



Independent observer
of the Global Fund

WHY THE AFRICAN CONSTITUENCIES VOTED NO FOR THE GLOBAL FUND STRATEGY FRAMEWORK

On 22 July, barely an hour ago, the Global Fund Board voted to approve the Global Fund Strategy Framework. The East and Southern African Constituency (ESA) and the West and Central Africa (WCA) Constituencies voted no. This vote does not prevent the further development of the Strategy Narrative. But we wanted to convey, in the strongest possible terms, the importance of several points that our constituencies have been making since the Partnership Forum held in March 2021. The Global Fund published the [report](#) here with our input. Yet, so far, our points have been overlooked.

1. The current Strategy Framework ignores implementer governments

Implementer governments are named as constituencies in the Global Fund governance structures, just like the other constituencies. They are seven, and as such, they are represented on the Board and within our constituencies. Incomprehensibly, this draft Strategy Framework ignores the role of government implementers. This is not a good idea. In our part of the world, governments provide policies, regulations and domestic resources; most of the population in our countries receive their care from government facilities. In practice, government institutions in Africa manage a substantial proportion of the grants either as Principal Recipients or Sub-Recipients.

We believe that we need to work together to get the impact we want. We do not seek to edge out any other constituencies. But it is a fact that civil society organizations cannot replace governments, especially in sub-Saharan Africa.

The Global Fund has been anchored in a partnership with implementing governments, civil society organizations, communities of people living with or affected by the diseases, technical partners, donors.

Unwieldy though this has seemed at times, it should continue.

2. The case for an allocation for Resilient and Sustainable Systems for Health

Our constituencies have been consistent in calling for a standalone funding allocation for health systems that will focus on areas adjacent to the Global Fund activities: data and laboratory systems, procurement and supply chains, community systems linked to the national systems. The need for a standalone allocation to support the gains for HIV, tuberculosis (TB) and malaria (HTM) and health systems appear obvious to us.

For example, recent [research](#) published by the American National Institute of Health indicates that people living with HIV (PLHIV) are 12 times more likely to develop non-Hodgkin's lymphoma, three times more likely to develop cervical cancer, four times more likely to develop diabetes. Those results are based on research in western countries with much more advanced systems than ours. Sadly, the multi-morbidity of HIV and other chronic diseases are likely to have worse outcomes in our part of the world without comparable strong systems and with vertical systems to fight HTM.

The newly published '[Consensus statement on the role of health systems in advancing the long-term wellbeing of people living with HIV](#)' highlights the importance of people-centered health systems. It called for 'stakeholders in government, civil society, research, healthcare and the social and legal sectors to combine their efforts to support PLHIV in achieving optimal wellbeing.

Without stronger health systems, persons whose lives the world spends invaluable resources saving are lost to other chronic diseases that are not treated in the vertical HTM programs.

3. The right balance between fiscal and programmatic assurance

The Global Fund Strategy Framework is silent on attaining the right balance between fiscal and programmatic assurance. Such a balance is needed to improve program results in WCA and fragile countries. In our constituencies, the same procedures and processes cannot yield the same results in Burkina Faso and South Africa, for example, considering the differences in income per capita, burden of diseases, availability of human resources for administration and health, difference in infrastructure and health care infrastructure, the fragility of the states. While we acknowledge that the Global Fund is discussing this issue, it should be mentioned in the Strategy Framework so that it can be further developed and implemented in the next six years.

We received the assurance that our concerns will be discussed in detail in the narrative strategy. We hope so as we really need the Global Fund to help government implementers, communities, civil society organization saved lives threatened by HIV, TB and malaria. But as the African proverb says: "If you want to go quickly, go alone; if you want to go far, go together."

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