

Irish Consultation on the Global Fund to Fight AIDS, TB and Malaria 2023+ Strategy

Background

The Global Fund Strategy is a multiyear road map for the future, setting out priorities on how we can accelerate progress globally against HIV, tuberculosis and malaria and overall improve global health. Now, over halfway through the Strategy 2017-2022, the process to develop the next strategy has commenced, which will begin in 2023.

The Global Fund's open consultation in 2020 is part of its strategy development process, seeking the views of stakeholders to identify the most pressing challenges and opportunities in the fight against the three diseases. This includes how these priorities are affected by the COVID-19 pandemic and broader changes in the health and development landscape. As the strategy development process progresses, updates – and a range of resources – are available at:

www.theglobalfund.org/en/strategy-development/resources/

Irish Aid is part of the Point Seven Delegation that sits on the Board of the Global Fund. Irish Aid invited the Irish Global Health Network to solicit feedback from the global health community in Ireland to contribute to the development of the Global Fund's new strategy.

Ireland has been a key supporter of the Global Fund since the beginning, contributing a total of €241.05 million to date. Ireland pledged €50 million for 2020-2022 – a 67% increase from its previous pledge and a firm sign of our commitment to alleviate the burden of the three diseases and build strong and resilient health systems. This represents the largest single investment for Ireland in global health and HIV.

Ireland's participation was solicited in two ways:

- 1: An online consultation ('have your say') with an online presence hosted on www.globalhealth.ie/haveyoursay which was promoted through Irish NGO and CSO distribution lists, as well broadcast to 1800 members of the Irish Global Health Network;
- 2: A roundtable live web event, held on Tuesday October 13th 2020, in which 33 people registered to attend.

There were seven written submissions to the online consultation, and thirty-three attended the roundtable event. The meeting included representatives from Irish Aid, the Global Fund, GOAL, Concern Worldwide, the Irish Family Planning Association, universities in London, Dublin, and Belfast, and others keen to contribute to this important discussion.

The session was moderated by Nadine Ferris France, Executive Director, IGHN.

Speakers were:

- Dianne Stewart, Head of the Global Fund's Donor Relations Department, who provided details of the achievements of the Global Fund to date, and the global landscape of the three diseases
- Jessica Kraus, Global Fund Strategy, Impact, and Investment Division, sharing details of the current strategy development process
- Emma Warwick, Development Specialist, Irish Aid, Department of Foreign Affairs and Trade, Ireland, introducing the event on behalf of Irish Aid
- Fergal Horgan, Global Health and Nutrition Advisor, Permanent Mission of Ireland to the United Nations, who provided an overview of Ireland's engagement with the Global Fund and the Point 7 Constituency

The results section below summarises the civil society responses from the online event and written submissions following a series of questions, derived from the consultation across a range of representations in Ireland.

Highlights

1. Keep HIV, TB, and malaria on the agenda, whilst at the same time seeking synergy with other health agendas and pursuing an integrated approach at the systems and community level.
2. Increase focus on health system strengthening and resilience, addressing weaknesses exposed by COVID-19 and issues around future sustainability.
3. Ensure prominence of human rights and gender equity across programming, and support local partners taking a rights-based approach in difficult contexts
4. Acknowledge the diversity and centrality of communities and promote their continuing – and increasing – involvement throughout Global Fund programming.
5. Seek ways to leverage medicine pricing, to maximise accessibility and affordability in post-transition countries and allow sufficient fiscal space for domestic funding.

Results

Q1: Do you think that the 4 Strategic Objectives of the Global Fund’s current Strategy remain broadly relevant? How do they need to be adapted to the current context, and what are the key areas where increased focus is needed to accelerate progress?

“One of the challenges going forward is reaching the unreached. This includes middle-income countries who will have pockets of people unengaged.”

Seek synergy

- One unintended consequence of the rapid response to the COVID-19 pandemic has been the in the context of malaria, and the synergy of supply chains. African countries have been resilient in their response, using the health system workforce for their contact tracing and providing treatment, outpacing other (richer) countries in getting a return on health investments

COVID-19

- We can learn from COVID-19 and, speaking from an African perspective, how countries have been coordinating activities to control the pandemic. How can we use structures in this way? Many have expanded community health workers, so what are the key implementation strategies – education and financing etc. – and how can we avoid playing one disease against another?
- With COVID-19 has come the realisation we need to maintain services with strong community services to support health systems. To reach the most vulnerable is important.

