

35th Board Meeting

# THE GLOBAL FUND STRATEGY 2017-2022: INVESTING TO END EPIDEMICS

GF/B35/02 – Revision 1  
Board Decision

PURPOSE: This paper presents the Global Fund Strategy 2017 - 2022 that the Strategy, Investment and Impact Committee recommends for Board approval.

# I. Decision Point

1. Based on the rationale described below, the following decision point is recommended to the Board:

**Decision Point GF/B35/DPO4: The Global Fund Strategy 2017 – 2022: Investing to End Epidemics**

1. ***Based on the recommendation of the Strategy, Investment and Impact Committee, the Board approves the Global Fund Strategy 2017 – 2022: Investing to End Epidemics, as presented in Annex 1 to GF/B35/02 – Revision 1.***

# II. Relevant Past Decisions

2. Pursuant to the Governance Plan for Impact as approved at the Thirty-Second Board Meeting,<sup>1</sup> the following summary of relevant past decision points is submitted to contextualize the decision point proposed in Section I above.

Relevant past Decision Point	Summary and Impact
<b>GF/B34/DPO4: Strategic Framework 2017 - 2022 (November 2015)</b>	Through this decision point, the Board approved the Strategic Framework 2017 – 2022 and asked the Secretariat to submit a final strategy narrative through the Strategy, Investment and Impact Committee (SIIC) for Board approval. The strategy narrative presented in this paper for Board approval provides the final strategy narrative requested by the Board when it adopted the Strategic Framework 2017 – 2022.
<b>GF/B33/EDP26: Global Fund Strategy Cycle (November 2015)</b>	The Board decided the strategy should cover the six-year period that begins on 1 January 2017 and ends on 31 December 2022, with a mid-point review of progress and implementation during which the timeline for developing and finalizing the next strategy would be determined. In doing so, the Board noted the importance of coherence between the strategy, allocation and replenishment and the need for advanced articulation of strategy and objectives. The strategy narrative presented in this paper for Board approval covers the six-year period from 1 January 2017 through 31 December 2022.

# III. Action Required

3. This paper requests the Board to approve the Global Fund Strategy 2017-2022: Investing to End Epidemics set forth in Annex 1 to this paper, based on the recommendation of the Strategy, Investment and Impact Committee (SIIC).

# IV. Executive Summary

4. The Global Fund Strategy outlines a bold agenda for the six-year period, 2017-2022. It is based on an ambitious vision, mission, and four strategic objectives, which are each underpinned by a number of sub-objectives and supported by two strategic enablers. The core objectives of the Global Fund 2017-2022 Strategy are to:

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<sup>1</sup> GF/B32/DPO5: Approval of the Governance Plan for Impact as set forth in document GF/B32/08 Revision 2.

- a. Maximize impact against HIV, TB and malaria
- b. Build Resilient and Sustainable Systems for Health
- c. Promote and Protect Human Rights and Gender Equality
- a. Mobilize Increased Resources

5. Under Strategic Objective 1 Maximize impact against HIV, TB and malaria there are five operational objectives. They include:

- a. Scale-up evidence-based interventions with a focus on the highest burden countries with the lowest economic capacity and on key and vulnerable populations disproportionately affected by the three diseases
- b. Evolve the allocation model and processes for greater impact, including innovative approaches differentiated to country needs
- c. Support grant implementation success based on impact, effectiveness, risk analysis and value-for-money
- d. Improve effectiveness in challenging operating environments through innovation, increased flexibility and partnerships
- e. Support sustainable responses for epidemic control and successful transitions

6. Under Strategic Objective 2 Build Resilient and Sustainable Systems for Health there are seven operational objectives. They include:

- a. Strengthen community responses and systems
- b. Support reproductive, women's, children's, and adolescent health, and platforms for integrated service delivery
- c. Strengthen global and in-country procurement and supply chain systems
- d. Leverage critical investments in human resources for health
- e. Strengthen data systems for health and countries' capacities for analysis and use
- f. Strengthen and align to robust national health strategies and national disease-specific strategic plans
- g. Strengthen financial management and oversight

7. Under Strategic Objective 3 Promote and Protect Human Rights and Gender Equality there are five operational objectives. They include:

- a. Scale-up programs to support women and girls, including programs to advance sexual and reproductive health and rights
- b. Invest to reduce health inequities including gender- and age-related disparities
- c. Introduce and scale-up programs that remove human rights barriers to accessing HIV, TB and malaria services.
- d. Integrate human rights considerations throughout the grant cycle and in policies and policy-making processes
- e. Support meaningful engagement of key and vulnerable populations and networks in Global Fund-related processes

8. Under Strategic Objective 4 Mobilize Increased Resources there are four operational objectives. They include:

- a. Attract additional financial and programmatic resources for health from current and new public and private sources
- b. Support countries to use existing resources more efficiently and to increase domestic resource mobilization
- c. Implement and partner on market shaping efforts that increase access to affordable, quality-assured key medicines and technologies
- d. Support efforts to stimulate innovation and facilitate the rapid introduction and scale-up of cost-effective health technologies and implementation models

## V. Recommendation

9. The SIIC recommends that the Board approve the Global Fund Strategy 2017-2022 set forth in Annex 1.

# Open Letter to the Global Fund Board from the Chair and Vice-Chair of the Strategy, Investment and Impact Committee

Dear Colleagues,

We are pleased to share the Global Fund Strategy for 2017-2022: Investing to End Epidemics with you. This narrative strategy elaborates upon the Strategic Framework which was approved by the Board during the November 2015 Board meeting. This cover note lays out the steps that we, as a Board and committee, have taken over the past year to get to this point. We hope that you will find it helpful.

First, a brief bit of background which many of you are familiar with. In November 2014, during the Board retreat, the Board identified key areas of focus for the Global Fund's 2017-2022 Strategy period. These areas included: Ending the three epidemics; Sustainable impact and domestic funding; Key populations and human rights; Health systems strengthening; Partnership; Challenging Operating Environments and Differentiation. The Board decided that over the coming year we would work to further elaborate upon each of these areas and clarify what types of initiatives and activities are encompassed under each one.

The Development Continuum Working Group was created with four sub-working groups that were formed to propose recommendations on key and challenging areas for inclusion in our new strategy. These included groups on financial and programmatic sustainability, working in challenging operating environments, and communities, gender and political will. Following a number of meetings and deliberation, the Development Continuum Working Group presented its findings in March 2015. The Board felt that the Working Group's observations provided valuable input and should be taken into consideration by the SIIC and reflected in the next Global Fund Strategy.

The Board undertook a highly consultative process to devise the Strategic Framework for 2017-2022. This included hosting three regional partnership forums where over 350 participants attended representing the various stakeholders in Global Fund policy making; and provided views as to the future direction of the Global Fund. During these forums, and through an e-consultation platform where more than 1500 individuals expressed their views, the priorities highlighted in the strategic framework were identified.

In tandem to these consultative processes, the TERG commissioned a comprehensive Strategic Review to look at progress made in the implementation of the Global Fund's current strategy, as well as a number of thematic reviews which underpin areas of focus in the 2017-2022 strategy including for sustainability, resilient and sustainable systems for health, challenging operating environments, and market shaping. The recommendations from the Strategic Review and these thematic reviews included the following:

- **Stay the course-** Continue the current strategic direction without major changes with a focus on improving the prioritization and strategic focus of investments; and the measures for ensuring the sustainability of these investments.
- Strengthen national ownership.
- Use differentiated approaches to reduce transaction costs for both the countries and Secretariat.
- Seize opportunities to advance human rights and gender
- Support countries to plan for and operationalize sustainability initiatives.
- Allocate for results
- Support countries to achieve Universal Health Coverage
- Leverage partners for greater country impacts
- Invest in improving the data quality

The narrative strategy, presented here for your approval, takes into account these recommendations comprehensively as well as the input gathered during the Partnership Forums, E-consultations, and a variety of other meetings held to inform this process. Specifically the narrative strategy aims to set the Global Fund on a path to continue to support countries as they implement programs aimed at ending the three epidemics, with an increased focus in the areas of resilient and sustainable systems for health, gender, and human rights.

The narrative strategy provides clear direction on how to differentiate our approach to investments, work better in challenging operating environments, incorporate gender considerations into our investments more effectively, focus on eliminating human rights barriers, and sustain these gains. Elements included in this narrative are underpinned by specific policies (such as those on Sustainability, Transition, and Co-Financing, Challenging Operating Environments and the Allocation Model) which are also coming to the Board for approval in April.

While providing direction, the narrative remains at a high level in accordance with the Board's request. It has benefitted from substantial input provided after a first draft was shared with all Board constituencies, Partnership Forum participants, and through the E-Forum prior to the SIIC meeting. The over 200 pages of comments provided during this robust consultation period were taken into account.

The strategy will be operationalized through detailed Strategy Implementation Plans, key highlights of which the Secretariat will review with the SIIC during the course of implementation. Progress on these plans will be reported to the Board on a regular basis.

We believe that the combination of the Strategic Framework, this narrative strategy, and the associated implementation plans will enable the Global Fund to successfully deliver upon its mandate over the coming 6 year period, at the same time pave a way for the period in which we will end these epidemics.

It has been a pleasure to lead the process of strategy development with such a dedicated group of Committee professionals on behalf of the Board. We look forward to discussion and approval of this document during our meeting in April.

