



Independent observer  
of the Global Fund

## Reporting on the Global Fund Reports, Sustainability in Healthcare financing & TB Women movement in Francophone Africa

Following the April 2024 Global Fund Board meeting, the Global Fund Secretariat got busy with preparing updates on the reports presented at it as per decisions and feedback received on them. Some of these updated reports were sent for the consideration of the Board's Strategy Committee as it met at the beginning of this month. Among the flurry of updated reports was one on the allocation methodology. The update mulled over the Global Disease Split, in terms of the direction the shares of malaria, HIV and TB should take at the levels of higher funding and how radical the rate of change should be; whether or not the Country Economic Capacity (CEC) curve should continue to be adjusted – currently, if two countries with the same disease burden, for example, have differing Gross National Income per capita (which is based on data from the World Bank), the one with the higher GNI gets a lower raw allocation than the other with the lower GNI per capita. It also considered whether a cap should be placed on Upper Middle Income Country allocations for progressive and predictable reductions. It asked the committee if it is agreeable to the methodology utilized for the Grant Cycle 8 Catalytic Investment development, which is used to direct investment to priority areas where country allocations are proving inadequate or there is insufficient funding to support them. And last but not the least, is a request for additional input on right-sizing the effort needed on design before getting into the subject of the “sources and uses” of funds in the planning; including critical elements necessary for recommendations for the upcoming meeting in October, given the time constraints. And then it goes on to ask if further information is needed to move forward towards recommendations/decisions in the same meet. Ahem, so here it comes, nestled innocuously, the Global Fund Secretariat chomping at the bit and hinting that it's time the committee takes decisive action and stops expecting more information because it means the Secretariat has to yet again prepare more updates. And can we all just get on with it?! The tension between the Secretariat and the Board is mentioned in the [Governance Assessment Report 2023-2024](#) that was presented at the April Board

meeting.

The question, however, to be posed to the committee and the board is more germane – Was it not at the April Board meeting that there were calls for a Task Force to delve into exactly the issue of the Global Disease Split in the allocation methodology? Where is it? What we have instead is that the Secretariat “heard from” a conglomeration of Global Fund Partners – HIV Situation Room (co-chairs), TB Situation Room, Joint Working Group, Malaria Situation Room, Cross-Partner Consultation on the Global Disease Split/Catalytic Investments, Community and Civil Society Consultation. Please note that the Secretariat does not name anyone specific except the situation rooms. Moreover, the suggestions emerging from these were largely to do with prioritizing and catalytic investments. They also made a request for “simple language” when getting into specificities of priorities (yes, we’ve heard that before!).

We already had one Independent Evaluation that faltered badly by largely repeating what was already presented by the Secretariat on allocation methodology rather than saying anything new. Is it going to be another plus ça change plus c’est la même chose? After all, it is the Board that has the remit to steer and provide insight. Why is it left to the Secretariat then to steer the conversation? What is the Board doing? The Secretariat is going to get overwhelmed at having to constantly publish papers and updates. Surely, the Board with all the expertise and experience at its command should be more proactive and take the lead on allocation methodology and prepare its own groundwork and subsequent updates. Merely asking for information, raising questions, does not justify its role. If the Board steps up, the Secretariat can focus on what it is meant to do – excellence in operational execution. In short, workplans rather than information packages. This voluminous churn is what is leading to time constraints because the Board is remiss in being a guiding light and expecting the Secretariat to carry the light and illuminate its path for it, too. There is a need for the Board to prioritize strategic concerns over operational ones. However, because they affect strategy implementation, the operational challenges faced by countries and problems with the Secretariat frequently escalate to a strategic nature. This can nobble well-intentioned policies as everyone demands a say in implementation and the Secretariat is unable to grasp the complexities. Examples are the Global Fund’s Resilient and Sustainable Systems for Health (RSSH) and Sustainability, Transition and Co-financing (STC) policy. [The Global Fund is going back instead of moving forward regarding the RSSH](#) is what comes out from its various updates on it, which we cover in this newsletter, and the implementation of which, the Strategy Committee is also set to review in the current and upcoming grant cycles. We also provide a [comprehensive overview of the Sustainability, Transition and Co-financing policy](#), where varying capacities and resources of the Global Fund and countries’ capacities are affecting effective implementation. Overall, the message coming through to the Global Fund is the need for more of a balance and learning from what is already available. Along with these policies, which formed part of the July committee meet, we also present the Global Fund’s new priority of [Climate and Health in the Catalytic Investments](#) that was also under consideration at the same meeting.

Additionally, we feature a panel discussion organized by it where representatives from [India, the Philippines, and Rwanda shared perspectives on promoting sustainable healthcare spending efficiency](#) and on Public Financial Management.

We conclude with an interview of Ida Savadogo by Christian Djoko and translated by Amida Kariburyo, published earlier in our French counterpart Observateur du Fonds Mondial (OFM). [Ida Savadogo speaks of the importance of the TB Femme \(TB Women\) movement in French-speaking Africa](#)

, which was launched during the regional meeting on “Advancing community, rights and gender for an equitable response to tuberculosis in Francophone Africa” held in Yaoundé, Cameroon in June 2024.

So, that’s a wrap for July 2024! In upcoming issues, we hope to bring you news from the International AIDS Conference 2024, being held in Munich as we speak.

Any thoughts about which aspect in the global health initiative sector you’d like to see covered in our newsletter are always welcome and we’d really appreciate suggestions on who can pen an article on it! Anyone who wishes to voluntarily contribute as a guest columnist and provide an incisive analysis or first-person account of what is happening at micro or macro levels in the field of global health interventions is also welcome. Any feedback and suggestions in French, Spanish, English can be sent to Ida Hakizinka [ida.hakizinka@aidspan.org](mailto:ida.hakizinka@aidspan.org) and/or in English to [madhuri@aidspan.org](mailto:madhuri@aidspan.org)

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