Resilient systems for health

- Increased focus on building resilient systems for health. With COVID-19 care of other diseases has been disrupted, showing that health systems are not resilient. Should seek things in an integrated way. Looking at NCD **and** other diseases, and taking a systems approach seeking synergies. This is similar with climate change and displaced people. An integrated approach will be important.
- The recent pandemic, as with Ebola, shows that weak health systems are a barrier to achieving objectives. There’s a need to integrate and build systems to be stronger without using a vertical approach. An integrated approach is required involving the community, ministries of health, and a whole system approach to build resilience.

Financing

- Mobilise increased resources and look to increase domestic resources in the fiscal space Needs to be a strong message that domestic [resources] will not be sufficient in next few years to meet the needs of these diseases, so needs to be greater mobilisation of resources from the international community.

Q2: What do you see as the biggest barriers to ending HIV, TB, malaria and achieving SDG3 in the coming 10 years?

“National Governments and Ministries of Health, the UN and its agencies, NGOs and CSOs lack expertise and initiative to place communities first and truly work together harmoniously, without duplication or rivalry.”

Partnerships

- Lack of progress on SDG 17 [Revitalise the global partnership], and the need to ensure stakeholders (including the community) work together.

Health systems (including COVID-19)

- Weak health systems, and lack of investment in health and HIV response personnel, often low paid, poorly supported/supervised.
- Barriers in health systems from resources being diverted to COVID-19, and it is difficult to plan for HIV, TB, and malaria services. For example, testing machines are being moved away from TB to COVID-19 testing.
- There is a need for strong health systems, and the current focus on these globally could be an opportunity to look at strengthening health systems.

Maintaining focus

- Locally and globally there is decreasing visibility of HIV. People doing well can access treatment and support so don't need to go public. But stigma has increased for PLHIV and affected families. Adolescents who are positive don't want to go public because it would affect their work environment. It's gone underground as a topic in many countries.
- These diseases [such as HIV] are no longer seen as important. We're a victim of our own success. Other things have higher priority and there's a challenge keeping it on agenda. We need synergy with other health agendas and an integrated approach. We shouldn't verticalize funding for these diseases.
- Lack of information at the community level about the diseases.
- Differentiate between HIV and other diseases. Many people have ART and can live a long time without developing AIDS, so it gives the impression that there is a [cure]. People are caring less about getting infected. For malaria, we need to look at environment to see why it is persistent. Why is the vector still around? For TB, for many people it a long-gone disease. When people are infected, they are still stigmatised.
- Lack of progress in prevention has made the targets challenging going forward.

Resources and financing

- The increasing burden of NCDs will increase competition for resources.
- Universal reliance on industry-driving production and pricing of medicines, which results in unaffordable prices due to intellectual properties and non-transparent pricing mechanisms.

Q3: What can the Global Fund do to better support national, regional and community programs to fight HIV, TB and malaria?

“Ensure alignment with other health services delivery mechanisms and integration with existing health systems and actors to avoid duplication of effort or parallel structures to health delivery.”

Information and data

- Conduct increased stakeholder engagement and needs assessments with local community groups, NGOs, service delivery, and public representatives to better understand what is needed at the country and community levels.

Financing

- Additional funding for health system strengthening to improve health service provision in HIV, TB, and malaria, so if funding is available for HIV, TB, and malaria it can be used effectively.
- Streamline the Global Fund mechanisms, making access easier for NGOs and CSOs working on the ground. There's a heavy reporting burden and this could be a barrier to smaller organisations doing great work on the ground and who could use the funding that they can't access easily.
- Provide technical assistance to organisations seeking to utilise flexibilities in international intellectual property law (TRIPS flexibilities). Ensure R&D models prioritise the public's health rather than profit.