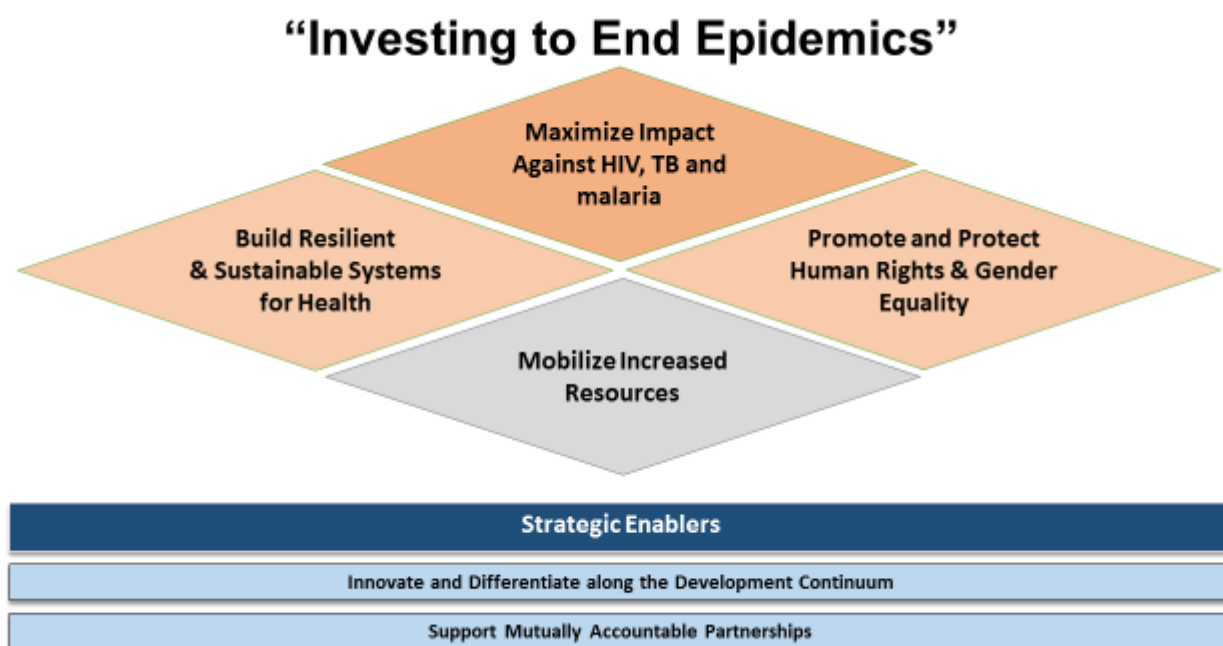
With kind regards,  
David and Anita

# **THE GLOBAL FUND STRATEGY 2017-2022: INVESTING TO END EPIDEMICS**

## Foreword

1. The Global Fund Strategy 2017-2022, *Investing to End Epidemics*, was developed under the leadership of the Board of the Global Fund, with contributions from numerous partners and stakeholders who share common goals in global health. Over a two-year period, in 2014 and 2015, the Board's Strategy, Investment and Impact Committee led a broadly consultative process to collect the strongest ideas, perspective and guidance to formulate the Strategy. The consultations included three regional Partnership Forums with over 300 participants from 128 countries, a 12-week consultation with over 1,200 participants from 143 countries, and dozens of focused meetings and consultations on specific aspects of the next Strategy. The Strategy development process captured the expertise, diversity, and innovative spirit of the Global Fund Board, and integrated broader views and experience of partners.
2. In addition, the Strategy development process took into account the findings of the Technical Evaluation Reference Group (TERG) of the Global Fund, which commissioned a review measuring implementation of the Global Fund 2012-2016 Strategy. The reviewers found that the Global Fund had successfully shifted its model to increase the impact and predictability of its financing for countries. Support for grant application and implementation success was greatly improved, using a more iterative process to engage with countries to ensure strong technical approaches to the three diseases were funded where they are needed most. Work to overcome human rights barriers was advanced, with strengthened internal capacity and grant funding for communities, rights and gender. And the Global Fund partnership continued its critical role raising additional resources for the fight against the three diseases and for global health, including expanding innovative financing approaches, assisting countries to leverage domestic resources, and bringing in new private sector donors to the fight.
3. The Strategy development process achieved three main goals: First, it assessed joint progress against the three diseases and looked at how best to adapt to a changing health and development landscape. Second, it achieved wide consultations within the Global Fund community about priorities for the future, what is working well and what can be improved. And finally, it charted a path for the new 2017-2022 Strategy towards an improved, focused, accountable and impactful Global Fund for the future.





## Overview - The Global Fund 2017-2022 Strategy

4. The core objectives of the Global Fund 2017-2022 Strategy are to:
- Maximize impact against HIV, TB and malaria
  - Build Resilient and Sustainable Systems for Health
  - Promote and Protect Human Rights and Gender Equality
  - Mobilize Increased Resources
5. Successfully implementing the strategy depends on two additional and fundamental elements: Innovating and differentiating along the development continuum, and supporting mutually accountable partnerships.
6. **Maximizing the impact of investments for HIV, TB and malaria requires** differentiated approaches for diverse country contexts, increased alignment, and planning for sustainability of programs. Countries must be supported to implement and sustain impactful programs targeting the three diseases from both a programmatic and financial perspective over the longer term. Successful implementation of this strategy will contribute to progress in the fight against the three diseases aligned with the UNAIDS Fast Track Strategy, the End TB Strategy, and the Global Technical Strategy for Malaria; and to the achievement of the Sustainable Development Goals.
7. **Building resilient and sustainable systems for health** are crucial to ensuring that people have access to effective, efficient, and accessible services through well-functioning and responsive health and community systems. The existence of strong systems for health is essential to making progress against HIV, TB and malaria, and to ensuring that countries can address the varied health challenges they face from reproductive, men’s, women’s, children’s, and adolescent health, to global health security threats, to non-communicable diseases.
8. **Human rights barriers**, stigma and discrimination undermine an effective response to the three diseases. Promoting and protecting human rights is essential to ensure that countries can control their epidemics, scale up where needed, and sustain their gains. **Addressing gender inequality** is essential as it drives increases in infection rates, and contributes to differential access to health services for men,

women and transgender people. Gender inequality reduces the ability of women and girls to protect and keep themselves healthy, and access social services like education.

9. **Mobilizing increased resources** is required for successful scale-up of the response to the three diseases. According to the global technical strategies against HIV, TB and malaria, the global health community must front load investments during the next strategy period to maintain the gains made to date and accelerate progress.
10. Through implementation of its 2017-2022 Strategy, the Global Fund fully aligns with partner plans and with the Sustainable Development Goals adopted by all member states of the United Nations in September 2015 (see below). Through implementation of its 2017-2022 Strategy, the Global Fund fully aligns with partner plans and the Sustainable Development Goals adopted by all member states of the United Nations in September 2015 (see below). Through this strategy, the Global Fund will contribute to the 2030 agenda including the principle of shared responsibility, the approach of inclusive, multi-sectoral participation, and the priorities as outlined in the SDG goals. In particular, financing provided through the Global Fund will be a major contributor to enabling countries to meet Goal 3 and the associated target that seeks to end the epidemics of AIDS, TB, and malaria by 2030.
11. The work of the Global Fund is based upon four principles – partnership, country-ownership, performance based financing, and transparency – empowering implementers to lead the response to the three diseases, supported by a diverse range of partners in the health sector. The Global Fund plays a critically important role, and it is imperative that funding is invested for maximum impact, supporting the implementation of programs in the most effective way possible.

#### Sustainable Development Goals

This Strategy links to achievement of the SDGS in multiple ways, some of these are highlighted below:

**GOAL 1** End poverty in all its forms everywhere- investments by the Global Fund will alleviate the financial burden that the three diseases place on individuals and governments thus freeing up resources to devote to other key drivers of health outcomes

**GOAL 3** Ensure healthy lives and promote well-being for all at all ages- investments by the Global Fund will be used by countries to prevent, test, and treat the three diseases and build systems for health enabling healthier lives and greater well-being for their population.

**GOAL 5** Achieve gender equality and empower all women and girls- investments in the Global Fund will be used to support prevention interventions targeted to women and girls including those that aim to decrease gender based violence and increase women's relational power.

**GOAL 10** Reduce inequality within and among countries- investments in the Global Fund will be made based on country economic capacity and disease burden and used to support key and vulnerable populations disproportionately affected by the three diseases.

**GOAL 16** Peace, justice and strong institutions- investments by the Global Fund will support inclusive, multi-stakeholder engagement in health related decision-making; as well as strengthen the ability of civil society groups to hold their governments accountable through advocacy and community based monitoring.

**GOAL 17** Revitalize the Global Partnership for Sustainable Development- the Global Fund will continue to operate based upon its model of inclusive partnership, with individuals, countries, and other institutions.

