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of the Global Fund

From Africa, with one voice

As the continent receiving the lion's share of Global Fund investments in the fight against AIDS, TB and malaria, Africa must do more to ensure its voices are heard in decision-making and strategy development: this was the clarion call made in Addis Ababa on 5 May at the first official meeting of the Africa Bureau.

"African countries are the highest recipients of Global Fund support, but also the quietest," noted Mark Edington, who leads the Fund's Grant Management Division.

The two-day meeting that preceded the Fund's Partnership Forum was a pan-African consultation to set priorities, develop a strategy and plot the way forward to bolster participation by the two African constituencies to the Global Fund Board in the strategy development underway for the period 2017-2021. All 46 of sub-Saharan Africa's countries were represented (North African nations sit in the Eastern Mediterranean constituency to the Board).

There was historical precedent for the meeting, linked to the inauguration of the Africa Bureau (www.africabureau.org). It was conceived to be a clearinghouse for information, policy analysis, communication and harmonization for the African constituencies who have long been underrepresented in discussions at the highest level of Global Fund deliberations.

"Board members representing these constituencies need robust technical support to enable them effectively lead the implementation of a proactive response to the diseases," said Anita Asimwe, a former Rwandan minister of state in the health ministry, and vice chair of the Board's Strategy, Investment and Impact Committee (SIIC). "The Africa bureau was established to primarily serve that purpose."

Information will be made available in three of the most widely spoken languages on the continent — English, French and Portuguese — to help members communicate with one another about how to

advance the agenda of cross-cutting priorities that affect all countries in the region despite their different disease profiles.

The idea of the Africa Bureau was first floated in 2012 at a meeting in Angola where government representatives committed to a governance framework and vowed to find a seat for the office. Ethiopia has since been selected as the host.

Nele Djalo, who leads the country coordinating mechanism in Niger, said the Bureau represents an important opportunity for strategic African engagement in the mechanisms of the Global Fund.

“We support [the Africa Bureau] because it will give African countries a chance to speak with a stronger voice,” she said.

The meeting in Addis was an opportunity to not only share experiences and frustrations as the chief implementers of Global Fund grants but also to ensure that the voices of implementers carried the same weight as those of donors when new policies were under development.

Technical support for review and information-sharing will in the interim be provided by the African Population and Health Research Center (APHRC) and Ethiopian Public Health Association (EPHA). The Global Fund, Grant Management Solutions and the Bill and Melinda Gates Foundation are also supporting its establishment. Funds to staff, run and maintain the bureau will be solicited both from participating countries and partners.

Setting the agenda for strategy discussions

As their first official task under the aegis of the Africa Bureau, the country representatives gathered in Addis identified their top seven priorities to feed into strategy discussions with the wider Global Fund Board:

- Wider examination of health systems strengthening, both in terms of assigning funds to HSS activities and in defining what HSS activities look like. This will include the development of better impact indicators and clearer delineation of HSS activities within grant proposals
- Improved support for activities that target women and girls, including interventions that address structural barriers to access to services
- Better clarity on what constitutes a challenging operating environment and how to operate within those contexts without compromising service delivery; development of operational and institutional frameworks to improve and better-coordinate engagement in these challenging environments; setting-aside of a fund to specifically respond to new emergencies
- Improved domestic resource mobilization, supported by better and more targeted advocacy to ensure that African governments make good on their commitments to spend more on health
- A holistic review of the funding model allocation methodology that emphasizes disease burden and unmet need rather than gross national income (GNI); and that assesses whether to fold incentive funding into the allocations envelopes available to eligible countries
- A holistic review of the concept note development process to simplify it further while improving integration with national strategic plans
- Improved flexibility in management of countries whose income classifications change in a way that could affect their eligibility for Global Fund support, in order to ensure sustainability and efficiency in activities and interventions to reduce disease burden.

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