Health systems

- Address the supply and demand side of health system strengthening. Then support mainstreaming to reduce risk and vulnerability, going back to the roots to address risks, vulnerabilities, and impacts through purposeful intersectoral programming responses.
- For innovations, we've seen with COVID 19 there are examples of creativity when there is impetus. People can do new things quickly. So, for the Global Fund, how can they make funding available quickly without going through cumbersome application processes?

Communities

- For the CCMs, if there is a key population seat it is filled by an organisation that represents that group. There's also an issue around who can be principle recipient and sub-recipient – and who is in a position to go through the bureaucracy.
- Empower communities with a bottom up approach supported by national systems and improve cooperation between the community and national/regional service providers.
- COVID-19 is a challenge for PLHIV; in Malawi, for example, there is a new term of abuse, 'COVID carriers'. People are staying at home and missing appointments because of this. This is an immediate issue, not part of the strategy but shows it is important to maintain a focus on stigma.

Q4: What can the Global Fund do to better promote and protect equity, human rights and gender equality through national, regional and community programs?

“Support in-country NGOs as it can be hard for them to vocalise human rights. They are the best placed people to navigate the difficult cultural contexts and conflict areas to advise us all.”

Widen the scope

- For gender equality, we need to think consider in the broadest terms and with all three diseases. There's so much pushback in all areas, especial SRHR and HIV. This poses a huge barrier to advancing reductions globally. More and deeper work in gender inequality is needed in the next strategy with a focus on implementation on the ground.
- Ensure Global Fund staff consider rights, equity, and gender, and that support for the prevention of sexual exploitation and abuse in their funding. This includes partners putting preventative and responsive systems in place to track and document violations.
- Increase advocacy to national leaders to promote legislation protecting the health of citizens.

Support communities

- How we can better protect people? Right-wing elements are growing in all countries and gaining more social capital, and with continuing HIV stigma (and COVID-19 stigma) we could be exposing some of these populations to increased threat.

- Engage more with in-country stakeholders to promote an understanding of the human rights context in programming. Use gender-based analyses and gender transformative evaluations to assess progress towards improving health outcomes that are gender-equitable.

Capacity building and data

- Build resilience in health systems and invest in capacity building and education, with guidelines specifying exactly what gender participation is supposed to look like, and the impact of participation. Specify who *is* the community, and that we need women, young girls and boys involved.
- More freedom to for organisations to do proper assessments before proposing innovations and local solutions. This improve gender and human rights in different contexts.
- Education is a way of improving the next generation. This should include in the arts, and curricula that include teaching health promotion and disease prevention using a gender lens.

Q5: What can the Global Fund do to strengthen the sustainability of programs, or better support countries transitioning from Global Fund financing?

“Organisations like GOAL, Concern, and the Global Fund have been struggling with building sustainability for many years. It goes back to health system strengthening and resilience. It varies across a lot of different contexts. In fragile contexts (e.g. South Sudan and Darfur) it is a long way off, but in other countries there are ways, such as health insurance funds, to strengthen systems. It is a huge challenge.”

Financing

- Engage more with private sector including the banks, and ministries of health.
- Engage with policy makers as early as possible to create a climate in which civil society and the local private sector can get involved, and an environment where the local private sector sees opportunities invest in the health of the constituency.
- Strengthen the sustainability of funding by providing more flexible funding over a longer period (say, 5 years) so governments can manage their finances in evolving situations with the security of funding over a longer duration, allowing more flexibility to adapt to changing country dynamics.
- Re-establish the market dynamics team that worked on the use of TRIPS flexibilities.
- A re-examination of financial thresholds that dictate whether the Fund will exit existing/future programmes and outline transparent transition plans to prevent losing development gains. Financial thresholds must include comprehensive assessments of a country’s fiscal space, levels of tax avoidance and evasion, and national debts.

Support CBOs and prevent gaps

- Organisations supporting PLHIV globally hardly exist anymore. Most CBOs have fallen off the cliff in terms of support from the Global Fund, to the detriment of a sustainable response. Need to go back to existing organisations to provide support so they can be the voice of PLHIV.
- To enable transition sustainability, provide support:
 - i) To integrate the three diseases in a primary health care and hospital package.
 - ii) For advocacy support – if we don’t increase domestic resources in the health budget, we won’t be able to make these things sustainable.
- We now have more experience with transitioning, so we need to document what’s being done. How are organisations coping?

