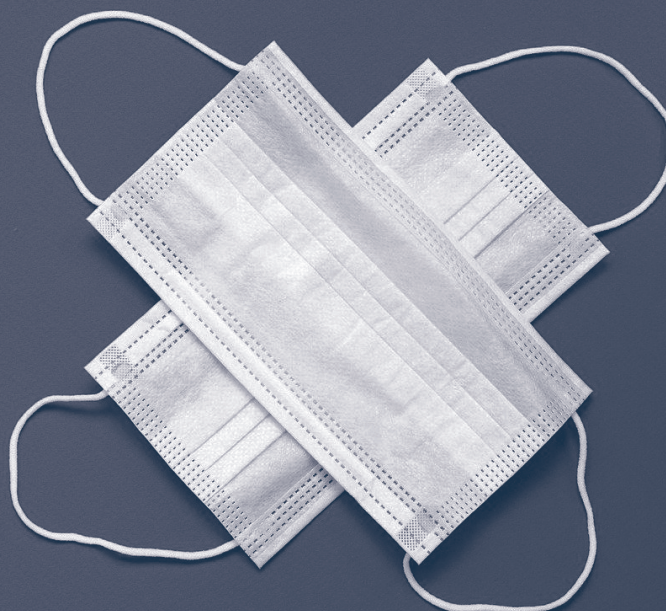
LEARN LESSONS FROM THE COVID-19 PANDEMIC ON THE IMPORTANCE OF WELL-FUNDED AND ROBUST HEALTH SYSTEMS WHICH ARE SECURE AGAINST EXISTING AND FUTURE GLOBAL HEALTH EMERGENCIES.
LEVERAGE COVID-19 INVESTMENTS TO REDUCE THE NUMBER OF NEW CASES OF TB IN ORDER TO MEET SDGS.

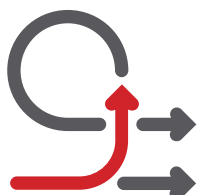
COVID-19 has seen enormous investment globally in research and development (R&D), diagnostics, equipment, resourcing, contact tracing and treatment. Specifically, the Global Fund has played a pivotal role in the financing of the Access to COVID-19 Tools Accelerator (ACT-A), as well as working to mitigate the impact of the pandemic on the three diseases through the COVID-19 Response Mechanism.

While the global focus on COVID-19 has reversed progress on TB, it does also demonstrate the enormous gains that can be made in a short amount of time when political will allows. This must be leveraged both in terms of financing and political will as we continue to learn lessons around the response to the pandemic and the impact of this on other infectious diseases.

Global health security has to improve the lives and health security of the people who are most vulnerable to health shocks. This can be delivered both by investing in accessible and responsive diagnostic infrastructure that can respond and expand in the event of a pandemic, and systems that get the products of innovation to people that need them rapidly and equitably. The Global Fund and Civil Society Organisations (CSOs) should harness this momentum to turn attention towards TB, drawing on the similarities in response needed to end the TB epidemic, particularly in reducing numbers of new cases.

As COVID-19 continues causing enormous disruptions to AIDS, TB, and malaria programs, the next strategy should support Global Fund's key role in COVID-19 response, including efforts to improve pandemic preparedness response. To better support communities affected by the three diseases, the Global Fund should strengthen its role in Global health security, focusing on eliminating the pandemics of AIDS, TB, and malaria. By building on its comparative advantage and strengths, the Global Fund should enhance its evolving role in future pandemic preparedness and invest in people-centred health system strengthening programmes that deliver the Global Fund's goal on the three diseases as well as bringing broader health benefits.



KEY ASK 03

REMAIN FLEXIBLE WITHIN THE NEW STRATEGY AND ASSOCIATED FUNDING STREAMS TO ADAPT TO NEW TECHNOLOGICAL AND MEDICAL ADVANCES, AS WELL AS OTHER NECESSARY COSTS SUCH AS HUMAN RIGHTS-RELATED INTERVENTIONS, OVER THE COURSE OF THE STRATEGY'S TIMEFRAME AS WELL AS MAINTAINING FLEXIBILITY TO RESPOND TO GUIDANCE FROM GLOBAL CIVIL SOCIETY.

It is likely that, within the timeframe of the next Global Fund strategy, a new vaccine for TB may become available, as well as potential new diagnostic and treatment courses. The Global Fund must keep funding streams flexible enough to adapt to major changes across the three diseases in order to end the epidemics by 2030.

