



Independent observer
of the Global Fund

A view from different angles: The Global Fund's upcoming 8th Replenishment (Part 2)

With inputs from the West and Central Africa and Eastern and Southern Africa constituencies (WCA/ESA), Developing Country NGO (DCNGO) delegation, and UNAIDS constituencies as well as the Global Fund Advocates Network (GFAN) and the the Global Fund Secretariat's Donor Relations Department.

In this article, we cover Replenishment in the context of an evolving Global Fund, the role of key decisions such as Global Disease Split and Catalytic Investments, the importance of partnership, and additional considerations for Replenishment. To best understand this article, which is Part 2 of a two-part series, we suggest you read Part 1, which includes a background on Replenishment, lessons learned from the 7th Replenishment, and anticipated challenges.

To understand how the partnership is preparing for the next one – the 8th Replenishment due to be held in 2025 we interviewed or administered a written questionnaire to:

- Cecilia Senoo, Board Member and Yolanda Paul, Alternate Board Member, Developing Country NGO (DCNGO) Delegation to the Global Fund Board
- Dr. Thembisile Xulu, Eastern and Southern Africa (ESA) and Dr Ibrahim Tajudeen, West and Central Africa (WCA), Global Fund Board: Communications Focal Points. [Hereinafter, mention will be made as WCA/ESA Constituencies as it was a joint response, courtesy the African Constituency Bureau for the Global Fund.]

- Lee Ali Abdelrahman Abdelfadil and Julianna Hills, UNAIDS Constituency
- Katy Kydd Wright, Director, Global Fund Advocates Network (GFAN)
- Dianne Stewart, Head, Donor Relations and Deputy Director of External Relations and Communications, Global Fund Secretariat

Replenishment in the context of an evolving Global Fund

In a dramatic and ever-evolving context, the Global Fund, too, is asked to speak to an increasing number of donor concerns, such as climate change and antimicrobial resistance (AMR). However, our interviewees and survey respondents were quick to point out that these concerns are not outside of the organization's existing scope. As Lee Ali Abdelrahman Abdelfadil, UNAIDS noted: "We live in a polycrisis world. It's naïve to say that climate change isn't affecting HIV or debt isn't affecting countries' ability to allocate more resources toward HIV, TB, malaria, [health systems], and community-led responses."

The Secretariat's Dianne Stewart said, "It's always been part of our current strategy to look at the implications of a changing planet on our mandate... Over the last two years, we have expanded our conversations around climate and health and that is a whole new set of players like the [Green Climate Fund](#)." The Secretariat is not alone in strengthening such connections; Katy Kydd Wright, GFAN shared, "We've been doing a little bit of outreach in the climate community... Our feeling in general has been that we see the need to have those conversations. We are not clear whether that requires more money or if it just means better ways of doing things that mitigate risk."

At the 26th Strategy Committee meeting in October 2024, some constituencies questioned whether climate should be addressed in a standalone way (such as through the [Catalytic Investment proposed by the Global Fund](#)) or integrated through country-disease grants, with more conversation on this topic sure to come as Catalytic Investments became a bone of contention. Constituencies clashed over whether these should be planned for in all Replenishment scenarios, including low fundraising results, and at what level of financial investment. Some constituencies advocated that specific Catalytic Investment themes be prioritized, while others be flexible depending on Replenishment results. The Secretariat was encouraged to provide more elaborated scenarios at its next touch-point with the Board and Committees later this year.

Similarly, AMR being a [global concern](#), Dianne Stewart of the Secretariat shared that in conversations with donors, "We have to talk about [artemisinin combined therapy] resistance. We have to talk about the challenges that TB is facing with multi-drug-resistant TB... The Global Fund funding responses in those two cases show that we are already trying to address the impacts of AMR."

Additionally, integration is a longstanding theme at the Global Fund, but is receiving renewed emphasis, with WCA/ESA Constituencies pointing out that, "Integrated funding approaches across sectors (e.g., health, education, economic development) are gaining traction."

Global Disease Split (GDS)

Katy Kydd Wright, GFAN underlined that, "I don't think any [funding for the Global Fund] ever just focuses

on [HIV, TB, and malaria] personally... Once you look at technical partners' global plans, they include all kinds of things that are not strictly what people think of as vertical investments." Dianne Stewart of the Secretariat also emphasized that GDS is not frequently part of Replenishment conversations between the Secretariat and donors, saying, "It's not for us as fundraisers or the Global Fund Secretariat to discuss with any particular donor about what the correct allocation is for any one disease. That's a conversation they need to have with their fellow Board members and stakeholders." Regarding the perception that partnership members may favour funding one disease over another, she added, "Do we have enough money to finish the job in the system to end any of the three diseases? No. Does the Global Fund have enough money? No. Are we spending enough money on TB, malaria, and HIV collectively as an international community or in any single country? No. There are gaps. We know this. The point is to attract more money to the fight against all three of the diseases and to the health systems that support that fight."

It would seem that Committee and Board members have taken the advice to heart to discuss the GDS amongst one another, with lively conversations on the topic at the October 2024 Committee meetings. At these meetings, multiple constituencies expressed concern about how GDS would be managed in lower Replenishment scenarios in particular. However, Katy Kydd Wright, GFAN noted that the tension between funding for different diseases is the result of donors choosing to underfund the entire agenda for the three diseases, explaining that, "For this Replenishment, we felt a real need to push a little bit harder toward the Secretariat and donors [by saying], 'This is a path we are choosing together based on how much money we're giving. You can sit at the Board table and say all you want about this, this, and this priority, but if you're not stepping up with the money, it's not going to happen.'" Furthermore, she noted, "[Donors] can't expect the Global Fund to ethically adjust from where they've been investing to other areas when you don't give them the amount of money to do that job."

