

The Global Fund to fight AIDS, TB and malaria

Presentation to the 2nd Meeting of ACP Senior Health Officials

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Overview

1. The Global Fund: overview of the model, overall results and financing to date
2. The EC and the Global Fund: a strong partnership in global health
3. ACP Countries and the Global Fund
 - Grant funding
 - Results & impact
 - Funding allocations (2014-17)
 - Engagement going forward

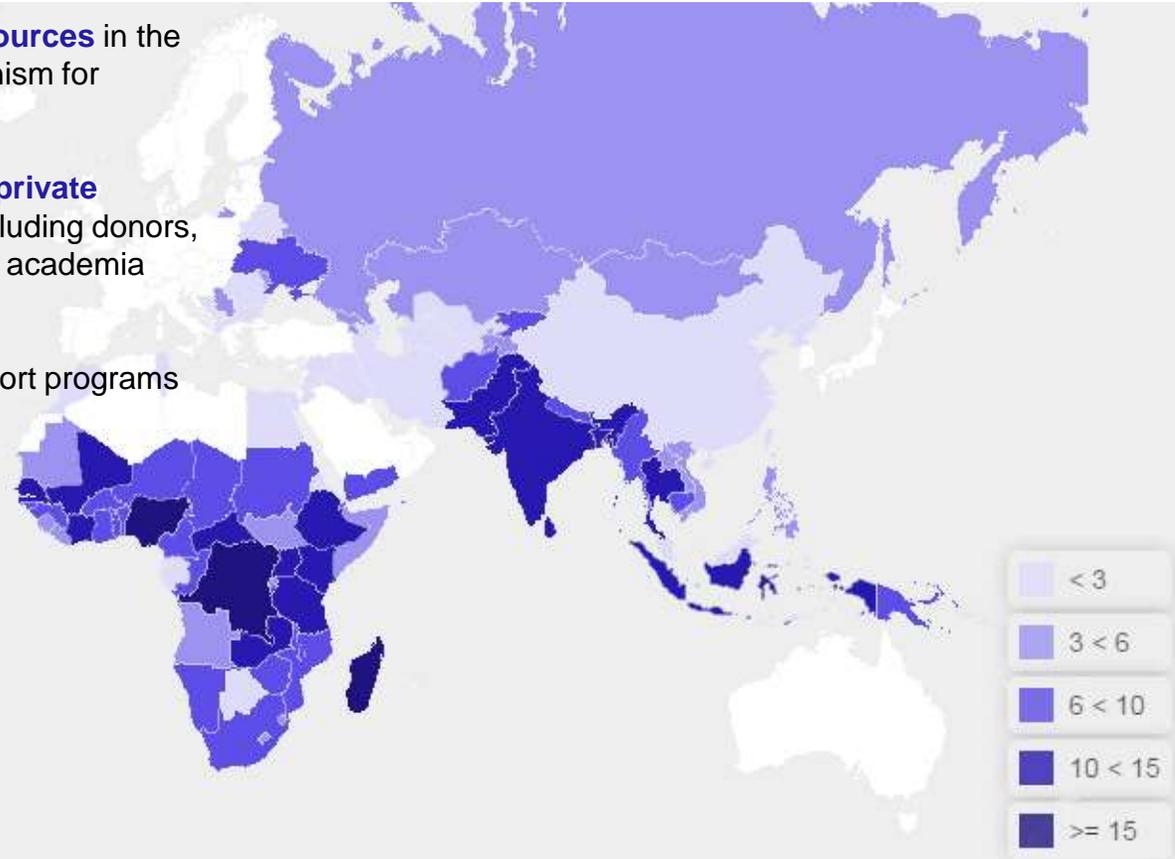
The Global Fund

Investing the world's money to defeat AIDS, TB and malaria

The Global Fund is the leading contributor of resources in the fight against AIDS, TB and Malaria and a key mechanism for achieving progress in the health-related MDGs.

