global strategy meeting 3-5 March 2020 ~ Amsterdam, the Netherlands







contents

1. Introduction and Overview 2	
 2. Global Fund Institutional Developments and Priorities: Updates on Past and Future Activities 2.1 Overview of 6th replenishment 4 2.1.1 Summary of donors 	4
 2.1.2 Lessons learned from replenishment: Secretariat's perspective 5 2.1.3 Supporting the 6th replenishment: Civil society coalition perspectives from France & India 8 	
 2.2 Current and future institutional priorities and activities 9 2.2.1 Aligning with and influencing evolving global health developments 9 2.2.2 Strategy development 10 2.2.3 Preliminary considerations for the 7th replenishment 11 	
2.2.4 Other top themes and issues for 2020 12	
 3. Leveraging Key Entry Points for Resource Mobilization 13 3.1 Domestic resource mobilization (DRM) 13 3.2 Other resource-mobilization entry points and updates 15 	
4. New and Emerging Advocacy Priority Areas 18 4.1 New Digital Technologies for health 18 4.2 COVID-19 and its impact on HIV, TB and malaria responses 21	
5. Brainstorming for the Next 12 Months: What GFAN Should Focus on 24	

acronyms & abbreviations

COVID-19 =	severe acute respiratory syndrome coronavirus 2
CSO =	civil society organization
DRM =	domestic resource mobilisation
EC =	European Commission
G7 =	Group of 7
G20 =	Group of 20
GFAN =	Global Fund Advocates Network
Global Fund =	Global Fund to Fight AIDS, Tuberculosis and Malaria
HSS =	health systems strengthening
ODA =	official development assistance
SDG =	Sustainable Development Goal
TB =	tuberculosis



1. introduction & overview

The 2020 Global Fund Advocates Network (GFAN) Global Strategy Meeting took place over three days (3–5 March) in Amsterdam. It brought together more than 60 people from around the world, the majority of whom were from the civil society sector and were either members of GFAN as individuals or as representatives of a member organization. Other attendees included representatives from the Secretariat of the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund), and technical and advocacy partners such as Roll Back Malaria (RBM) and the Stop TB Partnership.

The meeting focused primarily on issues associated with resource mobilization for the Global Fund and the role of GFAN in supporting such efforts locally, regionally and globally. Through wide-ranging presentations and discussions, the March 2020 strategy meeting sought to provide an opportunity for:

- reflections from both the Global Fund and advocates on the 6th replenishment process, which concluded in October 2019, and on potential strategies and priorities for the 7th replenishment;
- discussion and analysis around trends and developments that might affect ongoing and future resource mobilization efforts, including financing provided between replenishments;
- developments and challenges affecting the Global Fund and HIV, TB and malaria responses in general, including in new and emerging areas such as digital health and health security; and
- advocates to share information and resources about their own past, ongoing and

possible future strategies and approaches regarding the Global Fund specifically and resource mobilization for HIV, TB and malaria responses more generally. This process included discussion of events and other advocacy entry points over the next year for GFAN and its members.

A notable feature of the 2020 meeting is that it coincided with growing global concern over the spread of severe acute respiratory syndrome coronavirus 2 (COVID-19), which prompted cancellations of close to 20 previously confirmed participants. Several of them participated virtually during all or parts of the meeting as a result of added technological functions that enabled ongoing engagement by those not in the room.

As it turned out, the GFAN Global Strategy Meeting was one of the final large-scale gatherings in the HIV, TB, malaria and broader health spheres before large parts of the world essentially shut down indefinitely later in March as a result of drastic measures intended to halt the pandemic. Although it was not on the original agenda, COVID-19 was referred to regularly throughout the meeting and formed the focus of an added break-out group during the core agenda. The disease and ongoing responses to it - including closed borders and bans on travel and in-person gatherings of more than a small number of people in many countries - add a high degree of uncertainty about what can be done regarding Global Fund-related advocacy, when it can be done, how it can be done, and what kind of strategies and approaches would be most effective in a changed global health environment.

Regardless of when the pandemic eases or how severe it is, COVID-19 is likely to have a significant impact on the world's thinking about funding for health and diseases. Unlike HIV, TB and malaria, it is a disease that is highly affecting the developed world, home to most donors to the Global Fund and the three disease responses overall. Overarching questions that HIV, TB and malaria advocates started considering at the GFAN meeting included whether COVID-19 would direct attention and financing away from other infectious diseases in either or both the short or longer term, or whether it would reposition the world's attention on them - e.g., in the name of health security as a top agenda, which could ultimately be beneficial for the HIV, TB and malaria responses.

about this report

This report provides a summary of proceedings in many of the meeting's various sessions over the three days. It is not intended to offer indepth, comprehensive documentation of all that was discussed. The report is divided into four general parts in addition to the introduction and overview in Section 1:

- Section 2 focuses on an overview of the 6th replenishment and upcoming Global Fund institutional priorities and developments.
- Section 3 includes discussion on key entry points for resource mobilization in general for HIV, TB and malaria, including domestically in implementing countries.
- Section 4 provides consolidated summaries of information and observations about new and emerging threats and priorities for advocates, including new digital technologies for health and COVID-19.
- Section 5 includes a summary of a brief brainstorming session at the end of the meeting on what GFAN should consider focusing on over the next 12 months.

The report also includes two text boxes:

- Box 1 (page 7) discusses some key GFAN replenishment-related themes and campaigns as well as some feedback to the network's Secretariat provided at the meeting.
- Box 2 (page 23) offers a summary of observations from the Global Fund executive-director during a virtual teleconference.



A little house is lit each meeting to remember friends who are no longer with us. Olive Ngou from Imact Sante, RD Marte from APCASO, and Rico Gustav from GNP+ present to GFAN participants.



2. Global Fund institutional developments & priorities: updates on past & future activities

A significant portion of the meeting centred around observations regarding the 6th replenishment and Global Fund institutional priorities over the next few years. This information aimed to provide a framework for advocates as they consider how to develop work plans and strategies that include efforts to link to and influence those priorities.

2.1 overview of 6th replenishment

Representatives from the Global Fund Secretariat offered perspectives on the 6th replenishment, a process that concluded in October 2019 with the announcement of \$14 billion in donor pledges for the 2020-2022 funding cycle. At a basic level, the process was a huge success because the \$14 billion target was met, which represented an increase of 15% from the previous replenishment.

The Secretariat also considered the pledging conference in Lyon, France

to have been highly successful. It attracted the most attendees ever (around 2,000), including nine heads of state, 40 ministers and 18 chief executive officers. Civil society was represented with three speakers from civil society organizations (CSOs), seven youth speakers,

and five 'faces of the fight'. Due in part to it being a major priority of the French presidency, the event was highly publicized and received more media attention than previous pledging conferences.

