

Approval of the Global Fund Strategy Narrative

46th Board Meeting

GF/B46/03 Revision 1
08.11.21, Virtual

Board Decision

Purpose of the paper: Annex 1 to this document contains the Strategy Narrative recommended by the Strategy Committee to the Board for approval.

Decision

Decision Point: GF/B46/DP03: Approval of Strategy Narrative for the 2023-2028 Global Fund Strategy

Based on the recommendation of the Strategy Committee, as presented in GF/B46/03_rev1, the Board:

1. approves the Strategy Narrative for the 2023-2028 Global Fund Strategy in Annex 1 to GF/B46/03_rev1 and requests that the Secretariat develop, for presentation to the Strategy Committee in March 2022 and subsequently the Board in May 2022, an approach for Strategy implementation with a focus on delivering the key changes outlined in the Strategy using all existing levers and identifying where new solutions will be required; and
2. expresses its recognition to the Standing Committees for their work in the context of the development of the Strategy and looks forward to the continuous engagement between the Board, Secretariat and the Standing Committees, in line with their respective mandates, throughout the implementation of the Strategy.

Budgetary implications: The Secretariat will work with the Audit and Finance Committee on anticipated costing and operating expenses related to the Strategy once the Final Strategy is approved.

Relevant Past Board Decisions

GF/EB01-2021/DP03: Approval of Strategy Framework¹	Board Approval of the Global Fund 2023-2028 Strategy Framework.
GF/B35/DP04: The Global Fund Strategy 2017-2022: Investing to End Epidemics²	Board Approval of the Global Fund Strategy 2017-2022: Investing to End Epidemics

¹ <https://www.theglobalfund.org/board-decisions/eb01-2021-dp3/>

² <https://www.theglobalfund.org/board-decisions/b35-dp04/>

Overview

The Global Fund's 2023-2028 Strategy was developed through a highly consultative two-year process. In July 2021, the Global Fund's Board approved the 2023-2028 Strategy Framework (GF/EB01-2021/DP03). Based on the extensive evidence, lessons learned, and constituency input received through the process, a draft Strategy Narrative was developed. This draft was reviewed by constituencies at the beginning of September 2021, and constituency input was then used to refine the Strategy Narrative that was sent to the Strategy Committee (GF/SC17/10). In October 2021, the Strategy Committee agreed final revisions to the Strategy Narrative based on additional constituency input (GF/SC17/DP01) and recommended the Strategy Narrative, reflecting final revisions, to the Board. The Strategy Narrative recommended by the Strategy Committee to the Board for approval at their 46th meeting in November 2021 is set out in Annex 1. It additionally contains updates to TB data in line with the 2020 data released by the WHO on 14 October 2021,³ and a few grammatical corrections.

The approved Strategy Narrative will form the basis for a comprehensive and accountable M&E Framework, including key performance indicators (KPIs), to measure the success of the Global Fund partnership in achieving the Strategy's primary goal and objectives. Its approval will also kickstart preparations for implementation, including for the next cycle of grants and relevant policy updates. Following approval, the Strategy Narrative will be formatted for external audiences, with attention to user friendliness.

³ Updated 2020 malaria data is expected to be released by WHO by the end of 2021. The relevant malaria data in the Strategy Narrative will be updated to 2020 data following Board approval to ensure it contains latest available data for all three diseases (2020 HIV data is already used in the Strategy Narrative, having been published mid-2021).

Annex 1

2023-2028 Global Fund Strategy: Fighting Pandemics and Building a Healthier and More Equitable World [working title]

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1. Executive Summary

Over the last 20 years the Global Fund partnership has saved 44 million lives and reduced the annual death toll from HIV, tuberculosis (TB) and malaria (HTM) by 46% since its peak in countries where the Global Fund invests.ⁱ We, the Global Fund partnership of implementer governments⁴, civil society, technical partners, development partners⁵, the private sector and people and communities⁶ affected by the three diseases, have proven that by acting together we can overcome barriers, save lives and dramatically change the course of these three terrible pandemics.

Now we stand at a crossroads. The impact of COVID-19 has been devastating, exacerbating existing inequities, diverting critical resources, slowing access to critical HTM prevention and treatment activities, and putting vulnerable people further at risk. In 2020, for the first time in our history, key programmatic results declined across all three diseases.ⁱ With only eight years to go, COVID-19 has knocked us further off-course from the Sustainable Development Goal (SDG) target of ending the three epidemics by 2030.

To respond to these challenges, the Global Fund has developed an ambitious new Strategy to get progress back on track against HTM and contribute to the SDG target of achieving universal health coverage (UHC). To enhance our impact, we will put even greater focus on equity, sustainability, program quality and innovation, take determined action to tackle human rights and gender-related barriers, and leverage the fight against HTM to build more inclusive, resilient and sustainable systems for health (RSSH) better able to deliver health and wellbeing, and to prevent, identify and respond to pandemics. Our vision is a world free of the burden of AIDS, tuberculosis and malaria with better, more equitable health for all.

To achieve our mission of ending HTM as public health threats, we must focus even more on making catalytic, people-centered investments that spur faster progress. We will put particular emphasis on reducing new infections across the three diseases, addressing structural barriers and leveraging innovations in prevention tools and approaches. Against HIV, we will focus on closing HIV prevention and treatment coverage gaps through more equitable service delivery models, better tailored to people's needs, with particular emphasis on key and other most vulnerable groups. Against TB, we must tackle the all-too-persistent vulnerabilities, barriers and gaps that limit access to and quality of TB prevention and treatment programs. Against malaria, we will focus on delivering more people-centered, integrated interventions better aligned to the context and needs of individual communities, while addressing barriers to equitable access, improving the quality of services, tackling resistance and demonstrating the path to eradication. There is no middle ground in fighting pathogens as formidable as HTM: we either win or lose. Our new Strategy is about recommitting and redoubling our collective efforts, so that we finally defeat HTM - three pandemics that still kill millions, especially those from the poorest, most vulnerable and most marginalized communities. Ensuring that everyone, everywhere no longer faces the threat of HTM, is why the Global Fund was founded and how our achievements will ultimately be judged. We must get back on track and achieve this goal.

Our success in achieving our primary goal will be underpinned by four mutually reinforcing contributory objectives that leverage the core strengths and comparative advantages of our unique partnership.

First, we will build the resilience and sustainability of systems for health through investments that drive impact against HTM and related conditions, including coinfections and comorbidities. We will seek to accelerate the shift from more siloed interventions to more integrated, people-centered models of prevention, treatment and care, so that individuals' holistic health needs are met. With our focus on the poorest and most marginalized, we will support countries as they progress towards delivering truly UHC.

Second, the new Strategy builds on the unique strengths of the Global Fund partnership by introducing an explicit objective to maximize the engagement and leadership of affected communities, to ensure that no one is left behind, and that services are designed to respond to the needs of those most at risk. This principle, that communities are at the center of everything we do, is core to the new Strategy.

⁴ Implementer governments include governments at national, sub-national and devolved levels.

⁵ Development partners encompass bilateral and multilateral organizations that contribute resources and expertise (and often on the ground implementation capacity), including donors to the Global Fund, donors with bilateral programs and organizations that contribute expertise. They do not include technical partners of the Global Fund, which have their own category.

⁶ Communities living with or affected by HIV, TB and malaria, including key and vulnerable populations.

Third, the Strategy reiterates and reinforces the imperative to maximize health equity, gender equality and human rights by deepening the integration of these dimensions into our HTM interventions, including through expanding the use of data to identify and respond to inequities, scaling up comprehensive programs to remove human rights and gender-related barriers, and leveraging the Global Fund's voice to challenge harmful laws, policies and practices.

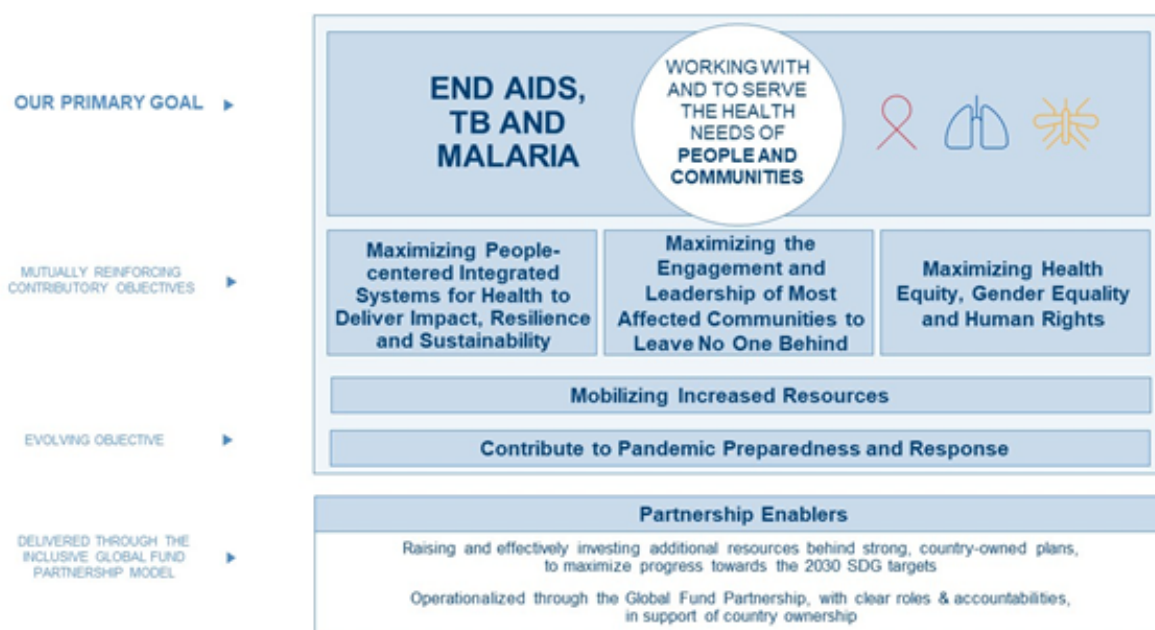
Fourth, the Strategy recognizes the need to mobilize increased resources, particularly in light of the reverses resulting from COVID-19. Recognizing the unprecedented fiscal challenges faced by implementer and donor countries owing to the pandemic, we will be determined and innovative in our efforts to unlock additional domestic and donor funds, while simultaneously driving relentlessly for greater value for money (VfM).

In addition, the new Strategy responds directly to the dramatic changes in the global health context by introducing an evolving objective on Pandemic Preparedness and Response (PPR) so that we can bring our partnership's expertise and inclusive model to this new imperative, and in doing so, help protect progress on HTM. Our PPR objective enables the Global Fund to play our part alongside partners in the global response to COVID-19, to strengthen the resilience of systems for health and HTM programs to pandemic threats, to support countries and communities to prevent, detect and respond to new pathogens of pandemic potential, and to address the multifaceted threats to health arising from climate change.

Finally, delivery of this Strategy and achievement of our goals will depend on each player in our extraordinary partnership playing their distinct and complementary part. The success of the Global Fund model is based on the principles of country ownership and partnership. Implementer governments are responsible for the critical role of delivering strong, equitable health systems and disease programs that respond to the needs of people and communities; and communities for guiding how their needs can best be met and for delivering programs to ensure that no one is left behind. Civil society, technical partners, development partners and the private sector all play their own, unique part. The new Strategy lays out explicit roles and accountabilities for every partner to ensure clarity and shared responsibility for our collective success. The Strategy also highlights where we must change the way we work and strengthen our collaboration to maximize impact and accelerate the pace of implementation. With only eight years to go until 2030, we have no time to lose.

2023-2028 Global Fund Strategy Framework Overview.

Full Strategy Framework including an overview of sub-objectives is available on the Global Fund Website.ⁱⁱ



What is different about this new Strategy?

First of all, it is important to stress what remains the same. The primary goal of the Global Fund is still **to end AIDS, TB and malaria**. That's what the Global Fund partnership was created to do, and it is against this benchmark that our success will be judged. Our fundamental philosophy also remains the same: the Global Fund works as a partnership and achieves success by supporting implementer governments, affected communities and other in-country stakeholders to have the tools that they themselves determine are needed to fight the three diseases. Our relentless focus on outcomes remains unchanged: our performance will ultimately be judged by lives saved and infections averted.

But there is also much that is different - so much, that providing an exhaustive list would require repeating much of what is set out in this Strategy Narrative. However illustratively, here are ten examples of aspects of the Global Fund partnership's Strategy that will change our work to accelerate the pace of implementation.

1. **Across all three diseases, an intensified focus on prevention.** We have made better progress on saving lives than on reducing infections, but to end the pandemics, we have to cut new infections dramatically, including among key and vulnerable populations.
2. **Much more emphasis on integrated, people-centered services,** rising above disease silos to build RSSH that protect people from multiple pathogens, address their holistic needs and underpin health and wellbeing for all.
3. **A more systematic approach to supporting the development and integration of community systems for health,** recognizing the vital role they play in combating the three diseases and reinforcing system resilience and sustainability.
4. **A stronger role and voice for communities living with and affected by the diseases,** reinforcing this unique strength of the Global Fund partnership and tackling barriers to effective participation and leadership, to put the most affected communities at the center of everything we do.
5. **Intensified action to address inequities, human rights and gender-related barriers,** scaling up and strengthening current activities, building on our experience, and raising our level of ambition.
6. **Greater emphasis on programmatic and financial sustainability,** to ensure the progress we achieve can withstand shocks and reversals, and that the momentum can be sustained.
7. **Greater focus on accelerating the equitable deployment of and access to innovations,** working with partners to take an end-to-end view to rapidly address bottlenecks to deployment to those most in need.
8. **Much greater emphasis on data-driven decision-making,** by investing in systems and capabilities to enable the rapid generation, analysis and use of high-quality, disaggregated data.
9. **Explicit recognition of the role the Global Fund partnership can and should play in pandemic preparedness and response,** given the knock-on impact of pandemics on HTM, the unique positioning of the Global Fund in this arena, and acknowledging the need to define roles and responsibilities in collaboration with our partners.
10. **Clarity on the roles and accountabilities of Global Fund partners across every aspect of the Strategy** to ensure we hold each other mutually accountable in delivering this Strategy.

2. Brief overview of Strategy development process

The Global Fund's 2023-2028 Strategy was developed through a highly consultative two-year process, guided by the Global Fund's Strategy Committee and Board. The Strategy development process was built on input, lessons learned, and evidence collected from across the partnership to determine how our collective impact can rapidly be scaled up in a changing global environment, to end HTM and contribute to the 2030 SDG 3 goal of ensuring healthy lives and well-being for all.

This inclusive partnership-wide process included a 2020 Open Consultation,ⁱⁱⁱ through which more than 5,500 individuals contributed their ideas and perspectives. To understand the successes and key

challenges to date, a wealth of evidence and lessons learned was collected from sources including the Global Fund's Technical Evaluation Reference Group's (TERG) mid-term review of the 2017-2022 Strategy (the Strategic Review 2020^{iv}), other key reports from the TERG, the Global Fund's Technical Review Panel (TRP), the Office of Inspector General (OIG), from partner strategies and reports, advocacy statements, the Secretariat, and peer-reviewed literature. This was complemented by consultations across our partnership, including by implementing governments, civil society, communities, youth groups and key population networks. The Strategy Committee and Board met for intensive periods of discussion to reflect on these inputs and determine how the Global Fund can best adapt and respond to the rapidly changing environment to accelerate its impact.

At the start of 2021, the 6th Global Fund Partnership Forums^v convened approximately 350 individuals from across the partnership to review the input, lessons and evidence collected, and to suggest areas of future focus. The wealth of recommendations and perspectives collected throughout the Strategy development process were used to develop the Strategy Framework, with the detailed contributions then used to develop this Strategy Narrative, which highlights the key areas of collective partnership action needed to deliver the Strategy's primary goal and objectives. This Strategy Narrative document is intended to be read by those who engage regularly with the Global Fund, to guide the work and performance of our partnership over the course of 2023-2028.

3. Context: Global targets, progress and challenges

The efforts of our partnership are ultimately guided by the 2030 SDGs, in particular the SDG 3 targets of ending AIDS, TB and malaria, and achieving UHC.^{vi} They are also guided by the technical partner strategies and their respective targets, including the UNAIDS Global AIDS Strategy^{vii} and the World Health Organization (WHO) Global Health Sector Strategy for HIV, Viral Hepatitis and STIs,^{viii} the WHO End TB Strategy^{ix} and Stop TB Global Plan to End TB;^x the WHO Global Technical Strategy for Malaria^{xi} and the RBM Partnership to End Malaria Strategic Plan;^{xii} the WHO Framework on Integrated People-Centered Health Services;^{xiii} and under the umbrella of the Global Action Plan (GAP) for Healthy Lives and Well-being for All.^{xiv} Our work is underpinned by the United Nations (UN) Political Declarations on HIV and AIDS,^{xv} TB^{xvi} and UHC^{xvii} and upholds the Greater Involvement of People Living with HIV/AIDS (GIPA) Principle^{xviii} and Declaration of the Rights of People Affected by TB.^{xix}

With less than a decade to go, the world is off-track to meet the 2030 targets, especially in reducing the numbers of new HTM infections.^{vi} Some of the progress made in critical areas over the past 20 years has been reversed by COVID-19. There is now an imperative to accelerate the scale and pace of our efforts to reduce the numbers of new infections and ensure those living with and affected by the three diseases have access to quality, life-saving services.

These challenges have been compounded by longstanding weaknesses in systems for health. In many contexts, services are fragmented, without the critical linkages needed to facilitate efficient and effective programming to best meet individuals' holistic health needs, including in relation to coinfections and comorbidities of HTM. Growing inequalities and pervasive human rights, gender-related and other structural barriers continue to exacerbate vulnerability to HTM infection and limit access to services. The failure to put communities at the center of the design, implementation and oversight of programs has resulted in suboptimal programming and health outcomes.

The broader health and development landscape is rapidly evolving, further challenging progress to end the three diseases. In addition to its devastating direct impact, the COVID-19 pandemic and the inequities in the global response are generating sharp reversals on other health and priorities, leaving deep scars across societies and economies, challenging notions of global solidarity, and will undoubtedly force a significant reshaping of the global health architecture. Laws and policies constricting civil society space and criminalizing communities are impeding effective health responses, putting the safety, security and wellbeing of the most marginalized at risk. Demographic shifts – such as population growth, aging populations and youth bulges – increase the demand and pressure on strained systems for health. Climate change is increasing the vulnerability of at-risk populations, and in many contexts, urbanization is affecting patterns of infection transmission. Increased displacement,

migration, state fragility, unrest and economic crises are having a profound impact on efforts to fight the three diseases.

