



Investing in our future

# The Global Fund

To Fight AIDS, Tuberculosis and Malaria

## Update on Global Fund Strategy and implications for MNCH

**Ruwan de Mel**

Director Strategy and Policy Development Unit

**Kirsi Viisainen**

Manager Program Effectiveness Team

The Global Fund to Fight AIDS, Tuberculosis and Malaria



Invirtiendo en nuestro futuro  
**El Fondo Mundial**  
De lucha contra el SIDA, la tuberculosis y la malaria



投资于我们的未来  
**全球基金**  
抗击艾滋病、结核和疟疾



Investing in our future  
**The Global Fund**  
To Fight AIDS, Tuberculosis and Malaria



Investissons dans notre avenir  
**Le Fonds mondial**  
De lutte contre le sida, la tuberculose et le paludisme



Вклад в наше будущее  
**Глобальный фонд**  
для борьбы со СПИДом, туберкулезом и малярией



استثمار لمستقبلنا  
**الصندوق العالمي**  
لمكافحة الإيدز والسل والملاريا

# Background

---

- Since its inception, the Global Fund has mobilized US\$ 30 billion in donor support.
- Global Fund financing has enabled:
  - the scale-up of programs in 150 countries;
  - brought interventions to millions of people in need;
  - helped to strengthen health and community systems and;
  - saved an estimated 6.5 million lives.
- Global Fund, financing has also significantly contributed to improving the health of women and children.

# Background 2/2

---

- HIV, Tuberculosis and malaria are major causes of death and illness amongst mothers and children:
  - account for 51% of deaths in women of reproductive age;
  - together account for 21% of all deaths in children;
  - nearly 90% of all malaria deaths in Africa were in children
- Supporting MNCH, therefore a natural and necessary element of most integrated proposals.
- In lead up to Muskoka, the G8 noted that 46% of Global Fund investment positively impacted MDGs 4 and 5

# Board/Policy decisions that guide the Global Fund contribution to MNCH

- April 2010 - *“Exploring Options for Optimizing Synergies with Maternal and Child Health”*
- December 2010 – *“Enhancing Global Fund Support to Maternal, Newborn and Child Health”*
- Policies on Gender and Health Systems
- These policies recognized
  - Linkages between health MDGs
  - All three diseases heavily impact women and children
  - Encouraged scale-up of MNCH in context of core mandate.
- Board recognized that there were gaps in some areas along the continuum of care in MNCH

# Excerpts from Global Fund Board Decisions

*“encourages countries and partners, as a matter of urgency, to work together..... to urgently scale up investments in maternal and child health in the context of the Global Fund’s core mandate.....*

*“strongly encourages CCMs to **identify opportunities to scale up an integrated health response** that includes maternal and child health in their applications for HIV/AIDS, TB, malaria and health systems strengthening”.*

*“(...) The Board requests the Secretariat to review and elaborate the **potential options and their implications for enhancing the contributions of the Global Fund to MCH.**”*

**April 2010**

*“Encourages countries, where applicable, to **strengthen the MNCH content of their Global Fund-supported investments, maximizing existing flexibilities for integrated programming** as noted in the previous Decision Point”*

*“Secretariat..... **clear guidance (including indicators) for countries on strengthening the MNCH content of their HIV/AIDS, tuberculosis, malaria, and health systems strengthening portfolio.**”*

*“Acknowledges the **need to define longer-term possibilities for increased engagement by the Global Fund in MNCH**, as part of the Strategy Development Process.”*

**December 2010**

# Global Fund Strategy 2012 - 2016

---

- Strategy development process commenced with Board Retreat in Sofia, December 2010.
- Board has since “acknowledged” a draft framework.
- Next steps:
  - Secretariat, with PSC, to develop Strategy Framework – goals, objectives, initiatives.
  - Informed by consultations.
  - Leading to Implementation Plan.
  - PSC, then Board consideration Q4 2011.

