



Independent observer
of the Global Fund

Historic Moment Provides Many Opportunities for the Global Fund, Dybul Says

The people involved in the Global Fund, and in global health generally, “are at an historic moment when the confluence of scientific advancement, epidemiological intelligence and experience from more than a decade of implementation come together to offer the opportunity to end three plagues as public health threats.”

This pronouncement was made by Mark Dybul in his first formal report to the Board as Executive Director of the Global Fund. Dr Dybul also mentioned other opportunities presented by the “historic moment”, specifically: (a) to promote human rights and equity through health; (b) to strengthen health systems; and (c) to enhance partnerships.

This article provides a summary of what Dr Dybul said about each of these opportunities.

Opportunity to end HIV, TB and malaria as public health threats

Dr Dybul said that innovations in science and technology have given us the tools to more effectively prevent, diagnose and treat the three diseases. In addition, he said, new advances in “epidemiological intelligence” give us a richer, more strategic understanding of the epidemics.

The epidemiological intelligence is invaluable, Dr Dybul said, but not all countries have the systems to collect and maintain the data. “The Global Fund has therefore begun working with technical partners to support countries to gather the data ... so that country dialogues, concept notes and impact evaluations are informed by high quality epidemiological intelligence and investment frameworks.”

Government-based planning, health information systems and public health clinics are critical for delivering health services, Dr Dybul said. “But the health system also extends deep into communities – to educate, provide services and prevent new infections.”

The Global Fund needs to partner with, and strengthen, civil society organisations, Dr Dybul said, because they often have a comparative advantage in reaching persons most at risk.

“But windows of such magnitude rarely stay open for long,” Dr Dybul said. There is evidence of rising rates of HIV in Uganda, despite high coverage rates, he said; TB, particularly multi-drug resistant TB, is on the rise in too many places; and brief interruptions in malaria programmes can lead to rapid and dramatic resurgence of the disease.

“The gains are fragile and can easily be lost,” Dr Dybul explained. “To build upon the gains and completely control the diseases requires greater and sustained efforts of a more strategic nature.”

Opportunity to promote human rights and equity

Too often, human rights, gender and marginalised populations are treated as special themes (i.e. side issues), Dr Dybul said. “But the more we learn about the micro-epidemics, the more we realize that (1) vulnerable and marginalized groups are at the epicenter of micro-epidemics and hot zones often because they are beyond the reach of the health system and, therefore, (2) reaching these populations effectively can only be achieved through removing barriers to knowledge and access, which requires combating stigma and discrimination, and promoting human rights.”

We need to reach vulnerable populations in a meaningful way,” Dr Dybul said, “not as a set of peripheral activities, but as a central component of disease strategies.... The challenge will be to apply the human rights lens to all the work we do.”

Opportunity to strengthen health systems

Although the Global Fund has invested heavily to strengthen aspects of health systems, Dr Dybul said, “collectively we must do a better job of partnering to ensure our investments contribute to a much broader impact that aligns better to national health strategies.”

The rounds-based system – where proposals were based on the Global Fund’s clock, not the countries’; and where there were often multiple grants for each disease and even for health systems strengthening in the same country – limited the ability of the Global Fund to be the best possible partner in health systems strengthening, Dr Dybul said. The new funding model should significantly improve the ability of the Global Fund to be a better partner in health systems strengthening, he added.

Opportunity to enhance partnerships

The way the Global Fund Board is structured (with its multiple constituencies) should inspire how the Fund operates in-country, Dr Dybul said.

The country coordinating mechanism (CCM) remains the vehicle through which most concept notes will be submitted, Dr Dybul said, and in certain contexts they are the most appropriate forum for the country dialogue. However, he said, “in order to ensure maximum partner engagement and alignment with national strategies, we welcome other entry points, including government-led processes and ... whatever mechanism best ensures that all partners come together to promote a country-owned approach.”

Dr Dybul said that early feedback from country dialogues is encouraging. At the recent World Health

Assembly, he said, “the Honorable Minister of Health of Zimbabwe described his country’s experience as an early applicant as ‘ecstasy’ and the new relationship with the Secretariat as ‘the sheep lying peacefully with the lions.’ Those sentiments were echoed by the Honorable Ministers of Health from early applicants El Salvador and Myanmar.”

Information for this article was taken from the Report of the Executive Director, Board Document GF-B29-03, which is available on the Global Fund website at www.theglobalfund.org/en/board/meetings/twenty ninth.

[Read More](#)