In this rapidly evolving context, we will need to remain adaptive and ambitious. A wealth of innovations has the potential to enable a marked acceleration in the pace of progress against the three pandemics⁷ and to deliver the global health goals. Only by leveraging the partnership's unique strengths and comparative advantages can we deliver on our goal to end AIDS, TB and malaria and contribute to better, equitable health for all.

HIV

Since first detected almost 40 years ago, HIV has evolved into a global pandemic that has led to the loss of more than 36 million lives,^{xx} stigmatized communities and set back the progress of many nations. However, HIV also catalyzed a movement and a fight that has changed the course of global health. Activism, advocacy, and an unprecedented global movement have yielded extraordinary results, including reaching over 27 million people annually with HIV treatment,^{xx} preventing millions of HIV infections, and reducing AIDS-related mortality by 64% since its peak in 2004.^{xx}

Despite these tremendous gains, the world is off track to meet the global goal of ending AIDS by 2030, and the UNAIDS 2025 targets,^{vii} including on use of combination prevention, knowledge of status, treatment initiation, viral suppression, elimination of vertical transmission, service linkage, women's access to HIV and sexual and reproductive health services, on punitive laws, policies, stigma, discrimination, gender inequalities, gender-based violence (GBV), and community-led responses. Despite progress in some regions, drastic reductions in new HIV infections are needed to reach the SDG target.^{vi} There are marked geographic variances in progress, with overall increases in the number of new HIV infections and AIDS-related deaths in Eastern Europe and Central Asia (EECA), and reductions in new infections in sub-Saharan Africa (SSA) and in Asia and the Pacific and the Caribbean.^{xxi} While good progress has been achieved in the reduction of vertical transmission of HIV due to higher testing and treatment coverage, there are stark differences in service availability to prevent vertical transmission across SSA.^{xxii} COVID-19 has compounded these challenges, leading to HIV service disruptions, particularly in HIV prevention and testing, despite mitigation efforts.^{xxiii}

The HIV pandemic is fueled by inequities. In 2020, 65% of new HIV infections globally occurred among key populations⁸ and their sexual partners, rising to 93% of new infections outside of SSA. Key populations (KP) - gay men and other men who have sex with men, sex workers, transgender people, people who inject drugs, and incarcerated people - face up to 34 times the risk of HIV acquisition than the general population, with young KPs especially vulnerable and facing the greatest hurdles in accessing services. In nearly every region, men are less likely than women to access HIV services and have poorer HIV-related outcomes, including lower rates of antiretroviral therapy (ART) initiation and viral suppression. Women, however, continue to face a greater risk of acquisition, particularly in SSA where adolescent girls and young women (AGYW, aged 15-24 years) and women aged 25-49 years are respectively up to three times and 1.4 times more likely to acquire HIV than their male peers.^{xxi} Children are also being left behind globally, with just 40% of children (aged 0-14 years) living with HIV with suppressed viral loads, and nearly two thirds of children (aged 5-14 years) not on treatment.^{xxi}

Reaching our targets requires urgent and transformative action to address these inequities and to accelerate the pace of progress. We will support a renewed focus on primary prevention, addressing the structural drivers of HIV infection and AIDS-related deaths, and challenging inequities, human rights and gender-related barriers to services including stigma, discrimination and criminalization. The global response must leverage advances in HIV research including new prevention and treatment modalities, precision public health approaches, as well as support synergies between HIV services and related areas of health such as sexual and reproductive health and rights (SRHR), maternal and child health, mental health, TB, and non-communicable disease (NCD) programs.

⁷ Despite extensive efforts to date, HTM remain 'pandemics', affecting large numbers of people over widespread geographic areas globally.

⁸ As defined by UNAIDS: gay men and other men who have sex with men, sex workers, transgender people, people who inject drugs and prisoners and other incarcerated people. Source: UNAIDS Terminology Guidelines. UNAIDS, 2015.

TB

Over the last 20 years, the world has made significant progress in the fight against TB, with over 23% and over 65% reduction in TB deaths among HIV negative and HIV positive persons respectively since 2002.^{xxiv} The scale up of TB diagnostics and treatment has saved 66 million lives and averted millions of infections.^{xxv} Despite these achievements, TB remains one of the leading infectious causes of death worldwide; an estimated 1.5 million people lost their lives to TB in 2020.^{xxv} Drug-resistant TB (DR-TB) remains a public health crisis with only about one third of estimated people with DR-TB receiving treatment in 2020.^{xxv} Additionally, while around 10 million people fall ill with TB every year, only around 6 million were notified in 2020, resulting in nearly half of the estimated TB cases being missed.^{xxv} With each untreated person with active TB estimated to infect up to 15 others within a year,^{xxvi} finding missing people with TB continues to be a priority. COVID-19 has reversed years of progress. In 2020, there was an 18% decline in the number of people newly notified with TB (a 22% decline in the case of DR-TB), TB deaths increased for the first time in over a decade, and TB preventive treatment (TPT) fell by 21%.^{xxv} Even before COVID-19 the world was off-track to meet the End TB targets,^{ix} UN High-Level Meeting targets on TB,^{xxvii} Global Plan TB targets,^{xxviii} and SDG target on TB.^{xxix}

The TB burden varies significantly by region, with most people who developed TB in 2020 living in Asia and the Pacific and Africa, while DR-TB is concentrated in Asia and the Pacific, Africa and Eastern Europe and Central Asia.^{xxx} The 30 highest burden countries account for almost 86% of TB cases globally.^{xxv} TB remains an especially enduring challenge for at-risk and vulnerable groups such as children, people living with HIV (PLHIV) and other clinical conditions such as diabetes, refugees and other mobile populations, people living in poverty, people living and working in congregate settings such as prisoners and miners, people who use drugs and the undernourished. PLHIV are 18 times more likely to develop TB than the general population^{xxvi} and TB is the leading cause of death among those living with HIV.^{xxi} In many contexts, people face stigma, discrimination, legal, policy, gender, other human rights-related and socio-economic barriers to accessing testing and treatment services. Those who are diagnosed with TB are faced with complex, lengthy treatment courses, with almost half of all people (47%) who fell ill with TB experiencing catastrophic costs due to their illness.^{xxv} In a number of high-burden countries, the majority of TB treatment is sought through the private sector, with comparatively worse treatment outcomes in a number of cases.^{xxxi}

At the same time, exciting new tools and technologies offer opportunities for accelerating impact. These include possibilities to shorten regimens for drug-susceptible TB (DS-TB) and TPT, shorter and fully oral regimens for DR-TB, more sensitive and affordable diagnostic tests, potential new TB vaccine candidates, as well new models for service delivery including public-private and community-based and -led models. Increased focus on infection prevention control interventions and diagnostics during COVID-19 may in the longer-term help to strengthen impact against TB. Increased efforts to prevent TB transmission including by addressing structural determinants, a renewed focus on finding and treating all people with DS-TB and DR-TB, service integration, differentiated and tailored service delivery models, as well as greater partnership across all sectors will be critical to get the world back on track towards the 2030 targets.

Malaria

Since 2000, the world has made dramatic progress in the fight against malaria. Globally, malaria case incidence declined by 29% and mortality fell by 60% between 2000 and 2019.^{xxxii} In countries where the Global Fund invests, malaria deaths have reduced by 45% since 2002.ⁱ The regions of EECA, Latin America and the Caribbean (LAC), the Middle East and North Africa (MENA) and South-East Asia (SEA) have all demonstrated successful malaria elimination efforts. However, in recent years, progress against incidence reduction and other targets has stalled.^{xxxii} Despite concerted efforts and successes in adapting malaria programming to COVID-19, disruptions have set back progress, and the world is off-track to meet many of the 2030 World Health Organization (WHO) Global Technical Strategy (GTS)^{xi} and malaria-related SDG targets.^{xxxiii}

Malaria progress has also been uneven. While 10 countries have eliminated malaria since 2015, Africa carried 94% of global malaria cases and deaths in 2019.^{xxxii} Progress remains threatened by rapid

rebounds if effective intervention coverage is not maintained, highlighting the need for sustained and strengthened global action. Children under five and pregnant women, as well as rural and mobile populations remain disproportionately affected by malaria and face barriers in accessing preventative services, diagnostics and treatment. As a disease highly linked to poverty, wealth-based inequalities affect outcomes in the fight against malaria. In spite of recent reductions in wealth-based inequalities in access to prevention services, there are continued disparities for those in lower wealth quintiles accessing prompt care for children under five years of age with fever.^{xxxiv}

Growing insecticide and antimalarial drug resistance, as well as parasite adaptations to evade detection by common diagnostic tests hamper impact against malaria. Population growth, poverty, shifting vector composition and behaviors, and residual transmission all challenge progress, compounded by inequities and barriers associated with gender, age, socioeconomic and legal status. Climate change and other environmental factors, migration, complex emergencies, and political instability impact malaria transmission dynamics, resulting in changes in the distribution and local burden of disease. Malaria is concentrated in low-income countries with limited scope for rapid increases in domestic resources, a challenge further compounded by often weaker health systems and the economic shocks resulting from COVID-19.

New tools and technologies, a stronger focus on program prioritization and better tailoring programs to the local context offer opportunities for strengthened impact. These opportunities include a diversified vector control toolbox, evolving WHO guidance, and generating geographically stratified data through enhanced monitoring and evaluation (M&E). Better coordinated efforts, strengthened political will, increased global and domestic financing and meaningful community engagement are essential to strengthen progress. Service integration, extending and optimizing the reach and quality of public sector and community services, as well as improving access to quality malaria diagnosis and care in settings where large numbers of people seek services in the private sector will be critical to get the world back on track towards the 2030 targets.

Communities at the center: working with and serving the health needs of people and communities

People and communities are at the center of the Global Fund's Strategy. This means that all actors in our partnership must work together with the people and communities living with and affected by the three diseases to jointly serve their health needs. It is these individuals who are best placed to guide and, in some instances, lead the implementation of programs tailored to address their unique circumstances. Those most affected by the three diseases, including key and vulnerable populations (KVP), have the greatest stake in our partnership's success and are therefore those to whom we must ultimately be accountable. Having people and communities at the center requires working collaboratively to address their holistic health needs through a combination of biomedical, behavioral, psychological and structural approaches, responding to information requirements, and removing the social, legal and structural barriers that negatively impact their health. This will entail a shift in the way we approach programs to end the three diseases and build RSSH. Part of that shift is working to ensure the meaningful engagement of most affected communities in all Global Fund related processes and removing barriers to them fulfilling this role. It also entails a commitment to actively listening to the people and communities on the front-lines of HTM responses and who are facing the greatest risks – both those delivering and utilizing the services and programs – and valuing and acting on their expert insights. To make this a reality, communities must be supported to lead in service planning, implementation, monitoring, advocacy and the provision of expert technical support. Finally, having people and communities at the center means solidarity; in particular, solidarity and action in confronting and taking a stand against the laws, policies and practices that put their health, safety and security at risk and obstruct progress in the fight against HTM.

4. Vision and Mission

The 2023-2028 Global Fund Strategy vision and mission are:

2023-2028 STRATEGY VISION:

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

2023-2028 STRATEGY MISSION:

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

5. Primary goal: End AIDS, TB and Malaria

To reach the ambitious SDG targets for HTM, we will support catalytic people-centered HTM investments that are differentiated to country context and tailored to people's needs, particularly those of KVP. To maximize impact, equity, quality and build sustainability, these investments will be based on country-owned plans and aligned with technical partner guidance, and include a redoubled focus on incidence reduction and addressing structural barriers to HTM outcomes.

Redoubled focus on HIV, TB and malaria incidence reduction

Tremendous gains have been made in reducing mortality from AIDS, TB and malaria over the last 20 years. However, this has not been matched by the same levels of progress in reducing the numbers of new infections annually, with HIV furthest off track to meet the 2030 SDG 3 targets. Achieving the global goals will require accelerated progress in reducing HTM incidence by addressing a multitude of factors, which differ greatly by population and location. This is critical not just to end the three diseases, but to avoid the devastating personal, societal and economic costs that often accompany HTM infection, to relieve burden on systems for health, and to enable healthy, productive and inclusive societies to thrive.

To rapidly reduce the numbers of new HTM infections, a step-change in the scale and effectiveness of prevention programs is required. Each actor in the partnership must challenge itself to consider how existing programs can be better focused to address the specific vulnerabilities that different populations face. Affected communities must help guide the interventions and approaches that will have most chance of success. Biomedical prevention interventions are critical, but not sufficient by themselves. Behavioral and structural approaches are needed to ensure the deployment of these interventions takes into account the barriers impeding their uptake and use, and to address behaviors and wider societal factors that increase people's risk of infection. We will need to make better use of existing tools and work to equitably scale up and tailor innovations as soon as they are available. Prevention programs will need to be increasingly agile and adaptive to respond to people's changing and diverse needs in a rapidly evolving environment, and leverage technological advances and increased connectivity. Under each of the *End AIDS, TB and Malaria* goals below, there are specific prevention areas listed where our concerted focus will be critical to accelerate progress in reducing new HTM infections.

Addressing structural barriers to HTM outcomes

Structural drivers are the social, economic, legal, policy and cultural factors that affect individuals' vulnerability to HTM infection or affect their access to or retention in treatment and care programs. Structural drivers are among the predominant reasons why people acquire or die from HTM infection. They differ significantly by context, population and disease, and may include harmful laws, religious and cultural practices, political constraints, gender norms, stigma, discrimination, lack of education and economic opportunity, poor housing conditions, poor conditions in prisons and other closed settings, political instability and complex emergencies.^{xxxv,xxxvi,xxxvii} They cannot be addressed with biomedical interventions such as drugs. However, addressing these barriers is critical to create a step change in progress and have lasting impact against the three diseases. As a multi-stakeholder, innovative partnership with an emphasis on reducing health inequities, sustainability and impact, we will better use our leverage to address structural barriers to HTM outcomes.

We have a number of tools at our disposal to do this, which must be differentiated to respond to country context and local needs. We can invest, co-invest, use tailored co-financing requirements or catalytic investments to incentivize national or global partners to undertake or scale up programs to address structural barriers to HTM outcomes. Examples of this could be co-investments in social protection or health insurance schemes provided by governments to address barriers to malaria treatment among migrants, refugees, and internationally displaced persons, or to address catastrophic costs associated with TB treatment to improve retention in care. We could co-invest in empowerment schemes for in- and out-of-school AGYW to reduce transactional sex and decrease HIV risk, or use catalytic funding to drive reductions in human rights barriers to services. We will also better use our partnership's diplomatic voice to challenge harmful laws, policies and practices, such as to address criminalization of KP or to address police brutality. To address structural barriers to HTM outcomes and make a marked change on the course of the pandemics, countries will be encouraged to better leverage Global Fund support throughout the grant lifecycle and strengthen partnerships with other sectors to achieve synergies and efficiencies on programs with overlapping aims. A number of these priority areas for support are outlined under the *End AIDS, TB and Malaria* goal and the Strategy's objectives below. These efforts will be underpinned by an understanding that programs that address structural barriers typically show progress over longer time horizons than the three-year grant cycle.

A. End AIDS

To reach the 2025 and 2030 HIV targets, we will support countries and communities to close HIV prevention and treatment coverage gaps, with an emphasis on most affected populations. Substantially reducing HIV incidence requires an enhanced focus on accelerating access to and use of precision combination HIV prevention, tailored to individuals' risks and local contexts. We will support improved wellbeing for PLHIV, prevention of premature mortality, and elimination of HIV transmission by scaling up accessible, quality, people-centered HIV diagnosis, treatment and care services, provided where people seek care, and tailored to the needs of PLHIV including key populations and other most vulnerable groups. To accelerate progress, we will promote the introduction of new tools, diagnostic approaches, therapeutics, technologies, and service delivery innovations; and the integration of HIV services with services in related health areas, emphasizing people-centered approaches that best support individuals' holistic health needs. We will support and incentivize action to eliminate HIV-related stigma, discrimination, and criminalization to reduce human rights and gender-related barriers to accessing HIV services, leveraging community-led monitoring (CLM) and advocacy.

1. **Accelerate access to and effective use of precision combination prevention, with behavioral, biomedical, and structural components tailored to the needs of populations at high risk of HIV infection, especially key and vulnerable populations**
 - **Close gaps in HIV prevention coverage** by expanding the scale and reach of people-centered, effective HIV prevention options for people at risk of HIV infection. This will entail a focus on greater precision and prioritization in program design and delivery, centered on the needs of people at high risk, using biomedical, behavioral and structural approaches. Emphasis will be placed on reaching KP and their sexual partners in all geographies, as well as AGYW and men in SSA, with particular effort to address intersecting vulnerabilities across groups. National HIV programs will be supported to effectively and sustainably address the factors that drive HIV acquisition and transmission (especially limited access to critical prevention approaches and tools such as harm reduction, condoms, Pre-Exposure Prophylaxis (PrEP)), along with factors that increase vulnerability such as stigma, discrimination, violence, criminalization, gender inequality and other human rights and gender-related barriers to public health services. We will better coordinate our investments with multisectoral programs including social protection and education (e.g. to support comprehensive sexuality education) to address structural barriers that drive HIV infection such as poverty and poor access to education. As outlined in the *Maximizing Systems for Health* sub-objective to *Strengthen generation and use of data*, countries will be supported to strengthen data systems for HIV prevention to improve the monitoring of program quality and effectiveness, HIV transmission dynamics, and the structural and behavioral factors that influence vulnerabilities.