2.1.1 summary of donors

About 80% of money pledged came from the 'usual' main sources: Group of 7 (G7) countries and the European Commission (EC). Every G7 country except Italy has contributed in every replenishment cycle since the Global Fund was launched. Diversification efforts also had some

positive results. Spain returned as a donor for the first time since the global economic crisis of 2008-2010, and there were increases from China, India and Saudi Arabia, among other emerging markets (although the amounts were relatively small). Such increases suggest potential for greater future support across the broader Group of 20 (G20) countries, although the percentage of all pledges in that group outside of the G7 countries remains below the level

Replenishment: A Look at the Numbers* Public Donors Pledges from G20 Countries: 15 \$11, 520.88 Billion 12 Pledges from G7 Countries: \$10, 645.42 Billion Total Pledaes from Funds all other Raised: \$14.02 \$2,479.14 Billion Total Public Sector Donations: \$12,735,57 Billion

gran fund substitution of the substitution of

when Russia was a donor.

Nevertheless, trends indicate that with the exception of Spain, contributions from most other non-G7 Development Assistance Committee (DAC) donors¹ are stagnating in dollar terms – although most had small

increases in their currencies for the 6th replenishment². This trend among 'midrange' donors is seen by the Secretariat to be one of the biggest risk areas moving forward. Most remained donors, but the level of enthusiasm is not as strong as it once was for reasons including competition from different development issues they are focusing on and many long-time government supporters of the Global Fund no longer in office.

Several African countries contributed, with some making larger pledges than many small

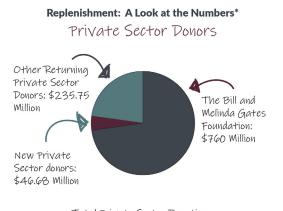
European nations. The Global Fund values such signs of solidarity and aims to nurture strategic relationships with African countries such as Nigeria, South Africa and Kenya, among others. The show of support also extended to the pledging conference itself, with several heads of state from African countries attending and announcing their pledges in Lyon.

Outreach to the nongovernmental sector was successful, as it delivered against the \$1 billion target. An important trend was the

increase in new partners and more funding from outside the Bill & Melinda Gates Foundation, by far the largest non-governmental donor. The sector's engagement is further enhanced by the 11 'innovation partners', which are companies that have agreed to provide in-kind contributions worth millions of dollars. The technical and infrastructure support from these companies will come in areas such as financial

management, supply chain management and digital health, and thereby is intended to help make the Global Fund more efficient and better able to support scale-up on the ground. One major priority for the next three years is turning these in-kind pledges into action that makes a difference.

2.1.2 lessons learned from replenishment: Secretariat's perspective



Total Private Sector Donations: \$1,042.43 Million

advocates network

*all figures are in \$US

The Global Fund has initiated a lessons learned exercise in the wake of the 6th replenishment to comprehensively assess what went well, the factors behind the successes and any missed opportunities, and what could be done better next time. The results of this exercise will be presented internally, including to the Board, and are expected to be made publicly available in late 2020 (Q4).

Some of main lessons learned are already known from the Secretariat's perspective, with the following among the important factors in driving the success of the replenishment process overall. Many of them will be difficult to replicate for other replenishments in the future, as the Secretariat itself acknowledges, but they offer a set of standards to aim for.

- The **early timing of the hosting announcement** by France more than a year before the pledging conference made a huge difference in terms of delivery. It allowed for substantial planning ahead and more time to run a campaign.
- All relevant French partners, including the presidency and civil society sector, were actively engaged throughout the process. This allowed for extensive, collaborative consultations on most elements of the process, including communications.
- French President Macron's leadership was vital to reaching the \$14 billion target. That became clear at the end, when he personally lobbied other leaders to increase their contributions so that the target would be met. The president's strong and direct interest kept the Global Fund and the replenishment drive at the top of French diplomatic agendas more generally worldwide as well.
- The combination of having the preparatory meeting in an implementing country (India) and the pledging conference in a donor one (France) was seen to be a good model to consider in the future. The process and attention around the preparatory meeting in India helped to raise awareness of the Global Fund and the status of the three diseases in India, thereby also contributing to potentially larger contributions



Francoise Vanni, Global Fund Head of External Relations presenting at the GFAN meeting.

- in the future. It also prompted the convening and mobilization of CSOs in India to support replenishment, which ideally also initiated an ongoing dialogue moving forward for the Global Fund and advocates elsewhere with a diverse civil society group in that country. [See Box 1 for additional discussion about the work of the civil society coalitions in both France and India.]
- The host (France), most other donors, and partners appear to have found the investment case to be feasible and worth rallying around.
- Pledges were made consistently at different times throughout the process, including early on. This helped to maintain momentum throughout the year.
- There was **little or no discussion about 'fair share'**, the 'common good' or any other global solidarity appeal. Success appeared to rely on appeals to national interests, which is why the Secretariat approached each donor through a different lens and utilized context-specific appeals.
- The **timing of elections** caused some problems in getting attention and focus in several countries, including Canada, India and the EC (which held parliamentary elections in 2019). In India, for example, a national parliamentary election in April and May 2019 contributed to difficulties in getting the Global Fund and the replenishment process on the agenda of Prime Minister Modi and other key officials even though the country hosted the preparatory meeting.



Box 1. GFAN's replenishment-related themes and campaigns: be more ambitious to overcome the gaps

The 6th replenishment was undoubtedly a success in the sense that the \$14 billion target at the centre of the Global Fund Secretariat's campaign was met. Yet this achievement, while welcome and important, does not represent a transformative advance toward adequately meeting HIV, TB and malaria needs worldwide according to many analyses. The gaps from GFAN's perspective are evident in the 'Get Back on Track' report prepared by the GFAN Secretariat in 2018, which included a detailed investment case calling for the Global Fund to attempt to raise about \$18 billion in the 6th replenishment as part of its contribution to meeting overall needs from 2020–2022.

The findings of its own investment case were the main driving force behind GFAN's campaign in support of the replenishment. Organized around the 'Get Back on Track' theme, the overall campaign emphasized the need to be much more ambitious in order to make real and sustained progress toward closing the global investment gaps that continue to hinder efforts to scale up responses to the three diseases. This is a message and approach that resonated strongly across GFAN's 650 members, who are from 350 organizations across 90 countries.

Activities included extensive and continuous presence on social media; hosting regular calls with GFAN members, allies and partners; and the production of more than three dozen resources, including toolkits for use around key events such as World TB Day, World Malaria Day, World AIDS Day, Women Deliver, and the United Nations General Assembly, where universal health coverage (UHC) was the topic of a High-Level Meeting.