Medicines

- Lessons can be learnt from GAVI who are playing a more prominent role in the markets to impact commodity prices.
- Avoid the 'Procurement Cliff'. Using the current voluntary pooling mechanism can lead to higher medicine prices for countries moving from Fund to domestic procurement due to smaller market size, less market competition, losing favourable waivers, and reduction in price transparency. For transitioning countries, TRIPS flexibilities are vitally important and should be an integral part of the Fund's transition strategy.
- Support civil society in playing a watchdog role to ensure transparency of national purchasing processes and supply of affordable, quality-assured medicines and diagnostics.
- Pursue strategies for reducing the prices of medicines such as price negotiations and voluntary licensing. Many middle-income countries experience failed price negotiations, rationing of medicines to avoid burden to healthcare budgets, negative cost-effectiveness decisions, insufficient insurance coverage and/or high co-payments which can all hinder patient access. High prices and limited/denied access are increasingly common across middle-income transitioning countries.

Q6: 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?

"The future is communities; the future of health care and strengthening primary care."

Mechanisms and information

- Have a clear mechanism in place. Mitigating financial and programmatic risks is a huge issue for NGOs and donors. For smaller organisations there are additional difficulties and less capacity. Sometimes there have been risk issues especially with local organisations, and that makes it difficult for all of us. There are clear processes to mitigate this, which will leave us free to capitalise on the social capital and important relationships on the ground.
- We need to improve information systems with disaggregated data and pick up the disadvantaged groups. Better data will inform good decision making in the future so invest in better information systems.
- Invest in trainings around implementation strategies and data acquisition and management.

Support innovations

- Provide a tranche of funding that is dedicated to innovation whereby partners are supported with funding to explore new ways of working while also documenting whether these new approaches are viable and impactful. Engagement with research institutions (national and international) could be a valuable consideration in these instances.

Medicine financing

- In relation to funding governments and civil society organisations in pursuing TRIPS flexibilities, these commitments have been laid out in the SDGs and play a crucial role in sustaining transitioning countries and their healthcare systems. To mitigate risks, the GF must collaborate closely with organisations who are currently implementing these programmes, such as UNITAID.

Q7: 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?

Communities and partnerships

- Listen to and work more with community health workers, community midwives, and traditional birth attendants (trained and untrained). They have great social capacity and reach. Listen to and work more with youth and adolescent leaders, a social capital is underused globally and locally to the reach of people who have the voices.
- Thinking beyond the health silo could improve partnership with communities and strengthen impact. For example, partnership with the education sector to improve the health education curriculum.
- A recent study by Women in Global Health showed that only 3.5% of COVID-19 decision-making bodies were gender equitable. The Fund should ensure that meaningful involvement of people living with health conditions is gender equitable. Gender power dynamics within and between groups should be openly acknowledged and addressed.

Simplify processes

- People are scared to implement Global Fund projects because of complicated procurement processes, and [threats to] autonomy. Simplifying procurement process and giving countries more autonomy will [increase responsiveness] to local needs and help us with innovations, effectiveness, and efficiency on the ground.

Address determinants of health and maintain focus

- Social science research undertaken by psychologists and anthropologists prior, during, and after interventions.
- Address the political, social and cultural determinants of health. Seek to dismantle and reform regressive laws, policies, and social norms discriminating against marginalised groups. Ensure the meaningful involvement of people living with these health conditions in everything that affects and impacts them.
- The Fund's CCMs are a fantastic initiative that gives patient advocates 'a seat at the table' with key decision-makers. The financial and social impact of COVID-19 must not impair this working relationship. It must be strengthened to prevent regression and deprioritisation of HIV, TB, and malaria.

Q8: 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?

"There should be annual revision of priority agendas, with internal and external M&E."

