

# Inauguration Speech by Dr Mosen Asadi-Lari 7 Sep 2015

Dear representative of the Federal Ministry of Health, Dr Igbal Ahmed El-Bashier

Dear Alternate Board Member, Dr Mohamed Saleh Ben Ammar

Distinguished colleagues, friends, delegates and guests from countries in the Eastern Mediterranean Region

Distinguished colleagues and guests from outside the Region;

It is my pleasure to inaugurate the first technical workshop in its kind in the history of the Global Fund, for which we have mobilized the GF secretariat, Office of Board Affairs, our secretariat at EMRC and CCMs and Ministries in the whole region. I would like to thank you all for making this happen.

This breakthrough initiative shows the joint dedication of the Board Member and Alternate Board Member to leverage the voice and influence of the Eastern Mediterranean Region in the Global Fund and to enhance governance and implementation capacity in the region.

We think EMR constituency should be more robust structurally and more participatory in its decisions to be able to have a better position in the GF Board and more effective in tackling regional challenges including the protracted conflicts and mass migrations unprecedented in history.

We thrive to strengthen our collaboration and expand our network within the region and beyond in order to mobilize resources and harness innovative mechanisms for achieving sustainable development and stronger health systems in the region.

The technical workshop has an emphasis on major challenges of the global fund including the new strategy, the funding model, governance and risk management complemented with relevant case studies from the region. We have tried to bring the best technical advisors and facilitators together with national experts for discussion and collaboration. We hope this technical workshop could foster our mutual relationships and spread the message of solidarity for the sake of human beings in this region.

I would like to thank The Federal Minister of Health, His Excellency Mr. AbuGarada for generously hosting this phenomenal event in Khardoum, and also thank other sponsors who made required facilities to have this important meeting today.

My special gratitude goes to all the staff in Sudan who made this to happen, particularly Dr Abdalla Osman and Dr Sara Osman, without their dedication and tireless support we could not meet here now.

### **Distinguishes colleagues and friends**

We gathered here to strengthen our ties and to share our views to contribute to the upcoming strategic changes which affect, soon or late, our common procedures and the way of implementation against targeted diseases. I would like to share with you some of our concerns with regard to the global fund governance and strategies so that we can further develop our position with your support during this event.

### **Strategy and Funding Model**

You may know that the Global Fund is shaping and aligning its strategies for the next 5-6 years. The Global Fund Secretariat, under guidance of the Strategy, Investment and Impact Committee (SIIC), is currently engaged in the development of the next Global Fund Strategy, to be presented to the Board in April 2016. The current Global Fund Strategy “Investing for Impact”, covers the five year period from 2012-2016, while the next five-year strategy is scheduled to cover 2017-2021. Concurrently, the Global Fund is preparing for its Fifth Replenishment and allocation to cover the three year period from 2017-2019. There is some discussion right now at the SIIC and the board to align the new strategy with the replenishment cycle.

The Global Fund Strategy 2012-2016 is guiding our partnership’s work and is the basis for delivering these results. The approach to defining the Global Fund’s strategic directions is firmly based on the principle of partnership, and was developed in close collaboration with partners and a wide range of stakeholders. This process resulted in an ambitious strategic framework to transform the Global Fund into the most effective vehicle for investing in impact on the three diseases.

The current Global Fund Strategy is based on five strategic objectives:

- Invest more strategically in areas with high potential for impact and strong value for money, and fund based on countries’ national strategies;
- Evolve the funding model to provide funding in a more proactive, flexible, predictable and effective way;

- Actively support grant implementation success through more active grant management and better engagement with partners;
- Promote and protect human rights in the context of the three diseases; and
- Sustain the gains, mobilize resources by increasing the sustainability of supported programs and attracting additional funding from current and new sources.

The new strategy which is under development will focus on the following objective;

**1. Invest to End Epidemics**

*Tailored investments will maximize impact, when based upon country needs and status on the development continuum*

**2. Build Resilient and Sustainable Systems for Health**

*Strengthened systems for health are a key part of robust and sustainable National Health Strategies, National strategic plans and for health for all, including ending the epidemics*

**3. Respect and Promote Human Rights and Gender Equality**

*Promoting and protecting human rights and gender equality is required for progress against the three diseases*

**4. Mobilize Increased Resources and Public Goods for Health**

*Increased programmatic and financial resources from diverse sources are required to end the three epidemics*

In 2012, the Global Fund began work on evolving the funding model, premised on the goal of “investing more strategically.” The funding model is a game-changing investment framework. With the advantages of more predictable funding and an iterative process with countries, it is designed to invest more in countries with the highest burdens of diseases and lowest income.