GFAN deployed the members of the **Speakers Bureau** on 14 trips and in 2 video conferences, with some of them meeting with the French president at a civil society side event at the G7 summit in Biarritz, France in August and appearing onstage at the replenishment conference two months later in Lyon. Also at that conference, GFAN launched 'Money Matters', an online and in-person campaign to continue to discuss the need for more than \$14 billion – the consistent theme underpinned by the investment case in the 'Get Back on Track' report.

Results from a survey of GFAN members indicated that the vast majority of respondents considered the GFAN Secretariat's work in 2019 on Global Fund resource mobilization to have been a success. As importantly, most survey respondents also thought their own efforts, and those of their organizations, were also highly or mostly successful.

Some GFAN meeting participants did have some concrete **preliminary suggestions for making the network more widely representative and efficient.** They included the following:

- The Speakers Bureau should reflect more of the areas where the Global Fund is active, with particular attention to Asia and the Pacific, Spanish-speaking countries, Francophone countries, and countries in north-western Africa in general, Francophone or not.
- GFAN should continue to provide materials for key dates and events, but should try to have them available at least two weeks in advance.
- If possible, GFAN resources associated with key events and dates should include images and graphics that can be easily adapted, so that the resources can be translated or incorporated into partner efforts.

2.1.3 supporting the 6th replenishment: Civil society coalition perspectives from France and India

Civil society was heavily involved in various awareness-raising and advocacy activities in

advance of and during the 6th replenishment's preparatory meeting and pledging conference. At the GFAN meeting, representatives of civil society groups and coalitions in France and India shared some observations about their efforts and work. Summarized below, they offer insights for local, regional and global civil society activities and strategies for the 7th replenishment.

In France, the civil society coalition benefited from a government that was highly engaged prior to and during the pledging conference, which was a main overarching factor behind the successful push to reach \$14 billion in Lyon. Other factors behind the success included the following:

- A united civil society. Coordination and collaboration across diverse CSOs involved helped ensure a common strategy.
- Starting early. The civil society coalition started in 2017, with the first request for France to host delivered to the administration of President Macron soon after his election. This helped lead to the early announcement that France would host.
- The importance of parliamentarians. The coalition had strong backing in Parliament,

with many legislators eager to support the Global Fund and replenishment-related efforts on an international level. This resulted in part from Global Fund literacy activities and other trainings organized by the coalition among parliamentarians and foreign ministry staff.

 Strategic diplomacy. Civil society should consider when pushing 'too much' could

potentially backfire. This is true in numerous areas, including in terms of advocating for a pledge at national level and when supporting host countries' efforts to convince other leaders to contribute more.

- Know key leaders' personalities and how they might be 'exploited'. In France, this meant recognizing the appeal of a 'big show' at the pledging conference, which reflected President Macron's interests.
- Close relationship between the presidency and civil society. Coalition members were engaged in a lot of behind-thescenes work, including sharing information regularly and seeking new influential partners. They used the close relationships to make the case that the French presidency's diplomacy is the only

way that contributions can be increased and the replenishment target met (which would reflect well on the administration and country).

Abhina Aher, Associate Director, Sexuality, Gender & Rights, Alliance India discusses the work done in India.

Civil society advocates in **India** who had formed a working group undertook several activities in advance of the preparatory meeting. One was community empowerment-building that centred around civil society consultations around the country. Those meetings focused on sharing

information on why the replenishment was important; why the government should host the preparatory meeting and make it a success; and why civil society collaboration, coordination and advocacy could help to improve the quality of Global Fund programmes in the country. Members of the coalition also sought to raise awareness among parliamentarians about the Global Fund, including how and why it has helped India and what the replenishment means. A key lesson learned was the value of doing political mapping before and leading up to the replenishment, as this can help to identify the most influential and well-placed individuals to contact - as well as who to go to if someone is not available.

A major challenge in the end was that a national election campaign was in progress when the preparatory meeting was held in February 2019. It was therefore difficult to get the attention of many important leaders, such as President Modi, which affected the ability to get an early pledge from India.

More generally, though, the fact that the premeeting was held in India was, on its own, a major positive development for civil society. It provided an opportunity for advocates to join together and create the Indian working group, which remains a structure that can support future Global Fund-related work in India, including for a possible increased pledge in the 7th replenishment. This highlights an advantage of having such meetings in implementing countries – movement-building and awareness-raising among local CSOs that is stimulated by the Global Fund during preparatory work for the meeting.

2.2 current and future institutional priorities and activities

The Secretariat is emphasizing several themes, priorities and activities over the next few years that could help the Global Fund to maximize its impact where it is most important – to improve the health and well-being of people living with and affected by HIV, TB and malaria. Information

2.2.1 aligning with and influencing evolving global health developments

One observation from the 6th replenishment that correlates with how the Global Fund will likely be positioning itself in the next few years is that with most big donors, the most successful top-level messaging was around cross-cutting issues, including primary health care, health systems strengthening, universal health coverage (UHC), and human rights.

This underscores the shifting nature of donors' interests and development financing in general toward integration and holistic approaches. It also suggests the value and benefit of the Global Fund situating itself as a crucial actor in broader health systems improvement and achieving the Sustainable Development Goals (SDGs) – especially the health-focused SDG 3, at a minimum – and in connecting to the UHC agenda more strategically and effectively. In other words, the Global Fund might get more traction by telling its story through the broader lens of SDG3 and health instead of only emphasizing its impact in the three specific diseases.

How this works in practice will likely evolve regularly and could vary by context. Regarding UHC, Peter Sands, the Global Fund's executive director, insisted during his virtual talk at the GFAN meeting (see Box 2) that the Global Fund's top priority should always be to ensure that the 'U' part of UHC - 'universal' - is true. This would mean, for example, that it is essential that key populations and other marginalized groups have equal access to all services and that barriers are broken down. And for this essential baseline to be met, approaches to UHC should be through the

individual contexts of countries' health systems. According to Sands, there are legitimate concerns that UHC, which should be seen as an end, not a means, could end up being a provider-driven agenda instead of focused on ensuring that communities are included and engaged and get all that they and their constituencies need.



Linda Mafu, Head Political, Civil Society Advocacy, the Global Fund, addressing participants at the meeting.

At the time of the GFAN meeting, two phases were planned for this work in 2020: a 'big picture' discussion at the Board retreat and then a series of consultations in the second half of the year. Current plans are to have perhaps three Partnership Forums, which will be a main avenue for engagement by civil society and communities. [Note: The planned Board retreat to start at the end of March 2020 was cancelled due to the COVID-19 pandemic. The Secretariat will make information available regarding when or if that retreat will be rescheduled and about the dates and locations

of the Partnership Forums whenever it is possible to do so.]