Integration and partnerships

- We don't work together and integrate as much as we should. [If we integrate] we get efficiency. For example, if South Sudan is accessing malaria drugs through the Global Fund mechanism, we don't have to budget for that. But if we don't know then we have to budget for it and create parallel systems.
- There should be a strong link with in-country health clusters, forums, and ministries of health.
- Work more effectively with development, technical and other partners to support countries responding to the three diseases, and achieve SDG3 by endorsing clear roles, responsibilities, timelines and action plans in collaboration with the Ministry of Health so partners are informed, engaged and motivated to contribute to reducing the burden of these diseases.

Medicine financing

- Increase technical support to countries seeking to obtain effective and safe medicines at the lowest cost and financially support the use of TRIPS flexibilities and other safeguards to encourage additional suppliers, increase competition, lower prices, and better ensure sustainable supply.
- Support civil society in playing a watchdog role to ensure transparency of national purchasing processes and supply of affordable, quality-assured medicines and diagnostics.

Q9: As one of many financiers 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?

“Work with other agencies such as UNITAID, MSF, governments, and civil society to improve equitable access to medicines and diagnostics and reduce treatment prices.”

Communities and drivers

- The Global Fund has been unique in putting spotlight on the community level, going back to when they developed a strategy and identified the importance of links between the local community and the formal health system.
- At the community level, these issues are not only a health system response, but cross-sectoral. So, inequity, gender inequality, human rights, and stigma. These drivers of the diseases need to be addressed. If you don’t address underlying drivers, you are not going to achieve your goals.
- ‘Communities’ are so diverse. They include people living with HIV, TB, malaria, and key population groups such as people who use drugs, trans people, and children.

Integration and alignment

- We need to think about integration across many sectors, especially the drivers. For malaria, there is the impact of climate change, and growing microbial resistance in malaria and TB. I wonder where is the scope to strengthen the multi-sectoral/integrated approach at the CCM?
- Ensure funding is aligned with a government’s financing priorities and doesn’t undermine or duplicate financing from other donors.
- Use a broad lens – consider the role WASH and education play in health systems, for example.
- Strengthen the role of the private sector in the response.

Q10: 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?

“The Global Fund is best positioned for improving global health security and pandemic responses by advocating with funders for increased support, highlighting the impact COVID-19 has had on health service access and domestic violence, for example, so communities can be better supported in terms of health during this time.”

Advocacy

- Advocate for industry responses which acknowledge the disease and health priorities of nations, and regions, rather than forgoing research on neglected diseases, AMR and tropical zoonoses in favour of more profitable pharmaceutical products. Encourage governments and industry to

advocate and contribute to voluntary pooled mechanisms for intellectual properties for vaccines, treatments, and diagnostic tools for HIV, TB and malaria.

- The COVID-19 pandemic has demonstrated the need to reform how health technology research and development is incentivised to ensure that people get access to medicines. Initiatives such as COVAX are aimed at ensuring access to SARS-COV-2 vaccines, but it falls short for diagnostics and therapeutics. The Global Fund must fully endorse the COVID-19 technology access pool (C-TAP) which was launched by Costa Rica and the World Health Organisation.

Information and data

- Prioritising and funding research agendas, roll-out of new diagnostics and medicines to ensure equitable access globally,
- Share the lessons learned on the HIV and AIDS response over the past almost 40 years around the progress and challenges.

Q11: What is one thing you would ask the Global Fund to do differently to have greater impact towards achieving the SDG3 targets?

“Place increased focus on gender equality in programming and priorities as the evidence suggests that addressing gender inequality will in turn improve health outcomes for all of society and increase the prosperity of nations.”

Information sharing

- We are always speaking to the people in the health and HIV sector. But how do we reach the audience beyond, such as the national media, reporting what has been achieved so far in a reader-friendly way, what still needs to be done, and the economic impact of averting these diseases for national development? The Global Fund should engage more with social media and national media and go beyond the usual web sites to profile what has been done and the progress.

COVID-19

- The Global Fund cannot afford to distance itself from the [COVID-19] pandemic. With the pandemic come many difficulties; girls out of school, and increased risk of HIV. [We should work] within the framework of ‘One Health’ and see what country resources can be pulled together to solve these types of problems.