Created in 2002, the Global Fund is a unique **public private partnership** drawing on the expertise of partners, including donors, implementers, the private sector, foundations, NGOs, academia and technical agencies.

To date, it has **disbursed close to US\$ 26 B** to support programs in more than **140 countries**.



Source: Global Fund grant data as of 5 February 2015

Top 3 indicators as of end 2014

Significant results achieved thanks to commitment of implementers & support of donors



7.3 MILLION
people on antiretroviral
therapy for AIDS

In one year, 1.3 million more people can be counted among those receiving ARV therapy, a 20 percent increase.



12.3 MILLION
people tested and treated
for tuberculosis

In one year, programs supported by the Global Fund have treated 1.1 million more people for tuberculosis, a 10 percent increase.

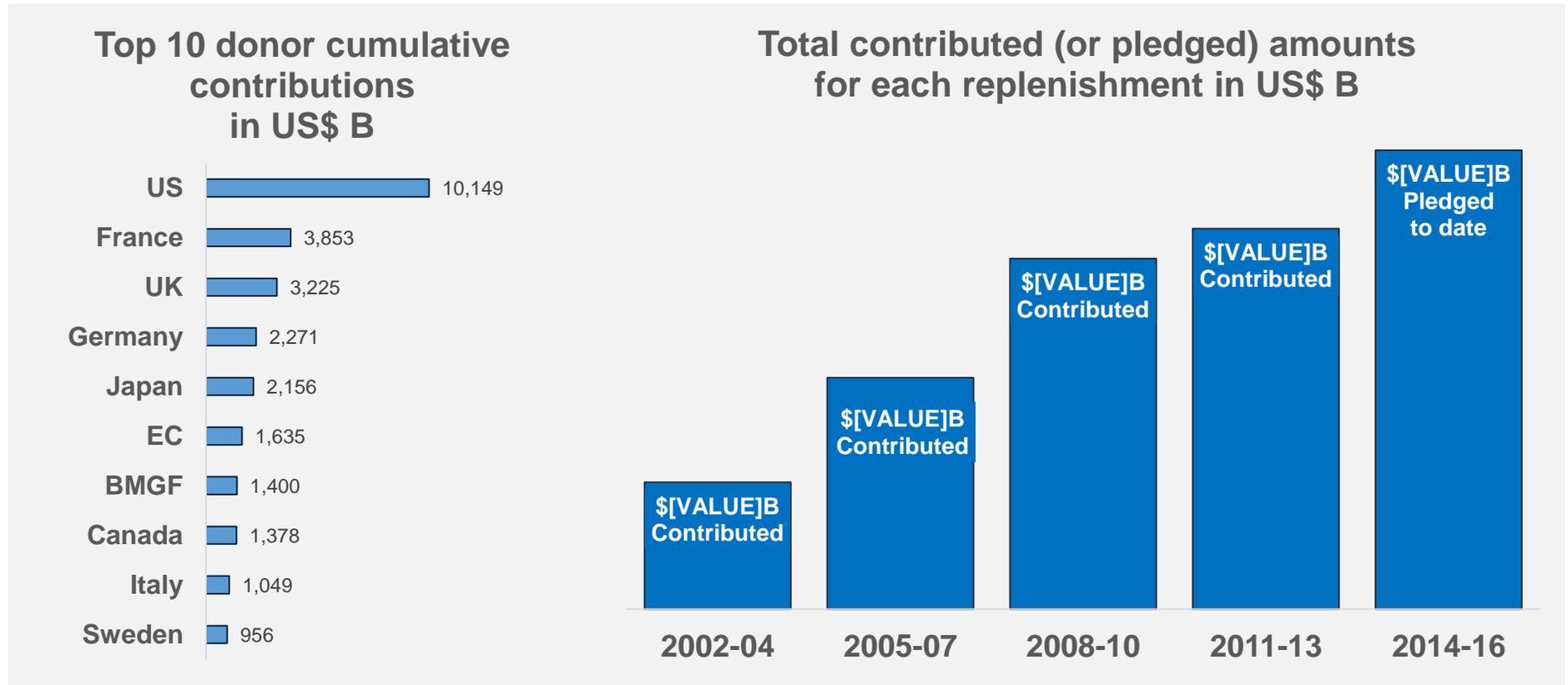


450 MILLION
mosquito nets distributed to
protect children and families
from malaria

In one year, programs supported by the Global Fund have distributed 90 million more nets for malaria prevention, a 24 percent increase.