## The Current Context

12. The Global Fund was designed to evolve to best meet the needs of a changing world context. More than 50 percent of the burden of each of the three diseases and the majority of the world's poor now live in countries classified by the World Bank as middle income but still varying greatly in terms of quality, access, and capacity of health service provision. Simultaneously, concentrations of disease and people living in poverty remain in low income fragile states, where too many have been left behind the progress of the last decade.
13. The priorities of the global health agenda are expanding to include critical issues such as Universal Health Coverage, health security, anti-microbial resistance, health and communities systems strengthening, and non-communicable diseases. Global health progress is increasingly linked to progress in other areas of development and human rights. Efforts to end the three diseases are intimately connected to efforts to eliminate extreme poverty, empower women, enable greater access to education, reduce hunger, combat climate change and encourage inclusive economic growth.
14. Additionally, and despite impressive progress in the fight against the three diseases, substantial challenges remain and threaten the gains of the last 15 years. These challenges are likely to be exacerbated by the expected population growth in regions where the burden of disease is greatest **making it imperative that prevention and treatment efforts are scaled up now.**
15. Specifically for the three diseases these include:
  - ***HIV***
16. Over the last 15 years there has been an unprecedented response to HIV. In 2000 a global public health response to the HIV epidemic didn't exist. In 2015 almost every country is implementing HIV prevention and treatment programs, driving major progress against the disease. The number of adults and children newly infected with HIV globally declined by 35% during 2000–2014; and the number of people dying from HIV-related illnesses has declined by 24% during that same time period and by over 40% since 2004. By mid- 2015 almost 16 million people were accessing treatment, the majority of whom are in the Global South. Since the dawn of the new millennium, the progress, which the sceptics of the time said was unachievable, has become the reality for millions of people.
17. However major challenges to continued progress and to create an equitable response to the HIV epidemic exist. Alarming, women in sub-Saharan Africa are twice as likely as their male counterparts to contract HIV. In some areas young women and girls are up to five times more likely to acquire HIV than their male peers. In every country in the world key and vulnerable populations are at substantially higher risk of acquiring HIV and are not benefiting equally from the scale-up of programs.
18. For example, approximately 50% of countries report that fewer than half of men who have sex with men know their HIV status, and most don't have access to the services they need. Women sex workers are 14 times more likely to be living with HIV than other women, and transgender women 50 times more likely than the general population. Too many countries fail to provide opioid substitution therapy or access to sterile needles and syringes for people who inject drugs. And even where services for key and vulnerable populations exist, human rights barriers limit access to these services and often remain unaddressed.
19. Going forward the UNAIDS 2016 – 2021 Strategy *On the Fast-Track to end AIDS* will guide the global AIDS response and calls on all actors to front-load investments and scale up global and domestic finance to achieve Fast-Track goals and 10 targets.<sup>2</sup> The Strategy is based on a focused location-population approach, recognizing country and regional priorities and opportunities, leadership and accountability mechanisms. Targets for HIV prevention and the 90-90-90 treatment cascade highlight the need for

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<sup>2</sup> See Annex 1

inclusion of key populations, with the Strategy calling for commitment to ensuring access to integrated services by addressing gender inequality, ending discrimination in health care and other settings, removing punitive laws and increasing access to justice, leaving no one behind. Civil society and communities must play a central role in the design, delivery and oversight of the response, including community-based service delivery. The WHO *Global Health Sector Strategy on HIV, 2016-2021*,<sup>3</sup> is fully aligned with the multi-sectoral UNAIDS 2016 – 2021 Strategy and strives to achieve universal health coverage. It is built around five strategic directions, reinforces the 2020 targets of the UNAIDS Strategy and also includes additional 2020 targets on HIV and viral hepatitis co-infection and integration of HIV in the delivery of other health services.

➤ ***TB***

20. Progress in the fight against TB has been significant. TB associated mortality and TB prevalence have fallen by 47% and 42% since 1990 respectively, with much of the decrease taking place since 2000. Effective diagnosis and treatment of TB is estimated to have saved 43 million lives between 2000 and 2014. Globally, TB incidence has fallen by an average of 1.5% per year since 2000 with a cumulative reduction of 18% until 2014.
21. For further progress in TB, substantial investment is still required, particularly with the existing and future threat of MDR-TB and XMDR-TB, and its co-morbidity with HIV. Recent TB prevalence surveys in a number of countries led to substantial upward revision of estimated new TB cases (9.6 million in 2014; 12% co-infected by HIV), and over a third were not diagnosed, registered, or treated. In 2014, TB killed 1.5 million people making TB a leading cause of death worldwide. Drug resistant TB constitutes a serious threat with only a quarter of the estimated half a million drug resistant TB cases treated globally and only half of those who initiated treatment were successfully treated.
22. Additionally, TB is the leading cause of death among people living with HIV and globally, people living with HIV are approximately 26 times more likely to develop active TB than those without HIV. Progress has been made to integrate TB/HIV activities over the past 15 years but much more remains to be done. For example, in many places screening for active TB is still not routinely offered to those living with HIV, and individuals diagnosed with TB are not routinely offered HIV testing.
23. The three pillars of the *WHO End TB Strategy*,<sup>4</sup> which guide the global TB response, emphasize country-specific approaches to achieving universal access to high-quality care and support for early and rapid diagnosis and treatment of all forms of TB including drug-resistant TB, TB/HIV, management of co-morbidities, and preventive treatment of persons at high-risk by 2035. As presented in the 2016-2020 Global Plan to END TB<sup>5</sup>, this will require a strategic change in the way that the TB epidemic is addressed, through aggressive scale up of testing, diagnosis and treatment by scaling up new tools and innovations, addressing TB prevention and infection, strengthening community systems to support increased access to health services, especially for vulnerable groups, a focus on working with the private sector and key populations, and protection of human rights and gender sensitive policies. The plan acknowledges that in order to achieve the TB-related targets of Sustainable Development Goals, it is essential to make TB care and prevention integral to universal health coverage and social protection policies as well as ensure investments in research and development for TB diagnostics and treatment, and promote innovations to optimize service delivery and maximize impact.

➤ ***Malaria***

24. Successes against malaria have been dramatic. Since 2000, global malaria cases and deaths have declined by 18% and 48%, respectively. It is estimated that cumulatively 1.2 billion fewer malaria cases and 6.2 million fewer malaria deaths occurred globally between 2001 and 2015 than would have been the case had incidence and mortality rates remained unchanged since 2000. More and more countries are moving

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<sup>3</sup> See Annex 1

<sup>4</sup> See Annex 1

<sup>5</sup> See Annex 1

towards elimination of malaria. Whereas only 13 countries were estimated to have fewer than 1000 malaria cases in 2000, 33 countries were estimated to have achieved this milestone in 2015, while 16 countries reported zero indigenous cases. These impressive results were heavily driven by the scale up of intervention coverage with long-lasting insecticide treated nets (LLIN), followed by artemisinin-based combination therapy (ACT) and indoor residual spraying.

25. To maintain these impressive gains and further accelerate progress towards eradication, the fight against malaria still requires significant sustained investment. Over 3 billion people remained at risk of infection in 2015 and there continue to be major gaps in intervention coverage in places where the malaria burden is greatest. In 2015, 67% of people in sub-Saharan Africa had access to an LLIN, 52% of pregnant women at risk of malaria received a single dose of IPTp<sup>6</sup> (only 17% received the recommended three or more doses) and 47% of children with malaria that received treatment were provided with an ACT.<sup>7</sup>
26. With increased intervention pressure, both drug and insecticide resistance have increased. Resistance of *P. falciparum* to artemisinins has now been detected in five countries in the Greater Mekong sub-region (GMS). Of the 78 countries reporting any insecticide susceptibility monitoring data since 2010, 60 reported resistance to at least one insecticide in one malaria vector, and 49 countries reported resistance to insecticides from two or more insecticide classes. Resistance to pyrethroids – the only insecticide currently available for treatment of LLINs, was the most commonly reported; in 2014, three quarters of the countries monitoring this insecticide class reported resistance.
27. To address these challenges and guide the global malaria response, WHO developed the *Global Technical Strategy for Malaria 2016-2030*.<sup>8</sup> The Global Technical Strategy provides a framework for developing programs that are tailored to local malaria contexts, with the aim of accelerating progress toward malaria elimination based on three pillars: ensuring universal access to malaria prevention, diagnosis and treatment; accelerating efforts toward elimination and attainment of malaria-free status; and transforming malaria surveillance into a core intervention. Key supporting elements are harnessing innovation and expanding research, and strengthening the enabling environment. The complementary *Action and Investment to Defeat Malaria* developed by the Roll Back Malaria Partnership, shares the same vision of a world free from malaria, includes ambitious targets and milestones for 2020, 2025, and 2030, and positions malaria in the wider health and development agenda. It illustrates how reducing and eliminating malaria creates healthier, more equitable and prosperous societies, and promotes a broadly inclusive and multi-sectoral process to do so.
28. Clearly, while progress made over the past 15 years represents a remarkable achievement in Global Health and the fight against the three diseases, there is still significant work to be done.

## Vision, Mission, Strategy

29. The Global Fund Strategy outlines a bold agenda for the six year period, 2017-2022. It is based on an ambitious vision, mission, and 4 strategic objectives which are each underpinned by a number of sub-objectives and supported by two strategic enablers. The strategic objectives and sub-objectives provide a critical path outlining how the Global Fund will work with partners to ensure that the response globally and at country level is inclusive, impactful and sustainable. Achieving progress in any of these strategic objectives is interlinked with the others. Progress on implementation of this strategy will be measured through key performance indicators and undertaken at all levels of the Global Fund partnership.