- **Accelerate access to and use of new HIV prevention options.** Building on the areas of work outlined in the *Maximizing Systems for Health* sub-objective on *NextGen market shaping*, we will support market priming and accelerated access to affordable new HIV prevention options, such as new PrEP formulations, technologies that provide dual protection against both HIV and pregnancy, alongside existing options such as condoms and harm reduction. A total market approach will be taken by mobilizing public and private sector capacities to sustainably increase access to priority health products and services. We will collaborate across the partnership to anticipate and plan for new prevention tools and support the development of policy, regulatory and programmatic enablers. We will also support demand creation for these tools, including new approaches to behavior change communication that increase the knowledge, skills, and power of people at risk of HIV infection to choose and use the best HIV prevention options for them.
- **Evolve and expand the range of platforms for access to and delivery of people-centered HIV prevention** to respond to individuals' needs, including the needs of men and women in all their diversity and young people at risk of HIV infection. We will leverage the strengths of public sector, community, civil society and private sector delivery systems for greater differentiation, innovation, and sustainability of HIV prevention efforts. To promote greater choice for people and to improve sustainability, we will support prevention approaches through non-traditional and non-facility-based platforms, especially community-based and community-led services, SRHR services, and online, pharmacy-based, and other easy-to-access services. New technologies will be leveraged for improved health communication, demand creation for new HIV prevention options, and peer education and support. These efforts will be informed by learnings from our work mitigating the effect of COVID-19 on HIV programs.

2. **Provide quality, people-centered diagnosis, treatment, and care, to improve wellbeing for people living with HIV, prevent premature mortality and eliminate HIV transmission**

- **Optimize diagnostic pathways** to increase availability and access to HIV testing, diagnosis, and immediate treatment initiation, and to meet individuals' needs. Efforts will focus on finding and supporting PLHIV who do not know their status through further differentiation of HIV testing strategies across the facility and community continuum and through self-testing, leveraging provider-assisted referral and social network-based approaches. As part of this effort, it will be critical to ensure that people-centered services meet ethical, human rights and quality standards (including the right to privacy and confidentiality), are supported by data-driven approaches, and are linked with immediate access to treatment.
- **Differentiate and scale up quality HIV treatment services** to bridge coverage gaps, sustain continuity of treatment, achieve durable viral suppression, and eliminate all forms of HIV transmission. We will support strategies that aim to reduce treatment interruptions and include effective return-to-care approaches, adapted to people's needs across their life course, including the unique needs of children and adolescents. This includes further differentiation of service delivery models and adaptation to long-term HIV treatment including multi-month dispensing and community ART delivery and adherence support. We will leverage our platform to tackle policy barriers to differentiated services, such as task shifting or eligibility for UHC packages. To sustain viral suppression for pregnant and breastfeeding women living with HIV, which is key to eliminating vertical transmission, we will support integrated quality antenatal and postnatal (ANC and PNC) and HIV care.
- **Integrate services to prevent, identify, and treat advanced HIV disease, comorbidities, and coinfections.** This includes promoting HIV service integration with those for TB, viral hepatitis, syphilis, other sexually transmitted infections, cervical cancer, NCDs, and mental health, and as part of services for ANC and PNC, SRHR and harm reduction, with care pathways adapted for ageing populations, as further described under the *Maximizing Health Equity, Gender Equality and Human Rights* sub-objective on *Supporting comprehensive SRHR programs*.
- **Evolve care pathways to strengthen therapeutic alliances between the people in care and the health and community systems** and expand self-care to ensure that services address people's needs over the course of their lives, including those of children and adolescents.
- **Accelerate the introduction of diagnostics, therapeutics, technologies, and service delivery innovations**, and build on pandemic preparedness and COVID-19 adaptations to enable services to be delivered at community level and to improve access to and retention in care - building on the *Maximizing Systems for Health* sub-objective on *NextGen market shaping*.

3. Advocate for and promote legislative, practice, program, and policy changes to reduce HIV-related stigma, discrimination, criminalization, other barriers, and inequities and uphold the rights of PLHIV and KVPs

- **Strengthen efforts and incentivize action to eliminate HIV-related stigma and discrimination** as well as laws, policies and practices that hamper optimal HIV outcomes. This will include a specific focus on incentivizing interventions to end HIV-related stigma and discrimination aligned with the priorities defined by the Global Partnership to Eliminate all Forms of Stigma and Discrimination,⁹ including through CLM and research to inform the design and evaluation of programs. Importantly, it will include accelerating efforts to challenge laws, policies and practices that hinder effective HIV responses, especially the criminalization of KP. Emphasis will be placed on support for community-based and community-led approaches. We will also strengthen efforts to address human rights in crisis situations and support efforts that aim to ensure the safety and security of clients and providers of Global Fund-supported HIV services.
- **Integrate effective responses to GBV, including sexual violence (SBV), intimate partner violence (IPV) and violence towards key populations into HIV programs and services.** Linked to the *Maximizing Equity, Gender Equality and Human Rights* sub-objective on *Supporting Comprehensive SRHR Programs*, we will support the adoption of multi-sectoral approaches to prevent and respond to GBV, SBV and IPV. This will entail a gender inclusive and transformative approach that places a strengthened emphasis on responding to violence experienced by KP and intensified efforts to prevent and respond to conflict-related sexual violence. We will support gender responsive programs that challenge harmful gender norms and stereotypes, and support community-led advocacy to strengthen laws, policies and protective policing for survivor-centered responses to violence. There will be a focus on empowering communities to monitor, document and report cases of violence, ensure referral to services, and support access to protective services and justice.
- **Continue to incentivize domestic financing of interventions that address HIV prevention efforts for key populations and human rights-related barriers to services.** We will expand efforts to encourage and catalyze domestic financing (as further outlined in the *Mobilizing Increased Resources* sub-objective to *Catalyze domestic resource mobilization*), support countries to strengthen health resource tracking, and enhance collaboration with partners (including communities and civil society) for coordinated advocacy and provision of technical support to implementer governments to address structural bottlenecks to sustainable domestic financing of critical interventions.

B. End TB

To accelerate progress towards the 2030 TB targets and recover ground lost due to COVID-19, we will support countries to deliver equitable, people-centered, cost-effective, TB interventions that address vulnerabilities, barriers and gaps in access to and quality of services. Finding and treating all people with DS-TB and DR-TB will require a renewed focus on the scale-up of new tools and innovative approaches and more responsive services that are tailored to people's needs and preferences and differentiated by context. We will accelerate progress in reducing new TB infections by intensifying support for TPT and strengthening the quality of TB care and management of comorbidities. To address barriers to access to and retention in TB services and prevention outcomes, we will promote enabling environments that ensure responses are inclusive, dynamic and informed by data to reduce TB-related stigma, discrimination, human rights and gender-related barriers, and address catastrophic costs due to TB.

⁹ The Global Partnership for Action to Eliminate All Forms of HIV-Related Stigma and Discrimination focuses on six settings: Healthcare, education, workplace, justice system, household (communities and families), and emergency humanitarian settings. Source: Global Partnership for Action to Eliminate All Forms of HIV-Related Stigma and Discrimination. UNAIDS, 2018.

1. Focus on finding and treating all people with Drug-Susceptible TB and Drug-Resistant TB through equitable, people-centered approaches.

- **Support early and accurate diagnosis of DS-TB and DR-TB** by ensuring all people with presumptive TB are screened and tested using the latest evidence-based, WHO-recommended screening and diagnostic tools including rapid molecular tests and digital X-ray. Our support for multi-disease diagnosis platforms will also contribute to the *PPR* sub-objective on *Strengthening laboratory systems, supply chains and diagnostic capacity*.
- **Scale up efforts to find and treat missing people with DS-TB and DR-TB to ensure no one is left behind.** Emphasis will be placed on ensuring TB screening and testing services are available to anyone who needs them including hard to reach and key populations at risk of TB. This will be underpinned by a focus on cross-disease program collaboration, on addressing existing weaknesses in policy uptake, and on scaling-up screening and testing, including for the most marginalized, high risk and vulnerable populations.
- **Promote effective private sector engagement in TB prevention, diagnosis, and treatment** by scaling up successful models of private sector provision of accessible, affordable, and high-quality TB services integrated within public health services. Sustainability will be promoted through innovative financing mechanisms, promoting ownership of the TB response by private providers and strengthening the capacity of national actors in contracting and performance management.
- **Support TB services to be more responsive to the needs, values and preferences of people with TB,** including by scaling up integrated community-based and -led TB prevention and care services (underpinned by community engagement and empowerment, and CLM), the engagement of convenient and accessible providers, strong linkages to health and social protection systems, and scaling-up of people-centered differentiated service delivery models.
- **Support all people with TB to access appropriate quality TB treatment and to successfully complete their medications** through the rapid adoption and scale-up of latest recommended drugs and regimens for DS-TB and DR-TB; access to and use of high quality pharmaceutical products; adoption and scale up of latest digital adherence technology, while assuring the right level of confidentiality; utilization of other enablers where appropriate; and use of systems to support non-adherent individuals such as through social protection and social support services.

2. Scale-up TB prevention with emphasis on TB preventive treatment and airborne infection prevention and control

- **Prioritize the screening and testing of household and close contacts of people with TB, and vulnerable and at-risk groups** such as PLHIV and children, with a focus on developing strategies to address their specific needs. We will support innovative and cost-effective approaches to reach people with TB screening and testing services that are anchored to the provision of TPT. This will be supported by enhancing testing capacities for TB infection and exclusion of TB disease before initiating TPT.
- **Improve access to TPT** with an emphasis on scaling up drug regimens that are shorter, efficacious and easier to use. Acceptability of TPT will be enhanced through awareness creation among health care providers, communities, and eligible persons with disease.
- **Develop strategies and policies to enhance airborne infection prevention and control** as part of overall infection prevention and control strategies, to be implemented at all levels of the health care delivery system, in congregate settings and at community level. This will include measures to protect health workers and leveraging wider health system infection prevention and control practices, in conjunction with domestic and other partner efforts. Lessons learned from the COVID-19 pandemic will be adopted to strengthen airborne infection prevention and control measures, including the enhanced use of personal protection equipment (PPE) such as respirators and masks, ventilation, and community education and capacity building.
- **Support global and local antimicrobial resistance (AMR) efforts, including through One Health approaches** (as further outlined in the *PPR* sub-objective on *Addressing the threat of drug and insecticide resistance, and encouraging climate, environmentally-sensitive and One Health approaches*), by ensuring integration with TB prevention and care measures.
- **Support the introduction and roll out of effective TB vaccines** should there be approved candidates during the Strategy's term, in accordance with the Global Fund's mandate, with Gavi and other partners.

3. Improve the quality of TB services across the TB care cascade including management of co-morbidities

- **Support National TB Programs to conduct analysis of leakages along the cascade** and put in place interventions to improve the availability, accessibility, acceptability and quality of services and linkages with other disease programs to address TB co-morbidities. We will support countries to rapidly adopt and scale-up the latest evidence-based guidelines that emphasize best practices and proven innovations to improve outcomes of TB care. We will support the development of systems and innovative approaches to ensure all health care providers comply with international standards of quality TB care, irrespective of sector.
- **Promote the development and implementation of quality improvement approaches for TB prevention and care relevant to the context**, with emphasis on the efficiency, cost-effectiveness and acceptability of interventions that respond to the values, needs and preferences of people with TB; and by working across the partnership at country level to evaluate quality of care, generate evidence and learn lessons.
- **Support comprehensive quality TB services that are human rights-based, gender responsive, people-centered, and are integrated into health and community systems** to co-manage existing conditions and comorbidities including mental health, HIV, COVID-19 and diabetes in collaboration with other stakeholders. This will include working across disease and relevant non-health sectors to tackle social determinants of TB. There will be a focus on supporting linkages to appropriate chronic care, including through comprehensive assessments of people completing treatment.

4. Adapt TB programming to respond to the evolving situation, including through rapid deployment of new tools and innovations

- **Integrate TB services into key health services and platforms** such as social protection and health coverage packages, to maximize resources as well as the scope and impact of TB services.
- **Promote a culture of learning, documentation and sharing of experiences** including based on implementation research, to identify best practices, drive policy adaptations and improve quality of care.
- **Rapidly adopt and scale-up new recommendations, learnings, tools and innovations**, tailored to local contexts, to address the values, human rights, preferences and needs of people affected by TB (including children), and prioritized to support cost-effectiveness and VfM.
- **Strengthen the generation and use of real-time digitalized data and surveillance systems, program monitoring and evaluation** at all levels and service delivery points, including real-time case-based reporting, and age- and gender-disaggregated data at all stages of the TB care cascade, to support timely detection of changes and prompt mitigation, and to support advocacy for political commitment (as further outlined in the *Maximizing Systems for Health* sub-objective to *Strengthen generation and use of data*).
- **Leverage the Global Fund's unique role in market shaping to improve access to the latest and most effective TB diagnostic tools and treatments**, as outlined in the *Maximizing Systems for Health* sub-objective on *NextGen market shaping*.

5. Promote enabling environments, in collaboration with partners and affected communities, to reduce TB-related stigma, discrimination, human rights and gender-related barriers to care; and advance approaches to address catastrophic cost due to TB

- **Design, implement and monitor programs that address barriers to access to TB services**, in partnership with communities and tailored to local contexts and the needs of all people, particularly marginalized, high risk and vulnerable groups.
- **Promote equity by supporting differentiated approaches to TB prevention, treatment, and care** to bring services closer to the community-level, while accounting for gendered and specific population differences in risk, risk perception, access to care and service utilization.
- **Promote CLM and reporting, community legal empowerment** and to build the capacity of grassroot TB organizations and networks of people affected by TB to increase demand for TB

services and hold policy makers and service providers accountable for ensuring quality and access.

- **Advocate for domestic resources to lower catastrophic direct and indirect costs** related to TB, including through social protection and health insurance schemes.
- **Promote multisectoral approaches to address social determinants** including social, legal, cultural and biological factors that underpin gender inequality and contribute to risk of TB acquisition, poor outcomes, and other barriers to TB services.

C. End Malaria

To accelerate progress towards the 2030 malaria goals, we will support countries to increase the efficiency and effectiveness of people-centered, human rights-based and gender responsive integrated malaria interventions tailored to sub-national levels, responsive to local contexts and to barriers to access and quality of services. Addressing worsening insecticide and drug resistance, residual transmission, and preventing resurgence will require support for malaria programs to focus on optimal vector control, an expansion in equitable access to early diagnosis and treatment, adoption of effective innovations to meet individuals' needs wherever they seek care and to improve outcomes where care is sought through the private sector. We will accelerate progress towards elimination by supporting low-burden countries to address rising intervention costs, and concentration of transmission among populations and in geographic areas with limited access to services and economic development. We are also well positioned to demonstrate the path to eradication and to ensure that elimination and eradication remain a national and global priority.

1. Ensure optimal vector control coverage

- **Promote sub-national decision-making, evidence-based prioritization, and entomological surveillance expansion** to ensure optimal coverage and strengthened program effectiveness.
- **Address barriers hampering the rapid scale up of new products to fight the ongoing and future impact of insecticide resistance and residual transmission.** This could include supporting efforts to catalyze early adoption of new tools, leveraging our market shaping influence and working with industry to accelerate the introduction of effective product innovations, and implementation research to inform decision-making and scale up of proven tools in countries, as outlined in the *Maximizing Systems for Health* sub-objective on *NextGen market shaping*.
- **Foster partnership-wide discussions, including with community stakeholders, to align on partnership-wide challenges**, such as the importance of maintaining effective vector control coverage, addressing waste management, novel invasive mosquito species, and strengthening M&E.
- **Evolve indicators to improve the tracking of effective vector control coverage**, including in underserved rural areas, to strengthen the tailoring and optimization of effective tools by setting.
- **Ensure the quality of vector control products** by working with technical partners, product developers, manufacturers, suppliers, and procurers to strengthen the understanding of sub-optimal product lifespans and introduce, if appropriate, changes to financing, accelerated approval, sourcing, implementation, and M&E.

2. Expand equitable access to quality early diagnosis and treatment of malaria, through health facilities, at the community level and in the private sector, with accurate reporting

- **Expand access to care, ensuring the quality of services and the promotion of people-centered, gender-responsive approaches within the context of primary health services.** This will entail leveraging ongoing quality data generation from supply chain and health information systems, including from the private sector and community level. It will necessitate integration between national and community systems for health, a focus on service accessibility mapping to improve the severe malaria referral system and inform optimal deployment of the health workforce, including community health workers (CHWs), and other community cadres. This will leverage learnings from mitigating the effects of COVID-19 response on malaria, which have shown far-reaching impact from community-led innovations, such as door-to-door bednet distribution.ⁱ

- **Improve the quality and capacity of private health care services**, including pharmacies and the informal sector, particularly in settings where a significant proportion of people seek care in the private sector. This aims to ensure improved management of acute febrile illness including parasitological diagnosis, access to better diagnostics and medicines, proper regulation and enhanced reporting and recording into national systems.
- **Build the capacity of national programs to incorporate ongoing assessments of the uptake and use of, as well as the key barriers to accessing, malaria services** and leverage these assessments to inform interventions tailored to the local and population-specific context, working closely with communities to guide the roll out of new tools and approaches, and ensure access to services for populations that are hard to reach.
- **Promote the adoption of effective innovations to address biologic threats, including parasite drug resistance and diagnostic efficacy.** This will entail collaborating across the partnership to catalyze the upstream development of products, generation of evidence to inform policy development, and accelerate the adoption of innovation into programs, as further outlined in the *Maximizing Systems for Health* sub-objective on *NextGen market shaping*.