Other possible opportunities for civil society input in 2020 include preday consultations that the Global Fund is considering arranging at both the HIV2020 meeting (5-7 July in Mexico City) and the International AIDS Conference in California (6–10) July). However, decisions related to the COVID-19 pandemic will ultimately determine whether or how these consultations take place. The key events in 2021 will be the May and November Board meetings, when the Board is expected to approve the strategy framework and then the full strategy, respectively.

2.2.2 strategy development

The Global Fund in 2020 is initiating a lengthy process to develop its next six-year strategy, for the years 2023–2028. As with previous strategies, it will be developed through an extensive consultation process that collects ideas, perspectives and guidance from all stakeholders.

The strategy development was high on the list of many advocates at the GFAN meeting. The most important priority is to ensure that diverse civil society voices are present and heard throughout the strategy development process. Other preliminary concerns and priorities that were intended to help prepare the sector and to influence the Global Fund's activities around the process included the following:

- The strategy development is likely to be a heavily donor-driven process – and perhaps more than usual, based on donors' believing that they have 'earned' this by ensuring the success of the 6th replenishment in meeting the minimum target of the Global Fund's investment case.
- Sufficient attention should be given to Strategic Objective 3 in the current Global Fund Strategy ('Promote and protect human rights and gender equality'). Civil society wants to ensure that these two principles are reflected as strongly or even more strongly in the new strategy.
- Civil society groups should consult as widely and early as possible, including by reaching out to and engaging with key populations and the most marginalized. Input obtained through such work and all other strategyrelated discussions should be provided during the Partnership Forums and all other opportunities to influence the eventual strategy.
- Reflecting back to the previous strategy development activities, in 2014 and 2015, would be useful to get a better understanding of the process, including what did or did not prove effective from a civil society perspective.

Several civil society participants recommended the creation of a working group to plan and coordinate civil society processes regarding the strategy development. This group could consolidate internal and external input – including that obtained by consulting with civil society groups outside GFAN and the Global Fund ecosystem (e.g., those focusing on other closely associated health-focused mechanisms such as Gavi). Through joint analysis, this working group could develop a 'key asks' document to present and use in Partnership

Forums as well as other advocacy coordination tools. [GFAN meeting participants were encouraged to contact the GFAN leadership if they were interested in being involved in any working group that is established.]

2.2.3 preliminary considerations for the 7th replenishment

The Secretariat has already begun thinking about messages and approaches to use for the 7th replenishment, because resource mobilization planning is constant at the Global Fund. Much of the early talk has been about challenges, risks and opportunities. For example:

- The level of official development assistance (ODA) appears to stable, but it is plateauing.
 There are clear signs it has reached its limit, at least for now.
- The global health narrative is increasingly dominated by UHC and the climate/health nexus. The COVID-19 emergency is likely to heighten interest in health security, including that related to pandemics and migration. For the Global Fund to make its case for support through the window of health security, it will need to have strong, solid evidence to show its value, including in areas such as health systems strengthening (HSS).
- Economic volatility, also suddenly increased by COVID-19, is already creating uncertainty moving forward. There is no way to know the extent of such volatility, how long it might continue, and how it might influence fiscal space for ODA or domestic resources for health.

- Based on lessons learned with the 6th replenishment, securing a host for the 7th replenishment conference in 2022 as early as possible should be a major priority. Some observations at the GFAN meeting:
 - One proposal was to consider having the European Commission being the host, with France and Germany playing leadership roles within the overarching EC arrangement. This could help to take advantage of France's demonstrated strong commitment to the Global Fund, Germany hosting the G7 in 2022, and a German now heading the EC. Italy's playing host to the G20 in 2021 could also add value to an EC umbrella arrangement.
 - India's hosting of the G20 in 2022, the year of the 7th replenishment, offers potential opportunities to leverage its experience and leadership from hosting the preparatory meeting of the 6th replenishment. The opportunity is likely to be especially useful in terms of civil society engagement, given the intensive and successful awareness-raising and coalition-building efforts in the lead up to that meeting in early 2019 (see Section 2.1.3).



2.2.4 other top themes and issues for 2020

Global Fund representatives at the GFAN meeting mentioned several other themes and issues that the Secretariat hopes to concentrate on in 2020. More generally, 'building the brand' of the Global Fund will be a focus throughout the year, with similar top-level focus areas in subsequent years being the 20th anniversary (2021) and the 7th replenishment (2022). Part of the brand-building is likely to highlight the Global Fund's efforts around being a catalytic force, with grants being only one component of the mechanism's overall approach and positioning.

Some important themes and messages in 2020 are guided by elements of the strategic plan that will continue over the next three years (to the end of 2020), including domestic resource mobilization (DRM); resilient and sustainable systems for health (RSSH); adolescent girls and young women, including regional work in the Sahel; and TB in high-burden countries.

Secretariat personnel also acknowledged requests by several GFAN participants for greater attention and resources. One referred to implementation and programming around key populations, based on concerns that some of the programmes were underperforming. Another focused on technical assistance (TA) set-asides, which amount to hundreds of millions of dollars set aside by donors for TA priorities that they determine. Some advocates are concerned about a lack of transparency around these set-asides, including about their effectiveness and extent of engagement by communities and civil society.

3. leveraging key entry points for resource mobilization

3.1 Domestic resource mobilization (DRM)

Worldwide, domestic resources comprise the largest share of financing for HIV, TB and malaria responses. It is also a critical future priority in every country, no matter the current share, because donor funding for the three

diseases and health overall is largely stagnant or declining. Its importance is clearly signaled in the Global Fund's investment case prepared in advance of the 6th replenishment: the \$46 billion figure for domestic resourcing is more than three times greater than the \$14 billion of the total assigned to the Global Fund.

Both the Global Fund and GFAN advocates recognize the vital need for DRM to help ensure that global HIV, TB and malaria responses are better funded. Yet although their efforts are complementary in some respects, they have different entry points,

advantages and challenges. The Global Fund does not - and cannot - pressure implementing governments on their budgetary decisions and fiscal space. Its main direct impact on DRM is through co-financing requirements, but many GFAN advocates have felt there has been little in the way of transparency around countrylevel disaggregated data, thereby reducing the ability to monitor these investments. Its indirect efforts include using targeted messaging,

including attempts in the current allocation cycle to leverage more domestic responses by messages pointing out (for example) that because the Global Fund was able to give your country more money for this cycle, it expects you to take leadership and allocate more money yourself, etc.

Currently, 87% of countries are reaching their co-financing targets. The Global Fund - and

> GFAN advocates - want to know why 13% failed, and efforts to improve results include working with civil society, parliamentarians, government officials and other partners to ensure full understanding of the co-financing requirements. Technical support provided to countries also can prompt domestic stakeholders, such as parliamentarians, to ask questions and hold leaders accountable to meeting such requirements.