**VISION:** *A world free of the burden of AIDS, tuberculosis and malaria with better health for all.*

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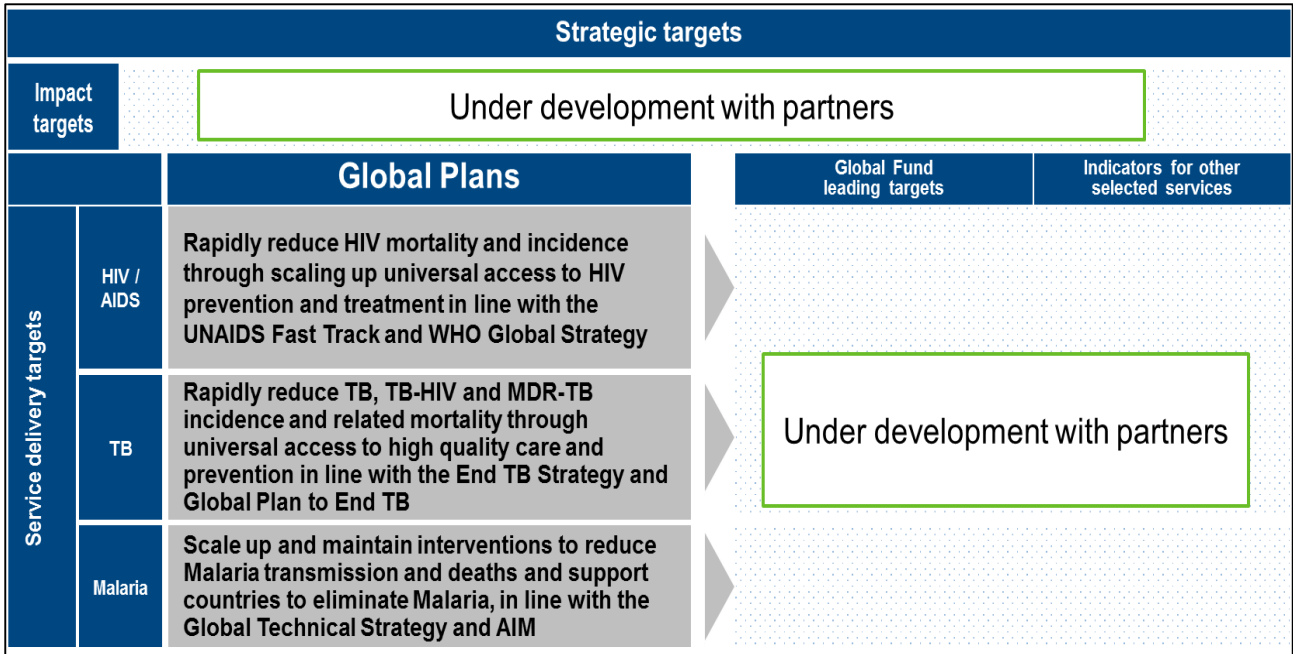
<sup>6</sup> Intermittent preventive treatment in pregnancy

<sup>7</sup> World Malaria Report 2015

<sup>8</sup> See Annex 1

**MISSION:** *To attract, leverage and invest additional resources to end the epidemics of HIV, tuberculosis and malaria and to support attainment of the Sustainable Development Goals.”*

**GOALS AND TARGETS:** The Global Fund’s health impact goals and targets are explicitly linked to Partners’ Global Plans.



Achievement of the Strategic goals and targets will be measured through the following KPIs:<sup>9</sup>

<b>KPI 1 Performance against impact targets</b>	
<b>Strategic Vision</b>	<b>Measure</b>
Invest funds to maximize portfolio impact	a) Estimated number of lives saved b) Reduction in new infections/cases
<b>KPI 2 Performance against service delivery targets</b>	
<b>Strategic Vision</b>	<b>Measure</b>
Invest funds to maximize portfolio impact	a) # of people alive on ARV therapy b) # of TB cases treated according WHO end TB strategy c) # of LLINs distributed d) # of bacteriologically confirmed drug resistant TB treated with a 2 <sup>nd</sup> line regimen e) # males circumcised f) # of IRS services delivered g) # of people who received HIV testing & counseling and know their results

<sup>9</sup> KPIs are still under discussion by the Board for adoption following the 35<sup>th</sup> Board Meeting in April 2016. As such, specific terminology included here may change in accordance with the outcome of such discussions.

**STRATEGIC OBJECTIVE 1: Maximize Impact against HIV, TB and malaria**  
***Innovative approaches to meet diverse country needs are essential to accelerate the end of the epidemics***

30. When the Global Fund was established in 2002, it was created as an emergency response mechanism to make rapid progress in controlling AIDS, tuberculosis, and malaria with the goal of rapidly expanding coverage for key life-saving interventions. At that point in history millions needed access to HIV, TB, and malaria prevention interventions and treatment. Since then immense progress has been made in the fight against the three diseases through this innovative partnership model.
31. In part this progress is due to a changing world context where increased economic growth has led to decreases in absolute poverty globally. While this growth has allowed countries to contribute more to their domestic health budget, it also signifies that for the first time, the burden of HIV, TB, and malaria is concentrated in countries classified by the World Bank as middle income. What this higher income distribution masks, however, are the often staggering inequalities that exist at country level. Available metrics such as GNI or GDP per capita provide insufficient insight into the issues of equity, access, and capacity that exist within diverse countries.
32. For the Global Fund, successfully engaging within this increasingly diverse landscape requires a greater emphasis on allocating resources more flexibly and predictably, differentiating approaches to be more responsive to specific country contexts, and effectively working with countries enabling them to sustain programs independent of donor support.
33. Achievement of this objective will be evaluated through the following measures:<sup>10</sup>

<b>KPI 3 Alignment of investment with need</b>	
<b>Strategic Vision</b>	<b>Measure</b>
Further improve alignment of investments with country "need"	Alignment between investment decisions and country "need"; with need defined in terms of disease burden and ability to pay
<b>KPI 4 Investment efficiency</b>	
<b>Strategic Vision</b>	<b>Measure</b>
Increase the efficiency of program design to maximize impact of fund investments	Improvement in cost per life saved or infection averted from supported programs
<b>KPI 5 Service coverage for key populations</b>	
<b>Strategic Vision</b>	<b>Measure</b>
Reduce the number of new infections in key and vulnerable populations disproportionately affected by the three diseases	Coverage of comprehensive prevention services in key populations

**Operational Objectives:**

34. There are 5 operational objectives that contribute to this strategic objective. Implemented simultaneously, they will enable the Global Fund to deliver upon the objective of **maximizing impact to end the three diseases**.

<sup>10</sup> KPIs are still under discussion by the Board for adoption following the 35<sup>th</sup> Board Meeting in April 2016. As such, specific terminology included here may change in accordance with the outcome of such discussions.

**a. Scale-up evidence-based interventions with a focus on the highest burden countries with the lowest economic capacity and on key and vulnerable populations disproportionately affected by the three diseases**

35. To achieve greatest impact, the Global Fund will invest and promote the scale up of investments across a wide variety of contexts but focus where there is the greatest need and therefore potential for impact. To do this the Global Fund will invest the majority of its resources where the burden of disease is highest, and where countries have the least economic capacity to support health programs. For the three diseases, this means targeting a significant percentage of funds in the countries that make up the majority of the global disease burden. This explicitly acknowledges that without impacting the trajectory of the epidemics in these countries, it will be impossible to make global progress.
36. Simultaneously, in all contexts the Global Fund will invest in epidemiologically appropriate, rights and evidence based interventions amongst key and vulnerable populations that are disproportionately affected by the three diseases. The Global Fund will maximize the impact of these investments by; supporting countries to invest in data systems able to accurately inform effective programs for key and vulnerable populations, strengthening community systems for increased advocacy, monitoring and service delivery capacity; and addressing human rights policy and barriers that impact access to health services. Strengthening relationships with communities of key and vulnerable populations, civil society and technical partners will be critical to this work. Additionally, by working with countries to do effective and early thinking around sustaining programs, the Global Fund will strive to ensure that essential programs targeting key and vulnerable populations are maintained even after a country transitions from support.
37. Finally, the Global Fund will continue to invest in countries as they progress from malaria control towards elimination. As malaria incidence declines, the Global Fund will support countries to maintain intervention coverage, strengthen surveillance and epidemic response capacity, and integrate malaria control programs into the health system where appropriate.

**b. Evolve the allocation model and processes for greater impact, including innovative approaches differentiated to country needs**

38. According to external and independent reviews, the Global Fund's allocation model is delivering impact in a more predictable and effective way. However, continued refinement is needed to increase impact and successfully invest to end epidemics. The allocation model will continue to be driven by a focus on countries with the highest burden of disease and least economic capacity, and on key and vulnerable populations disproportionately affected by the three diseases in all countries where the Global Fund invests. Increased flexibility will enable nuanced adjustments to country context. Simplifying and differentiating the current modes of accessing funding should improve country experience with such processes. More strategic engagement on critical challenges including sustainability, multi-country and regional efforts, and key barriers to success such as emerging malaria and TB drug resistance and high incidence of HIV among adolescent girls and young women should be addressed, while seeking to maintain a high-level of predictability. Together, these refinements to the model will enable better support for countries to invest to end epidemics and improve health with impactful and predictable financing.

**c. Support grant implementation success based on impact, effectiveness, risk analysis and value-for-money**



39. In acknowledgement that the one size fits all approach does not work for the myriad contexts where it invests, the Global Fund will adopt a differentiated approach at country level and operationally within the Secretariat aimed at mitigating risk while increasing impact, effectiveness, and value-for-money. This will align the Global Fund's workforce and processes to the countries with the greatest need and potential for impact.
40. At country level this may mean that the Global Fund invests through sub-national grants in large federal states, adopts a pay for performance scheme in some contexts, or provides direct funding in support of a national strategy in others. Additionally, a differentiated policy on co-financing with strengthened application focus will ensure that the programmatic elements supported by the Global Fund change as a country moves closer to transition. And in countries close to transition, required proportional matching contributions will aim to incentivize domestic investment into often neglected programs such as prevention interventions for key and vulnerable populations.