3. Implement malaria interventions, tailored to sub-national level, using granular data, and capacitating decision-making and action

- **Strengthen surveillance** by supporting the establishment and maintenance of malaria data repositories of quantitative and qualitative information drawn from existing national information systems across relevant sectors, and generated from new, more granular sources, to address barriers to access and use of services. To improve planning and delivery, we will invest in overall health information systems and support efforts to digitize surveillance data and promote the use of digital tools from community to national levels; and focus on improvements in data quality and timeliness, leveraging analytics from data repositories to enhance granular planning and M&E.
- **Build capacity for the use of data for decision-making by empowering facility and district leadership to make locally relevant decisions based on sub-national stratification**, including through the selection of the appropriate tool mix and modalities, aligned with the High Burden to High Impact (HBHI)¹⁰ approach of local data use for local decision-making. This will entail a focus on strengthening data access and analysis at all levels and quality, timely, actionable feedback to improve service delivery and encourage data-driven innovations.
- **Work across the partnership to ensure indicators are fit for purpose to track progress**, including to capture performance at lower levels of care and at relevant frequency to facilitate program adaption, the alignment of priorities and available resources, to identify hard to reach populations, and strengthen the measurement of effective coverage and impact.
- **Enhance the voice of malaria stakeholders in discussions on national health priorities**, including by strengthening leadership and management capacity; promoting the engagement of national malaria programs and communities in domestic resource mobilization (DRM) efforts; the integration of key malaria interventions into national health insurance schemes; empowering communities and civil society organizations (particularly those focused on women and children) to advocate for malaria needs; and strengthening coordination between malaria and RSSH programs to strengthen access to malaria care as part of quality primary care service provision.
- **Account for the impact of climate change on malaria transmission as well as the impact of malaria interventions on the environment** by facilitating the inclusion of relevant climate metrics in malaria data repositories to refine stratification, planning, quantification and timing of malaria interventions; supporting regional and local strategies to address the impact of climate change on malaria, including, but not limited to epidemic preparedness and response (building on the *PPR* sub-objective on *Addressing the threat of drug and insecticide resistance, and encouraging climate, environmentally-sensitive and One Health approaches*); strengthening the evaluation of the impact of malaria interventions on the environment and supporting mitigation actions within Secretariat processes as well as at country level; and facilitating discussion between stakeholders involved in malaria, climate change and the environment such as National and International Meteorological Services and Ministries of Agriculture.
- **Deploy targeted interventions appropriate for specific epidemiological profiles.** This will include interventions for all individuals at risk, including accessible case management and tools

¹⁰ The High Burden to High Impact Approach (HBHI) was introduced in 2018 by the WHO together with the RBM Partnership to End Malaria. The response is led by 11 countries and moves away from a one-size-fits all approach to malaria control, promoting tailored responses based on local data and intelligence. Source: World Malaria Report 2020. WHO, 2020.

intentionally designed to address morbidity and mortality, building on the successful scale up of chemoprevention. Flexible and adapted approaches will also be applied to humanitarian contexts where epidemiological situations may rapidly change.

4. Drive towards elimination and facilitate prevention of reestablishment of malaria

- **Support eligible national and regional approaches to accelerate progress towards elimination**, with a focus on provision of people-centered services aimed at preventing malaria reintroduction, detection, and response; and catalyzing the rapid development of large-scale coalitions focused on eliminating malaria and preventing its reestablishment. This will require joint financing efforts alongside development partners; meaningful community engagement; fostering effective cross-sector and cross-country collaboration; and supporting advocacy for equitable service delivery for at risk populations, including communities living in border areas, refugees, and migrant populations.
- **Expand approaches for sharing experiences and best practices** among countries and regions nearing malaria elimination.
- **Continue to support countries to pursue attainment of WHO malaria elimination certification.**

5. Accelerate reductions in malaria in high-burden areas and achieve sub-regional elimination in (a) select area(s) of sub-Saharan Africa to demonstrate the path to eradication

- **Allocate fungible malaria resources to achieve significant reductions in morbidity and mortality** as a prerequisite for a concentrated approach.
- **Create a large-scale effort to eliminate malaria in a contiguous area within SSA** to demonstrate the will and capacity to eliminate malaria in a local SSA context on the pathway to malaria eradication.
- **Ensure the optimal use of current tools, strong management, and work collaboratively to ensure sufficient financing** for the approach.

6. Mutually Reinforcing Contributory Objectives

A. Maximizing People-centered Integrated Systems for Health to Deliver Impact, Resilience and Sustainability

Resilient and sustainable systems for health are critical to deliver outcomes against HTM, to meet people's and communities' broader health needs, to build PPR capacities, and to achieve SDG 3. RSSH encompasses not just the national health system but also services provided by communities, the private sector and other providers, which together should ensure that individuals' health needs are met wherever they seek care.

In support of the Strategy's primary goal of ending the three diseases, we aim to maximize people-centered, integrated systems for health to catalyze HTM and broader outcomes to deliver impact, resilience, sustainability, and promote achievement of UHC. We will support RSSH investments that are catalytic according to country context, are people-centered and integrated to holistically consider individuals' health needs, with clear linkages to outcomes against the three diseases and broader health areas. We will emphasize systems strengthening over support wherever appropriate to promote greater sustainability and the long-term impact of investments.

Experience has shown that there is no one-size-fits-all model and that the strongest systems for health are in countries that prioritize health both politically and financially, and collaborate across sectors and implementers to deliver quality, equitable care working with and to serve the health needs of people and communities. Global Fund investments will continue to be tailored to prioritized local needs, to ensure VfM and to incentivize implementer governments and other partner investments behind strong country-led plans. In most contexts, this will entail RSSH investments in areas of core Global Fund

strength and comparative advantage, such as community systems strengthening (CSS), data generation and use, procurement and supply chains, including market shaping, and diagnostic and laboratory networks to support case management and disease surveillance. In other contexts, RSSH investments may build the sustainability of human resources for health (HRH), for example through strengthening national HRH plans, strategic workforce planning, skill building, reinforcing specific capacities such as social contracting to support sustainable transitions from donor financing, or investing in community health workers (CHW) to strengthen multipathogen detection and response capacities - as set out in the *Contribute to PPR* objective. In contexts where there is strong national health leadership and robust, costed national strategic plans (NSPs), the Global Fund may embrace more flexible NSP-based investments alongside partners.

In order to contribute to the primary goal of ending AIDS, TB and malaria, to support broader health outcomes, and build PPR, we will maximize people-centered integrated systems for health with a focus on seven sub-objectives. The impact of RSSH investments will be measured and must deliver longer-term impact, with evidence used to support the generation of updated technical guidance and best practices. These efforts require leveraging the complementary roles, synergies and alignment of all actors who contribute to strengthening RSSH at national and global levels. These efforts are in pursuit of UHC and health for all.

1. Deliver integrated, people-centered quality services

Integrated, people-centered quality services (IPCQS) are not delivered only around a disease but organized in a way that considers individuals' health needs holistically, by placing people and communities at the center of services. This requires supporting and incentivizing HTM service integration, as relevant, together with services to address coinfections and comorbidities of the three diseases, other adjacent health areas, such as SRHR and reproductive, maternal, newborn, child, and adolescent health (RMNCAH) services, relevant COVID-19 services, and integrated into primary health care (PHC). These efforts must be undertaken in a way that is aligned with the WHO Framework on Integrated People-Centered Health Services^{xxxviii} and compliments the country's transition to UHC. IPCQS can deliver better disease-specific outcomes, as well as broader health benefits, strengthen VfM by increasing the efficiencies and effectiveness of investments, and build sustainability.

- **Program resources in a way that promotes IPCQS** and enhances partnerships to ensure effective and efficient service delivery, including by integrating HTM service provision into PHC, as well as with other relevant services such as SRHR, RMNCAH, NCDs, ANC and PNC, mental health, relevant chronic care services and the integrated management of childhood illness (IMCI). This will be supported by promoting the use of care cascade analyses, supporting differentiated approaches to service integration (as further outlined in the *End AIDS, TB and Malaria* goal), undertaking partner landscaping analyses to maximize synergies, and leveraging the next generation market shaping approach to strengthen product and equipment availability (including through multi-disease diagnostics and integrated testing approaches). Empowering individuals and communities to more meaningfully engage in the design, delivery, and monitoring of health services will be critical to effectively deliver IPCQS. Expectations will be set for Global Fund investments to be used in support of IPCQS throughout grant lifecycle entry points, including country dialogue, funding requests, grant making, operational guidance, and other relevant tools and processes.
- **Increase equitable access and utilization of IPCQS** including by systematically supporting the generation of quality data to improve understanding of service utilization along the patient care pathway; promoting the meaningful engagement of individuals and communities in the design, delivery and monitoring of services; supporting governments to engage public, community, private sector, other health and cross-sectoral actors in the delivery of IPCQS, with attention to outsourcing required to best meet the needs of KVPs; and a focus on reducing financial barriers to care, including out-of-pocket costs and catastrophic health expenditures. This also includes supporting equitable access to IPCQS for populations who are not reached through national health systems, such as refugees and migrants, aligned with the efforts outlined in the WHO global action plan on promoting the health of refugees and migrants.^{xxxix}
- **Support efforts to improve the quality of care in health facilities and in the community**, including through an emphasis on maintaining a culture of quality across all levels of health and community systems for improved planning and service delivery; improving health care provider performance through a package of evidence-based interventions and financing mechanisms to

build provider accountability; use of CLM to inform service providers on how to collaboratively address barriers and improve the quality of services; and supporting the reform of public management systems to strengthen evidence-based health workforce decisions.

2. Strengthen and reinforce community systems and community-led programming, integrated within national health and social systems

Strong, sustainable community systems are essential for providing comprehensive people-centered services, particularly to populations not well served by the formal health sector, who are often disproportionately affected by HIV, TB and malaria.^{xxxv,xxi,xl} The expansion of community-based and -led programs is needed to reach and meet the needs of these communities, and to effectively respond to the increasing proportion of new infections and poorer outcomes occurring among them. Better integration of community systems within national health and social systems and stronger linkages between facility-based and community-based services will allow for joint planning, program optimization, and increased impact.

- **Integrate the development of comprehensive community health strategies into national disease responses and grant implementation** by strengthening linkages between the public, private and community sectors. To support community-led programs to be sustainably funded and implemented at scale as part of the national health ecosystem, we will strengthen programmatic linkages between facility-based and community-based and -led service delivery platforms. We will support national and community health strategic plans to enhance their interlinkages and ensure community-led responses are clearly articulated and budgeted for, with clear performance targets and metrics; and strengthen the synergies between community, public and private sectors to undertake joint planning and optimal program integration.
- **Scale up enhanced community led monitoring (CLM) approaches** to generate, utilize and share data to inform strategic, financial and programmatic decision making at national and sub-national levels, and ensure accountability for results, including by supporting programs to systematically monitor and report on health service availability and quality, and human rights and gender-related barriers to services. Particular emphasis will be given to supporting KVP to identify and monitor local barriers and advocate for improved quality, accessibility and affordability of services. Priority will be given to strengthening the use of data for decision making by community-based and -led organizations. The integration of community-generated data into national routine program monitoring systems, including Health Management Information Systems (HMIS), as well the Secretariat's own data systems, will be pursued to enhance understanding of how services are performing for communities.
- **Support policy advocacy, reform and innovative sustainability mechanisms** to enable community-led groups and networks to provide peer-led services, particularly in contexts where KVP face substantial barriers to accessing services. This includes supporting their registration as legal entities and deploying our diplomatic voice to challenge laws, policies and practices that restrict the work of community-based and -led and civil society organizations (as further outlined in the *Maximizing Health Equity, Gender Equality and Human Rights* sub-objective to *Leverage the Global Fund's diplomatic voice*). We will also engage in efforts to create pooled funding mechanisms with partners to support civil society legitimacy and advocacy; and contribute to efforts that seek to assess, analyze and reform laws and policies that impede access to services among KVP.
- **Provide comprehensive and differentiated support for institutional capacity building for community-based and -led organizations.** This will be underpinned through improved coordination and alignment of resources and expertise provided by bilateral and technical partners, including for tools that assess and inform governance, performance management, financial policies, systems and practices.

3. Strengthen generation and use of quality, timely, transparent, and disaggregated digital and secure data at all levels, aligned with human rights principles

The generation, analysis and use of quality, timely, transparent, and disaggregated data is imperative to appropriately tailor and adapt programs to the needs of individuals in the fight against HTM, to promote equity, and to support broader health programming. However, these data are all too often not sufficiently available, at the right time, of the right quality, and not integrated across systems or from

multiple sources, or used to their fullest potential in support of decision making at all levels of service provision. This also applies to the generation and use of disaggregated data from relevant health and non-health sources, such as by gender, age, geography, socioeconomic and education status, and as appropriate to respond to KVP's needs, despite our efforts over recent years. Digitalized data and digital platforms offer the opportunity to accelerate, integrate and increase efficiencies in the collection and use of data, but remain not widely available at all levels of health and community systems. Ensuring data collection, storage and use comply with human rights principles and is securely managed is imperative to ensure the safety and health of individuals and to build trust around data collection. To improve monitoring, evaluation, oversight, and program quality, it is critical that we leverage our core competencies to support countries to develop comprehensive, secure, needs-driven data ecosystems that facilitate the collection, sharing and use of timely, accurate, and disaggregated data among stakeholders at all levels.

- **Promote generation and availability of quality, people-centered and disaggregated data**, by supporting integrated national data and M&E systems to improve the availability of disaggregated people-centered data to plan and inform equitable responses, to support decision-making, and improve program management and quality at the point of care. While this will entail continued investments in routine HMIS,¹¹ reviews, facility and community surveys, and evaluations, greater attention will be given to improving the integration of community data (including both Community Health Information Systems (CHIS) and CLM) and private sector data. There will also be an emphasis on supporting digitalization, transparency, integration, and interoperability across data sources, including disease surveillance systems and non-routine sources, to improve the timeliness, transparency and availability of requisite data.
- **Support active routine data analysis and use to improve program performance and quality** at local, national and global levels by stakeholders across national health, community and private systems. This includes by building local capacity for geospatial analysis and sub-national stratification to support decision making on optimal intervention mixes and efficient targeting of resources. These efforts will be supported by regular joint program reviews and evaluations; diversified partnerships to engage local and regional technical institutions to strengthen country expertise; promoting innovative digital approaches to improve planning; ensuring use of routine data quality assurance mechanisms and platforms; and promoting the use of analytical outputs and program reviews at all levels for continuous learning and improvement.
- **Reinforce the monitoring of health inequalities and inequities** to inform and improve equitable and human rights-based programming and outcomes, in compliance with principles of inclusion of population groups in data planning, data collection, analysis and dissemination. Gender-responsive monitoring will be strengthened by streamlining a gender lens throughout M&E at all levels, based on disaggregated data. Existing data disaggregation initiatives will be built upon to improve the generation and use of granular, quantitative, and qualitative disaggregated data to identify and address inequalities and inequities. Platforms, approaches, and adaptation of monitoring tools will be leveraged across the partnership, along with regular reviews and evaluations to support these aims.
- **Strengthen data governance, leadership, and management** to promote adherence to national health data strategies, standards, and policies; ensure appropriate data protection, interoperability, access, sharing and use; and support rapid program responses. We will work collectively to support and reinforce standards for data collection and management as outlined by technical partners. Countries will be supported in the development and strengthening of data governance structures, national regulations, policies, and procedures, including for data privacy, security, confidentiality and sharing. Routine data quality assurance will be strengthened through supportive supervision in health facilities and at community sites, and implementation of data quality reviews and improvement plans. Digital technologies will be promoted to support data validation and supervision, especially at facilities and community sites.

4. Strengthen the ecosystem of quality supply chains to improve the end-to-end management of national health products and laboratory services.

¹¹ This includes but not limited to: Health Management Information System (HMIS), Community Health information Systems (CHIS), Logistic Management Information Systems (LMIS), Laboratory Information Management System (LIMS), finance management systems, human resource management systems, public and private health sector data.

Equitable access to affordable, quality commodities, diagnostics and health care innovations are critical components of HTM and broader health services. Program impact is dependent on these commodities, diagnostics and innovations being of high quality and available to meet the health needs of individuals wherever and whenever they seek care. However, in many contexts, stock-outs, quality issues and insufficient supply pose a regular challenge to progress against the three diseases. To improve timely, equitable access to quality products, we will focus on working closely with countries to strengthen the capabilities and resilience of supply chain ecosystems.

- **Build national and regional capabilities in procurement, supply chain and laboratory services** with an emphasis on more agile, responsive, and localized end-to-end supply chains, informed by lessons from COVID-19. We will support this work by scaling up technical support and training programs for optimal placement of HRH across national procurement, supply chain and laboratory systems, underpinned by continued support to strengthen national supply chain infrastructure and backstopped by the Global Fund's effective and efficient Pooled Procurement Mechanism (PPM). These efforts will be facilitated through best-practice-sharing across regional and country platforms; promoting south-to-south collaborations; fostering networks of in-country technical support providers; promoting the development of robust, cost-effective, sustainable, efficient, and effective national supply chain strategies; and supporting the development and implementation of health product governance frameworks and accountability mechanisms. Where possible and based on relevant quality considerations and other trade-offs, risks, and barriers, we will support increased national health product sourcing, facilitating public and private sector partnership to promote supply chain localization and shortening proximity between product manufacturing and communities living with and affected by the three diseases.
- **Develop resilient health product supply networks** to improve forecasting accuracy, country-driven demand visibility, resource planning, understanding of market trends, and end-to-end supply chain visibility and services, while strengthening supply chain M&E capabilities and reducing stock outs and wastage. Building on the work outlined under the *Maximizing Systems for Health* sub-objective to *Strengthen generation and use of data*, this will be undertaken by supporting the digitalization of supply chains, strengthening data management and knowledge management systems.
- **Strengthen regional and in-country regulatory systems for health products and services** in order to enhance quality management systems across health product supply chains, and improve health product prescription, dispensation, rational use, and pharmacovigilance. We will support the harmonization of regulatory frameworks through increased collaboration across regional and national regulatory agencies, donors, and procurement partners, defining shared objectives from product registration to post market surveillance.

5. NextGen market shaping focus on equitable access to quality health products through innovation, partnership, and promoting sustainable sourcing and supply chains at global, national and community levels

The Global Fund is a key player in global health product markets, investing more than US\$2 billion a year.^{xli} The Global Fund has played an active role in market shaping over its 20-year history, seeking to deliberately and strategically shape global markets to strengthen the impact and sustainability of HTM programs and ensure medicines and health products are available to those who need them. Building on our successful market shaping efforts to date, the next generation market shaping approach will entail a greater end-to-end focus on integrated upstream, midstream, and downstream activities, with the aim of delivering quality, innovative health products and services more inclusively, efficiently, and sustainably, as well as enabling more effective introduction and scale-up of innovations that can impact the trajectory to end the three diseases and contribute to achievement of SDG 3.

- **Leverage the Global Fund's market shaping power by harnessing and scaling synergies across the portfolio** in order to maximize access to quality-assured products at the most favorable procurement terms. This will entail continued efforts to facilitate market transparency and competition, leveraging the PPM, advanced procurement platform solutions and in-country supply chain strengthening interventions; working with public and private sector partners to shift the marketplace and provide equitable access and sustainable health care solutions to the people and communities who need them; and upholding the market shaping objectives of availability,

accessibility, affordability, acceptability, quality, sustainability and a focus on innovations in order to facilitate healthier global markets for health products.