Medicine financing

- More aggressive lobbying for equitable global licensing. Access to Medicines Ireland proposes that the Global Fund increases domestic resource mobilisation for achieving domestic procurement of affordable and effective medicines which will lead to a more sustainable health system as it reduces the dependency on unpredictable and short-term donor funding cycles.
- Re-establish the market dynamics team that worked on the use of TRIPS flexibilities. The Global Fund should provide financial and technical assistance to organisations that are seeking to utilise flexibilities in international intellectual property law to secure cheaper and more equitable access to medicines and other health technologies.

Q12: 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?

Advocacy and visibility

- Engage in joint advocacy with others to lobby governments for increased funding and focus on these three diseases and SDG3.
- Lobby against technology transfer and patents.
- Increase visibility of the GF responses in public social media, pre films in cinemas, pre music concerts. Engage popular national cultural and music, sports stars.

Medicine financing

- Harmonise the approach to intellectual property with its collaborative organisations such as UNITAID, WHO, and MSF. Without interventions to global trade policies that relate to health technologies, we will continue to experience a lack of available health products, stock-outs of lifesaving medicines and diagnostics, unaffordable prices, slow introduction and adoption of new medicines, and lack of innovative medicines that are designed to meet the needs of low- and middle-income countries, such as paediatric TB formulations.

Achieving goals and UHC

- Use its partnerships and leverage to act as a catalyst for new approaches to medical research and development that puts patient needs first. To achieve the goals set out by The Global Fund, the current research and development system needs to be reshaped.
- Work proactively and decisively towards the realisation of UHC, which can only become a reality by creating a long-lasting pathway for delivering better, more affordable medical tools to people in lower- and middle-income countries

Q13: What can the Global Fund do to facilitate the uptake of new technologies, innovations and address market bottlenecks?

Financing

- Ensure governments are engaged and supported to adopt new technologies so they are viable once Fund support is no longer available/reduced. Support capacity building and legislation to address market bottlenecks.
- Look earlier along the pipeline to plan ahead, predict, and support promising technologies. Ensure stakeholder dialogue with others to there are the same priorities and action plans so there can be collaborative working.
- Align with affluent tech companies, and the private sector.
- The Global Fund can communicate it is willing to support the acquisition of new technologies, but the local communities should be the driving force behind the choice of innovative solutions

Medicine financing

- Lowering prices of lifesaving medicines can become possible as a result of increased competition in manufacturing and import of ARV drugs through the elimination of patent barriers. This can be achieved by advocating for patent reform, in particular, by financing governments that are introducing TRIPS flexibility mechanisms aimed at facilitating access to medicines into national legislation.
- Funding projects that advocate for the patent law reform in lower/middle income countries will help prevent patenting of medicines that are not novel and have no significant therapeutic effect over other existing medicines, as well as establish legal mechanisms that prevent the patent holder from abusing their patent rights. Taking such measures will save significant funds allocated for the purchase of medications, reduce market bottlenecks, and thus significantly increase coverage of life-saving medicines.

Q14: What can the Global Fund do to better support you in your work to fight the 3 diseases?

"[The Global Fund should] Increase engagement between industry partners and civil societies in order to create mutually beneficial structures for improved health systems."

Dialogue and engagement

- Increase engagement with other donors, UN agencies, and partners in country.
- More open consultations, stakeholder dialogue, resource sharing on an open-access platform.
- Provide open fora meetings and to continue to engage with civil societies such as Access to Medicines Ireland in stakeholder consultations such as these, but also in providing updates on progress which show key progress on gender equality (using gender-transformative evaluations, gender-sensitive at the least) and health outcomes from Global Fund programmes.
- A well populated website with country programme responses reported on every 3-6 months. Report on positive SBC/social behaviour change interventions, and ones that do not work!
- Provide more clarity/guidance on how technical/implementing/NGO partners can be selected to access funding. Ensure Country Coordinating Mechanisms have transparent and fair application processes.

Medicine financing

- The objectives of the Fund and Access to Medicines Ireland (AMI) in shaping markets to ensure affordability and accessibility are aligned. Access to Medicines Ireland proposes that the Global Fund increases domestic resource mobilisation for achieving domestic procurement of affordable and effective medicines which will lead to a more sustainable health system as it reduces the dependency on unpredictable and short-term donor funding cycles.