



Investing in our future

The Global Fund

To Fight AIDS, Tuberculosis and Malaria

Partners in Impact

Results Report

Global Fund Board Meeting

Geneva, April 2007

Fifteenth Board Meeting
Geneva, 25-27 April 2007

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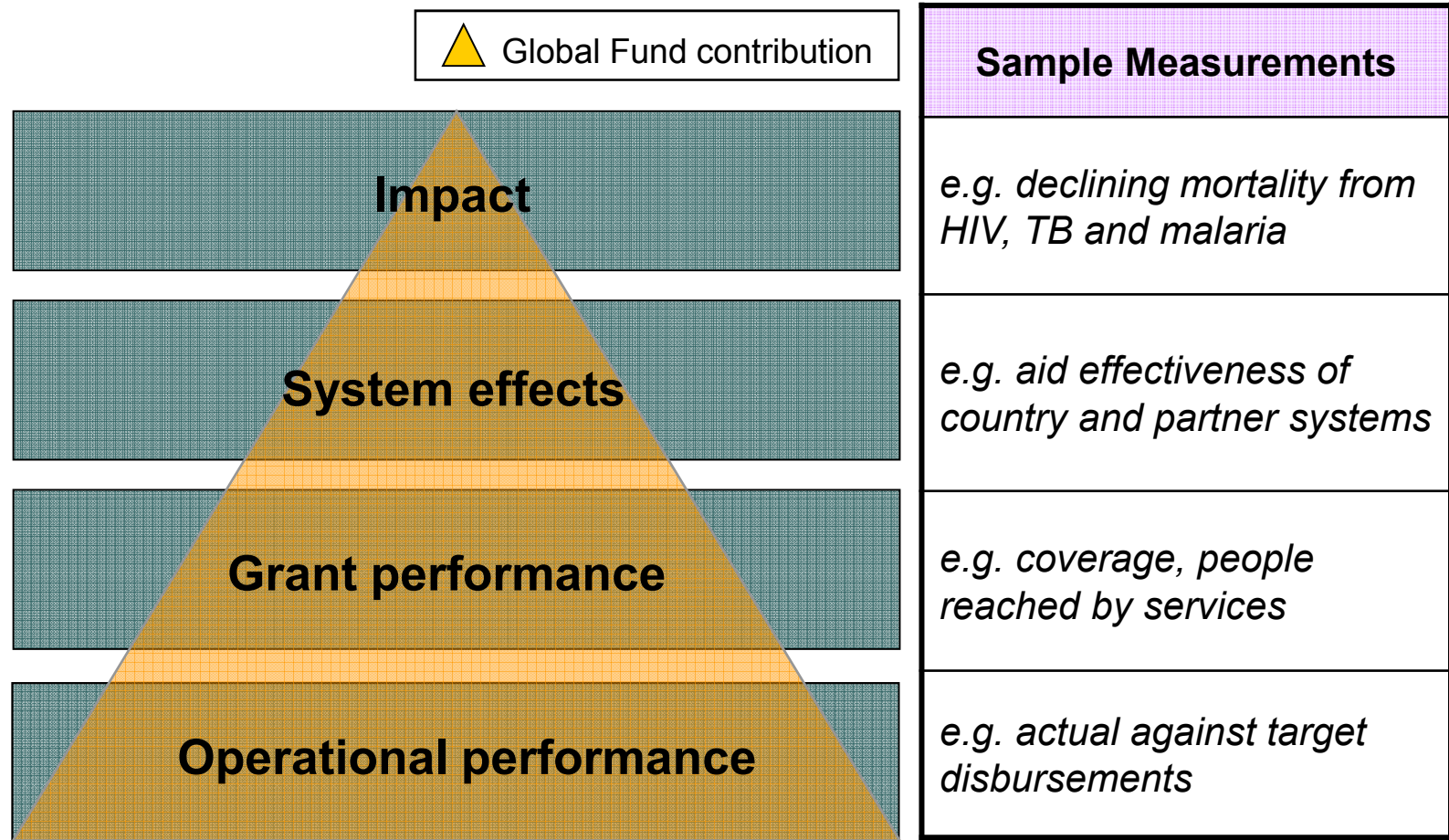
2. Partnerships