- **Facilitate equitable, sustainable access to quality health products and services** by supporting countries to move to optimized and differentiated health product portfolio management, leveraging the most effective mix of centralized pooled procurement alongside regional and national procurement mechanisms. To ensure health products reach those who need them, we will support countries to develop people- and community-centric supply chain and laboratory networks, focus on connecting procurement platforms, enhancing procurement guidance, and supporting capacity building across HTM and related health products areas. To promote sustainability and support countries to plan for transition to domestic health product financing through national and regional procurement channels, there will be an emphasis on addressing policy, legal and regulatory barriers to effective domestic procurement of quality, affordable health products. The Secretariat will cultivate partnerships with entities such as regional and national public health agencies, development partners and multilateral development banks (MDBs) to promote regional and country ownership in procurement, strengthened coordination structures, enhanced governance mechanisms and intensification of supply chain capability building.
- **Foster innovation through partnerships by connecting industry, in-country procurement decision-makers, communities, academia, development and other partners** to improve product-user fit, adoption, use, and cost-effectiveness. These efforts will leverage mechanisms, such as the Expert Review Panel, to expedite the evaluation and approval of innovations, and aim to bring these innovations to scale by incentivizing co-financing from public and private sectors.
- **Champion environmentally sustainable sourcing and supply** – as part of our efforts to encourage climate, environmentally-sensitive, and ethical approaches – by acting as a catalyst to promote responsible, ethical and sustainable procurement and resilient supply chains. We will use our influence to introduce and ensure compliance with standards, policies and guidance on sustainable manufacturing practices that include ecological, economical, and safe waste management. In collaboration with global, regional and national health actors and sector experts, more decentralized and local sourcing will be promoted, where possible, accounting for quality considerations, risks and barriers.

6. As part of Global Fund efforts to strengthen country oversight of the overall health system, better engage and harness the private sector to improve the scale, quality and affordability of services wherever patients seek it

In many settings, the private sector plays a critical role in the delivery of HTM programs, in health care service provision and in health systems delivery.^{xlii} For example, in SSA it is estimated that 30%^{xliii} of children under five who receive treatment for malaria receive it in the private sector,^{xxxii} and in seven high-burden TB countries, an average of 76% of initial TB care is sought in the private sector.^{xxxi} However, in some contexts program outcomes lag behind, and program data may be limited or not well integrated into national systems.^{xxxi} The private sector also presents a source of capabilities, infrastructure and funding that can be leveraged to catalyze new delivery models and system efficiencies. As part of efforts to support country oversight of systems for health and to improve the scale, quality, equity and affordability of services wherever patients seek it, we will more systematically engage and harness the private sector to:

- **Improve the oversight, access, quality, and affordability of services where care is sought in the private sector.** Countries will be supported to develop and implement private sector engagement strategies; undertake situational analyses to better understand and respond to patient choices; mobilize innovative financing approaches aimed at strengthening program outcomes (building on our work under the *Mobilizing Increased Resources* sub-objective to *Increase international financial and programmatic resources*); and develop and implement policy frameworks that define quality standards for HTM service provision. This will be supported through the use of mechanisms for strengthening national standard compliance across health service providers, including greater use of accreditation by professional bodies or independent accreditation organizations; effective monitoring of health facility performance by governments, communities, and professional bodies; strengthening product quality assurance; supporting the generation and sharing of evidence related to effective private sector service provision models; and including HTM service provision in relevant national health insurance schemes.

- **Build domestic capacity to enhance the effectiveness and resilience of direct private sector engagement and contracting** for service provision and health system services, including supply chain, laboratory systems, technology services, and digital health. Efforts will focus on supporting government capabilities for effective private sector contracting, engagement models, performance management, and leveraging the private sector for capacity building in relevant areas. To build diversity, resilience and reduce the environmental impact of commodity supply chains, countries will be supported to leverage the private sector to strengthen domestic procurement and enhance the capacity for local manufacturing and supply of core commodities.
- **Enhance the efficiency and effectiveness of health systems through better models of public-private engagement.** This will entail developing, evaluating, and scaling up effective models of public-private engagement, contracting and outsourcing that supports equitable access, cost-effectiveness and quality of care, with particular focus on countries moving towards transition from Global Fund financing. To increase the resilience, competitiveness and effectiveness of supply chains, there will be an emphasis on the diversification of supply chain suppliers and on supportive services such as warehousing and distribution. To increase the timeliness, efficiency, and scale of laboratory services, private sector capacity will be leveraged through effective mechanisms for service purchase from accredited private sector laboratories, sample transporters and tracking mechanisms, innovative equipment rental models, and capacity building for national laboratory systems strengthening. In digital health, the focus of private sector engagement will be on scaling effective solutions to scale-up data availability, quality, timeliness, and system interoperability, in particular the integration of private sector data into national data systems, while ensuring implementation of relevant data privacy and security policies.

7. Deepen partnerships between governments and non-public sector actors to enhance sustainability, transition-readiness and reach of services, including through social contracting

Sustained success in the fight against the three diseases depends on progressively strengthening partnerships between public and non-public sector actors to achieve common health goals. Leveraging the respective, complementary strengths of public and non-public sector actors is essential to reach the right populations, with the right services, in the right places, and effectively address the inequities that hamper access to those services. In many contexts, non-public actors – particularly community-led, community-based and civil society organizations – are those best positioned to reach and address the specific needs of the most disproportionately affected and neglected populations. Public financing and contracting of such organizations to provide health services, known as social contracting, is critical to scale and sustain effective responses, as well as to ensure the long-term sustainability of the services they provide, including those to reach KVP. However, in some contexts, fiscal, legal, policy, and political factors and constrained capacity create barriers to government contracting of non-public sector actors, limiting the critical role of these partners in national responses. We will focus on approaches to forge mutually-beneficial and lasting partnerships between governments and non-public sector actors, with the aim of building long-term sustainability of funding for non-public sector actors and disease programs, including after countries transition from Global Fund support.

- **Build government capacity to engage and contract non-public actors** and, where needed, make the case for why strong partnerships between the public and non-public sector are required to meet national disease targets and build systems for health. Based on a country-led description of needs, we will provide targeted technical support for the performance management and contracting of non-public sector actors, particularly community-based, community-led and civil society organizations that implement programs for KVP. Mechanisms will be explored to incentivize and catalyze partnerships between governments and non-public sector actors, with intensified targeted approaches in contexts where transitions are projected in the medium term.
- **Work with governments and community and civil society partners** to identify and advance the removal of legal and policy barriers to public financing of non-public sector actors, including laws that affect sourcing, procurement and contracting, as well the ability for community-based, community-led and civil society organizations to formally register and be recognized by the government. There will also be a focus on leveraging diplomatic voices across the partnership to push back against restrictions that are constraining civil society space (as further outlined in the *Maximizing Health Equity, Gender Equality and Human Rights* sub-objective to *Leverage the Global Fund's diplomatic voice*).

B. Maximizing the Engagement and Leadership of Most Affected Communities to Leave No One Behind

The leadership of communities living with and affected by the three diseases has been central to the success of the Global Fund's unique model since its founding. In fact, the creation of the Global Fund owes a great deal to the leadership of these communities. Communities are often best positioned to guide and implement health programs to effectively respond to their diverse needs, and to identify and contribute to addressing structural barriers to HTM outcomes. Robust engagement of communities helps ensure that investments are evidence and rights-based, gender and age responsive, equitable, and sustainable. As epidemics become increasingly concentrated among KVP and those frequently not well-served by the formal health sector, fortifying the leadership, engagement and capacity of these communities to inform, design and deliver interventions is critical to maximize impact and strengthen local accountability. In some contexts, however, communities face persistent and growing barriers to their equal engagement in decision making, including around the allocation of financial resources and prioritization of interventions. We will focus on reinforcing the leadership and engagement of most affected communities as experts in decision-making, service delivery and oversight by facilitating inclusive Country Coordinating Mechanisms (CCM) processes, evolving Global Fund processes and guidelines to support community-led service delivery, and expanding community partnerships in support of more inclusive, responsive and sustainable HTM responses and systems for health.

1. Accelerate the evolution of CCMs and community-led platforms to strengthen inclusive decision making, oversight and evaluation throughout Global Fund-related processes

In line with the areas of CCM focus outlined under *Partnership Enablers*, and building on the experience of the CCM Evolution work, we will focus on the following areas:

- **Ensure enhanced community engagement on CCMs by further strengthening their capacity to facilitate inclusive processes** that deliver high quality and equitable funding requests and robust oversight of investments. These efforts will be reinforced through updates to CCM Funding Framework Agreements and CCM Funding Recipient Agreements, as well as by the development of minimum standards for partnership-wide engagement in the country dialogue. Enhanced community engagement will also be supported through the formalization of CCM sub-committees for KP; the development of guidance around long-term engagement of non-CCM members, and annual reviews of CCM composition and representation. To support communities to feel safe, respected and empowered in their participation, the role of CCM Ethics Focal Points will be strengthened to safeguard human rights and non-discrimination, including for CCM members representing criminalized populations. The learnings of the CCM Evolution initiative will be leveraged to strengthen reforms of CCM Secretariats, and to provide tailored guidance and support for community engagement across the grant lifecycle.
- **Support CCMs and community representatives to access, analyze and deploy granular strategic information.** This will entail a focus on expanding the public availability and accessibility of granular programmatic and financing data from national programs and Global Fund grants; and fostering partnerships to build community and civil society capacity to analyze and use data to influence Global Fund-related processes and decision making, with a focus on peer-to-peer and south-to-south approaches.
- **Catalyze more equitable access to and use of technology and virtual tools to facilitate community engagement,** improve efficiency and transparency, mitigate unequal power dynamics, and strengthen CCM functioning. This will build on the areas of work outlined in the *Maximizing Systems for Health* sub-objective to *Strengthen generation and use of data* and will be supported by cross-partnership efforts to address internet connectivity needs.
- **Innovate and adapt current approaches to supporting community and civil society engagement to strengthen country-level outcomes.** New approaches will be explored such as working across the partnership to establish more sustainable approaches to capacity building for KP networks and technical support for communities, strengthening Community Rights and

Gender Regional Platforms,¹² and leveraging existing partnerships with HTM communities to engage underserved populations and sub-populations (such as youth, prisoners, migrants and refugees). There will be an emphasis on making documents for CCM decision-making accessible in relevant formats and languages, and supporting countries to develop minimum standards for community engagement in NSP development and oversight. In contexts with greatest potential to catalyze increased coverage and quality of KVP services, a cohort of countries will be identified for investments in KP and civil society coordination and advocacy platforms.

2. Evolve Global Fund business processes, guidelines, tools and practices to support community-led organizations to deliver services and oversight, and to be engaged as providers of technical expertise.

- **Assess and revise existing Global Fund policies to better accommodate and incentivize grant financing arrangements for community-based, community-led, and indigenous civil society organizations.** With the engagement of community and civil society partners, the Secretariat will review its policies, practices and business processes across the grant lifecycle to identify and remove barriers and disincentives to implementation of relevant Global Fund programs by community-based, community-led, and indigenous civil society organizations at all levels. To promote the contracting of smaller organizations, a shared risk approach will be introduced to alleviate the full burden of risk from Principal Recipients (PRs).
- **Strengthen Secretariat and PR capacity to track and report on investments made through community-led organizations,** including KP, youth and women-led groups. To support systematic reporting on investments in community-led organizations, the Secretariat will work across the partnership to establish clear definitions and criteria for these implementer types. These definitions will be used to update relevant guidance and systems to strengthen visibility and to support the implementation of investments by the actors best positioned to reach those at highest risk in a particular context.
- **Elevate the expertise of communities living with and affected by the three diseases** to inform technical discussions and advance program quality and reach throughout the grant lifecycle. We will promote the engagement of communities as providers of technical support and the recognition of CLM as a critical source of country-level data for decision-making. Attention will be given to promoting the outcomes of community-driven advocacy and deploying the Global Fund's diplomatic voice, particularly to challenge harmful laws, policies and practices (as further outlined in the *Maximizing Health Equity, Gender Equality and Human Rights* sub-objective to *Leverage the Global Fund's diplomatic voice*).

3. Support community and civil society led advocacy to mobilize resources for health and drive toward UHC.

- **Build and strengthen the resource mobilization advocacy of civil society and community networks.** Promoting community advocacy to catalyze international funding and DRM for health is key to achieve this Strategy's *Mobilizing increased resources* objective and to meet the urgent health needs for SDG 3. This will entail fostering advocacy partnerships at the national, regional and global levels between civil society and community-led networks and organizations, governments and other champions (such as the media, judiciary, private sector); promoting availability and use of national data for DRM advocacy; developing differentiated cross-partner plans to support increased engagement of civil society and communities in resource mobilization advocacy at all levels; and promoting evidence around the benefits of enhanced public financing of services provided by community-based, community-led and civil society organizations.

4. Expand partnerships with communities living with and affected by emerging and related health areas to support more inclusive, responsive and effective systems for health.

- **Proactively engage people living with disabilities and the mental health community** at national, regional and global levels to ensure that Global Fund-supported and national programs become more responsive and accessible to people living with disabilities and mental health

¹² CRG regional platforms strengthen community knowledge and coordination in Global Fund and related processes and improve access to technical support CRG regional platforms are hosted by six regional civil society and community organizations.

challenges and give greater attention to the numerous intersectionalities between these communities and those affected by the three diseases, including efforts to prevent and address disabilities associated with HTM disease and its treatment. As the long-term health consequences of COVID-19 become better understood, we will work to engage those suffering from post COVID-19 condition ('Long COVID').

- **Support civil society and communities to advocate for their health and rights, to hold decision-makers accountable, and swiftly respond to pandemics.** We will hold countries accountable for sustaining principles of inclusive multi-stakeholder coordination and governance by leveraging their UHC commitments, including in the lead up to and following transition from Global Fund support. Cross-partnership efforts will be undertaken to promote the centrality of people and communities, especially those most marginalized, excluded, and vulnerable, at the heart of disease and health responses. We will further develop a shared register of global and regional community and civil society platforms that can be leveraged across our partnership to engage in advocacy and programming. As set out within the evolving objective to *Contribute to PPR*, we will support communities and civil society to be engaged in early warning systems for disease outbreaks, in monitoring the impact of the outbreaks on existing HTM and other health services, and in advocacy for equitable responses to pandemics.
- **Support continued community engagement and leadership in existing and new processes,** including the Access to COVID-19 Tools Accelerator (ACT-A) and the GAP, and with existing and new partners, including by strengthening community platforms that contribute to inter-organizational coordination and policy development.
- **Increase alignment with patient-led advocacy groups across relevant health sectors,** including with groups focused on SRHR, NCDs, mental health, Long COVID, social justice, and the health and wellbeing of front-line health care workers, to strengthen and underpin taking integrated, people-centered approaches to HTM and broader health programming.

C. Maximizing Health Equity, Gender Equality and Human Rights

Vast inequities in access to health services and HTM related outcomes persist between and within the countries that the Global Fund supports. Human rights and gender-related barriers, including stigma, discrimination and criminalization increase vulnerability to HTM acquisition and limit access to services. The Global Fund's potential to have sustained impact on the three diseases and catalyze meaningful progress toward achieving the global targets hinges on its ability to advance more equitable responses and effectively reach those most affected, including KVP and young people. A concerted, coordinated and intensified effort across the partnership is needed to drive lasting change to better reach those most vulnerable to infection, safeguard the rights of affected communities and individuals, and realize more equitable health outcomes. We will focus on scaling up programs and approaches to remove human rights and gender-related barriers and leverage the Global Fund's diplomatic voice for more equitable, gender responsive and rights-based responses.

1. Scale comprehensive programs and approaches to remove human rights and gender-related barriers across the portfolio

- **Adopt a portfolio-wide, differentiated approach for incentivizing increased commitments to comprehensive, evidence-based programs to remove human rights-related barriers to HTM services.** This will entail adopting differentiated approaches to deploying financial and policy levers that incentivize such investments, both through Global Fund grants and domestic resources. Specific efforts will be made to address the pervasive stigma and discrimination and other human rights-and gender-related barriers faced by people with TB.
- **Strengthen country ownership, commitment and capacity to implement, monitor and evaluate the impact of evidence-based programs to reduce human rights- and gender-related barriers.** This will entail a differentiated approach that builds on the experience and lessons from the Breaking Down Barriers initiative^{xiv} to ensure that programming is sustained and embedded within national disease responses. We will work with implementer governments and an expanded group of human rights and social justice stakeholders in countries to ensure that country-owned plans or strategies are in place to address these barriers with effective oversight mechanisms. We will also support countries to progressively improve their ability to regularly and systematically monitor, evaluate and report on the results and impact of human rights and gender-

related programming, including by supporting CLM. Where appropriate, regional approaches will be pursued to support communities, civil society and their allies to collectively and safely advocate for their rights.

- **Catalyze a renewed partnership-wide commitment to confront the criminalization of communities most affected by the three diseases and support enabling legal and policy environments.** We will leverage the partnership's influence and resources to challenge laws, policies and practices that create barriers to effective responses to the three diseases and put the safety and security of affected communities at risk. This will include supporting investments in advocacy and the monitoring of reforms to harmful laws, policies and practices, including the criminalization of sex work, lesbian, gay, bisexual, transgender, queer and intersex (LGBTQI) communities, drug use, disease transmission, age-of-consent laws that limit access to HIV and SRHR services, restrictions on women's health and rights, the denial of gender identity, and policies that limit civil society space. Renewed focus will be given to monitoring the enforcement of laws and policies, including prosecutions and police abuse. We will support advocacy among parliamentary networks for strategic use of law-making, budgeting and oversight functions.
- **Initiate a partnership-wide focus on supporting gender transformative programming to advance gender equality and reduce gender-related barriers to HTM services.** This will entail increased support for interventions, mechanisms and processes that address and reduce gender-related barriers and inequalities; advancing gender transformative approaches that are inclusive of diverse gender identities; promoting the role of community-based and community-led organizations (including women and LGBTQI-led organizations) in the design and implementation of programs dedicated to challenging harmful gender norms, prejudices and stereotypes; supporting the integration of national gender responsiveness action plans into multi-sectoral health and HTM strategies; more proactive engagement of Ministries of Gender and Social Protection in Global Fund processes; and establishing innovative partnerships with development partners, national government agencies and community-based, community-led and civil society organizations working on advancing gender equality to support in the realization of outcomes against the three diseases.