Donor support to the Global Fund is increasing

The EC is currently the Global Fund's 6th largest donors



- Most funds come from donor governments, but contributions from the private sector, including corporations, private foundations and individuals, have been increasing over time
- At the Fourth Replenishment Launch in December 2013, the Global Fund raised an unprecedented US\$ 12 Billion, 30 percent more than the previous replenishment

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The Global Fund and the European Commission

A strong partnership in global health

- The EC is the Global Fund's **6th largest donor**. The EC and European Member States' cumulative contributions represent around 50% of total contributions to the Fund.
- The EC hosted the Preparatory Meeting for the Fourth Global Fund Replenishment in Brussels on 8 to 10 April 2013.
- At the Replenishment Conference in Washington DC in December 2013, **the EC increased its pledge by 12% to reach EUR 370 million for the period 2014-2016**.
- The EC is represented on the Board of the Global Fund, playing **a prominent policy and oversight role**, including through its presence on the Board's Strategic, Investment and Impact Committee.
- The **EC is also represented in 30 Country Coordinating Mechanisms (up from 17 in 2013)**, which are meant, among other functions, to oversee the implementation of Global Fund-supported grants in the partner countries.



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ACP countries and the Global Fund

56 ACP countries, including 46 in Africa, have active Global Fund country grants
 Small Pacific/Caribbean islands receive support through multi-country grants



- 65% (\$17 of \$26 Bn) of the Global Fund's total disbursements to date were to grants in ACP countries
- Active ACP grants represent 55% (223 of 405) of the Global Fund's portfolio of active grants

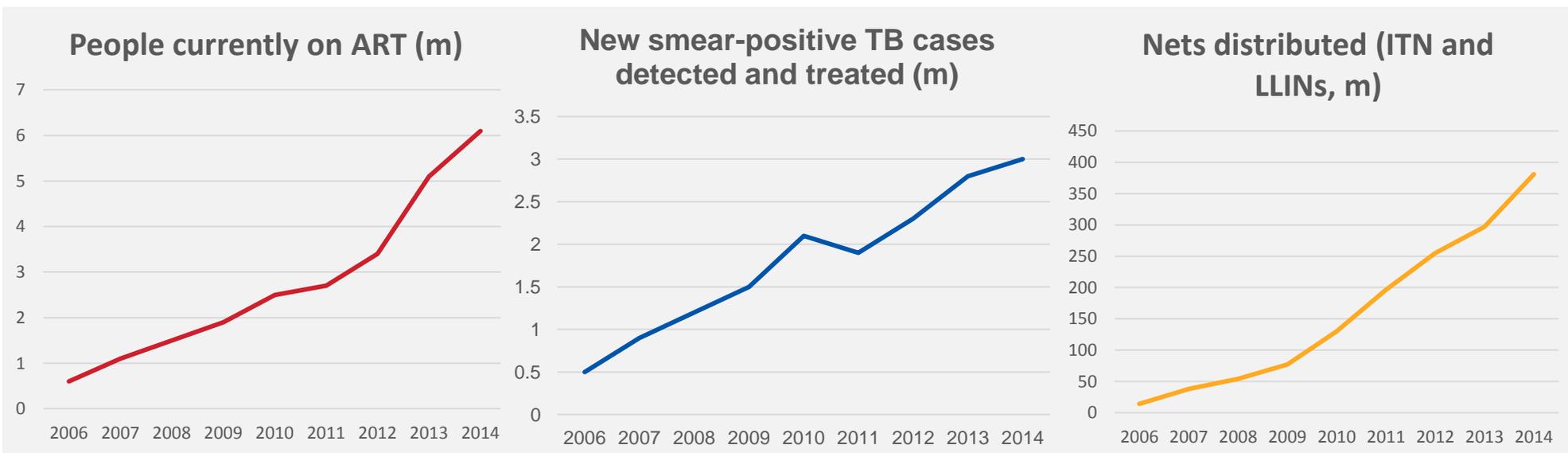
ACP Region	Countries currently supported	Nbr of active grants	Disbursed to date (including closed grants)
Africa	46	193	\$15.8 B
Caribbean	7	16	\$778 M
Pacific	3	14	\$297 M