Implementation of the funding model has highlighted challenges and opportunities for further improvement. There are tensions between funding specific interventions critical to the fight against the three diseases and investing in broader health systems (which also contributes to ending the three diseases). I personally believe that without strengthening health systems, where required, we may not achieve our goals.

While progress is being made in addressing human rights, gender and key affected populations in country concept notes, concrete interventions were at times vague, insufficient in scope or deprioritized. There are concerns that the allocation model places too little funding in middle-income countries with concentrated epidemics, and concerns about continued gaps in essential services in high-burden and low-income countries. Establishing the right balance of investments to save the most lives and end epidemics, particularly in the case of malaria, is a key question for the Global Fund.

Resource mobilization has also become more challenging, although the world's economy is recovering following the downturn. Despite all, there is a real opportunity now to significantly alter the trajectory of the epidemics.

In order to decide on the general approach of saving lives and ending epidemics; we would like to suggest doing a feasibility and cost-effectiveness analysis in each country/region before deciding on the overall approach. We think a differentiated approach should be complemented with a composite index for eligibility criteria to be more rational and effective. Differentiated approach based on risk assessment might have implications for risk management however should not defer eligibility. On the other hand, eligibility criteria should be modified to include complex situation of countries and regions with regard to diseases burden and health system strength.

Global Fund current strategy on prioritizing high burden, high impact countries have risk in neglecting concentrated epidemic countries such as some Eastern Mediterranean countries. So there should be emphasis on the "burden of risk factors" instead of "burden of diseases" during global investment decisions.

Inclusion of other diseases could be considered; as the burden of diseases in different regions and countries differ, it would be more relevant if the GF can add new diseases and indicators into its agenda.

GF success in future depends on changing their focus from countries and their income level to the geographical distribution of diseases and having regional plans. For a complex region such as EMR there should be a composite index for eligibility rather than just a single indicator.

The GF should commit to longer term funding for health systems, making annual allocations for financing the development of health services over a 10 year period, providing that plans are well implemented and interventions scaled up to ensure adequate coverage for disease control at national level. Since the contexts of countries differ a lot, it is very important to consider this at the time of decision-making. If Global Fund shows more flexibility in some areas, the impact of the projects in the countries would be more prominent. Investment in expanding and strengthening cross-sectoral collaborations and planned divisions of responsibility is a necessity.

Also the role of implementing countries needs to be strengthened; this is why I urge all my fellow colleagues in this constituency to try their best to strengthen the CCM activities to have more active, time-bounded and efficient entities to better implement their activities. Thus, just one strategy for the globe can be replaced by a macro-strategy at global level followed by sub-strategies at regional level.

Moreover GF should ensure that at least 10% of the total and every project budget are allocated for research, monitoring and evaluation especially by impartial bodies.

To maximize impact, GF should evaluate more than just outcomes; measure unintended effects and long term social and organizational changes. GF should invest in documentation of lessons learned, innovations and best practices while implantation does progress and also invest in knowledge translation and knowledge sharing especially at regional level and to foster south-south collaborations. GF should compare cost-effectiveness of similar programs across regions to find the gaps and ways to improve program delivery.

## **Dear Friends and Colleagues**

### **Human rights**

The Global Fund is committed to protecting and promoting human rights. To defeat HIV, TB and malaria, a clear focus on key populations and those that are most vulnerable is needed. That means removing human rights barriers to health services for women and girls, sex workers, drug users, people in prisons, migrants and refugees, indigenous peoples and others who are particularly impacted by one or more of the three diseases. Discrimination and criminalization reduce access to health programs, and undermine efforts toward effective responses to diseases. Our commitment also means ensuring that programs supported by the Global Fund do not violate human rights in our social contexts.

The Global Fund is building human rights concerns into the grant cycle. It has taken specific steps to develop new policies and procedures, including minimum human rights standards in the Global Fund grant agreement, technical support for Global Fund applicants, training on human rights, and so on. However, we believe that this needs much more work to be compatible with the social contexts and be acceptable in different societies to improve the efficiency of our work. I am confident that Dr Ben ammar can play an important role in this issue.

To strive to avoid financing programs that infringe human rights, five minimum human rights standards are now part of to the Global Fund's grant agreement, establishing the Global Fund's expectations for all the programs it supports. The Global Fund's Office of the Inspector General is investigating any complaints of violations of human rights in

supported programs. In order to maximize the effects of these efforts, The Global Fund should invest in qualitative and quantitative assessment of human rights violations concerning KAPs.

The GF through advocacy with policymakers should foster an infrastructure of community-based support services, align efforts between the health care delivery system and public health services, monitor services provided to vulnerable population with specific indicators for measuring the access and provided services to vulnerable population, and Support conducting evaluation studies at country level.