2. Support comprehensive SRHR programs and their strengthened integration with HIV services for women in all their diversity and their partners

- **Strengthen SRHR partnerships to support the intrinsic linkages between HIV and SRHR** in policies, systems and service delivery to improve HIV outcomes. Expanded partnerships will be sought to increase the coverage and quality of integrated services; to meaningfully engage the SRHR community at the national level and in grant lifecycle processes; to advance youth participation and advocacy on related HIV prevention, treatment and care issues; and to engage parliamentary forums to influence policies.
- **Support increased investments in selective prioritized areas of HIV service integration within SRHR programs** to expand the range of holistic services tailored to the needs of the individuals where they seek care. This will be supported by scaling up evidence-based interventions such as community-led approaches to engage men to access SRHR services as clients, equal partners and advocates; evidence generation; and roll-out of innovative, quality tools to strengthen service-level integration.
- **Support targeted sexual gender-based violence (SGBV) prevention and response interventions and systems** through the delivery of quality comprehensive GBV/ SBV/ IPV response programs; strengthening referral systems and mechanisms, including in challenging operating environments (COEs); supporting gender inclusive multi-sectoral policies; and promoting the engagement of parliamentary forums to support legislative and policy change (as further described in the *End AIDS* sub-objective to *Advocate for and promote legislative, practice, program and policy changes*).

3. Advance youth-responsive programming, including for AGYW and young KVPs and their partners

- **Accelerate access to and effective use of precision combination HIV prevention options for AGYW and their partners** to achieve improved prevention-related outcomes in countries with high incidence. This will entail collaborating across the partnership to support AGYW access to effective, tailored combination prevention approaches spanning structural, behavioral, and

biomedical components; supporting integrated HIV-SRHR service delivery platforms tailored to the needs of AGYW; supporting the inclusion of AGYW as a priority within relevant national strategies and policies; developing service quality assessment tools; and supporting men who are sexual partners of AGYW to access integrated combination HIV and SRHR services.

- **Support countries to develop tailored, age-appropriate HIV program approaches for AGYW and young key populations.** This will entail support for population size estimates, surveys and age-disaggregated data to be generated with the involvement of AGYW and young KP; undertaking implementation research around the effectiveness of KP-led and/or youth-led services; and exploring mechanisms to track national AGYW and young KP HIV-related programs across the full cascade of implementation.
 - **Improve health service delivery sensitivity towards AGYW and young key populations,** including LGBTQI youth, with a focus on scaling up effective peer-based, integrated services (including with SRHR and mental health) as part of the national approach. This will be supported by fostering stronger linkages between AGYW and KP prevention programs that recognize their intersectionalities; investing in technical support and training for health providers; supporting efforts to address age-of-consent laws that limit access to HIV and SRHR services; broadening partnerships at country and global levels to support meaningful and ethical engagement of AGYW and young KP in decision-making; and strengthening their capacity to do so.
- 4. Deploy quantitative and qualitative data to identify drivers of inequity and inform targeted responses, including by gender, age, geography, income and for KVPs**
- **Collect, analyze and use disaggregated quantitative data and qualitative data at national and sub-national levels** to identify drivers of inequity and inform people-centered, equitable responses. Building on the areas of work outlined in the *Maximizing Systems for Health* sub-objective to *Strengthen generation and use of data*, and underpinned by a principle of 'do no harm', these efforts will be supported by cross-partnership efforts to strengthen qualitative research tools and their adaptation to identify human rights and gender-related barriers to HTM services; to strengthen surveys and programmatic data to capture health inequities and integrate them into national systems; and promote a culture of using improved and disaggregated data to inform decision making.
- 5. Leverage the Global Fund's diplomatic voice to challenge laws, policies and practices that limit impact on HIV, TB and malaria.**
- **Proactively and effectively advocate for the Global Fund's core values at the country level and in relevant high-level diplomatic forums.** This will be done by challenging discriminatory laws, policies, and practices that hamper disease responses through approaches that are sensitive to context; holding Global Fund partners accountable for their shared role in this effort; raising the bar on the importance of safeguarding, protecting and securing space for civil society; and taking effective public stands in global discussions on laws, policies and practices that harm and increase the risk of infection for communities most affected by the three diseases, including the criminalization of drug use, same sex relations, sex work, disease transmission and GBV/ SBV/ IPV. The use of our diplomatic voice must explicitly be underpinned by the regular engagement of local communities, civil society and regional organizations working in countries and informed by their assessment of how the Global Fund partnership can make the most positive contribution.
 - **Rally existing partnerships and forge new ones to catalyze collective action on issues of mutual priority and concern.** This will build on work outlined in the *Maximizing Systems for Health* sub-objective to *Deepen partnerships between governments and non-public sector actors*. This will entail greater collaboration with international and regional bodies to advance common priorities and values, a more intentional approach to working with existing partners with strong in-country presence; nurturing a broader base of partnerships beyond the health and development sector on adjacent issues affecting the success of Global Fund-supported programs; and fostering stronger feedback loops between grant-supported advocacy and the broader partnership to strengthen visibility on how communities and civil society are mobilizing and informing cross-partnership diplomatic action.

D. Mobilizing Increased Resources

In the context of enormous economic challenges stemming from the COVID-19 pandemic, we must be unrelenting in our efforts to catalyze and scale up domestic and international resources to get the fight against HTM back on track, to deliver on the 2023-2028 Strategy, and to accelerate progress towards SDG 3. The Global Fund's 7th and 8th Replenishments that will underpin the Strategy period will take place in the context of increasing pressure on Official Development Assistance (ODA) and Development Assistance for Health (DAH) budgets, significant domestic fiscal challenges and an unprecedented level of uncertainty in the global landscape emerging from the COVID-19 pandemic. Nonetheless, it is an opportune moment to leverage the increased attention to global health, appreciation of the connection between population health and economic growth, and increased dynamism among global health actors in support of the Global Fund's mission - with HTM remaining three of the largest pandemics globally.

We will need to redouble our efforts to increase international financial and programmatic resources for health from current and new public and private sources. At the same time, renewed collaboration across the partnership will be critical to catalyze DRM and ensure the sustainability and scale up of service coverage and service delivery. As part of its commitment to this approach, the Global Fund is actively engaging in the sustainable financing work under the umbrella of the SDG 3 GAP. We will need to be innovative, extending our efforts beyond conventional approaches to address financial and programmatic gaps, promote country ownership, and improve harmonization with other donor financing approaches to ensure complementarity.

Just as important as more money for health is more health for the money. More efficient, effective, and equitable use of existing resources and a renewed focus on VfM will be critical for achieving the Strategy's aims and for the sustainability of investments. This will include addressing risks to adequate health financing, such as fragmentation of resources and weak public financial management (PFM) systems, and promoting health financing policy reforms in support of UHC. In the context of rising debt levels in low and middle-income countries,^{xiv} it will be important to foster efforts to channel debt and borrowing towards more equitable and sustainable health outcomes. To achieve our primary goal of ending HTM and to support broader health outcomes, we will work across the partnership to strengthen the scale, sustainability, efficiency, equity, and effectiveness of health financing for national and community responses, with a focus on five sub-objectives.

1. Increase international financial and programmatic resources for health from current and new public and private sources

- **Sustain the engagement with major Global Fund public donors** by continuing to nurture relationships with major donors, demonstrating progress towards the Strategy's primary goal and objectives, and maintaining strong coordination with bilateral programs. This will require mobilization of the end-to-end partnership to advocate for continued donor support, development evidence-based arguments tailored to donor needs, the design of new approaches to appeal to public opinion at large and effective communication on the Global Fund's impact and role in the global health architecture. These efforts will be underpinned by closer collaboration with global health partners and more active support for the expansion of Friends of the Global Fund organizations and other civil society and community-led organizations and networks, covering additional major and mid-range donor countries as needed.
- **Attract and retain new and more recent donors, and engage with non-OECD DAC emerging economies and other smaller donors** to further expand, broaden, and diversify the Global Fund's public donor base and position the Global Fund as an inclusive global public good. The Secretariat will build and nurture strong relations with these governments through more frequent interactions at the diplomatic, technical, and governance levels; by leveraging recent or ongoing successful experience as implementers of programs and health financing approaches; exploring modalities of collaboration such as through co-investments, public-private partnerships and peer-peer technical cooperation; and building or strengthening relationships with relevant in-country or regional communities, civil society and other advocacy partners to gather intelligence, support policy and financial analysis, leverage relevant political platforms and visibility opportunities, and build alliances and partnerships with influencers.
- **Increase resources mobilized through private sector engagement** by leveraging the potential for growth in private sector financing and strengthened recognition of global health and global

pandemics as issues of relevance for business and economics at national and global levels. These efforts will build upon successful models of partnership and further diversification of the range of partners across private foundations, high-net worth individuals, public-private partners and other non-government fundraising platforms. We will partner with private sector actors in innovative and higher-risk appetite spaces, and in topical Strategy areas ranging from digital innovations, to bolstering front-line health workforce capacity and sustainable sourcing and supply chains. In addition to resources, mobilization efforts will seek to leverage the private sector's capabilities, infrastructure, technical support and voice in reaching the public, consumers, and governments. Engagements will be grounded in responsible stewardship, impact, equity and transparency, and in the approved Framework on Private Sector Engagement.^{xlvi}

2. Catalyze domestic resource mobilization for health to meet the urgent health needs for SDG 3

- **Strengthen co-financing efforts to mobilize equitable, efficient additional domestic resources to enhance impact, sustainability, and support successful transitions from Global Fund financing.** This will include continued leverage of the Global Fund's co-financing approach to mobilize additional resources to fight the three diseases and build RSSH in support of UHC. Enhanced implementation of co-financing efforts will focus on improving both the quantity and the quality of domestic investments; the co-financing of targeted interventions to strengthen equity and address structural barriers to HTM outcomes (as outlined in the *End AIDS, TB and Malaria* goal), including for KVP; continuing to encourage additional domestic investments in RSSH; and gradually reducing dependencies on external financing for key interventions. We will uphold the core principles of flexibility and adaptation to country context, while increasing the monitoring of co-financing risks through enhanced integration within Global Fund institutional risk management approaches. We will strengthen efforts across the partnership, including with communities and civil society, to ensure that existing and future co-financing commitments are realized as part of broader efforts to build sustainability, maximize programmatic impact, and address challenges related to transition from external financing.
- **Enhance domestic financing advocacy to make the case for greater, efficient, equitable and sustainable investments in health and the three diseases.** We will strengthen global partnerships to achieve sustainable financing for SDG 3 and enhance regional and national partnerships to build advocacy for and to catalyze domestic investments, including by working with Ministries of Finance and Health, Heads of State, National Parliaments, other government champions, the media, judiciary, the private sector, civil society and community-led organizations (as outlined under the *Maximizing the Engagement and Leadership of Most Affected Communities* sub-objective to *Support community and civil society-led advocacy*).

3. Strengthen focus on VfM to enhance economy, efficiency, effectiveness, equity, and sustainability of Global Fund supported country programs and systems for health

- **Further embed VfM approaches throughout the grant lifecycle and support countries as they implement VfM reforms at national and regional levels.** This will include enhancing focus on key VfM drivers such as costing efforts, institution strengthening and capacity building to support more efficient resource allocation and utilization decisions, strategic purchasing, and the institutionalization of VfM-enhancing processes along the health production chain. This will include embedding Health Technology Assessments (HTAs) within commodity procurement decision-making, using tailored cost-effectiveness and distribution evidence to prioritize interventions and service delivery modalities, and enhancing equity and access by focusing resources in support of those most affected. We will continue to support countries to undertake and leverage allocative and technical efficiency analyses to inform investment decisions at both program and system levels to maximize return on investment across funding sources. There will be a new emphasis on undertaking these analyses within and across the three diseases and relevant broader areas of health to enhance program integration and strengthen impact and efficiency. There will also be a focus on incentivizing and measuring the quality of domestic co-financing, for example by making linkages to the African Union's Health Financing tracker.
- **Build upon existing costing efforts to enhance efficiency, effectiveness, equity, and sustainability of Global Fund and national investments,** including through activity-based costing (ABC), costing of NSPs and Global Fund funding requests, appropriately costed payment

for results (PfR) modalities, aligned budget and expenditure tracking across development partners, and by working with Ministries of Finance to make the case for more efficient domestic spending on health.

- **Enhance the use of PfR modalities to strengthen efficiency and impact**, including as a tool to leverage additional resources through blended financing arrangements and to support direct facility financing where useful to address devolution challenges. Operations will be streamlined to support use of PfR modalities where they can help achieve programmatic objectives.
- 4. Leverage blended finance and debt swaps to translate unprecedented levels of debt and borrowing into tangible health outcomes**
- **Strengthen the use of innovative financing mechanisms**, including blended finance and Debt2Health, by leveraging the Global Fund's role to channel debt and borrowing towards equitable and sustainable health outcomes, including for services for KVP. On blended finance, there will be a focus on increasing the use of targeted loan buy-downs and joint investments with partners to encourage investment in systems for health and the fight against the three diseases, underpinned by use of effective performance-based disbursement mechanisms. With respect to Debt2Health, we will build on our record as the lead multilateral organization in debt-for-development swaps for health to expand and replicate the mechanism. This includes working closely with the World Bank to align support in priority areas, forging new relationships with regional development banks, and further pursuing joint investments with other financing partners, such as Gavi.
 - **Streamline Secretariat processes to undertake and enhance blended finance transactions and joint investments**, coupled with continued efforts to develop strong agreements with MDBs.
- 5. Support country health financing systems to improve sustainability, including reducing financial barriers to access and strengthen purchasing efficiency**
- **Enhance comprehensive technical support on health financing** by working across the partnership and with key health financing partners to enhance the generation, development, and use of health financing data and improve resource tracking; supporting the integration of HTM programs into UHC financing mechanisms such as national health insurance; reducing financial barriers to access to services, including through the reduction of user fees, especially for KVP; strengthening purchasing efficiency including through outcome-based financing modalities; and enhancing public financing of services provided by civil society and community-led organizations (i.e., social contracting, as described in the *Maximizing Systems for Health* sub-objective to *Deepen partnerships between governments and non-public sector actors*).
 - **Strengthen PFM systems to drive financial performance, sustainability, and allocative and operational efficiency**, with the aim of more Global Fund grants being managed through national financing systems. A differentiated approach will be taken to support progressive uptake of the strongest components of PFM according to countries' PFM maturity levels - from budget formulation and prioritization to strategic purchasing and monitoring - leveraging the capabilities of our partnership to build local capacity. More inclusive and evidence-based policy processes will be supported by strengthening budget design and execution processes; critical data sources for resource tracking such as national health accounts; and encouraging greater transparency, accountability, and donor coordination and alignment over funding flows for budget monitoring and advocacy efforts.

7. Evolving Objective: Contribute to Pandemic Preparedness and Response

The COVID-19 pandemic has been the largest single setback to our mission of ending the three diseases.ⁱ The pandemic is overloading systems for health, reducing economic growth, constraining domestic resource mobilization, and will be the largest single cause of infectious disease mortality in the world in 2021. It is imperative that we help countries effectively respond to this health crisis because controlling this pandemic is a prerequisite to getting HTM and broader SDG efforts back on track. It is

also critical that we help countries better prepare for future pandemic threats to reduce the risk that subsequent pandemics further derail progress against HTM and broader global health goals.

As the largest multilateral provider of grants in global health and the only multilateral agency specifically created to fight pandemics, the Global Fund partnership is uniquely placed to collaborate with partners to support countries to prevent, prepare for and respond to pandemics. Our experience fighting the biggest infectious diseases and ability to create synergies across disease-specific interventions will be critical to building PPR efforts in a people-centered and integrated way. As the world defines a new and more effective approach to preventing, preparing for, and responding to pandemics, we must ensure that this PPR agenda and priorities do not just focus on protecting those living in wealthy countries from disease outbreaks, but are designed to protect everybody, wherever they live, from the biggest infectious disease threats – whether the current pandemic of COVID-19, older pandemics like HTM, or potential future pandemics. Unless PPR is defined to encompass the greatest health threats to people today, it will likely exacerbate global health inequities rather than address them.

Investments in HTM responses and RSSH, including in laboratories, disease surveillance, community systems for health, information systems and supply chains have built the foundation for PPR in many contexts. Our principles of supporting community engagement and addressing human rights and gender related barriers to access have further laid essential groundwork, but there is much more work to do. Linking efforts to strengthen PPR with the fight against existing diseases, including COVID-19 and HTM will be more effective than a siloed approach, since it allows PPR to be built on a marginal cost basis, adding multi-pathogen capabilities to disease-specific interventions, and because the best way to keep the world's disease detection and response muscles strong is by using them. The response to COVID-19 and our mission to end the HTM pandemics must therefore be integrated with the PPR agenda under an overarching commitment to protecting everyone, everywhere from the deadliest infectious diseases.

Given the ongoing COVID-19 pandemic emergency and current wide-ranging discussions across multiple fora about how best to address PPR within the global health architecture, this objective is described as “evolving” within our Strategy. Uniquely, this objective is labeled as “evolving” to reflect both the need to respond to the ongoing immediate needs of the COVID-19 pandemic, and broader discussions on the global health architecture within the G7 and G20, and by expert groups like the Independent Panel on Pandemic Preparedness and Response. Any future response to a new pandemic would require additional and future Board decisions based upon the specific context.

By recognizing the need to include PPR in our Strategy but describing it as an “evolving objective” we can continue to help the world address COVID-19 and seek to protect HTM gains and build RSSH, while engaging in ongoing global discussions with partners and the G7/G20 about future roles, responsibilities and how to build a better system to prepare for and respond to pandemics. There are significant synergies to be gained by integrating PPR across our work, but more and additional funds will be required if we are to fully deliver on this evolving objective and avoid diluting our work to fight HTM.

The COVID-19 pandemic has changed the world and it will reshape global health. Our partnership will respond to COVID-19 while engaging with partners to make sure HTM are not left behind amidst a shifting global health agenda, leverage our country-driven partnership model to strengthen PPR and the systems for health upon which these efforts are built, and ensure people and communities move to the center of PPR efforts. This evolving objective will be considered holistically and synergistically with our primary goals and mutually reinforcing contributory objectives. We will work in partnership with other critical global health actors on sub-objectives which reflect areas where we are well-placed to contribute to PPR.