ACP countries and the Global Fund

ACP countries are making significant gains fighting the three diseases

	People currently on ART (millions)	New smear-positive TB cases detected and treated (millions)	ITNs and LLINs distributed (millions)
Global results	7.3	12.3	450
ACP countries	6.1	3	381
ACP as % of global results (end 2014)	84%	24%	85%

ACP results for top 3 indicators 2006 to 2014



ACP countries and the Global Fund

Achieving impact that could change the course of the 3 diseases globally

Prevention of mother-to-child transmission of HIV:

9 countries had PMTCT coverage of at least 80% at the end of 2013

Botswana, Cape Verde, Gambia, Haiti, Mozambique, Namibia, Sierra Leone, South Africa, Swaziland

(Source: UNAIDS GAP Report 2014)

Tuberculosis:

23 ACP countries have reached the international target of 50% decline in TB mortality between 1990 and 2015, as of end 2013

Benin, Botswana, Burkina Faso, Cote d'Ivoire, Central African Republic, Dominican Republic, Ethiopia, Ghana, Guinea, Madagascar, Malawi, Mauritania, Mauritius, Namibia, Niger, Papua New Guinea, Sao Tome and Principe, Sierra Leone, Solomon Islands, Sudan, Uganda, United Republic of Tanzania, Zambia

(Source: Global TB Report 2014)

Malaria:

10 countries have achieved a 75% reduction in malaria cases by 2013

Belize, Botswana, Cape Verde, Eritrea, Namibia, Rwanda, Sao Tome and Principe, South Africa, Suriname and Swaziland

4 other countries are on track for a 50 to 75% reduction

Dominican Republic, Ethiopia, Zambia and Zimbabwe

(Source: World Malaria Report 2014)

Health Systems Strengthening:

By supporting disease programs, the Global Fund contributes to health system strengthening

E.g. Human resources, infrastructure, training, M&E & other HSS-related account for close to 40% of overall spending

ACP countries and the Global Fund

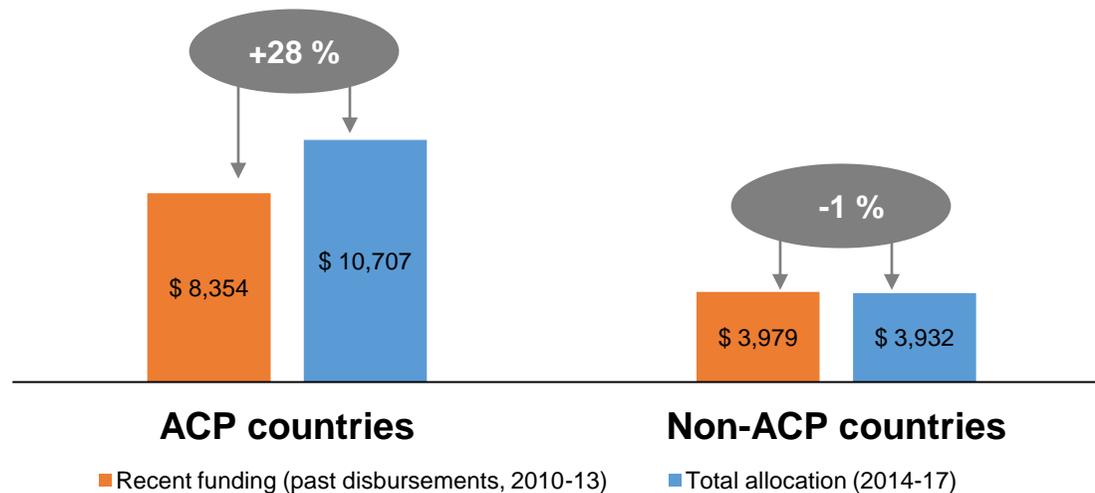
Recent examples of working in partnership to address emergencies & challenges