**d. Improve effectiveness in challenging operating environments through innovation, increased flexibility and partnerships**

41. Challenging Operating Environments (COEs) refer to countries as a whole, but also to unstable parts of countries or regions, characterized by weak governance, poor access to health services and man-made or natural crises. COEs are critical to the Global Fund's mission and objectives, as they account for a third of the global disease burden for HIV, TB and malaria and for a third of Global Fund investments. Performance in COEs has traditionally been weaker than in other countries due to major systemic and capacity gaps that greatly impact ability to implement programs.
42. To improve its effectiveness in COEs, the Global Fund will adopt and implement a COEs policy which will ensure greater flexibility in Global Fund processes and increased speed to meet the needs of people in COEs, including refugees and internally displaced people. In COEs affected by chronic instability, Global Fund investments will be used to increase coverage of and access to services for the three diseases, but also to build resilience through stronger community and health systems. In acute emergencies, the Global Fund will also mobilize resources to ensure continuity of treatment and essential services for people living with or affected by HIV, TB and malaria.
43. Recognizing that crises in COEs often call for long term interventions that blend traditional development and humanitarian approaches, the Global Fund will expand its partnerships with UN agencies, international NGOs and other actors capable of delivering services in the most challenging environments. It will also collaborate with academic institutions, technical partners and civil society organizations with expertise in COEs in order to identify and promote innovative approaches and tools that can improve the effectiveness and the efficiency of grants in COEs.

**e. Support sustainable responses for epidemic control and successful transitions**

44. To best support countries to sustain disease programs and move towards universal health coverage (UHC) as they transition from donor support, the Global Fund will work with all countries implementing Global Fund grants to: increase domestic resource mobilization, strengthen key aspects of the health and community systems, analyze opportunities for efficiency, evaluate dynamics in key product markets, engage in efforts to remove policy, legal and human rights barriers to services for those in need, advance gender equality, and ensure that the barriers which impede the ability of civil society and communities to provide services and hold their governments accountable are removed. In tandem, the Global Fund and partners will support countries to include considerations of sustainability of the three disease programs within their national health strategies and disease control plans.
45. The Global Fund will adopt and implement a policy on Sustainability, Transition, and Co-Financing which provides a framework to support countries to sustain programs. This will include working with partners such as the World Bank, GAVI, and PEPFAR, to support 'transition readiness assessments' which highlight areas that require more intensive focus and investment in order to be deemed 'transition ready;' and

working with countries to write and implement transition work-plans including provision of final ‘transition grants.’ Additionally, to facilitate access to optional funding mechanisms aimed at alleviating issues related to transition, the Global Fund may partner with the World Bank, regional development banks, and other financing institutions.

46. Finally, the Global Fund will work with partners to develop safety net funding mechanisms attempting to ensure that essential services, human rights and advocacy programming are sustained following transition.

**STRATEGIC OBJECTIVE 2: Build Resilient and Sustainable Systems for Health**  
***Strengthening systems for health is critical to attain universal health coverage and to accelerate the end of the epidemics***

47. A focus on resilient and sustainable systems for health will lead to better results in the fight against the three diseases and for health more broadly, as well as increased financial protection and equity, contributing to universal health coverage. Stronger systems for health strengthen countries’ ability to prevent, detect and respond to future health crises, reducing risk for individuals and communities, and ultimately contributing to a healthier, safer world for all.
48. The Global Fund will contribute to building resilient and sustainable systems for health based on lessons learned from others and past experience. Investments will be made to benefit patients, not combat specific diseases, integrating service delivery, strengthening communities and promoting quality services and equitable access; and where possible, will be based on strong national health strategies and disease control plans in close collaboration with partners to ensure integrated and harmonized approaches.
49. Achievement of this objective will be evaluated through the following measures:<sup>11</sup>

<b>KPI 6 Strengthen systems for health</b>	
<b>Strategic Vision</b>	<b>Measure</b>
Increase the share of countries with resilient and sustainable national systems for health that meet standards for use by Global Fund programs	Share of the portfolio that meet expected standards for: <ol style="list-style-type: none"> <li>Procurement and supply chain systems</li> <li>Financial management systems</li> <li>Data systems and analytical capacity</li> </ol>
<b>KPI 7 Fund utilization</b>	
<b>Strategic Vision</b>	<b>Measure</b>
Increase the rate at which countries effectively absorb allocated funds	<ol style="list-style-type: none"> <li>Allocation utilization  <math>\text{Grant Expense (actual + MTP) / Allocation}</math></li> <li>Absorptive capacity  <math>\text{Cum. expenditure / Cum. grant agreement budget}</math></li> </ol>

<sup>11</sup> KPIs are still under discussion by the Board for adoption following the 35<sup>th</sup> Board Meeting in April 2016. As such, specific terminology included here may change in accordance with the outcome of such discussions.

## Operational Objectives:

50. There are 7 operational objectives that contribute to this strategic objective. Implemented simultaneously, they will enable the Global Fund to deliver upon the objective of **building resilient and sustainable systems for health**.

### a. Strengthen community responses and systems

51. Communities are critical actors in improving peoples' health serving a vital role to broaden service reach, engage people to facilitate better health, improve access to health care, and overcome stigma, discrimination, and other human rights abuses. Despite the encouragement and establishment of policies to facilitate and finance community involvement in program design, in service delivery as well as advocacy and accountability through Global Fund grants, systematic and sustained support to community led responses can be strengthened further.

52. The Global Fund will differentiate its support to community responses and systems seeking to ensure that they are able to contribute effectively and continue to do so even after the Global Fund no longer provides support to a country. To do this, the Global Fund will build on the existing community systems strengthening guidance to ensure that opportunities to engage community actors in the myriad roles where they operate are covered across Global Fund guidance, in particular related to disease specific responses. The Global Fund will evaluate how community monitoring, advocacy and accountability groups can supplement existing monitoring, evaluation and assurance efforts, and ensure that when possible Global Fund representatives meet with community groups in country to better understand and address issues around program barriers and implementation. Finally, the Global Fund will evaluate how to best build capacity of community implementers to ensure that they are able to provide good quality, efficient, and broad reaching services that are a key pillar of the broader system for health.

### b. Support reproductive, women's, children's, and adolescent health, and platforms for integrated service delivery

53. To improve the lives of women, adolescents and children, the Global Fund will co-invest to support more integrated programming in the area of reproductive, maternal, newborn, child and adolescent health (RMNCAH). Integration of services is essential to ensure efficiency in delivering interventions, increasing access and maximizing results so that conditions affecting health of women, children and adolescents are addressed simultaneously. In this regard, the Global Fund will work with countries to ensure that grants contribute to addressing the comprehensive needs of women, adolescents and children effectively and with quality, in a way that respects their human rights.

54. The Global Fund will work with partners (e.g. GAVI, GFF, UNFPA, UNICEF, WHO, etc.) to support integrated platforms for women, adolescents and children in ways that foster people-centered programming. Global Fund investments will be used to strengthen systems to deliver HIV, TB, and malaria services integrated along the RMNCAH<sup>12</sup> continuum of care through quality integrated clinical and community based models. In addition, the Global Fund will support countries to ensure that entry points for screening and diagnosis of the three diseases serve as entry points for diagnosis of the other diseases thereby creating cost-efficiencies and increasing the ability to scale up for impact.

55. Critical areas for co-investment can include amongst others: strengthening antenatal care for the provision of integrated services; scaling-up integrated community case management (iCCM); integrating the delivery of sexual and reproductive health (SRH) and HIV services; and strengthening adolescent friendly health services concurrently with opportunities for social protection mechanisms for adolescents.

### c. Strengthen global and in-country procurement and supply chain systems

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<sup>12</sup> Reproductive, maternal, newborn, child, and adolescent health

56. Over the next strategy period, approximately 40% of Global Fund support going to countries for their HIV, tuberculosis, malaria and RSSH programs will be used for procurement and supply-chain management of health products. In-country supply chains for many drugs and health products currently face end-to-end challenges, including issues related to forecasting and quantification, storage and inventory management, distribution, quality assurance, and information management and reporting.
57. In this context, the Global Fund will focus on working with partners to improve in-country procurement capacity and supply chains to maximize impact. For procurement, the Global Fund will continue to support the use of the pooled procurement mechanism where needed (as detailed later in this document) while encouraging countries to include funding for critical investments in the procurement systems within their grants. On supply chain, the Global Fund will follow the Global Fund Strategy for Supply Chain<sup>13</sup> which serves as a roadmap detailing how supply chain capacity building will be undertaken in a number of high investment Global Fund countries. Capacity building activities will include the Global Fund; serving as a mobilizer of in-country support for supply chain work, inputting into National Supply Chain strategies, leveraging supply chain related technical assistance already provided through bilateral mechanisms, and working with in-country partners to evaluate where multiple supply chains can be integrated.

#### **d. Leverage critical investments in human resources for health**

58. Human resources for health (HRH) are a key building block of health system functioning. Sound HRH policy and implementation is vital to maintaining and scaling-up health services in countries. It is essential to train, recruit, pay and motivate staff on a regular basis, within a sound policy framework, and develop ways to increase retention due to high outflows of staff to better-paid and resourced positions.
59. The Global Fund contributes substantive funding for HRH to increase the supply, retention and quality of health workers, thus ultimately enabling the scale-up of services, and the attainment of broader public health goals. The Global Fund will continue to contribute to strengthening human resources for health by supporting countries to develop long term HRH plans, and providing the relevant financing for technical expertise, for example, to train community health workers, provide pre-service training and improve retention strategies.

#### **e. Strengthen data systems for health and countries' capacities for analysis and use**

60. Good data is essential for good decision-making. Systematic efforts and long-term investments in routine data systems are needed to improve the availability and quality of data for analysis and use in strategic decision-making; and to provide capacity for better targeting of programs, improving quality and providing for more efficient service delivery.
61. Acknowledging this, the Global Fund has committed to be a part of the Health Data Collaborative<sup>14</sup> and will continue to maximize existing efforts and resources from all global and domestic partners to improve data availability, data quality and data use at the national, local and community level through coordinated investments in national data systems. More specifically, the Global Fund will systematically invest in country-specific M&E plans to inform program design, track program implementation, and measure impact. These investments should help ensure that countries have systems in place to generate the comprehensive data needed to target and manage their health programs.
62. In addition, Global Fund investment in country data systems and tools for assessing data quality will allow for better policy and decision-making to maximize program efficiency and quality. This targeted effort will also include enabling communities and local providers to access, use, and act upon this data to highlight issues with program quality and barriers to accessing services.