More generally regarding domestic financing, the Global Fund has prepared policy briefs for some countries, e.g., Ethiopia, Liberia, Uganda and Zambia, that

can be used to provide a baseline for domestic advocates. Additional briefs of this sort on domestic financing will be prepared in 2020, including for Benin, Burkina Faso, the Republic of Congo and Togo. Throughout the year as well, the Secretariat hopes to help arrange various civil society trainings, in collaboration with partners, that focus primarily or partly on DRM.



Rosemary Mburu, Executive Director, WACI Health speaking to GFAN participants.

Both of GFAN's regional partners have strategies and activities focused on DRM that will continue over the next year and beyond. **GFAN Africa** is prioritizing the uptake, use and monitoring of a key tool introduced by the African Union (AU) in 2019 through the Africa Leadership Meeting - Investing in Health (ALM) Declaration: a domestic health financing tracker that will enable AU member states to track step-by-step progress of resource allocation and key reforms towards increased domestic financing. At the core of this process is a regularly updated scorecard that will facilitate the tracking process, and which therefore can be an accountability mechanism that civil society and other advocates in Africa can use. GFAN Africa aims to produce shadow reports on these ALM scorecards that also include qualitative input, to better show what is really happening on the ground. Other DRM-related activities being prioritized by GFAN Africa include considering strategic approaches, in partnership with other domestic partners, on how to generate more revenue in general (e.g., in terms of improving tax collection infrastructure and enforcement).

GFAN Asia-Pacific has been mapping out the region, country by country, to get a better sense of the situation regarding domestic resources for health. One key focus over the next three years is sustainability and transition, given that some big countries in the region will be transitioning from Global Fund eligibility in one or more diseases in the next two or three cycles.

Listed on the right are summaries about some additional observations made at the GFAN meeting about **how to push the DRM agenda forward**, while also taking into account the need to acknowledge the context-specific differences across all countries.

- In many high-impact countries (e.g., in Asia and the Pacific), domestic resources already fund more than half of expenditures on the three diseases. This sounds good, but in reality it is not necessarily a positive sign. In many of these countries, huge overall funding gaps remain even though domestic resources comprise large shares. A key point is that although governments are contributing the most, it is not nearly enough: no countries in the region currently allocate 5% of their gross domestic product (GDP) to health.
- The quality of domestic resources made available is as important as the amount. To achieve the ultimate goals, DRM efforts should prioritize efficiency and transparency. Funds from national budgets and other domestic sources are too often used ineffectively or improperly. More careful monitoring of how funds are used could help to increase domestic resources for health by enabling more accurate and efficient use of allocated funds
- From an advocacy perspective, it is essential to couple advocacy funding with clear goals to overcome gaps that exist. Allocations must be focused on money not only increasing but going to the right populations and the right interventions. The consequences of mis-allocated resources can be seen in places such as the Philippines, where public money on drug use goes primarily to arresting, harassing and killing people who use drugs – and not on harm reduction services that can keep them healthier and safer.
- Currently in many countries (e.g., in Eastern Europe and Central Asia), most domestic resources for HIV, TB and malaria responses are spent on procurement. Therefore, overcoming intellectual property (IP) and patent barriers which can greatly inflate the costs of medicines and other commodities in some countries could help to free up substantial sums of money for responses to the three diseases and health overall.
- The Global Fund could consider leading a collaborative process of setting targets for implementing countries to make domestic pledges for their own HIV, TB and malaria responses. Mobilizing implementers into a pledging conference similar to the Global Fund's replenishment one could be more useful and sustainable in terms of DRM because in the eyes of many implementing country stakeholders, co-financing is a top-down strategy that basically tells countries that they have to pay if they want to receive funding. There are signs that a DRM-pledging process of this sort could come to fruition in Africa because South Africa, which in February 2020 took over the AU leadership for a year, reportedly wants to focus on mobilizing domestic resources.

summary report of proceedings

3.2 other resource-mobilization entry points and updates

At various points throughout the meeting, participants discussed many other focus areas and entry points for resource mobilization for the Global Fund and for overall HIV, TB and malaria responses that meet the needs of all. For example, there was general agreement on the need to identify and advocate for greater private-sector engagement in funding and otherwise supporting the Global Fund agenda at both domestic and global levels.

Proposed topics for messaging and communications in that area and other advocacy entry points, including by or coordinated through GFAN, include DRM, global health security, gender, and achieving SDG3.

Listed below are summaries of some entry points presented and discussed at the meeting. As with all developments over the next several months - and potentially longer than that - the COVID-19 pandemic will likely have an impact on if, how and when some of the activities and processes occur.

G7 & G20

The G7 summit for 2020 will likely take place 10-12 June. It was originally scheduled to be in the United States, but in March leaders decided that due to the COVID-19 pandemic, it will be conducted virtually by teleconference. At the time of the GFAN meeting, little had been done in preparation, including scheduling any Sherpa meetings. It was assumed as well that the summit, even if leaders had met in person

as usual, would not be a useful opportunity for advocacy because of the host country government's lack of interest in development assistance in general. More opportunities for a receptive audience and cooperation are likely for the G7 summit in 2021, which will be held in the United Kingdom.

As of March 2020, the G20 summit was still scheduled to take place in person on 20-21 November in Saudi Arabia. Top issues on the G20 global health agenda include value-based health care and patient safety - with digital

health an umbrella priority across both of them - as well as pandemic preparedness (e.g., antimicrobial resistance). Entry points for civil society influence and input include the G20 Global Health Working Group and the C20, one of the G20 engagement groups.

How and when engagement through those and other structures can take place will likely evolve and change regularly due to the COVID-19 pandemic. Two meetings associated with the overall G20 process that were scheduled for late March were cancelled - the H20 summit and a C20 FtF (face-to-face) gathering - with announcements also indicating that the connected April

meetings of G20 health ministers and the third G20 Health Working Group would be virtual teleconferences.

Some of the cancelled events might be rescheduled later in the year, and there are still hopes and expectations that the 6-9 October C20 summit will be held. In general regarding



Katy Kydd Wright, Senior Political Officer for GFAN, as always taking careful notes.

G20-related advocacy, efforts are likely to be coordinated and discussed virtually for much of the year, depending on the COVID-19 impact. This will require advocates to be flexible and innovative in how they reach and seek to influence the agenda. To some GFAN participants, the COVID-19 era offers an entry point to highlight and leverage lessons learned from HIV, TB and malaria responses over the years, including in areas such as human rights, treatment and care standards, and stigma and discrimination. This is also one way to ensure that HIV, TB and malaria are not ignored or otherwise 'lost' in discussions around the G20 global health agenda.