1. Scaling up investments that build the resilience of HIV, TB and malaria programs to current and future threats

Ensuring the continuous and safe delivery of essential HTM programs during pandemics and other emergencies is needed to save lives, reduce new infections, and protect the people and communities we serve. Increased resilience goes beyond disease-specific programs and is an essential part of strengthening systems for health. Building on the areas of focus outlined under the *End AIDS, TB and Malaria* goal and lessons from COVID-19, we will build the effectiveness and sustainability of essential

service delivery by increasing the use of people-centered differentiated service delivery models, optimizing decentralized and community/ home-based service models, readiness testing via simulation exercises, upscaling medical countermeasure capacities (such as deployment of stockpiled health products) and infection prevention control measures (including dual use HTM and PPR investments such as PPE for healthcare workers). These efforts will build resilience beyond the duration of COVID-19 or future pandemics and support countries to avoid stockouts of HTM prevention tools, diagnostics and medicines. For example, in the case of malaria, improving the scale and quality of case management is critical, not only for improved malaria management, but to detect and differentially diagnose new outbreaks which often present as febrile illnesses. Supporting a properly resourced and digitized primary and community health care system will improve disease-specific outcomes, is a critical part of PPR, and builds resilient systems that serve people's holistic health needs.

2. Building front-line capacity for detection and rapid response to epidemics and pandemics at facility and community levels

Supporting efforts to build front-line capacity for detection and rapid response to epidemics and pandemics, especially among CHWs, is essential to detecting new pandemics and tracking and responding to changes to current pandemics. Strengthening CHWs' capacity is also needed to combat declines in essential health service utilization that often accompany epidemics and pandemics, and which often kill more people than the outbreaks themselves. Supporting countries to develop front-line capacity of community- and facility-based health workers to prevent, detect, respond to disease threats and maintain essential health services at all levels is a key component of strengthening PPR and building the resilience of systems for health. Building on the *Maximizing Systems for Health* objective and in line with WHO CHW guidelines^{xlvii}, particular areas of focus will include improving accurate diagnosis, quality management, and timely reporting of febrile illness; boosting the ranks of front-line multi-pathogen disease detectives and rapid response personnel in areas such as surveillance, response management, contact investigation, aspects of zoonotic disease prevention, and One Health; and building partnerships with specialized organizations to develop capacities in identifying emerging pathogens or unusual health trends.

3. Scaling up and integration of community systems capacity for detection and response

Scaling up and encouraging the integration of CSS activities is key for accelerating impact on HTM and improving detection and response to new threats. When communities are an integral part of a system for health, they can provide early warnings of new outbreaks, including as part of event-based surveillance, monitor the impact of outbreaks on existing HTM and other health services, and deliver essential services. They also serve as a trusted conduit for health information and behavioral change communication to avoid the "infodemics" and mistrust that increasingly characterize and challenge disease responses. Strengthening community systems to detect and respond to future threats will include supporting CLM of preparedness, implementation, service disruptions, commodity stockouts and human rights violations, and building the capacities of community-based organizations to contribute to RSSH to deliver services and provide information to vulnerable, neglected and at-risk populations. These areas of focus will build on CSS efforts described within the *Maximizing Systems for Health* objective. Increased community systems capacity benefits both the fight against HTM and PPR, and represents a unique comparative advantage of the Global Fund model and partnership.

4. Strengthening disease surveillance systems, including the use of real-time digital data and detection capacity

To detect and manage disease outbreaks aligned with the International Health Regulations (IHR) framework, countries require a functional surveillance system that can identify potential events of public health concern, supported by electronic and community reporting tools and equipped with the capacity to systematically analyze surveillance data for timely decision-making. Historically, such PPR systems have not been well integrated into broader national health or community systems. Building on the *Maximizing Systems for Health* sub-objective to *Strengthen generation and use of data*, we will leverage our work in maximizing people-centered integrated systems for health to accelerate impact against the three diseases and contribute to PPR by strengthening HMIS integration, interoperability, and functioning; promoting dual-use disease-specific reporting and broader disease surveillance in national data systems; scaling digital health data platforms; and promoting outbreak surveillance training for

health workers, including CHWs, who are living and working in the communities where outbreaks of known or emerging infectious diseases are most likely to occur first.

5. Strengthening laboratory systems, supply chains and diagnostic capacity to meet HIV, TB and malaria program demand and respond to outbreaks

The strong laboratory systems, supply chains and diagnostic capacity built to deliver HTM programs comprise much of the infrastructure and capacities required to prevent, detect and respond to new outbreaks. To improve the effectiveness and efficiencies of laboratory services and networks, we will build on the areas of focus set out in the *Maximizing Systems for Health* sub-objective to *Strengthen the ecosystem of quality supply chains*, to support and advocate for increased domestic funding for laboratory systems and empowerment of national laboratory directorates; investments that prioritize integrated surveillance and patient-centric diagnostic services ('one-stop shops'), particularly multi-pathogen diagnostic platforms (such as GeneXpert); and support laboratories to build capacity for rapid confirmation of the most common pathogens while referring sample specimens as needed for further diagnosis and investigations. To support advanced laboratory diagnostic data systems and analytics that drive performance of HTM programs and PPR, we will strengthen routine clinical and surveillance data collection at health facility level through promoting targeted improvements in internet-connected devices, integration and interoperability of Laboratory Information Systems (LIS), Logistics Management Information Systems (LMIS), electronic health records, and HMIS. Finally, genomic sequencing capacity to assess novel pathogens and variants as they arise should be established at appropriate national or supranational levels. We will support efforts to combat sub-standard and falsified health medical products to advance progress against HTM and support improvements in PPR.

6. Addressing the threat of drug and insecticide resistance, and encouraging climate, environmentally-sensitive and One Health approaches

Drug and insecticide resistance is one of the greatest threats to advancing progress on the three diseases and global health more broadly. Climate change increasingly threatens progress against the three diseases and health at-large. For example, climate change may contribute to forced displacement or migration to areas of high malaria transmission, leading to an increase in new malaria infections. High food prices and food insecurity carry unique risks for the spread of HIV through earlier sexual debut or transactional sex. Climate change-associated air pollution may increase the spread and severity of TB. Addressing the threat of drug and insecticide resistance, and encouraging climate, environmentally-sensitive and One Health¹³ approaches are critical pathways for ensuring more holistic responses to HTM that reinforce linkages between health and the environment, contribute to preventing and combating pandemics, and minimize the impact of our operations on climate and the environment.

We will support countries to mitigate and adapt to the threats posed by climate change to HTM and broader health areas, including by continuing to be responsive to emergency situations caused by climate-related disasters and supporting countries to build more climate-responsive disease programs and systems for health (including through the respective areas of work outlined in the *End Malaria* sub-objective to *Implement malaria interventions tailored to sub-national level*). Scaling efforts to track and respond to drug and insecticide resistance, and linking these efforts with broader AMR monitoring and One Health approaches will better track new threats, novel pathogens and dangerous disease variants. The Secretariat must also play its part and further mitigate the Global Fund's impact on climate and the environment, including by working to promote environmentally and socially responsible procurement practices (as outlined in the *Maximizing Systems for Health* sub-objective on *NextGen market shaping*), continuing to support countries to ensure sustainable and responsible management of supplies and safe waste management of health products, and monitoring and reducing the Secretariat's environmental footprint.

7. Leveraging the Global Fund's platform to build solidarity for equitable, gender-responsive and human rights-based approaches

¹³ One Health is a collaborative, multisectoral, and transdisciplinary approach—working at the local, regional, national, and global levels - with the goal of achieving optimal health outcomes recognizing the interconnection between people, animals, plants, and their shared environment. <https://www.cdc.gov/onehealth/index.html>

As we have long seen with HTM and COVID-19, pandemics and epidemics are fueled by entrenched inequities that exist in societies. How countries respond to pandemics all too often replicates and exacerbates these inequities, with the most vulnerable suffering the most. Given lessons from COVID-19 and what has been learned in the fight against HTM, it is imperative that we position ourselves as a vocal champion for the promotion of equity, human rights and gender equality as a central features of PPR.

Building on the areas of work outlined under the *Maximizing Health Equity, Gender Equality and Human Rights* objective, we will support advancement of a human rights and gender-based perspective in PPR, advocate for the needs of affected communities, and build understanding of the impact of new emerging disease threats on progress against HTM and on KVP to inform the development or update of guidance and approaches to better meet their needs within the context of PPR. We will strengthen country capacity to rapidly collect and report age and gender-disaggregated epidemiologic data on new and emerging disease threats to strengthen the equity of responses. Leveraging the Global Fund's extraordinary network of community and civil society partnerships, we will advocate to improve and modernize global technical and operational frameworks and their manifestation within National Action Plans for Health Security to more robustly prioritize human rights, gender and equity considerations. In recognition of the dramatic rise in GBV/SGBV/IPV that routinely occurs during and in the wake of pandemics and disease outbreaks, including COVID-19, we will expand our support for GBV/SGBV/IPV prevention and response activities.

8. Championing community and civil society leadership and participation in pandemic preparedness and response planning, decision-making and oversight

The leadership and engagement of communities and civil society have been key to supporting strong responses to HTM, and must be at the heart of future efforts to address novel health threats. However, communities and civil society are not routinely included in PPR governance, planning, implementation and accountability bodies, to the detriment of public health responses to pandemic threats. To support successful pandemic detection, prevention and response, we will advocate for community and civil society representatives to have equal “seats at the table” on PPR platforms, governance bodies, and oversight mechanisms. We will expand our engagement with communities disproportionately affected by pandemics and outbreaks and will consistently advocate for the rights of those most affected by HTM in PPR spaces. We will assert the importance of robust community and civil society engagement in PPR related processes, as well as work with other multilateral and international partners to support their efforts to better engage communities and civil society in their own processes. Working directly with our extensive network of community and civil society partners, we will support capacity building and learning to ensure those most affected by HTM are prepared to actively engage in national, regional and global discussions related to PPR.

8. Partnership Enablers: How We Work

The Global Fund's inclusive partnership raises and invests additional resources behind strong country-owned plans to maximize progress towards the 2030 SDG targets. The funding model used to deliver effective programs across more than 100 countries is a unique strength of the Global Fund and depends upon the collaboration of multiple partners working together, each with distinct, complementary roles and accountabilities, to achieve optimal results. This section of the Strategy aims to briefly describe the Global Fund model for designing, implementing, monitoring and evaluating grants, and the core roles and accountabilities that are required of all partners for the model to deliver optimal results. It also sets out the key changes that actors across our partnership must make to urgently accelerate the pace of impact to get back on track towards achievement of the 2030 targets.

How we work to deliver our Strategy

The unique funding model used by the Global Fund enables the effective and accountable delivery of significant additional funding to countries with the highest burden of disease and lowest economic capacity to implement programs to fight HTM and improve health in more than 100 diverse country contexts.

The funding model is based on a core principle of **country ownership**, meaning that countries determine how to use these funds and take responsibility for fighting the three diseases through responses that are country-led and tailored to their unique context. Country ownership is an inclusive concept pertaining not only to implementer governments, but to communities living with and affected by the diseases, including KVP, as well as civil society and other stakeholders. Country ownership is essential for the impact and sustainability of health programs.

Every three years the Global Fund undertakes a replenishment of resources to deliver its Strategy, and eligible countries are invited to develop a funding request based upon their national strategies and the latest scientific evidence and technical partner guidance. Country allocations are calculated using a Board-approved allocation formula based upon rigorous and widely available metrics that prioritizes funding for countries with the highest disease burden and lowest economic capacity. Critically, Global Fund resources are not for stand-alone projects, but additional and catalytic funds to be used to accelerate progress towards the country's health goals and programmed in close coordination with domestic and other donor resources. The Global Fund also deploys catalytic funding to complement country grants and incentivize programming in priority areas, to support multicounty approaches to address critical challenges, and support mission critical strategic initiatives with partners.

The Global Fund's **technical partners** are responsible for guiding the global response through the global strategies to end the three diseases and by providing high quality normative and prioritization guidance and political leadership. They are also responsible for providing technical support to help tailor responses to local contexts, based on countries' request for support (rather than based on the priorities of external partners). This guidance is used by **implementer governments** to develop and implement NSPs and policies to end the three diseases and to strengthen equitable RSSH. Implementer governments play a critical role in ensuring these efforts best meet the health needs of people and communities and are responsible for progressively increasing domestic resources for health and forging inclusive partnerships with the range of actors engaged in the response, including with communities living with and affected by the three diseases.

CCMs play a critical role in realizing the principle of country ownership by undertaking inclusive, transparent, multi-stakeholder and multi-sectoral decision making. CCMs are made up of implementer governments, representatives of communities living with and affected by the three diseases, civil society, technical partners, development partners including donor partners (particularly those with bilateral health investments and diplomatic presence in the country), the private sector and other relevant in-country partners. CCMs are responsible for overseeing the coordination of these partners to develop and implement the most effective and catalytic use of Global Fund resources to deliver the Strategy's aims according to country context, and for selecting the most appropriate implementers to meet the needs of people and communities. Where these accountabilities cannot be met, for example due to lack of meaningful engagement, external risk or lack of transparent processes, measures may be put in place to address these concerns.

Embedding the leadership and engagement of communities most affected by the three diseases – including KVP – in Global Fund processes is a core value of the partnership. **Communities and civil society** play a core role as part of national programs to end the three diseases. They are responsible for contributing to CCM decision making throughout the grant lifecycle to ensure that programs are best positioned to meet the needs of people and communities, including through CLM, as implementers of Global Fund grants, as technical support providers, as defenders of social justice, human rights and gender equality, and by advocating for increased domestic and international financing.

Global Fund grants are implemented by **PRs**, which can be any type of organization, implementer government and non-implementer government. PRs are selected and overseen by the country's CCM. In most cases, PRs disburse funds to other smaller organizations who serve as **Sub-Recipients** or even sub-sub-recipients.

Development partners, including donors, are key partners responsible for contributing to the success of Global Fund-supported programs and the national response through financial resources and expertise, by collaborating across the partnership to advocate for the Strategy's aims, ensuring investments are coordinated with across other donors in support of national response, and in contexts such as COEs, may implement Global Fund grants. The **private sector (including foundations)** is

responsible for contributing financial resources and expertise, innovative tools and approaches, advocacy, and in many contexts are important providers of health care and systems delivery.

Provided country-led programs developed and overseen by the CCM are aligned with technical guidance and accountably deliver results, there is significant flexibility to pursue diverse investments that best prevent, treat and care for people with HTM, strengthen RSSH, maximize health equity, gender equality and human rights and broader health outcomes, working with and to serve the needs of people and communities. This country-owned approach is what enables our partnership to work in a tailored and effective way from COEs to upper-middle income countries approaching transition from donor financing.

To ensure the technical rigor and strategic focus of CCM proposals, the independent **TRP** comprised of technical experts on HTM, human rights and gender, health systems and sustainable financing, reviews and makes recommendations on funding requests. Funding requests and the TRP recommendations are also reviewed by a **Grant Approvals Committee (GAC)** comprised of Secretariat experts, technical and donor partners to ensure alignment with the Global Fund Strategy, latest technical partner guidance and coordination with domestic and donor partner investments before being recommended and approved by the Global Fund Board.

After funding is allocated and country-owned requests are reviewed and approved, critical implementation preparation and delivery begins. This is undertaken through an inclusive grant lifecycle process, with a number of levers at each stage to support effective and inclusive implementation. These include through ongoing country dialogue, grant agreements and financial management improvements, regular progress updates and reviews, reporting, M&E activities, annual funding decisions, and reprogramming of savings and any additional funds to strengthen program effectiveness, shepherded by Secretariat country teams.

The Global Fund does not maintain country offices but leverages a set of independent bodies to ensure accountability and oversight on the use of funds. **Local Fund Agents (LFAs)** are independent organizations that act as the Global Fund's "eyes and ears" on the ground, working closely with country teams to provide independent assessment, verification, advice and recommendations on implementation arrangements and grant performance throughout the grant lifecycle. The **OIG** safeguards the assets, investments, reputation and sustainability of the Global Fund by conducting audits, investigations and consultancy work to promote good practices, reduce risk and reports on wrongdoing. The OIG's scope of work includes all systems, processes, operations, functions and activities of the Global Fund and of the programs it supports. The OIG reports the results of its work transparently on the Global Fund website, in line with the disclosure policy outlined by the Board. Finally, an independent evaluation advisory group reporting to the Global Fund Board oversees independent evaluation of the Global Fund business model, investments and impact.

The final parts of the Global Fund model are the Board and Secretariat. The Global Fund **Board** embodies our innovative partnership approach to improving health, and includes 20 voting members, with equal representation by implementers and donors, and with strong representation from non-governmental organizations, communities affected by HTM, the private sector and private foundations. The Board is the supreme governing Board of the Global Fund and responsible for the strategic direction and decisions of the Global Fund, commitment of financial resources, assessment of organizational performance, risk management, partnership engagement, resource mobilization and advocacy, as well as governance oversight. Lastly, the **Secretariat** is comprised of expert staff based in Geneva who are responsible for the day-to-day operations of the Global Fund throughout the funding cycle, providing support to implementers through country and technical teams, implementing the Global Fund's Strategy and policies, and fundraising for continued and additional funds. As such, the Secretariat has an important operational role coordinating and ensuring effective functioning of the various parts of our partnership toward the aims of the Strategy. This includes the critical work, including with implementer governments and civil society, to mobilize increased international and domestic resources throughout three-yearly replenishment cycles and by leveraging the partnership to advocate for the rights-based enabling environments critical to the success of national programs.

This unique funding model, combining country ownership, transparency, inclusivity, independent technical review and close collaboration among partners has proved effective and highly adaptable to delivering results in the over one hundred diverse country contexts. The model has also proven, with

reasonable adjustments, to be able to rapidly respond to country health emergencies, whether they be natural disasters, political crises, or the COVID-19 pandemic. However, the Global Fund model is both strong and vulnerable because it depends upon the effective functioning of multiple partners to deliver optimal results. Weak delivery by any one partner undermines the effectiveness of the whole partnership, and we must work together better than ever to achieve this ambitious Strategy.

Partnership-wide changes to accelerate the pace of impact

Achieving the Strategy's aims and the 2030 goals in a rapidly changing global environment requires a reorientation and refocusing of each partner's efforts to accelerate the pace of impact in all aspects of this Strategy. These necessary adaptations, while not exhaustive, are the key changes highlighted through inputs into our Strategy development process, from participation in ACT-A, the response to date to COVID-19, and informed by lessons from 20 years of implementation of the Global Fund model. **This is an urgent call to action for actors across our partnership** (partners listed in alphabetical order below).

