



Independent observer
of the Global Fund

PANDEMIC RESPONSE, PREPAREDNESS AND PREVENTION: THE PROS AND CONS FOR THE GLOBAL FUND

Dr. Jorge Saavedra is Executive Director of the [AIDS Healthcare Foundation](#) (AHF) Global Public Health Institute of the University of Miami. AHF is a global nonprofit organization providing cutting-edge medicine and advocacy, regardless of ability to pay, to over 1,000,000 people in 45 countries and it is currently the largest provider of HIV/AIDS medical care in the world. Jorge is also a very busy man with fingers in many pies. But he was kind enough to spare some time to chat to me about why the Global Fund is the only international agency capable of addressing COVID-19 and future pandemics.

A little background on Jorge Saavedra

Jorge is a Mexican physician with two Master's degrees, both from the Harvard School of Public Health ? one in public health and the other in health policy management. He became Director General of the Centro Nacional para la Prevencion y el Control del VIH/SIDA ([CENSIDA](#)), Mexico's national AIDS program within the Ministry of Health, in 2003. In 2018, he moved to the AHF in Miami, and divides his time between Miami and Mexico City.

He is a passionate advocate for HIV. In 2000, he founded the first Ambulatory Care AIDS Clinic, Clinica Condesa, in Mexico City, which was to become Latin America's largest care center for HIV-positive people in terms of patient numbers, with more than 15,000 clients. While at CENSIDA, he also developed an HIV care model called CAPASITS (Centro Ambulatorio de Prevencion y Atencion en SIDA e Infecciones de Transmision Sexual); nowadays there are more than 70 CAPASITS throughout Mexico.

Nearly twenty years of working with the Global Fund in one way or another

In 2003, Jorge was invited by his colleagues to become part of the Latin America & The Caribbean (LAC) Constituency as an Alternate Board Member of the Global Fund delegation and, subsequently, he transitioned to becoming a Board Member for the LAC delegation. In 2011 he represented LAC as a member of the transitional working group to reform the Global Fund. In 2012 he became an Observer on the Developing Country NGO Delegation in his role as the president of AHF Mexico, and later he became a full member of that Delegation. Although he did not attend the Sixth Partnership Forums (PFs) this year due to the limited availability of places because of its virtual nature, he is familiar with all the background papers and sessions and has very strong views on the hottest topic of discussion at the PFs ? pandemic preparedness and response (PPR). In fact, at this year's [International AIDS Society](#) meeting, to be held virtually from 28 to 21 July, AHF will host a satellite session, Expansion of the Global Fund mandate: Pros and Pros, with a panel of speakers that will explore the need for a new international treaty and framework on pandemic response, preparedness and prevention. The speakers on the panel are experts in their field who are convinced that the Global Fund offers us the best financial mechanism to prevent, prepare, and respond to future pandemics and that no duplication is needed; they consider the Global Fund to be the most transparent and experienced international body fighting infectious diseases of pandemic proportions on a global scale.

Jorge, why do you think that there is no doubt that it is appropriate for the Global Fund to expand its mandate?

The Global Fund model has been very successful. It is one of the most transparent and accountable international organisations which is unusual in itself; but what sets this model apart is the diversity of its stakeholders covering all major aspects of health ? government, civil society, the private sector, private foundations, implementing agencies, donor and technical partners, communities and key populations, many of which belong to more than one category. Its governance model is exemplary and its achievements incredible. Its example of incentive-based programming is an archetype that other organisations would do well to follow, especially in the case of pandemics.

Dealing with pandemics is, I feel, the best use of the Global Fund's resources.

We know that some constituencies and delegations are not convinced

Yes, activists are concerned that investing in addressing COVID-19 means there will be less money to finance HIV, TB and malaria. But THIS IS NOT THE CASE: the Global Fund already has and will receive additional funds for the COVID-19 Resource Mechanism (C19RM), such as the recent \$3.5 billion from the United States (US) government. In fact, the US' relationship with the Global Fund is just one example of what an extraordinary institution the Global Fund is in terms of its neutrality and convening power. The US is the largest single donor to the Global Fund and its support is bipartisan, supported by both Republicans and Democrats, who may not agree about most other issues but do agree about the value and importance of the Global Fund.

It is a fallacy that the Global Fund's support to COVID-19 mitigation programs through PPR will weaken attention to civil society, communities and the three diseases, especially HIV. I myself would never support anything that meant that the Global Fund's investment in preventing and responding to the other diseases was in any way compromised.

The Global Fund should be the primary international institutional financing mechanism for the COVID-19 response – and not just for this pandemic but for future ones.

What do you think this would mean for the Global Fund's mandate, therefore?

If the Global Fund does expand its mandate, it should review its eligibility criteria.

You know, transitioning from Global Fund support affects LAC more than any region except perhaps Eastern Europe and Central Asia. And experience tells us that there are many problems with this, for example, the crucial work of civil society with key affected and vulnerable populations is under threat because national governments are more unwilling to take over their support from the Global Fund. However, although LAC is the most affected region for COVID-19 it is not yet eligible to receive funds for COVID-19.

The people in need in countries has to be taken into account and not just income level, which masks a host of problems. For example, some countries in LAC have had three times higher death rates than India, but the actual numbers from India are much larger because of its population size. LAC has around 50% of the total population of India but triple the number of deaths due to COVID-19. Right now Argentina, Colombia, Paraguay and Uruguay have much higher COVID-19 mortality rates than any other single country in the world.

The expansion of the Global Fund's mandate should be combined with modifications to the eligibility and transition criteria adapted to the new global exigencies. Really, it is a fundamental question: whose health needs are the greatest?

What makes the Global Fund the best agency to expand its mandate to take on global pandemics?

The Global Fund represents a huge diversity of actors, from grassroots organisations to the Board members. It is a unique institution from a global perspective and it too has a watchdog role to play. And this includes civil society and communities who must also be responsible for the Global Fund's governance; and by mobilizing to ensure HIV, TB and malaria continue to receive the same levels of investment, and that grant agreements are honored and implemented. Civil society, communities and the private sector and foundations do not have a voice and vote at the table in the UN system organizations and this too makes the Global Fund unique.

However, while the Global Fund's Executive Director may be convinced that the organization's remit should also include PPR, the institution itself will not change until the Board is converted to this point of view. Moreover, people outside the institution also need to be persuaded that the Global Fund is not using funds that should be allocated to HIV, TB and malaria, and that additional money is being donated for PPR. This is not about withdrawing support from other critical programs. I say this as a gay HIV-positive man from a 'macho' country who is also a public health expert. I am a member of civil society and I also personally represent communities. As such, I straddle several key population groups. I have a keen vested interest in the Global Fund maintaining its support for HIV and the other diseases. Therefore, rest assured that I would never champion anything that diluted or detracted from the Global Fund's original mission.

It is in the DNA of our existing Global Fund to fight pandemics and prevent the next disasters. To invest time, money and energy in creating a new Global Fund-type organisation to deal with pandemics would waste valuable efforts and financing in creating a parallel institution, and would mean that the two organisations would be duplicating their structures and competing with each other for scarce donor funds.

I understand the fears that stakeholders might have but they need to see that it is imperative that we, the Global Fund and partners, invest wholeheartedly in preventing another disaster that affects the world beyond the sphere of health alone.

No one else can do the work that the Global Fund does, based on its 21 years of experience in fighting global pandemics. This is why the title of my satellite session is Expansion of the Global Fund mandate: pros and pros

? there are no 'cons'!

[Read More](#)