HIV2020 & IAC2020

The 23rd International AIDS Conference (IAC) is scheduled for 6-10 July 2020 in two nearby cities in the United States, San Francisco and Oakland. A separate community-led and -oriented meeting, HIV2020, is scheduled for Mexico City on 5-7 July 2020, to run concurrently with the first half of the IAC. The HIV2020 meeting is being coordinated by an alliance that includes many community, civil society and key population networks as well as GFAN's host organization, International Civil Society Support (ICSS). It was proposed and organized in response to concerns that many potential participants could not or would not enter the United States or could not afford to attend the IAC.

The Global Fund is considering having a preday consultation on its strategic development process at both meetings. GFAN also aims to engage with and support both conferences. It has submitted applications for sessions to HIV2020 and IAC, and intends to be visible at global villages at both meetings (including the two separate global villages at the IAC). GFAN and ICSS are also hoping to explore ways to

ensure that people who receive scholarships to attend HIV2020 and the IAC are also able to attend the pre-conference consultations hosted by the Global Fund.

Advocacy messages in advance of and during the conferences are likely to be influenced by the COVID-19 epidemic, with certain themes such as HSS (to achieve health security) expected to resonate in the United States, including among its media. The pandemic also might force both conferences to cancel entirely. As of late March 2020, the only decision publicly announced was that the IAC would be held virtually, but no specific information was available as to how that might work in practice.

other opportunities & entry points for advocacy

The World Health Organization (WHO) is leading the development of a report on progress toward global TB commitments that will be presented at the UN General Assembly (UNGA) meetings in September. It is the UN Secretary-General's mid-term report as agreed to at the 2018 UN High-Level meeting on TB. In the interests of inclusion, WHO has reached out to the Stop TB Partnership and other groups for input, which must be provided by an April deadline. Advocates are encouraged to contact the Stop TB Partnership for further information, including how they might give input themselves.

Connected to but separate from that specific report, the Stop TB Partnership is considering the preparation of a separate report that takes a 'deep dive' into TB issues and priorities from a civil society perspective. It could be a shadow report of sorts that supports TB-related advocacy during and after the UNGA session. As the Stop TB Partnership determines how to structure and focus this report, it welcomes suggestions from GFAN advocates and more

broadly about the best ways to gather input for the shadow report - e.g., surveys and online consultations - from wide and diverse community and civil society groups, including people living with TB, survivors of TB, and marginalized populations.

Key activities, events and dates in the malaria world include World Malaria Day (April 25), which is focusing this year on Nigeria, the world's highest-burden country. The RBM Partnership to End Malaria (RBM) is working with the Nigerian government on a series of events, including a high-level roundtable with the country's president and the WHO directorgeneral. Other activities being planned include a roundtable discussion on bottlenecks in innovation.

RBM is co-hosting, along with the United to Combat Neglected Tropical Diseases, a summit in Kigali, Rwanda on 25 June to discuss ways to 'super-charge' efforts to end malaria and neglected tropical diseases (NTDs). The meeting will be held on the side-lines of the Commonwealth Heads of Government Meeting (CHOGM) in Kigali, and therefore will capitalise on the presence of the heads of state of countries that represent almost two-thirds of the global burden of malaria and NTDs. GFAN advocates are encouraged to provide ideas and input about how to maximize the impact of this summit, including in areas such as DRM.

Throughout 2020, focus areas for RBM include increasing advocacy in the Francophonie network and looking at multisectoral entry points in malaria. These might include, for example, in areas such as tourism, mining and rice cultivation, all of which can contribute to increased malaria risks yet also offer opportunities for innovative efforts to combat them.

RBM has implemented Mock Technical Review Panel (TRP) workshops since 2007,

supporting over 50 countries in their funding applications. Mock TRP workshops use a blend of expert feedback (including civil society) and peer review to assist countries in preparing their funding applications to the Global Fund, which provides over half of all international funding for malaria. During a three-day meeting, participants discuss how to strengthen their proposals, for instance by integrating community rights and gender issues and analysing previously submitted grants. The success and impact of the Mock TRPs were highlighted as a best practice by an independent evaluation led by the Global Fund and the TB and HIV communities have taken up the practice. The most recent Mock TRP for all three diseases took place 11-13 February in Nairobi Kenya. Due to COVID-19, the in-person malaria Mock TRP workshop for window 2 applications has been suspended and options for distance support are under consideration. For more information, please contact Daddi Wayessa Daddi.Wayessa@endmalaria.org.

Some new and notable advocacy opportunities in HIV centre around processes discussed at two separate meetings in February attended by community and civil society representatives from around the world. One meeting focused on laying the groundwork for the development of a new funding mechanism for civil society advocacy on HIV and broader health. It would be created in consultation with donors but be governed and led primarily by civil society. The other meeting, at the Global Fund in Geneva, centred around creating clearer definitions of community-based monitoring (CBM) and setting some basic standards, principles and values around such activities. One key goal is to promote more funding for CBM and related advocacy from the Global Fund and other donors. Both meetings represented the start of longer-term processes that will involve a wider and more diverse group of civil society representatives.

4. new & emerging advocacy priority areas

4.1 new digital technologies for health

Rapid and constant developments in technology are changing the way all stakeholders - clients, service providers, programme developers and advocates - interact with health infrastructure. Engagement with clinics, hospital, insurers, and governments takes place increasingly through digital platforms and structures. In a growing number of settings, all health information for clients is collected digitally and is immediately available to clients, doctors, insurers and

pharmacies. among others involved in their all-around health care issues and

needs.

At the GFAN meeting, participants heard from a few key partners and allies, including Rico Gustav from the Global Network of



Christoph Benn & Rico Gustav leading a discussion on new digital technologies for health.

People Living with HIV (GNP+), Christoph Benn from the Joep Lange Institute, and Peter van Rooijen (ICSS and the Joep Lange Institute), on emerging issues and considerations HIV, TB and malaria civil society and communities in the area of digital technologies for health. As they noted in the presentations and during discussion, how, where and to what extent civil society can be involved in and influence such changes are critical considerations for

the strength and validity of the sector's work in health. To avoid being left and out and marginalized, which could be a major disservice for people living with and affected by HIV, TB and malaria, civil society should know and understand new technologies and seek to maximize its unique role of shaping processes and progress toward creating more equal access to quality services for all. In particular, the sector can be instrumental in determining how technologies should best be used in communities where they are most needed.