All partners to strengthen collaboration across the global health and development architecture to:

- **Improve coordination, alignment and complementarity of efforts.** The evolving global response to COVID-19 and ACT-A have highlighted the ability of multiple global health actors to rapidly accelerate coordination, data reporting and deployment of new public health tools to fight COVID-19. We must bring this speed, urgency and increased coordination to all of our work. This will entail increased linkages and systematic coordination across global health organizations based upon each actor's distinct and complementary roles and responsibilities, and jointly engaging on the GAP, under the umbrella of the SDGs. It will necessitate all actors aligning on the goals, objectives and outcomes of support, based on country-led description of needs, ensuring mutual accountability for delivery against these commitments, and particularly accountability to the people whose health needs the partnership seeks to serve;
- **Accelerate the equitable introduction and uptake of innovations** (products, tools and approaches) to maximize impact by leveraging our unique position as a multistakeholder partnership at the intersection of science, financing and advocacy to influence research agendas, market developments, the timeframe between evidence generation, regulatory approval and WHO guidelines, with a focus on local and last mile solutions;
- **Accelerate the generation, sharing, and use of real-time data for program decision-making** based upon the lessons from COVID-19, by increasing data digitalization and digital mobile health tools at all levels of systems for health, promoting innovative mechanisms and approaches for more timely quantitative and qualitative data collection, and expanding partnerships to support the integration of national health information systems - catalyzing the areas of focus outlined in the *Maximizing Systems for Health* sub-objective to *Strengthen generation and use of data* and the *Contribute to PPR* sub-objective on *Strengthening disease surveillance systems*;
- **Meaningfully engage with communities in all our work** so that programs are best positioned to meet individuals' health needs and that no one is left behind.

The Board to 1) continue to provide strategic guidance, prioritization and decisions that strengthen the partnership and enable delivery of all aspect of this Strategy.

CCMs to 1) update representation to ensure alignment with the Strategy's primary goal and objectives, such as by making temporary or permanent membership adjustments, updating of bylaws and sub-committees in areas such as structural determinants, IPCQS, climate adaptations, PPR interlinkages, private sector service provision, and ensuring sufficient focus on malaria and TB; 2) **accelerate alignment and integration with national structures and existing governance bodies** to build sustainability while safeguarding core principles such as inclusion, transparency and rights; 3) **continue to strengthen the effectiveness of their oversight function** including through increased focus on program performance, on program quality and VfM (including equity), and implementer conduct (for example, regarding protection from sexual exploitation, abuse and sexual harassment) - in addition to the work outlined under the *Maximizing the Engagement and Leadership of Most Affected Communities* objective to 4) ensure inclusive decision making.

Communities and civil society to 1) increase engagement as experts in program design, delivery and oversight (including CLM) to leave no one behind, with an emphasis on providing community-

based and community-led services, particularly for KVP; **2) advocate for taking equitable, gender transformative and human rights-based approaches to HTM and health programming** including by promoting a culture of using of qualitative and disaggregated data to guide decision making; and advocating and leading responsive programs for youth, young-KP and AGYW and their partners; **3) identify needs, barriers and advocate for equitable and affordable access to IPCQS; 4) collaborate on efforts to strengthen meaningful engagement in decision making**, including the needs of under-represented populations; **5) leverage their expertise to provide technical support.**

Development partners to **1) collaborate on funding priorities**, including undertaking coordinated investments that are supportive of IPCQS and integrated national health and community data systems; **2) appropriately utilize their diplomatic voice and engagement to advocate** towards challenging laws, policies and practices that undermine public health; **3) seed innovations**, including through targeted investments, guarantees and market shaping efforts and collaborate on the introduction and scale-up of health innovations; **4) collaborate to leverage domestic and additional donor funds, drive greater VfM and sustainable health impact**, including through participating in and co-financing blended finance and innovative finance models. This includes collaboration with:

Gavi to support the equitable roll out of new and cost-effective vaccines, according to respective mandates, should there be relevant approved candidates during the Strategy's term;

PEPFAR and PMI to continue the close strategic partnership with the Global Fund to align national and sub-national HIV and malaria investments and sustainability plans towards achieving the global targets; catalyze product introduction; align market shaping strategies; and continue to collaborate to address stigma, discrimination, and other harmful laws and policies;

MDBs to partner on debt swaps, conversions, blended finance and strengthen overall collaborations to improve the financing of systems for health; and

Unitaid to continue the strategic partnership with the Global Fund on equitable access to health products; identify high potential health innovations; and accelerate the development, introduction and adoption of these innovations through targeted investments and coordinated market shaping efforts.

Friends of the Global Fund organizations to **1) advocate with specific donor governments, parliamentarians, key influencers and the private sector** to increase international financing for the Global Fund.

Implementer governments are ultimately accountable for providing for the health of their people and communities, including providing access to equitable, quality UHC, and as part of this to: **1) strengthen the effectiveness, accountability and sustainability of health programs and systems** that meet populations' most urgent health needs, including delivery through IPCQS, through effective health governance, by ensuring HTM remain high on the agenda, and by building partnerships at country-level to support HTM program sustainability; **2) enable the meaningful engagement of individuals and communities, the private sector and other actors** in the design, delivery and monitoring of services, including KVP, youth and young-KP; **3) promote the integration of community systems and services provided by the private sector and other actors** and their data within national health and social systems, planning and evaluation processes; **4) forge stronger collaboration between relevant sectors** and Ministries to collaborate on addressing structural barriers to HTM outcomes; **5) address discriminatory policies, practices, laws, human rights violations and stigma** that drive the most vulnerable populations away from health services; **6) leverage their diplomatic voice** to address issues nationally and regionally; **7) identify and remove legal, policy and other barriers** that hamper the registration, provision of services by, financing and contracting of non-public sectors to provide health services or restrict civil society and community engagement in national processes; **8) increase domestic funding for health and the three diseases**, including realizing specific co-financing commitments and strengthening focus on VfM in NSP and program design and implementation; and **9) develop and implement National Action Plans for Health Security**, fund and implement government obligations under the IHRs and/ or the revision of existing legislation, regulations or instruments to facilitate implementation and compliance with IHR (2005).

Private foundations to: **1) seed innovations**, including through targeted investments and guarantees and collaborate on the introduction and equitable scale-up of health innovations; **2) provide financing and support for innovative models of service provision**; and **3) spearhead innovative partnerships and provide co-financing to advance equity, gender equality and human rights objectives** in countries.

Private sector to 1) generate strategies to support the introduction and delivery of innovative and effective quality program approaches, tools and interventions aligned with national standards and integrated with national systems for health; 2) collaborate on equitable, rights-based, quality and cost-effective health service provision and to strengthen health outcomes, complying with quality standards, assurance mechanisms and integrating data and services into national systems; 3) deliver logistics services to support supply chain strategies; 4) support the long-term sustainability of health product markets; 5) contribute to strengthening national and regional capabilities in procurement, supply chain, product supply and related regulatory systems for health products and services; and 6) support blended finance and other innovative finance models and scale-up financial and non-financial contributions.

Product developers, manufacturers, and suppliers to 1) develop new and more effective diagnostics, drugs, treatment regimens and vaccines, and support the equitable availability at scale of affordable products and innovations; 2) ensure a robust supply chain of products and ensure quality with appropriate life-spans; to 3) engage the partnership on relevant product pipeline timelines and pricing for rapid introduction and equitable scale up; and 4) support strategic purchasing that promotes VfM priorities. This includes:

Procurement partners (e.g., WHO, Stop TB-Global Drug Facility, UNICEF, African Medical Supplies Platform, PAHO, and UNDP) to collaborate across relevant health products areas to provide greater access through cross-platform connections.

Secretariat, in collaboration across the partnership, to: 1) strengthen the flexibility, nimbleness and tailoring of grant lifecycle processes, differentiated to country context by enhancing the use of country results, national systems and innovative approaches to further differentiate the grant application and approvals processes; promoting the use of regular, inclusive, multi-stakeholder national and local-level program reviews; and promoting the uptake of Global Fund policy and program flexibilities including as outlined in the Policies on Coinfections and Comorbidities,^{xlviii} and on Challenging Operating Environments,^{xlix} 2) engage with new partners at global and regional levels to support delivery the Strategy's aims in areas such as IPCQS, program innovations, AMR, One Health, climate, PPR and cross-sectoral partnerships such as with education and social protection to coordinate and seek efficiencies on programs with overlapping aims or outcomes; 3) explore longer-term innovative models of technical support and capacity building that build sustainability including by fostering sustainable south-to-south collaboration and local solutions, such as regional hubs or the use of market place tools, and promoting local providers such as communities, civil society, academia, private sector, national institutions and through peer-to-peer learning; 4) ensure the Strategy's priorities are incentivized through relevant grant lifecycle processes, guidance, policies and funding, including engaging more intentionally to support country planning and monitoring of progress in IPCQS, PHC and UHC; 5) mobilize domestic and additional international resources, including by supporting the efforts of advocacy partners including communities and civil society and Friends organizations, supporting countries to undertake health financing reforms, address health financing barriers and build strong institutions, and continuing to strengthen the implementation and realization of co-financing commitments; 6) promote the development of National Action Plans for Health Security that implement international obligations under the IHRs; and 7) encourage climate, environmentally-sensitive and One Health approaches through the grant lifecycle.

Secretariat and the Board, together with all partners must work together to 1) encourage and accept the risks of effective health programming and innovations to deliver impact by implementing a risk management model that creates an enabling environment for the partnership to achieve program quality, program impact and incentivizes innovations to get back on track towards the 2030 goals. This includes creating an enabling environment for program areas that demonstrate impact over longer time horizons (such as structural programs, RSSH), non-commodity-based programs, programs to reach underserved populations, to facilitate program innovation or implementation research, and in COEs (including to support transition from use of additional safeguards^l). This will require the partnership adapting its risk management framework, the Board's risk appetite thresholds and the risk assurance model to incentivize program impact, and reviewing financial management processes to ensure absorption incentives are linked to programmatic outcomes and VfM. Secretariat, CCM and PR processes will be updated to facilitate community-contracting, especially at grassroots level.

Technical partners to: 1) strengthen normative and prioritization guidance, to meet program needs, such as in HIV prevention and malaria, and to support implementation of newer areas of the

Strategy focus; **2) strengthen technical support and capacity building based on a country-led description of needs** in contexts where support is not always available or of sufficient quality; **3) strengthen quality standards for technical support, including timeliness, alignment, transparency and accountability** building on the work of the joint partner Technical Support Quality Assurance Framework, in conjunction with development partners; **4) support research, generate evidence and best practices** for strengthening HTM responses and to implement robust IPCQS approaches; **5) support countries to improve routine data quality assurance** mechanisms and platforms and to scale up digital tools; **6) support country readiness for piloting and phase-in / phase-out of new health products**; **7) strengthen guidance on relevant areas of private sector engagement, governance and quality standards**; **8) support capacity building for community and civil society organizations** and promote communities and other relevant local level actors as providers of technical expertise; **9) leverage their diplomatic voice** at local, regional and global levels; **10) support translation of technical guidelines including the IHR/JEE into effective implementation at country-level**, including to support equitable, gender-responsive and human rights-based PPR approaches. This includes:

The RBM Partnership to convene, coordinate, and facilitate malaria-affected countries, donors, and partners to achieve the malaria control and elimination targets;

Stop TB Partnership to mobilize political will and adequate funding; support and promote country efforts on relevant community, rights and gender components; support initial roll out of evidence around new tools and service delivery innovations; to ensure uninterrupted supply of quality-assured TB medicines, diagnostics and laboratory supplies and technical support for the uptake of innovative tools;

The UNAIDS Joint Programme to strengthen data and strategic information needed to effectively guide the response; to provide leadership, coordination and support for effective advocacy, policy development particularly related to addressing HIV-related stigma, discrimination and harmful laws and policies; to promote human rights, gender equality, the empowerment of women and girls, communities and key populations and champion community-led responses; and to leverage in-country presence to drive forward this Strategy in conjunction with other in-country actors;

WHO to strengthen normative and prioritization guidance and technical support; shape the research and innovation agendas; promote and support countries' development of multi-sectoral and accountability frameworks; strengthen regional and national regulatory systems and collaboration on regulatory framework development; convene regional and country-level collaborative discussions around health product quality assurance; work closely with the Secretariat to explore ways to expedite the evaluation of innovations through pre-qualification or the Expert Review Panel; support effective partnerships between government and non-public sector actors; continue to develop and update IHR and other global technical and operational frameworks on pandemics and convene and coordinate PPR efforts; conduct global surveillance and monitoring; support the assessment of country health emergency preparedness and development of national plans to address gaps; support the continuity of safe health services.

9. Implementation, Performance and a Call to Action

This new Strategy for the Global Fund partnership is designed to recover our progress towards our primary mission of ending AIDS, TB and malaria, address new pandemic challenges, and deepen our commitment to equitably improving the health of people and communities. The success of this Strategy will be determined by the quality of its implementation over the quality of its text.

A comprehensive and accountable M&E Framework, including key performance indicators, will be used to measure the success of the Global Fund partnership in achieving the Strategy's primary goal and objectives. The Strategy's success will also be measured through achievement of the global partner plans and relevant SDG 3 goals and targets.

Twenty years ago, HIV, TB and malaria looked unbeatable. The Global Fund partnership was created to meet that challenge and has saved 44 million lives. But that fight is not yet over, and we face additional and unprecedented challenges. It will take the entire Global Fund partnership working together better than ever towards the aims of this Strategy and continually adapting to overcome these challenges. We must deliver for the people and communities we serve. We have no time to lose.

10. Glossary

AGYW	Adolescent girls and young women, aged 15-24 years
AMR	Antimicrobial resistance
ANC	Antenatal care
ART	Antiretroviral therapy
CBO	Community-based organization
Coinfections and comorbidities	Coinfections and Comorbidities of HIV, TB and malaria, as set out in the Global Fund Policy on Coinfections and Comorbidities. ^{xlviii}
COE	Challenging Operating Environment. See the Global Fund Challenging Operating Environment Policy. ^{xlix}
Co-financing	Additional domestic financing of health and the three diseases. See the Global Fund Sustainability, Transition and Co-financing Policy. ^{li}
CCM	Country Coordinating Mechanism
CHW	Community health worker
CLM	Community-led monitoring. See Community-based Monitoring: An Overview. ^{lii}
Communities	Communities living with or affected by HIV, TB and malaria, including key and vulnerable populations.
CRG	Community, rights and gender
CSS	Community Systems Strengthening. See Technical Brief: Community Systems Strengthening. ^{liii}
Country ownership	Countries determine how to use Global Fund funds and take responsibility for fighting the three diseases through responses that are country-led and tailored to their unique context. Country ownership is an inclusive concept pertaining not only to implementer governments, but to communities living with and affected by the diseases, including key and vulnerable populations, civil society and other stakeholders.
Development partners	Bilateral and multilateral organizations that contribute resources and expertise (and often on the ground implementation capacity), including donors to the Global Fund, donors with bilateral programs and organizations that contribute expertise.
DR-TB	Drug-resistant TB
DRM	Domestic resource mobilization
DS-TB	Drug-susceptible TB
Equity	Equity is the absence of avoidable or remediable differences among groups of people, whether those groups are defined socially, economically, demographically, or geographically. ^{liv}
GAC	Grant Approval Committee
GAP	The Global Action Plan for Healthy Lives and Well-being for All ^{xiv}
GBV	Gender-based violence
Gender equality	Gender equality is the absence of discrimination on the basis of a person's sex in opportunities, the allocation of resources and benefits, or access to services. ^{lv}
HMIS	Health management information system.
HRH	Human resources for health
HTM	HIV, tuberculosis and malaria.
IHR	International Health Regulations
Implementer government	Includes governments at national, sub-national and devolved levels.
IPCQS	Integrated, people-centered quality services. • <i>People-centered services</i> consider individuals' health needs holistically. Care is organized around the health needs and expectations of people, and sees individuals as participants as well as beneficiaries of trusted health systems.^{xiii} • <i>Integrated health services</i> are managed and delivered in a way that addresses the range of individuals' health needs by ensuring that people receive a continuum of health promotion, disease prevention,

	diagnosis, treatment, disease management, rehabilitation and palliative care services, at the different levels, providers and sites of care within the health system. ^{xiii}
	• <i>Quality of care</i> is the measure of the degree to which health care services provided to individuals improve desired health outcomes. In order to achieve this, health care must be safe, effective, timely, efficient, equitable and people-centered.^{lvi}
IPV	Intimate partner violence
Key populations (KP)	In the context of HIV, key populations are gay men and other men who have sex with men, sex workers, transgender people, people who inject drugs, and prisoners and other incarcerated people. ^{lvii}
KVP	Key and vulnerable populations.
LFA	Local Fund Agent
LGBTQI	Lesbian, gay, bisexual, transgender, queer and intersex people.
LMIS	Logistics Management Information Systems
M&E	Monitoring and evaluation
MDBs	Multilateral development banks
NCDs	Non-communicable diseases
NSP	National Strategic Plan
OIG	Office of the Inspector General
PFM	Public financial management
PfR	Payment for results
PHC	Primary health care
PLHIV	People living with HIV
PNC	Postnatal care
PPE	Personal protective equipment
PPM	Pooled Procurement Mechanism. See Focus on Sourcing and Procurement. ^{lviii}
PPR	Pandemic preparedness and response
PR	Principal recipient
RMNCAH	Reproductive, maternal, newborn, child and adolescent health
RSSH	Resilient and sustainable systems for health. These encompass the national health system, services provided by communities, the private sector and other providers.
SDG	Sustainable Development Goal
Social contracting	The public financing of civil society, community based and/or community led organizations in the provision of services. See Guidance Note: Sustainability, Transition and Co-financing. ^{lix}
SRHR	Sexual and reproductive health and rights
SSA	Sub-Saharan Africa
Structural barriers	Structural barriers are driven by social, economic, legal, policy and cultural factors that affect individuals' vulnerability to HTM infection or affect their access to or retention in treatment and care programs.
TERG	Technical Evaluation Reference Group
TPT	TB preventive treatment
TRP	Technical Review Panel
UHC	Universal health coverage
VfM	Value for money. See Value for Money Technical Brief. ^{lx}
Vulnerable populations	People whose situations or contexts make them especially vulnerable, or who experience inequality, prejudice, marginalization and limits on their social, economic, cultural and other rights ^{lxi}

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