- **Enhancing partnerships for better integration of RMNCH:**
 - Recent signing of MOUs with UNICEF and UNFPA to coordinate investments in commodities to prevent and treat HIV, tuberculosis and malaria with those designed to improve overall RMNCH.
 - In 2014: 18 of 24 GF-UNICEF priority countries have integrated RMNCH (with varying degrees of co-financing)
 - UNFPA-GF MoU, 6 priority countries for 2014 and 8 priority countries for 2015 have been selected.
- **Ebola outbreak in West Africa:**
 - GF monitored the Ebola outbreak closely, and followed the lead of partners in each affected country as well as WHO and other organizations with expertise.
 - GF supported HIV, TB and malaria programs are significantly affected by the ebola outbreak: Highlights the need for HSS and for GF to support the response in affected countries where appropriate, including through the Emergency Fund.
 - Liberia was the first country to benefit from US\$1.6 million from the Emergency Fund to expand a mass distribution campaign of mosquito nets. Sierra Leone also received US\$1.6 million from the Emergency Fund for ACTs.

ACP Countries and the Global Fund

The Global Fund is increasing its commitment to ACP countries through the NFM

**Allocations (2014-17) vs Recent funding (2010-13)
(in \$ million)**



Allocations to ACP countries constitute 73% of the total amount of funding allocated by the Global Fund over 2014-17, a bigger share compared to the ACP's historical share of disbursements (65%)

ACP Countries and the Global Fund

While significant resources have been allocated, needs/gaps remain

- The Global Fund recently published the **Register of Unfunded Quality Demand** (UQD register) - an innovative tool that provides a list of unmet funding requests that have been assessed as strategically focused and technically sound, but cannot yet be fully funded through the country allocations.
- Total UQD on the register amounts to close to \$2 Bn to date, including **\$1.775 Bn (around 90%) UQD for ACP countries***.
- **The Global Fund is committed to mobilizing resources but cannot guarantee funding for UQD.** Resources for UQD could come from the Global Fund:
 1. Any additional pledges made for the allocation period by government donors available to be allocated to UQD as determined by the FOPC during its annual assessment of funds available, and
 2. Any additional resources channeled through the Global Fund from eligible private donors (e.g. corporations, foundations, HNWIs) and authorized public mechanisms (e.g. Debt2Health) to specific country disease components. Co-investment:

** These include both provisional and confirmed amounts for UQD: UQD amounts are first provisionally entered into the register after the initial GAC review (GAC 1) before grant-making. Amounts are then confirmed once the grant is recommended to the Board for approval (GAC 2). Amounts typically change given efficiencies and adjustments during the grant-making process.*

ACP Countries and the Global Fund

Our engagement going forward

- **Continued engagement and focus on the development of quality concept notes and the implementation of high quality and high impact programs**
- **Working together to demonstrate shared responsibility and commitment to health and the fight against the three diseases**
 - > African Heads of State were Champions and leading advocates for increased domestic financing
 - > The Global Fund has developed a strategy to support domestic finance in collaboration with partners at global, regional and country level, including putting in place innovative mechanisms to raise domestic funds
- **Collaborate on Global Fund replenishment and resource mobilization**
 - > An **increase in 11th EDF (2014-2020)** will be critical to ACP, including by contributing to unmet needs of ACP countries listed in UQD register for the current allocation period
 - > African Heads of State were Champions and leading advocates of the 4th replenishment campaign – broaden support among Heads of State of ACP countries
 - > Continued strong support from CSOs, networks, parliamentarians, communities and GF beneficiaries in ACP countries



Thank you.