Update on Global Fund Strategy and implications for MNCH

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The Global Fund to Fight AIDS, Tuberculosis and Malaria
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”
- 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


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<thead>
<tr>
<th>Strategic Objectives</th>
<th>Strategic Initiatives</th>
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<tbody>
<tr>
<td>1. <strong>MAXIMIZE</strong> the impact of Global Fund investment on AIDS, TB and malaria.</td>
<td><strong>Focus investments and improve alignment in HSS.</strong></td>
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<tr>
<td>- More strategically focused investments.</td>
<td>- Use Health System Platforms to more strategically focus investments.</td>
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<td>- Review funding model to ensure resources are being directed to those most in need through a more informed, iterative and predictable funding modality.</td>
<td>- Measure effectiveness of outcomes.</td>
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<td>- Focus on strategic interventions.</td>
<td>- Leverage impact on maternal, new-born and child health.</td>
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<td>- Prioritize effective, proven interventions.</td>
<td>- Within existing mandates, leverage investments where strong overlap exists between high burden and MNCH challenges.</td>
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<td>- Accelerate uptake of new interventions and technologies</td>
<td>- Subject to additional resources, pilot expanded flexibilities.</td>
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<tr>
<td>- <strong>EXPEDITE</strong> uptake, including through reprogramming.</td>
<td>- Prior to next Replenishment, clarify future role of the Global Fund in supporting MDGs 4 and 5.</td>
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<tr>
<td>2. <strong>MAXIMIZE</strong> the impact of Global Fund investments beyond AIDS, TB and malaria, on health systems and on women and children.</td>
<td><strong>Strengthens the Fund’s operations and governance.</strong></td>
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<td>- Focus investments and improve alignment in HSS.</td>
<td>- Implement CGWG and Secretariat reforms.</td>
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<td>- Review funding model to ensure resources are being directed to those most in need through a more informed, iterative and predictable funding modality.</td>
<td>- Leverage partnerships to deliver results.</td>
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<td>- Measure effectiveness of outcomes.</td>
<td>- Invigorate partnership to better effect at country level.</td>
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<td>- Leverage impact on maternal, new-born and child health.</td>
<td>- Continue to promote technical assistance through partners.</td>
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<td>- Within existing mandates, leverage investments where strong overlap exists between high burden and MNCH challenges.</td>
<td>- Consider some level of regional presence to support partnerships.</td>
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<td>- Subject to additional resources, pilot expanded flexibilities.</td>
<td><strong>Impact the price, quality and availability of key health commodities.</strong></td>
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<td>- Prior to next Replenishment, clarify future role of the Global Fund in supporting MDGs 4 and 5.</td>
<td>- Use Global Fund purchasing power to impact price, quality and availability.</td>
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<td>3. <strong>MAXIMIZE</strong> value for money and increase efficiency and effectiveness of Global Fund investments.</td>
<td><strong>Support programs that address human rights-related barriers to access.</strong></td>
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<td>4. <strong>PROMOTE</strong> human rights and equitable access.</td>
<td>- Mobilize resources needed to meet the forecasted demand.</td>
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<td>5. <strong>RAISE</strong> new resources and sustain the gains.</td>
<td>- Broaden diversity of donor base.</td>
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<td>- <strong>Support</strong> programs that address human rights-related barriers to access.</td>
<td>- Pursue innovative funding.</td>
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<td>- Mobilize resources needed to meet the forecasted demand.</td>
<td>- Build towards 4th Replenishment, recognizing resource needs of this Strategy.</td>
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<td>- Leverage partnerships to deliver results.</td>
<td>- Advocates against and address potential human rights violations.</td>
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<td>- Invigorate partnership to better effect at country level.</td>
<td>- Take steps to ensure the Global Fund is not supporting programs that violate human rights.</td>
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<td>- Continue to promote technical assistance through partners.</td>
<td>- Establish consistent standards of advocacy.</td>
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<td>- Consider some level of regional presence to support partnerships.</td>
<td>- To incentivise increased domestic contributions.</td>
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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

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