<sup>13</sup> Currently under development

<sup>14</sup> Global network of national governments, UN agencies, philanthropies, academics, companies, civil society and aid organizations, working together in support of country-led health data systems.

**f. Strengthen and align to robust national health strategies and national disease-specific strategic plans**

63. National health strategies and disease specific strategic plans are necessary to ensure alignment of country supported programs with the real health needs of the population. They are essential to generate buy-in across all stakeholders within the health sector on country level priorities, and enable countries to take a longer term perspective on what they hope to achieve with the resources available for the health sector.
64. Additionally, in countries with significant external aid, national health policies, strategies, and plans are often used as tools to improve aid effectiveness, increase alignment, and build accountability at all levels. Acknowledging the importance of strong national health strategies with corresponding disease specific plans to the success of programs to fight the three diseases, the Global Fund will support countries as they work to strengthen and implement their plans, based on access to accurate data and including the underlying health financing and associated sustainability components where needed; and ensuring that they are designed through inclusive, multi-stakeholder processes including the participation of civil society and community groups.
65. The Global Fund will continue to adhere to the principles of aid effectiveness, and work with national governments, partners and country level implementers to ensure that disease plans are appropriately costed and implemented, linked to national health strategies, includes appropriate considerations of sustainability; and that all support is harmonized, aligned and recorded in national budgets. National health strategies and disease specific strategic plans will remain central to the Global Fund's application for funding process.

**g. Strengthen financial management and oversight**

66. Strong public financial management (PFM) is essential for a strong health system. Systems that are transparent and well-performing allow for greater accountability and better assurance that the health system is functioning in an effective, efficient, and equitable way. The strengthening of in-country financial management systems has a direct correlation with maximizing the performance of program investments including supporting sustainability of programs
67. The Global Fund will continue to support countries to build financial management capacity in order to enhance the efficiency, accountability, and transparency in their monitoring and reporting of health spending; and reduce fragmentation and the associated cost of having multiple or parallel financial management systems for absorbing grant funds from the Global Fund and other donors. Over the next 6 year period, through partnerships such as the IHP+ and based on country demand, the Global Fund will collaborate with other development partners to do joint assessments of the public financial management system in a number of countries. This should result in joint decision-making detailing which areas of the existing system donors can utilize while also setting out a comprehensive action plan for addressing critical weaknesses in a harmonized, consistent and efficient way to create synergies for both donors including the Global Fund and the country.

**STRATEGIC OBJECTIVE 3: Promote and Protect Human Rights and Gender Equality**  
*Promoting and protecting human rights and gender equality is required to accelerate the end of the three epidemics*

68. Stigma, discrimination, and violations of human rights undermine an effective response. Consequently, promoting and protecting the rights of people living with and affected by the diseases, as well as the rights of women, children, adolescents and youth as well as members of key and vulnerable populations is essential. This not only reduces the personal impact of living with the diseases, but also helps to create an enabling environment that encourages people to take up and use services. Success in such efforts requires moving from rhetoric to investing in the very practical programs that have been shown to reduce human

rights barriers to access, increasing uptake of and retention in services, and ultimately increasing the efficiency of Global Fund investments.

69. Research shows very clearly that gender and age inequities are a principle driver of HIV and TB epidemics, and a determinant of impact. While national strategies have improved vis-à-vis using data for decision making, the use of age and gender disaggregated data needs to be expanded and improved. Correspondingly, many national strategies do not include comprehensive investments and approaches to address gender and age related barriers to services and underlying gender inequalities which increase health risks and make programs less effective. Little attention is paid to gender-sensitive programs that cater for the specific needs of key and vulnerable populations, for instance, women who inject drugs, transgender women, female partners of men who have sex with men, among others. Understanding the gender and age dimensions of the diseases, and associated gender-related risks to diseases and barriers to services is critical for the Global Fund to assist countries in making targeted, strategic investments.
70. Achievement of this objective will be evaluated through the following measures:<sup>15</sup>

<b>KPI 8 Gender &amp; age equality</b>	
<b>Strategic Vision</b>	<b>Measure</b>
Reduce gender and age disparities in health	HIV incidence in women aged 15-24
<b>KPI 9 Human rights: a) Reduce human rights barriers to services</b>	
<b>Strategic Vision</b>	<b>Measure</b>
Human rights barriers to services are reduced, resulting in improved uptake of and adherence to treatment and preventions programs	# of priority countries with comprehensive programs aimed at reducing human rights barriers to services in operation
<b>KPI 9 Human rights: b) key populations and human rights in middle income countries</b>	
<b>Strategic Vision</b>	<b>Measure</b>
Increase programming for key populations and human rights in middle income countries	Percentage of country allocation invested in programs targeting key populations and human rights barriers to access in middle income countries, for: <ul style="list-style-type: none"> <li>i) Generalised epidemics</li> <li>ii) Concentrated epidemics</li> </ul>
<b>KPI 9 Human rights: c) key populations and human rights in transition countries</b>	
<b>Strategic Vision</b>	<b>Measure</b>
Upper middle income countries in transition take over programming for key populations and human rights	Percentage of funding for programs targeting key populations and human rights barriers to access from domestic (public & private) sources

### Operational Objectives:

71. There are 5 operational objectives that contribute to this strategic goal. Implemented simultaneously, they will enable the Global Fund to deliver upon the goal of **promoting and protecting human rights and gender equality**.
- a. Scale-up programs to support women and girls, including programs to advance sexual and reproductive health and rights**
72. In many contexts women and girls disproportionately bear the socio-economic burden of HIV, TB, and malaria and face multiple forms of stigma, discrimination, violence and other human rights violations that inhibit their access to health care and health. This includes girls or women who are part of marginalized communities such as transgender women, female prisoners, and women who use drugs. In parts of sub-

<sup>15</sup> KPIs are still under discussion by the Board for adoption following the 35<sup>th</sup> Board Meeting in April 2016. As such, specific terminology included here may change in accordance with the outcome of such discussions.

Saharan Africa, rates of HIV among young women and adolescents are significantly higher than their male counterparts; adolescent girls make up as much as 80% of new infections in some high burden countries.

73. The Global Fund's Gender Equality Strategy and related Action Plan written in 2014, highlighted the need for strategic, high-impact, gender-responsive investments, with a particular focus on addressing the needs of women and girls. The Global Fund will build upon the gains made through implementation of this action plan to scale-up combination prevention and tailored treatment programs, while addressing the social, political and economic determinants of health through support for interventions such as comprehensive sexuality education and violence prevention and care programs targeting both men and women, targeted implementation science on Pre-exposure prophylaxis (PrEP) in select countries, support for building on existing cash transfer programs (additional targeting, or psycho-social components), as well as expansion of HIV testing, ART coverage, community-based adherence support programs. These programs will also continue to build upon the work to integrate HIV, TB and RMNCAH services.
74. Additionally, the evidence is growing that keeping adolescent girls and young women in school reduces their vulnerability to HIV infection and other health risks, and ultimately enables girls to become healthy, educated and financially independent women who make well-informed choices about their lives. By working together with organizations such as the Global Partnership for Education, the World Bank, and bi-lateral partners, investments made by the Global Fund may be leveraged or vice versa to enable adolescent girls and young women to have access to both better health and better education.

**b. Invest to reduce health inequities including gender- and age-related disparities**

75. For countries to make strategic investments in the right people in the right places they must understand the gender and age dimensions of their epidemics. Addressing gender inequality requires an analysis of the gendered obstacles that prevent men, women, boys, girls and transgender individuals from protecting themselves against health risks, and obtaining critical prevention and treatment services. Provision of age- and gender-appropriate prevention and treatment services is recognized as critical to address unmet and special needs of different age groups such as children, adolescents and older people.
76. In order to support countries to reduce gender and age related disparities, the Global Fund will continue to work with partners to develop the systems to appropriately disaggregate data by sex and age to evaluate impact in each of these areas. Access to this type of analysis should enable countries to better use their data to support the development and implementation of national health strategies which proactively target gender and age-related barriers to services. Additionally the Global Fund will strengthen partnerships with UN Women, UNFPA, UNICEF, and WHO to provide technical support at country level on specific interventions to address gender- and age-related barriers to services; and UNAIDS and Stop TB to implement gender assessments into the NSP planning process.
77. Internally, the Global Fund will ensure that all policies, processes, procedures and structures reflect its commitment to gender equality, and addressing gender-related barriers to services.

**c. Introduce and scale up programs that remove human rights barriers to accessing HIV, TB and malaria services**

78. Human rights barriers to accessing HIV, TB and malaria services are well documented. The majority of Global Fund concept notes identify these barriers as one of the factors that limit access to Global Fund-financed health programs. However, despite some progress in recent years, investment in programs that help remove these barriers remains very low, reducing the impact our grants could have if these barriers were addressed. Analysis of grants over the past 15 years shows that many grants do not contain any of the key programs to remove human rights barriers, or include only one or a couple of them. Even where country grants include some of the key programs that are needed, they are rarely scaled up, remaining available only in a few settings, reaching only a small proportion of people in need.