Technological change creates both

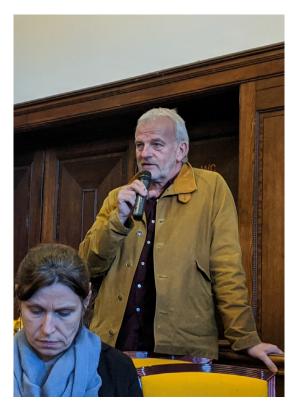
opportunities and challenges because it can have both positive and negative effects. Beneficial characteristics of some new technologies include positive economic and social consequences such as cutting production

costs and times for health supplies; making communications faster, easier and more clientcontrolled; and connecting people more quickly and directly. Generally speaking, technologies such as mobile phones are tools that can improve performance in all aspects of health service delivery. At a basic level, for example, monitoring drug stock-outs is much easier to do and to publicize with smartphones - with the

information often available immediately, which means it can be acted on more quickly.

Yet there are unintended consequences of many new technologies, including around key human rights areas. Tracking people is now easier, whether they know it (and accept it) or not. Data leaks and misuse threaten the confidentiality of all and can put key populations and others at especially heightened

risk. The critical question of who 'owns' data has not been resolved and could be difficult to enforce even in proconsumer environments. This underscores the fact that most legal regimes are lagging in regard to data protection and privacy, and laws will always struggle to keep up with evolving technologies. Another issue to consider is financing for technologies and their platforms. Understanding the architecture behind business models is necessary to help determine, for example, what it really means when a service is 'free'.



Peter van Rooijen (ICSS and the Joep Lange Institute), sharing his thoughts on digital technologies for health.

From a health and human rights perspective as well, health technologies carry a big risk of increasing inequities between countries and among people in them. Moreover, innovations can actually be harmful or misleading. During discussions on this topic, GFAN advocates

reflected on a recent study of TB clients who were asked whether they preferred the longstanding DOTs (directly observed treatment) protocol or an innovative approach known as wireless-observed therapy (WOTs). Although more of those surveyed said they preferred WOTs to DOTs, it turned out that most actually preferred to not be observed at all. This is an example of when an innovation did not respond to what people really want.

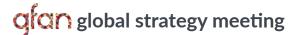
Sometimes as well, innovations are introduced without sufficient quality control, which can disrupt systems and make things worse for clients. In an example cited by a GFAN advocate about experiences in Tanzania, point-of-care (POC) diagnostic tools were rolled out before there were people in field who knew how to use them.

Global Fund representatives at the GFAN meeting observed that "getting up to speed" on digital health so that it can be a leader in the field is an institutional priority. Among other things, the Global Fund reportedly is considering the exact role it can or should play in the context of artificial intelligence (AI), an area within digital health that is seen as being highly transformative in the future.



In addition, several recent developments regarding digital health in the context of HIV, TB, malaria and broader health responses were discussed at the GFAN meeting. They include the following:

- WHO recently launched a global digital health strategy that was approved by its executive board in February 2020 and is expected to be approved by member-states at the World Health Assembly in May. Monitoring how this strategy is implemented in countries could be an important role for civil society groups concerned about ensuring that digital health is grounded in rights and privacy.
- The Joep Lange Institute (JLI), a Dutch non-governmental organization (NGO), is supporting an initiative to map the current digital health environment working with the Communities and Civil Society delegations to the Global Fund Board. This effort aims to help organizations and institutions to get a better understanding of what the landscape looks like, which could contribute to civil society efforts to get in front of discussions on digital health in general. Part of this effort is also to identify the kind of input the delegations may want to provide in the new Global Fund Strategy development process, with regards to the Fund's role in using new digital technologies in a way that is inclusive and human rights based.
- In 2019, a joint Lancet/Financial Times (FT) commission 'Governing Health Futures 2030: Growing up in a Digital World Commission' was launched. This high-profile, collaborative initiative is convening a group of independent commissioners from diverse sectors and geographical locations to ensure a broad input of voices in moving forward the digital health agenda. A final report will be presented at the 2021 United Nations General Assembly. A new global coalition, called Digital Transformation towards UHC 2030, has begun to work in parallel with the commission, with the objective of raising awareness about the opportunities and risks of digital transformation particularly among young people in LMICs. It will contribute to the findings of the commission, and support the dissemination and implementation of its recommendations through 2030. JLI is a core partner of this coalition. Involvement of civil society is central to the work of the coalition.
- Tanzania offers some lessons learned for advocates. It is one of the first countries with a costed, digital health road map, which emerged from a long process of developing a national digital health strategy that considered how systems are operating and should operating, who or what should be involved, and where and how resources should be prioritized and scaled up. Regions in Tanzania reportedly have gone completely paperless in health service delivery, with both clients and caregivers using tablets and other electronic devices to enter all information and needs in real time.
- Another potentially valuable lesson learned stems from experiences in ongoing implementation in several countries of OneImpact, a digital solution aimed at improving overall TB responses that was developed by the Stop TB Partnership. In many places, implementation of the smartphonebased tool has been slowed by the time-consuming -- and expensive -- need to get approval from different government agencies, both nationally and sub-nationally. The slow pace has hampered efforts to have this tool in place to provide some useful services in areas such as community monitoring.



4.2 COVID-19 & its impact on HIV, TB & malaria responses

At the time of the GFAN meeting, COVID-19 had yet to be declared a pandemic by WHO but was already a preeminent global health issue. That was reflected during the meeting itself, as it was referred to as a main factor in determining how advocacy could take place, what it could or should focus on, and what its impact might be for HIV, TB and malaria responses in both the short and longer term. Many entry points for awareness and messaging regarding the three diseases and the Global Fund are already lost or likely to be lost, including the Tokyo Olympics and the two large conferences scheduled for July (HIV2020 and the International AIDS Conference).

On 4 March, the second day of the meeting, the Global Fund released guidance on COVID-19 that stated the following: "Working within its mandate to fight HIV, TB and malaria and to strengthen systems for health, the Global Fund is encouraging countries to reprogram savings from existing grants and to redeploy underutilized resources to mitigate the potential negative consequences of COVID-19 on health and health systems. In exceptional cases, countries may be able to reprogram funding from existing grants to COVID-19 response."

Global Fund representatives at the meeting indicated that these flexibilities are not absolute. All reprogramming must receive prior approval from the Global Fund and is subject to restrictions on the share of total grant value that can be repurposed. Eligibility criteria also apply to activities and resources that can be

covered. [More detailed information can be found in the guidance note on the Global Fund website.]

While largely welcoming that announcement, several GFAN advocates stressed the need to ensure that no core programming on HIV, TB and malaria should be diverted for use in addressing COVID-19. This would mean, among other things, that funds and other resources could only be shifted if doing so does not weaken or prevent the continued scale up of quality HIV, TB and malaria programming through the grant. The Global Fund was also urged to consider the implications of possible human rights infringements when reviewing proposals to divert funds for COVID-19 responses.

potential impact of COVID-19 for GFAN priorities: negative & positive

A key overarching challenge for advocates will be how to talk about HIV, TB and malaria in the context of a world that is obsessed with COVID-19. This might rely on further consideration of some of the negative implications of COVID-19 responses as well as opportunities that might arise from the pandemic's impact on governmental and public opinion on health in general.

