

Global Fund Board Meeting, Kigali, 3 – 4 May 2017

Governance in the focus

At the beginning of May the board of the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) met in Kigali. Martin Leschhorn Strebel, civil society representative in the Swiss delegation reports.

The 7th Board Meeting took place from 3-4 May 2017 in Kigali (Rwanda). Rwanda was praised several times for its achievements in the last years in bringing forward their health system. Besides the huge development progress Rwanda has made since the genocide 1994, it shouldn't be forgotten that the government is neglecting democratic rights and human rights.

Looking ahead before the board meeting there didn't seemed to be really big topics to be discussed, besides the election of the new chair and vice-chair of the board. For the new term it was up to the implementer's group in the board to propose the candidate for the chair. It seemed that the selection process was quite a hard work – only shortly before the election the implementers suggested the actual vice-chair, Aida Kurtović, as the new chair. The donor's group proposed the US-American ambassador John Simon as vice-chair. Finally both were clearly elected. Maybe it is even an advantage that the former vice-chair is now the chair. By this a smooth knowledge-transfer to the chairs of the board is guaranteed. (Link: <https://www.theglobalfund.org/en/board/members/>)

So besides this no big issues at this board meeting in Kigali? Maybe – but there were some interesting debates that gave a quite good insight in upcoming issues of the Global Fund in particular and of global health in general. These debates turned on governance and health financing issues, safeguarding successes in countries of transition and the shared responsibilities in situations of public health crisis.

10 million and a governance issue

A short example about a 10 million US-Dollar participation of the GFATM in a project led by the World Bank in the Democratic Republic of Congo (DRC). A really small – not to say ludicrous – amount compared to the GFATM's overall budget. The debate culminated around an important governance aspect: As a minor player in this project the Office of the Inspector General of the GFATM would not have the possibility to make use of the same control instruments it normally has – as the project is controlled by the World Bank directly. Should the GFATM board allow this exception to the rules? Wouldn't be this a test case? This question is relevant as the GFATM could find itself more and more in situations where it has to partner with other organisations, especially in the cases of countries losing their eligibility on funds of the GFATM. A further support within the transition phase would be crucial for safeguarding the successes and reaching sustainability. In such settings it makes sense that the GFATM collaborates with other local donors. On the other side the Executive Director (ED), Mark Dybul stressed out that without this exception the GFATM would invest on its own in the DRC – doubling the structures for handling the projects and by this neglecting the declaration of Accra. At the end the board has accepted the proposal to join the project, but it stated clearly that this is seen as an exception and not a test case.

Wambo

Wambo.org is a quite new GFATM platform for guaranteeing that implementer's countries get qualitative health products for a better price than it is normally on the market available. The platform is in a pilot phase and the board discussed in Kigali to open the access to the platform to ten other non-GFATM-implementer countries. Again this could have a positive impact for transition countries

by getting furthermore qualitative health products for an affordable price. In general the *wambo* is seen within the board as a great procurement tool that creates transparency on pricing for health products. There is certainly quite a potential for such an instrument within global health. It wasn't a surprise that the business representatives had rather some difficulties with expanding *wambo* already in the pilot phase. Rather surprising for me but at the end very comprehensible was the NGO position, by amending some critical notes. The NGO representatives see of course the gains for procurement, but they've warned that *wambo* shouldn't compete against other prize reducing models and mechanism.

Venezuela

Another quite sensitive issue was the debate about the health situation in Venezuela. The country is facing a major public health crisis as a consequence of the political situation. (see link: <https://www.theguardian.com/global-development/2017/may/09/venezuela-public-health-crisis-infant-mortality-maternal-malaria>) This crisis – especially the rise of Malaria cases could easily have a negative effect on the whole region. The ED reported on talks between the Pan American Health Organisation (PAHO) and GFATM on considering how Venezuela could be helped in this difficult situation. However the Government in Caracas has obviously not asked for support and the country is not an eligible country for GFATM-Funds. Especially civil society representatives underlined that the health situation in Venezuela is so severe that it was quite obviously a duty for GFATM to engage. After long debates behind closed doors this position was accepted within a clear framework – a success for the civil society within the board.

An overview over all decisions you can find here:

<http://www.aidspace.org/page/global-fund-observer>

http://www.aidspace.org/gfo_article/main-decisions-made-global-fund-board-meeting-4

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