79. Acknowledging this the Global Fund will intensify efforts to introduce and scale up programs that are needed to remove human rights barriers to accessing prevention, care, and treatment, such as stigma and discrimination reduction programs; monitoring and reforming laws, regulations and policies that impede progress against the diseases; training for health-care workers; sensitization of law-makers, the police, and the judiciary; know-your-rights programs; and legal services for people living with the diseases and members of key and vulnerable populations. This effort will focus on countries with particular needs and/or opportunities for introduction and scale-up of programs, and those nearing transition. An in-depth study assessing the situation in each of the focus countries will be undertaken, including quantitative and qualitative information on relevant factors, such as the nature of human rights barriers to program effectiveness and coverage and details on the populations affected; existing interventions to reduce these barriers and an assessment of how they could be scaled up and the cost of scaling them up; and where possible, modeling of the impact scaling up programs would have.
80. To support this effort, the Global Fund will deepen human rights capacity within the Secretariat and seek to work in close collaboration and coordination with technical partners, especially UNAIDS, UNDP, WHO, and StopTB, to ensure a focus on the human rights components of Global Fund proposals and programs.

**d. Support meaningful participation of key and vulnerable populations and networks in Global Fund-related processes**

81. Since its inception, the Global Fund has promoted a rights-based approach with an emphasis on strengthening the engagement and participation of affected communities in health governance. By ensuring that human rights principles - including non-discrimination, gender equality, safety and confidentiality of participation, transparency and accountability - are integrated throughout its structures and processes, the Global Fund maximizes the critical inputs made by key and vulnerable populations, and places a high value on developing an inclusive working relationship with them.
82. The Global Fund will continue to champion meaningful engagement of key and vulnerable populations setting an example of standard for engagement in health governance. Meaningful engagement is recognized as a necessary step towards increasing investments in evidence-based and rights-based programming which deliver greater impact on the responses to the three diseases and which strengthen local accountability. To do this, the Global Fund will build on lessons learned from the implementation of the Key Populations Action Plan (2014-2017) and implementation of the Community, Rights, and Gender Special Initiative to support the involvement of key and vulnerable groups at every level of implementation of Global Fund and broader health financing processes.
83. Particular attention will be paid to supporting key and vulnerable communities to engage in the National Strategic Plan development processes as well as grant monitoring, data collection and implementation. Additionally the Global Fund will seek to strengthen collaborations with the appropriate technical partners at global, regional and country level to leverage their political and technical support for engagement of key and vulnerable populations in these and other country level processes.

**e. Integrate human rights considerations throughout the grant cycle and in policies and policy-making processes**

84. The Global Fund's commitment to promoting the right to health is clearly reflected in its guiding principles. Integrating human rights considerations in all aspects of the Global Fund's work, and adopting rights-based policies and policy-making are part and parcel of the Global Fund's overall mission. Integration of human rights principles ensures that each stage of the grant cycle from designing grants to their implementation, management, monitoring, and evaluation are done through meaningful engagement with affected communities and without discrimination, respecting the human rights standards to which the Global Fund subscribes.
85. The Global Fund will continue to mainstream human rights principles and standards in all aspects of its work, including by conducting human rights reviews of the policies and policy making processes. Efforts



will be made to strengthen human rights due diligence in risk assessments to reduce the risk of human rights violations in the grants, and to identify what can be mitigated by safeguards or practical human rights interventions that can be incorporated into the grants. Other efforts will include closer and more systematic collaboration with technical partners and other in-country partners, including communities of affected persons, to ensure participatory dialogue processes. Human rights capacity will also be strengthened at the Secretariat and in other relevant bodies- including the Local Fund Agents, Technical Review Panel, and Office of the Inspector General – to ensure that the Secretariat, its agents and independent bodies understand the human rights implications of their work and how integrating human rights principles can improve outcomes.

**STRATEGIC OBJECTIVE 4: Mobilize Increased Resources**  
***Increased programmatic and financial resources from diverse sources are needed to accelerate the end of the epidemics***

86. Mobilizing increased resources is required for successful scale-up of the response to the three diseases. The global technical strategies against HIV, TB and malaria note the requirement to front-load investments during the next strategy period to maintain the gains made to date and accelerate progress. Increased financing for the Global Fund is critical, but equally important is strong and continued bilateral investment. The private sector, foundations and high-net worth individuals are strengthening their efforts, increasingly through innovative partnerships with the Global Fund and others. Market shaping with partners including UNITAID can increase access to and affordability of medicines while ensuring healthy markets for new and essential health products. Most critical is the increased investment of domestic resources for health, the sustainable future of health financing for most countries.

87. Achievement of this objective will be evaluated through the following measures:<sup>16</sup>

<b>KPI 10 Resource mobilization</b>	
<b>Strategic Vision</b>	<b>Measure</b>
Increase the financial resources available to the Global Fund for investment in programs to tackle the three diseases	a) Actual pledges as a percentage of the replenishment target b) Pledge conversion rate. Actual 5 <sup>th</sup> replenishment contributions as a percentage of forecast contributions
<b>KPI 11 Domestic investments</b>	
<b>Strategic Vision</b>	<b>Measure</b>
Domestic investments in programs for HIV, TB & malaria continue to increase over the replenishment period	Percentage of domestic commitments to programs supported by the Global Fund realized as expenditures
<b>KPI 12 Availability of affordable health technologies: a) Availability</b>	
<b>Strategic Vision</b>	<b>Measure</b>
A stable supply of key quality-assured health products sufficient to meet country demand	Percentage of a defined set of products with more than two suppliers that meet Quality Assurance requirements
<b>KPI 12 Availability of affordable health technologies: b) Affordability</b>	
<b>Strategic Vision</b>	<b>Measure</b>
Market shaping efforts reduce prices for PRs accessing PPM framework agreements, yielding savings which can be used to support unfunded programmatic needs	Annual savings achieved through PPM Framework Agreements on a defined set of key products (mature and new), compared to the prior year

<sup>16</sup> KPIs are still under discussion by the Board for adoption following the 35<sup>th</sup> Board Meeting in April 2016. As such, specific terminology included here may change in accordance with the outcome of such discussions.

## Operational Objectives:

88. There are 4 operational objectives that contribute to this strategic goal. Implemented simultaneously, they will enable the Global Fund to deliver upon the goal of **mobilizing increased resources**.

### a. Attract additional financial and programmatic resources for health from current and new public and private sources

89. Historically the Global Fund has been successful at delivering upon its mandate of mobilizing resources to fight the three diseases. Global Fund financing comes primarily from the public sector with a large percentage coming directly from donor governments. Over the next strategy period, the Global Fund will continue to appeal to these governments as the major funders in the fight against the three diseases. To do this, the Global Fund will demonstrate that its funding model continues to represent value for money in terms of the global reach, impact, and effectiveness associated with its country driven approach making it an excellent investment.

90. In an increasingly competitive aid environment compounded by currency fluctuations, mobilizing resources through traditional mechanisms will become increasingly difficult however. As such, the Global Fund has expanded its resource mobilization strategy and is evaluating how best to engage emerging economies as potential donors for regional or country specific efforts. This may be by developing and evaluating different financing models for indirect contributions such co-investment, targeted technical assistance or support for regional approaches.

91. The Global Fund is increasing engagement with the private sector supporting the expansion of (RED)<sup>17</sup>, while implementing a new strategy engaging trusts, foundations and high-net-worth individuals. This strategy (the Major Gifts Strategy) aims to mobilize significant funds for the Global Fund from philanthropists providing them with an opportunity to give directly to certain countries, regions, or priorities; or to contribute to country-led vehicles for sustainable health financing.

92. All donors; governments, foundations, and the private sector, are convened regularly through an established replenishment mechanism.

### b. Support countries to use existing resources more efficiently and to increase domestic resource mobilization

93. Increased domestic investments in health are a pathway to real sustainability of programs. Historically, the Fund has incentivized this financial commitment through co-financing requirements. Under the next strategy period, the Global Fund will evolve its strategy to best leverage domestic resources for health and the fight against the three diseases through a revised co-financing policy. Building off the lessons learned from the Equitable Access Initiative, this policy will be used to target high burden countries with low investment in health; as well as differentiate domestic funding requirements based on a country's income classification and disease burden.

94. To support implementation of the co-financing policy, the Global Fund will help to coordinate the provision of technical assistance with partners in certain high burden countries to ensure that there are robust and comprehensive national health financing strategies underlying their strategic plans and, as needed, analysis to evaluate integration of HIV, TB, and/or malaria into National Health Insurance schemes.

95. The Global Fund will complement this work by continuing to strengthen the other components of its domestic resource mobilization strategy, including supporting country led advocacy efforts by providing both technical support and funding to advocates including civil society and communities. The Global Fund will work with partners to stimulate discussions with key decision-makers at country-level such as

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<sup>17</sup> <https://red.org/about/>

Ministers of Health and Finance, Parliamentarians, and other political leaders who are influential in allocating funding to health.

96. Finally, to further incentivize domestic financing for health, as also noted under Strategic Objective 1, the Global Fund will continue to support partner and country engagement in innovative financing mechanisms such as Debt2Health, and explore the possibility of social impact bonds and blended financing models. For example, the Global Fund may consider: the possibility of using a social impact bond to incentivize governments to eventually take over funding of successful programs targeting key and vulnerable populations in specific countries; the use of a Global Fund grant to buy-down a loan providing significant time and funding to allow for a 'long tail' of support following transition; or the provision of credit guarantees to enable governments to access the same pricing and terms for key health products that the Global Fund enjoys.