Negative and problematic implications from perspective of civil society groups focusing on HIV, TB and malaria are already highly evident, including in human rights violations such as travel restrictions in Russia that specify HIV, which has nothing to do with COVID-19. The list and severity of such violations will continue to grow as the epidemic expands and countries undertake drastic measures such as closing

borders and restricting individuals' movements. COVID-19 also is threatening the strength and integrity of health and human resources as well as health infrastructure as systems are overwhelmed in some countries. The potential for supply chain disruptions remains huge, including in areas such as sourcing active pharmaceutical ingredients (APIs) from China and affordable, essential medicines for HIV and other diseases from India. a hub for the production of generic drugs. The economic consequences could be not only massive but long term, which could further threaten the quality and stability of health systems and therefore people's access to prevention and treatment services for the three diseases. There is also a risk that countries will be unwilling or unable to meet their pledging commitments for the 6th replenishment, which could destabilize the Global Fund and programmes in many countries worldwide.

Opportunities are more difficult to see at this point, but some were becoming evident at the time of the meeting in early March. COVID-19 has increased the profiles of global health and health security. A clear case can be made by advocates and the Global Fund that investing in its programmes improves overall global health and health security in efficient, powerful ways. Messages that make this case strategically and in a spirit of coordination could find willing audiences.

Also, early responses to the COVID-19 epidemic indicate that countries do have the ability and inclination to allocate huge amounts of money to health issues. This could be a window of opportunity that also is used to emphasize the value and importance of faster progress to meet the SDGs, which would

help improve HIV, TB and malaria responses overall. And finally, there are obvious – if not completely linear – connections between the way the HIV, TB and malaria responses have evolved and the response emerging to COVID-19 that provide many meaningful entry points to ensure that the socio-cultural implications of the COVID-19 response are considered at much earlier stages. This is important in terms of combating stigma and ensuring more effective, efficient responses that meet the needs and expectations of all people affected by the new virus.

new civil society working group on health security

Several advocates at the meeting encouraged strong and concrete actions to develop more strategic approaches and messages around their work and COVID-19. Much of that work would be undertaken through a newly formed civil society global working group around global health security launched at the meeting. GFAN advocates were encouraged to share information and resources about COVID-19 responses that seem relevant to assess and influence civil society voices, including around issues such as human rights and equity. More information about this new working group will be available through GFAN, which at least initially would coordinate its activities and outreach.

Box 2. observations to GFAN from the Global Fund executive-director

Global Fund Executive-Director Peter Sands originally intended to appear in person at the GFAN meeting. However, urgent priorities associated with the rapidly evolving COVID-19 situation required him to remain in Geneva. He agreed instead to a virtual teleconference during which he delivered a brief talk that included observations about the 6th replenishment, ongoing Global Fund developments, and future priorities.

Sands praised the engagement and vital role of civil society throughout the replenishment process, including at the pledging conference in Lyon, in ensuring that the \$14 billion target was met. He added that one key priority in the new grant cycle is to ensure a heightened and stronger role of civil society within countries as part of programming. That role is especially important to ensure that key populations and other highly vulnerable populations such as adolescent girls and young women are, in his words, "fully baked" into programmes.

The largest share of his remarks referred to **COVID-19**, **directly or indirectly**. They included the following:

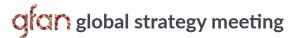
From an operational perspective, a critical priority
was to ensure that new grant submissions are
adequately prepared, delivered and reviewed across
the ongoing funding cycle to ensure that there are



Due to the evolving situation around COVID-19, Peter Sands was unable to attend the GFAN meeting in person and we did our best to ensure he was able to participate and the planned question and answer session could go ahead.

no delays that result in gaps to disease responses across the portfolio. Challenges related to COVID-19 were already evident in early March, including travel disruptions different contexts. The Global Fund will need to continue and explore ways to mitigate such challenges while also not lowering standards that include, for example, extensive civil society engagement and input in grant proposals at all stages of the process.

- Sands referred to some preliminary examples of the kind of advocacy points and messaging that the Global Fund would explore in regard to COVID-19. For example:
 - We need to keep reminding people that HIV is the most recent pandemic faced by the world. It has killed more than 14 million people and we have not yet beaten it. We cannot just respond tactically to COVID-19; we need to finish this work on HIV.
 - The growing prevalence and impact of multidrug-resistant TB (MDR-TB) is an example of another global health security threat that few governments, policy makers or the public paid attention to.
 - COVID-19 should help to put things in perspective about where and how the world chooses to act in health emergencies. The world mobilized to stop an Ebola epidemic in West Africa, yet disruptions in treatment linked to diversion of resources to Ebola caused tens of thousands of deaths from malaria.
- According to Sands, too much of the health security dialogue is around a cycle of panic and neglect.
 Breaking out of this equation is crucial, and this points to the importance of prevention. Currently with
 COVID-19, the world is mostly in response mode, but more attention on preparing countries in advance
 could have helped to make responses more effective. A lesson learned from the COVID-19 pandemic,
 no matter how long it lasts or its effects, is the need to focus more on preparation and prevention as key
 components for building greater health security.



5. brainstorming for the next 12 months: what GFAN should focus on

A brief brainstorming session at the end of the meeting focused on obtaining some preliminary thoughts from participants about what GFAN should know more about, be better at, and/or be more organized around over the next year. Below is the list of proposed topics and issues, which will help to guide decisions around priorities and activities within the GFAN leadership and its members. They are also likely to be useful for GFAN members involved in discussions around the new Global Fund strategy, including on governance bodies such as the Strategy Committee. [Note: The items are unedited from the language used in proposing them.]

- World Bank group advocacy
- DRM: engagement with implementing country governments
- Digital health
- Global health security
- Engagement with and at Partnership Forums
- Pre-partnership forums on human rights and other CRG issues
- Human rights and gender equality including stressing that they must always be a priority
- Advocacy for new tools and innovations to help the Global Fund, GFAN and advocates work better
- Integrate more regarding gender and women in GFAN's work
- Articulate connections among the Global Fund, UHC and global health
- Francophone engagement
- Linkages with other SDGs re 2030 goals
- Linkages to climate change and environmental groups

endnotes

- 1 The committee is part of the Organization for Economic Cooperation and Development (OECD). DAC is a forum for the world's largest providers of aid. As of March 2020, it had 30 members.
- 2 DAC countries where this trend is observed include the Netherlands, Switzerland, Korea and the Nordic countries.

global strategy meeting 3-5 March 2020 ~ Amsterdam, the Netherlands