As well as remaining flexible, the Global Fund must also build a strong foundation of accountability within its programmes and financing streams. In line with the World Health Organisation's (WHO) Multisectoral Accountability Framework, the Global Fund must actively engage with CSOs and affected communities in order to ensure that spending is sustainable, transparent and effective in supporting community, rights and gender approaches and community systems strengthening.

KEY ASK 04

STRONGER RECOGNITION OF FUNDING REQUIREMENTS FOR COUNTRIES TRANSITIONING TO LOWER LEVELS OF EXTERNAL FUNDING AND THE IMPLEMENTATION OF A STRONGER JOINT TRANSITION PLAN, INCLUDING RECOGNISING THE IMPORTANCE OF TRANSITION IN BUILDING RESILIENT HEALTH SYSTEMS FOR GLOBAL HEALTH SECURITY.

Successful processes for ensuring sustainable transition between external funding levels are critical to the overall sustainability of healthcare service delivery. However, the concept of sustainability has no set definition, resulting in varying approaches throughout design, implementation, and transition. The current Sustainability, Transition and Co-Financing Policy of the Global Fund, and particularly the implementation of these policies, poses risks to the sustainability of the healthy markets the Global Fund has helped to create, as well as risks to continuation and scale up of services, especially to key and vulnerable populations, and availability of quality drugs.

Expectations for rapid transitions, to domestically funded treatment and other services, may lead to expanded financial gaps, and negatively impact quality and continuity of programmes. The Global Fund's current overall funding projections include significantly increased domestic contributions for essential health products, which may not be fully realised in many countries, due to economic and fiscal challenges at the national level.

The shift from donor to government funded and managed procurement raises particular concerns for the continued supply and availability, quality and affordability of essential medical commodities. Global Fund's Wambo pilot (offering countries to access the Global Fund pooled procurement mechanism via Wambo with domestic funds) will not in itself address these challenges and a wider set of measures to strengthen systems will be needed.

We need to see a better and more responsive transition policy which is able to react to a number of factors in pausing, suspending and resuming financing in transitioning countries when problems arise. The need for a reactive transition policy has been highlighted by the COVID-19 pandemic, during which progress in many transitioning countries has been thrown off track and the case for additional support is strong.

KEY ASK 05



RECOGNISE THE INTERCONNECTED NATURE OF GLOBAL HEALTH ISSUES BY INCORPORATING UHC AND PEOPLE-CENTRED TB WITHIN GLOBAL FUND COUNTRY GRANTS, INCLUDING RECOGNITION OF THE INTERCONNECTEDNESS OF TB, NUTRITION, AND MENTAL HEALTH, AS WELL AS SETTING OUT PLANS TO WORK MORE COLLABORATIVELY WITH OTHER KEY MULTILATERAL GLOBAL HEALTH FINANCING MECHANISMS, SUCH AS GAVI AND THE GLOBAL POLIO ERADICATION INITIATIVE.

The Global Fund is a key investor in social support for people with TB and at risk of TB. However, these interventions have mainly been aimed at people with MDR-TB or HIV-TB co-infection, but in addition, programs should consider ways to implement social support for a broader range of patients, drawing on successful examples from HIV, including ensuring equity in access to treatment for all, including women, children and minority groups.

Undernutrition² has the highest number of TB cases attributed to it than any other TB risk factor – *2.2 million cases in 2019*, and is associated with significantly poorer treatment outcomes. People with TB have three times greater risk for depression and estimates show that it is *almost 50%* among people with TB, while depression can also significantly reduce *treatment adherence for TB*.

Global Fund programmes and funding streams must recognise the interconnected nature of key global health issues and adopt a people-centred approach to Global Fund country grants to get to the core of the TB epidemics. However, in order to create a truly interconnected global health ecosystem, the Global Fund must also commit to working closely with other key global health multilaterals, like Gavi and the Global Polio Eradication Initiative, in order to cement a more holistic approach to health systems strengthening and to ensure that investment is equitable and sustainable across global health.

² Undernutrition describes the various health conditions caused by the body not receiving enough energy or nutrients. Undernutrition can affect people in a variety of ways; they can become too short for their age (stunted); dangerously thin (wasted); and deficient in vitamins and minerals (micronutrient deficient).