### Sustain the gains, mobilize resources

The Global Fund relies on voluntary financial contributions from all sectors of society – governments, private sector, social enterprises, philanthropic foundations and individuals. While donor governments provide the largest source of financing, the private sector and other nongovernment donors represent an increasingly important share of its cash contributions. Partnerships with the private sector represent a significant source to broaden the donor base to ensure long-term sustainability.

The private sector also plays a significant role in filling gaps in governance, implementation, advocacy and procurement so that Global Fund-supported programs can continue to reach the people who are in need of their services.

Increased domestic finance is an essential element for sustainability in the fight against the three diseases. In many countries, increasing government financing of health is a positive trend and was in motion before the new funding model. In others, substantial additional government commitments have been triggered by policies of the funding model. It is important to note that the Global Fund encourages increased financing for health, not only for HIV, TB and malaria. In a survey conducted among country stakeholders and participants of the initial funding windows of the funding model, a majority (83 percent of 127 survey respondents) were of the opinion that our increased focus on counterpart financing has encouraged greater government commitments. But the proof is in the numbers. A recent review of 155 key disease programs found that governments have committed an additional US\$ 3.94 billion for 2015-17, compared with their spending in 2012-14 - a 52 percent increase in domestic financing.

The global health landscape is inextricably tied to political and economic trends that continually change – requiring the Global Fund partnership to adapt and evolve. Changes and shifts include evolving health needs in the three diseases and beyond; political changes, power relationships and policy shifts; and economic growth with increasing location of poverty and disease burden in middle-income countries. Other

potential challenges include questions around accountability and the key role of civil society, the unique complexities in challenging operating environments and issues related to sustainability and transition.

In countries with better economy the Global fund should shift from providing money for products (drugs, nets, ...) to funding for planning and high-level advocacy. This approach will ensure increasing domestic financing for health.

Human resources should be focused on management and M&E tasks, the countries themselves should provide field staff and some of technical staff. This approach will ensure organizational learning at the countries and foster sustainability.

Looking ahead, we anticipate fundamental changes in the post-2015 era in health and development and tremendous opportunities to accelerate the end of the three epidemics and improve health. The process of developing the Global Fund's new 2017-2021 Strategy is intended to best prepare us for these challenges and opportunities. A new Strategic Framework is expected to be adopted by the Board of the Global Fund in spring 2016. It will guide our partnership's work in a crucial moment in the fight against the three diseases. The discussion at the workshop will be a key input to this process and will help to lay the foundation for the future of the Global Fund.

### Replenishment

The Government of Japan has kindly agreed to host the Preparatory Meeting for the Global Fund's Fifth Replenishment in Tokyo on **16-17 December 2015**.

We are at a pivotal moment in global health. With new scientific advances and growing experience in implementation we now have the possibility to eliminate HIV, tuberculosis and malaria as threats to public health by ending them as epidemics. The Preparatory Meeting will present an opportunity for partners to come together to discuss the impact achieved to date and the potential to achieve transformative and lasting progress moving forward.

The global assessment of needs and the investment case for the Global Fund's Fifth Replenishment will be presented. It will focus on key opportunities to accelerate progress by building resilient and sustainable systems for health and supporting efforts to reach Universal Health Coverage (UHC); by driving innovation through new solutions, ideas and partners; and by evolving the Global Fund partnership to focus on unique opportunities in different environments to maximize impact.

The Preparatory Meeting will follow a conference on the role of Universal Health Coverage co-organized by the Ministry of Foreign Affairs of Japan, the Ministry of Health, Welfare and Labour, the Japan International Cooperation Agency and the Japan Center for International Exchange on 16 December. This will be the first major conference on global health following the adoption of the post-2015 development agenda in September and will showcase how country-level efforts to achieve UHC—

with both domestic and international support—can help make health systems more resilient.

## EMERGENCY / CONFLICT

We think there should be more flexibility and inter-agency collaboration for tackling emergency situations and refugee/migration response. The situation in The Middle East has ravaged health systems however minimal response has been done by the global fund to address the concerns raised by escalating conflict, migration and resource depletion.

In challenging operating environments the GF can adopt a flexible use of program split that maximizes gains across all areas, explore phased planning and grant-making modalities across the three diseases and invest more in quality of care for IDPs and migrants

Moreover, the GF should invest in documenting and learning from the experiences of countries operating in challenging conditions.

The GF should help targeting conflict-affected populations for interventions specific to the emergency, post-emergency and reconstruction stages and their context. The diversity of conflicts requires immediate, creative and contextual responses that must be well planned to adapt as the emergency and conditions progress.

The GF can fund relief for emergency, post-emergency and reconstruction efforts to ensure the continuity of programs over the entirety of these crucial periods which increases their impact and effectiveness.