Partnerships

The Global Fund has always been a partnership and the Replenishment very much the result of a broad partnership effort. However, the specific group of partners is not static and, with the 8th Replenishment on the horizon, we were curious to hear interviewees and survey respondents' thoughts on what new partnerships need to be established, or existing ones strengthened. Dianne Stewart of the Secretariat summed it up by saying, "We always talk about what is the secret sauce of the Global Fund Replenishment – it is the incredible partnership that is around the Global Fund that holds [it] together and that put its voice on the line... I include private sector partners, foundation partners, people who sit on the Global Fund desk in particular governments. We cannot do it without them."

The WCA/ESA Constituencies commented on existing relationships: "... strengthening relationships with country and working through the government system like Supreme Audit Institution, National Health Insurance Authority and promoting local implementers, regional bodies, like the African Union Commission, Africa CDC (Centres for Disease Control and Prevention), and regional economic communities, will be crucial to ensure African leadership and ownership of health initiatives." Cecilia Senoo, DCNGO observed the fruits of strengthening existing partnerships, sharing that, "We are seeing a more coordinated approach with other global health initiatives to ensure that we are maximizing the limited funding and ensuring we save lives... The Global Fund is proactively and visibility positioning efforts in close collaboration with global health partners and other key stakeholders to ensure that the Global Fund participates in relevant global health discussions and demonstrates how its work links to priorities that are

high on the international agenda.”

The criticality of relationship management with donors across the funding cycle was also brought up, with Katy Kydd Wright, GFAN adding, “Continuity and presence in the mind of decision makers is something that remains important across Replenishments. I think the Global Fund and civil society [do] that quite well.” Dianne Stewart of the Secretariat agreed, adding, “One of our key lessons from the 7th Replenishment was how vital it was to have these close, nurtured relationships with all of our partners in each of the donor capitals. I include the people in the governments themselves around the decision-makers but also the civil society advocates in those countries, the wider network of communities and voices... Those partnerships are invaluable.”

Katy Kydd Wright, GFAN went on to further emphasize that the challenge for civil society is that “We are asked to be in the same spaces as government and secretariats of global health institutions when there is no funding, no support for that engagement” but pointed out that “the Global Fund through the External Relations and Communications team has been trying to find different ways to engage” and she appreciated that “the Global Fund engages with advocates around the world, but they don’t direct civil society. It’s an honest and open exchange” making it “truly the ‘best among the rest’ in terms of engagement with civil society and communities. From a civil society perspective, that allows us to be positive during Replenishment. We certainly have plenty of criticisms... but we do feel confident about the mechanism, processes and the fact that it is a learning institution.”

Julianna Hills, UNAIDS pointed out that “Given the impending changes with the Global Fund and other major donors and the outcomes of elections... what [private-public partnership] is going to look like is going to need to evolve and be a more flexible instrument.” Dianne Stewart of the Secretariat noted that, “Traditional partners absolutely need to be there... but we also need to be prepared to work with unusual actors as well in order to respond effectively together.” Others echoed this sentiment, with WCA/ESA Constituencies citing the US\$5.5 million pledge of Goodbye Malaria, an initiative by African entrepreneurs to note that “Non-traditional partnerships with the private sector are seen as key, particularly in driving innovative solutions and scaling up major health initiatives.”

Talking of non-traditional partnerships, Katja Roll and Christoph Benn had called attention in [their recent Global Fund Observer](#) article to the need for “a new framework of global health and development financing to attract non-traditional donors. This applies to existing but somewhat reluctant donors like China and some of the oil rich countries but also to truly new donors like members of the OECD DAC who so far do not contribute to multilateral health funds according to their economic ability. All these countries consider the current aid architecture as outdated and a creation of traditional Western donors. The principles of Global Public Investment (described in more detail [here](#)) provide a credible alternative approach.”

GFAN’s Katy Kydd Wright shared that “A successful 8th Replenishment needs to look bigger in terms of private sector engagement in terms of money and what they are contributing to.” Lee Ali Abdelrahman Abdelfadil, UNAIDS made an insightful point stating, “From what we have seen, there is evidence that private sector partnerships can be explored further. The critical part of it is how that will complement

existing efforts in the grants, acknowledging private sector partners have their own agenda.”

A subset of the private sector to which Katja Roll and Christoph Benn also called attention to in [their recent Global Fund Observer](#) article are high net worth individuals. The Secretariat’s Dianne Stewart flagged that the timing of such individuals’ donations does not always match up with the formal Replenishment, saying “For high net-worth individuals, our Replenishment cycle is totally irrelevant... We can work toward some announcements in the context of Replenishment, but really those pipelines need to be in constant development. You never know when they will come to fruition... We need the flexibility to accept that money when it comes and make the best use of it no matter what stage of the cycle.”

Additional opportunities

Interviewees hoped that Global Fund Board and Committees would consider a few other cross-cutting elements as part of Replenishment discussions. Katy Kydd Wright, GFAN said, “Given the debt crises faced by many implementing countries, I would like to see more focus on things like Debt to Health.” Lee Ali Abdelrahman Abdelfadil, UNAIDS suggested, “Shouldn’t we also ask ourselves collectively a question about bilateral set-asides? How can we align them to support this transition and align in the [8th Grant Cycle]? ...The plea is to contextualize the Replenishment in all that is happening and [make] decisions in multi-lateral and bi-lateral programs that accompany, support, and align.”

Conclusion

Despite a challenging context for the Global Fund’s 8th Replenishment, all our interviewees and survey respondents retained a positive attitude toward the challenges ahead. We look forward to the forthcoming Investment Case and will be paying close attention to the partnership’s response and actions toward meeting an ambitious fundraising goal.

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