**c. Implement and partner on market shaping efforts that increase access to affordable, quality-assured key medicines and technologies**

97. As a large financing institution that also negotiates procurement terms on behalf of its Principal Recipients through its Pooled Procurement Mechanism (PPM)<sup>18</sup> and sets policies related to procurement, supply management, quality assurance and product selection, the Global Fund impacts markets both on the supply and demand side. The Global Fund also helps to ensure market transparency through its Price and Quality Reporting mechanism (PQR)<sup>19</sup> and other resources, such as its Viral Load and Early Infant Diagnosis Selection and Procurement tool.<sup>20</sup>
98. Going forward the Global Fund will proactively and deliberately leverage its market position to facilitate healthier global markets for health products, now and in the future. It will implement the principles and initiatives outlined in its Market Shaping Strategy, many of which focus on the availability, affordability and quality of key health products. Among other areas, this includes facilitating market transparency by strengthening the PQR and other data-sharing mechanisms, and supporting global forecasting efforts.
99. The Global Fund will simultaneously deploy strategic procurement practices through the PPM to encourage competition and ensure product availability, as well as leveraging the Expert Review Panel mechanism<sup>21</sup> to accelerate the entry of multiple quality-assured suppliers in key product categories. At a fundamental level, it will continue to require that health products financed by the Global Fund meet quality assurance standards, while strengthening its policies for diagnostics and other non-pharmaceutical health products. The Global Fund will ensure that the benefits of market shaping interventions are extended to all recipient countries by developing resources to inform product selection, disseminating information about reference prices and other procurement data, and exploring mechanisms to extend framework agreements negotiated through the PPM to countries seeking to access them, including those procuring with domestic funds.
100. Finally WAMBO.org, the Global Fund's online procurement platform, will provide implementers with greater visibility on the pricing and availability, as well as means to purchase qualified health products. This should serve to increase market transparency and competition, resulting in greater affordability, as well as facilitate the adoption of innovative products.

**d. Support efforts to stimulate innovation and facilitate the rapid introduction and scale-up of cost effective health technologies and implementation models**

101. It is critical to scale up products that may provide new clinical benefits or be more cost effective than

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<sup>18</sup> <http://www.theglobalfund.org/en/sourcingprocurement/>

<sup>19</sup> <http://www.theglobalfund.org/en/pqr/>

<sup>20</sup> <http://www.theglobalfund.org/en/sourcingprocurement/viral-load-early-infant-diagnostics/>

<sup>21</sup> Independent panel composed of external technical experts who review the potential risks/benefits associated with the use of a finished pharmaceutical product (FPP) that is not yet WHO-prequalified or Stringent drug regulatory authority (SRA)-authorized and make recommendations to the Global Fund.

current treatments. This ensures that the Global Fund's resources are used effectively and efficiently and enables countries to use savings on other priority interventions or to expand coverage. Furthermore, given its role as a financing institution of country programs, the Global Fund can make its most significant contribution to supporting innovative technologies, with partners such as UNITAID, to facilitate smooth product introduction and scale-up, reducing the risk of investing in product development.

102. Based upon its Market Shaping Strategy, the Global Fund will work with partners to develop and implement strategic "roadmaps" for scale up of key products. Tools to do this include strategic procurement practices, the Expert Review Panel, and its revolving fund for advance commitments which the Global Fund will expand with the goal of reducing the risk of market entry. This will result in lower prices and will stimulate more sustainable demand for new products. The Global Fund will serve to both promote innovation, by reducing the risk of market entry, and will facilitate smoother product introduction, as well as accelerating product scale-up.
103. The Global Fund will work with countries and partners to support adoption of innovative models of service delivery including differentiated approaches to care and treatment of the three diseases which may increase the clinical and prevention benefits of Global Fund supported interventions. The Global Fund will also maintain relationships with experts in the field of cost effectiveness modelling and connect recipients with these resources to inform country-driven health technology assessment where appropriate.

## **STRATEGIC ENABLERS:**

104. Successfully implementing the Global Fund strategy is dependent upon two fundamental elements, termed the strategic enablers. They include:

### **1. Innovate and Differentiate along the Development Continuum (see also 1c)**

105. To maximize the impact of all investments whether in disease programs, resilient and sustainable systems for health, gender or human rights specific interventions, the Global Fund will differentiate its approach. The approach will be tailored not only to the disease burden and income level of a country, but take into account many factors, including: epidemiologic and other socio-political contextual factors, financing gaps, fiscal space, absorptive capacity, risk and where and how the Global Fund, with partners, can have the most catalytic impact.
106. Simultaneously the Global Fund will evolve the way it operates to respond more effectively to the diverse range of contexts where its grants are implemented. Team structures and processes will be altered so that rather than one size fits all engagement with countries, the Global Fund can adopt a more nuanced approach to its responses. Dependent upon a variety of factors including the size of a country portfolio and the estimated risk associated with investments, the Global Fund will significantly alter the requirements associated with its grant-making to countries and evaluate alternative mechanisms for the grant application, implementation, and monitoring processes.

### **2. Support Mutually Accountable Partnerships**

107. The Global Fund operates as an innovative partnership between governments, international development partners working on the three diseases and in the broader health and development sector, civil society, the private sector, and communities living with or affected by the diseases. Each of these partners brings to the table unique expertise and reach which are essential to the success of the Global Fund partnership.
108. The Global Fund's Partnership Strategy, adopted in 2009, details the six areas where this partnership is absolutely essential beyond grant implementation. They include: Ensuring good governance, representation and oversight through Global Fund supported bodies such as the CCM; Providing technical assistance for varied aspects of the grant application and implementation process; Facilitating greater

harmonization and alignment in accordance with the Aid effectiveness agenda; Mobilizing resources to support programs for health and the three diseases; Engaging in policy discussions and successful advocacy; and facilitating effective communication and information sharing.

109. Over the 2017-2022 strategy period the Global Fund will increasingly rely on its partnership model to achieve impact at country-level. This includes, for example, engaging with Technical Partners to provide support to national strategy planning processes and to strengthen local capacity and monitoring, or with the private sector to foster innovative approaches. Country level partnerships with multilaterals such as the World Bank and GAVI, Bilateral donors, and other implementing agencies are needed to ensure alignment and provision of coherent support to countries. Implementers will remain central to the Global Fund's partnership approach delivering services, producing results, and stimulating innovation. And civil society and community groups will continue to be instrumental as advocates for increased funding for the Global Fund, for health, and for the three diseases; to hold their governments accountable; and in the delivery of high quality services for hard to reach populations.

<b><u>Global Plans- Targets</u></b>	
<p><b><u>HIV</u></b></p> <p><b>Fast Track / UNAIDS Strategy</b></p>	<p><b>Targets for 2020</b></p> <ul style="list-style-type: none"> <li>• Target 1 - <b>90%</b> of PLHIV (children, adolescents and adults) know their status; 90% PLHIV who know their status are receiving treatment; 90% of people on treatment have suppressed viral loads</li> <li>• Target 2 - <b>Zero</b> new HIV infections among children, and mothers are alive and well</li> <li>• Target 3 - <b>90%</b> of young people are empowered with the skills, knowledge and capability to protect themselves from HIV</li> <li>• Target 4 - <b>90%</b> of women and men, especially young people and those in high-prevalence settings have access to HIV combination prevention and SRH services</li> <li>• Target 5 - <b>27m</b> additional men in high-prevalence settings are voluntarily medically circumcised, as part of integrated SRH services for men</li> <li>• Target 6 - <b>90%</b> of key populations, incl. SWs, MSM, PWID, TG people, and prisoners, as well as migrants have access to HIV combination prevention services</li> <li>• Target 7 - <b>90%</b> of women and girls live free from gender inequality and gender-based violence to mitigate risk and impact of HIV</li> <li>• Target 8 - <b>90%</b> of people living with, at risk of and affected by HIV report no discrimination, esp. in health, education and workplace</li> <li>• Target 9 - Overall financial investments for the AIDS response in low- and middle-income countries reach at least USD 30 billion, with continued increase from the current levels of domestic public sources</li> <li>• Target 10 - <b>75%</b> of people living with, at risk of and affected by HIV, who are in need, benefit from HIV-sensitive social protection</li> </ul> <p><b>Strategic milestones for 2020</b></p> <ul style="list-style-type: none"> <li>• Fewer than 500 000 new HIV infections</li> <li>• Fewer than 500 000 AIDS-related deaths</li> <li>• Elimination of HIV-related discrimination</li> </ul>
<p><b><u>TB</u></b></p> <p><b>End TB Strategy/ Global Plan to End TB</b></p>	<p><b>By 2020:</b></p> <ul style="list-style-type: none"> <li>• 20% and 35% decline in TB incidence rate and TB deaths respectively, compared with 2015</li> <li>• 0% of TB-affected households experience catastrophic costs due to TB</li> </ul> <p><b>By 2025:</b></p> <ul style="list-style-type: none"> <li>• At least 90% of all people with TB diagnosed and all placed on appropriate treatment</li> <li>• As part of this approach, at least 90% of key populations reached</li> <li>• At least 90% of all people diagnosed with TB treated successfully</li> <li>• 50% and 75% decline in TB incidence rate and TB deaths respectively, compared with 2015</li> <li>• 0% of TB-affected households experience catastrophic costs due to TB</li> </ul>

<p><b><u>MALARIA</u></b></p> <p><b>Global Technical Strategy for Malaria</b></p>	<p><b>By 2020:</b></p> <ul style="list-style-type: none"> <li>• At least 40% reduction in malaria mortality rates and malaria case incidence, compared with 2015</li> <li>• Elimination in at least 10 countries</li> <li>• Malaria re-establishment prevented in all malaria free countries</li> </ul> <p><b>By 2025:</b></p> <ul style="list-style-type: none"> <li>• At least 75% reduction in malaria mortality rates and case incidence, compared with 2015</li> <li>• Elimination in at least 20 countries</li> <li>• Re-establishment prevented</li> </ul>
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