The GF should create funding mechanisms that simplify and accelerate funding processes in conflict (and post-conflict) settings as well as ensuring proper supervision and empowering the CCM in countries. These mechanisms can streamline responsive funding and increase interest and efficiency for working with conflict-affected populations. Strategies must incorporate bolstering communities and civil society, ensuring they have access to funds and development of programs, not solely the governments or NGOs within CCM.

Operationally the GF should support establishment of a community-based registration and follow-up system to prevent chaos and ensure efficient delivery of goods and services, and support development of surveillance systems that are effective in the context of conflicts and other complex emergencies

Also the GF should immediately support health services for sexual violence, HIV ART for PEP and People Living with HIV, TB drugs, and malaria prevention and treatment (as needed)

The Eastern Mediterranean Region has witnessed many civil wars and conflicts during the past few years with a high burden of internal and cross-border migration which further increases the burden of diseases and decreases the capacity of health care systems to address those epidemics. For example many TB cases in Iraq and Syria have disrupted their treatment and fled into neighboring countries which not only decreases the efficiency of current treatments but also increases the likelihood of MDR-TB among them and the host country. Unfortunately there is not much data on the burden of these problems within the region and how countries are dealing with the situation.

Thus the EMR constituency would like to ask for a regional emergency fund to assess the needs and help the affected countries respond better to the dynamic situation. Specifically the following actions are proposed:

- I. Situation and gap analysis
- II. Setting up an online Emergency Information System
- III. Capacity building on emergency preparedness and management
- IV. Capacity building on concept note development and TRP readiness

## **Dear Colleagues**

### **Composition of the GF board and its voting structure:**

We think the composition of board should evolve somehow to reflect concerns of implementing countries and independent observers. More transparency and abiding by clear Standard Operating Procedures (SOPs) are recommended.

There are various opinions on the voting system at the board. The bloc structure encourages a “bloc mentality” rather than a partnership and holistic-board thinking. Others reported that the threat of a “blocking minority” resulted in “compromised decisions” which were subsequently difficult to implement. The recommendation of EMRC is to further discuss this issue at the next board meeting and following the outcomes through the interim TGC.

We think board and committees’ votes can be made public because enhancing transparency at all levels will prevent problems seen previously at the GF.

The GF secretariat should also ensure enough information in an effective way has been provided to board and committee members before making any decision.

### Reconfigured committee structure

We support a re-alignment of committee responsibilities based on skills required, inclusiveness and allowing all constituencies representing in committees. The new configuration should clearly define the roles and responsibilities of different committees and their members as well as the coordinating group to avoid the problems that exist now.

We also support adoption of an effective model for Board's dealing with cross-cutting issues such as risk management and M&E.

### Risk Management

Although there are some great initiatives at the GF for improving risk management practice at all levels, we emphasize that these could be complemented with some online courses, case studies, discussion boards, etc. to further expand the risk management momentum at GF.

### Implementers Voice and Influence:

We support the strategic imperatives and recommendations of MSH's report on Implementers Engagement, particularly stressing on the strengthening the constituencies with regard to financial and human resources for having a "staff support unit" and also the importance of having regional/joint projects through GF.

### EMRC Initiatives

For EMRC we have started a few initiatives to not only promote better governance and cohesion but also enhance its position and influence at the board.

We have already announced the launch of a new website for EMRC. This initiative has been started for expanding our communication with all stakeholders in the region. It includes several new facilities for information sharing and collaboration between the focal points and CCM members in the region. Surely it needs your full participation and cooperation for improvement. My colleagues will explain more details about this initiative in the coming two days. Soon you will be able to directly add your news and opinions into the website. Please feel free to share the link with interested parties in your country, leave comments and ask for revision of information where you observe any need.

This workshop is just a start for a new wave of events for strengthening our capacity and contribution to global health. We plan to organize online webinars for training and discussion around key issues of the global fund for CCMs and other partners in the region.

We will also organize a fundraising event in 2016 in the region to encourage rich governments and private sector in the region to contribute to the fight against AIDS, Malaria and TB as well as strengthening health systems and community-based support for key affected populations.

The last day of this meeting is dedicated to in depth discussion about the EMRC's role in the board and its position with regard to various topics and challenges in this regard. We would like to have your full participation and eventual support for shaping our united voice at the next board meetings.

### **Distinguished Colleagues and Delegates**

We collectively and in close collaboration may resolve the problems in combating the three diseases and other health threats to improve the health of our populations. We have shared but fragmented responsibilities. I am sure you will dedicate your time and energy to ensure success of this initiative and will support us in future decisions and actions through persistent communication and dialogue within the region. I would like to ensure all of you that the outcomes of this event will be reported and utilized in the next board meetings and Tokyo conference.

I hope you enjoy your stay in Khartoum and join us for the social events to further enhance our mutual relationships.

**Thank you!**