# Global Fund **Draft** Strategy Framework

## Excerpt of Draft Framework, Global Fund Strategy 2012-2016

Strategic Objectives	1. MAXIMIZE the impact of Global Fund investments on AIDS, TB and malaria	2. MAXIMIZE the impact of Global Fund investments beyond AIDS, TB and malaria, on health systems and on women and children	3. MAXIMIZE value for money and increase efficiency and effectiveness of Global Fund investments	4. PROMOTE human rights and equitable access	5. RAISE new resources and sustain the gains
Strategic Initiatives	<ul style="list-style-type: none"> <li>• More strategically focused investments.                             <ul style="list-style-type: none"> <li>– Review funding model to ensure resources are being directed to those most in need through a more informed, iterative and predictable funding modality.</li> </ul> </li> <li>• Focus on strategic interventions.                             <ul style="list-style-type: none"> <li>– Prioritize effective, proven interventions.</li> </ul> </li> <li>• Accelerate uptake of new interventions and technologies                             <ul style="list-style-type: none"> <li>– Expedite uptake, including through reprogramming.</li> </ul> </li> <li>• Focus on most-at-risk populations                             <ul style="list-style-type: none"> <li>– Special reserve for MARPS</li> <li>– Strengthen GF policies focused on MARPS.</li> </ul> </li> <li>• Use performance-based funding to guide strategic investment.                             <ul style="list-style-type: none"> <li>– PBF as a proactive tool to guide better investment decisions.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Focus investments and improve alignment in HSS.                             <ul style="list-style-type: none"> <li>– Use Health System Platform to more strategically focus investments.</li> <li>– Measure effectiveness of outcomes</li> </ul> </li> <li>• Leverage impact on maternal, new-born and child health.                             <ul style="list-style-type: none"> <li>– Within existing mandate, leverage investments where strong overlap exists between high ATM burden and MNCH challenges.</li> <li>– Subject to additional resources, pilot expanded flexibilities.</li> <li>– Prior to next Replenishment, clarify future role of the Global Fund in supporting MDG 4 and 5</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Strengthen the Fund's operations and governance.                             <ul style="list-style-type: none"> <li>– Implement CRWG and Secretariat reforms.</li> </ul> </li> <li>• Leverage partnerships to deliver results.                             <ul style="list-style-type: none"> <li>– Invigorate partnership to better effect at country level.</li> <li>– Continue to promote technical assistance through partners.</li> <li>– Consider some level of regional presence to support partnership.</li> </ul> </li> <li>• Impact the price, quality and availability of key health commodities.                             <ul style="list-style-type: none"> <li>– Use Global Fund purchasing power to impact price, quality and availability.</li> <li>– Address bottlenecks to supply.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Support programs that address human rights-related barriers to access.                             <ul style="list-style-type: none"> <li>– Stimulate greater programmatic attention and investment to overcome stigma and discrimination.</li> </ul> </li> <li>• Advocate against and address potential human rights violations.                             <ul style="list-style-type: none"> <li>– Take steps to ensure the Global Fund is not supporting programs that violate human rights.</li> <li>– Establish consistent standards of advocacy.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Mobilize resources needed to meet the forecasted demand.                             <ul style="list-style-type: none"> <li>– Broaden diversity of donor base.</li> <li>– Pursue innovative funding.</li> <li>– Build towards 4<sup>th</sup> Replenishment, recognizing resource needs of this Strategy.</li> </ul> </li> <li>• Leverage domestic resources for disease programs and for health.                             <ul style="list-style-type: none"> <li>– To incentivize increased domestic contributions</li> </ul> </li> </ul>

# Excerpt from Strategic Objective 2

***MAXIMIZE the impact of Global Fund investments beyond AIDS, Tuberculosis and Malaria on health systems and on women and children.***

- Leverage impact on maternal, newborn and child health
  - *Within existing mandate, leverage investments where strong overlap exists between high ATM burden and MNCH challenges.*
  - *Subject to additional resources, pilot expanded flexibilities.*
  - *Prior to next Replenishment, clarify future role of the Global Fund supporting MDGs 4 and 5*



# Engagement in Strategic development process

---

- **Partnership Forum**
  - Sao Paulo 26-30 June 2011
- **Regional/thematic consultations**
  - To be scheduled for July/August 2011
- **Contacts**
  - **Anurita Bains (MNCH focal point)**  
[anurita.bains@theglobalfund.org](mailto:anurita.bains@theglobalfund.org)
  - **Ruwan de Mel**  
[Ruwan.demel@theglobalfund.org](mailto:Ruwan.demel@theglobalfund.org)
  - **Kirsi Viisainen**  
[Kirsi.Viisainen@theglobalfund.org](mailto:Kirsi.Viisainen@theglobalfund.org)