- Working better with partners

3. Impact

- Full model of the Global Fund
- Challenges

The full model of the Global Fund: from finance to impact



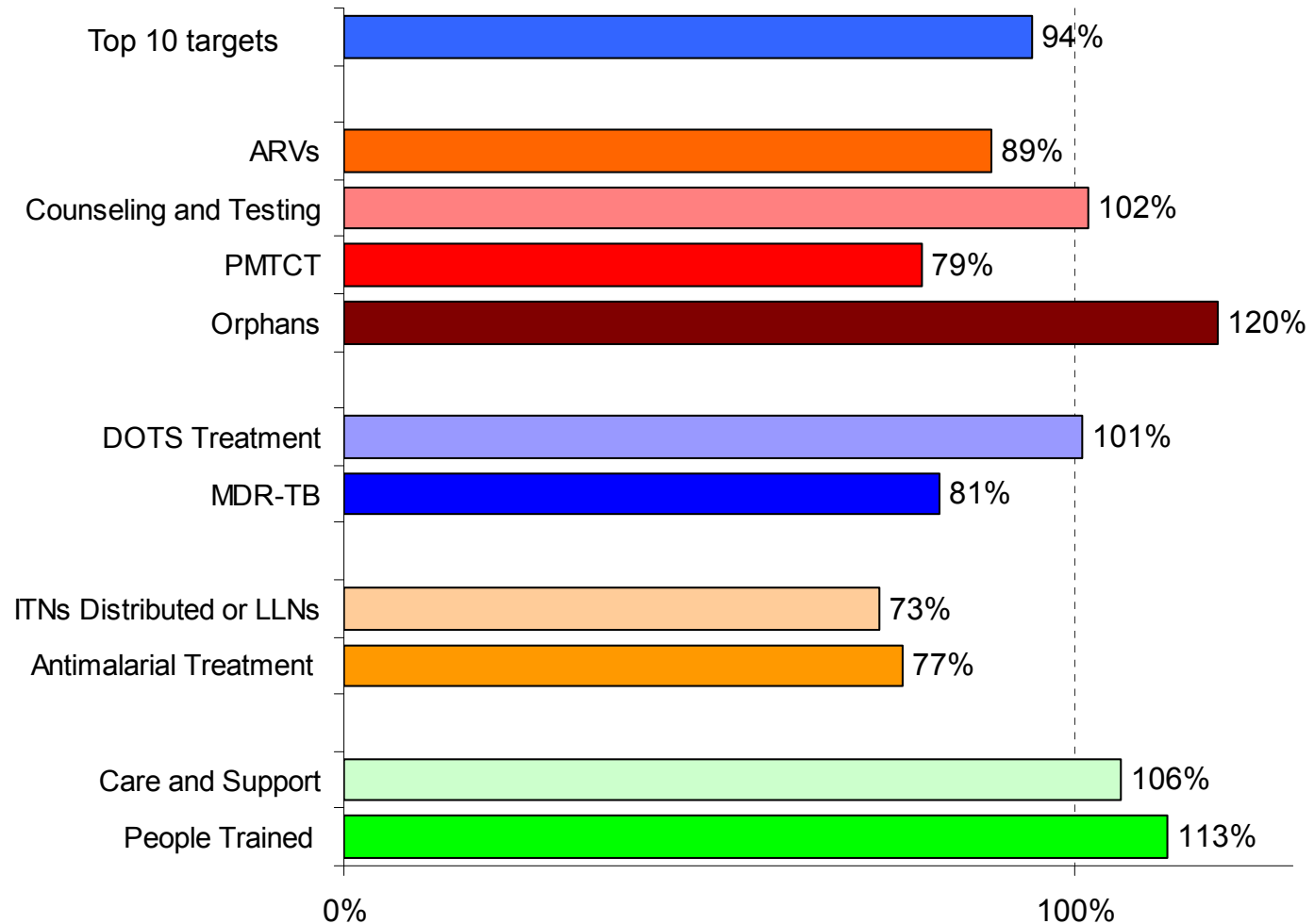
Themes: Accelerate Core Competencies,
Performance based Partnerships, Focus of Impact

Rapidly increasing results reaching people

Intervention	Results end 2006	% increase over year
HIV: People on ARV treatment	770,000	101%
TB: People treated under DOTS	2,000,000	100%
Malaria: Insecticide-treated nets distributed	18,000,000	134%

Exceptional challenges: 16-34% of international targets

Overall 94% of programmatic targets reached at Phase 2



Managing variability – A 120%, B1 90%, B2 60%, C 40% - returns on TA

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Systematic concerns - Gender

- Disaggregating service data
 - ARVs: 57% women, 48% of infections (with WHO/UNAIDS)
 - ITNs: target women and children, TB treatment: fewer women

PMTCT: urgent gender issue and for children

- Cheap, effective treatment: epidemic of HIV+ children
- Entry point for care, treatment and support



Gender diagnostic tools for proposals, implementation

Intelligent Implementation

- **Full capacity of civil society partnership**

83% A or B1
performance

- Critical capacity to match services with people in need

- **Systematic TA: lessons from TB**

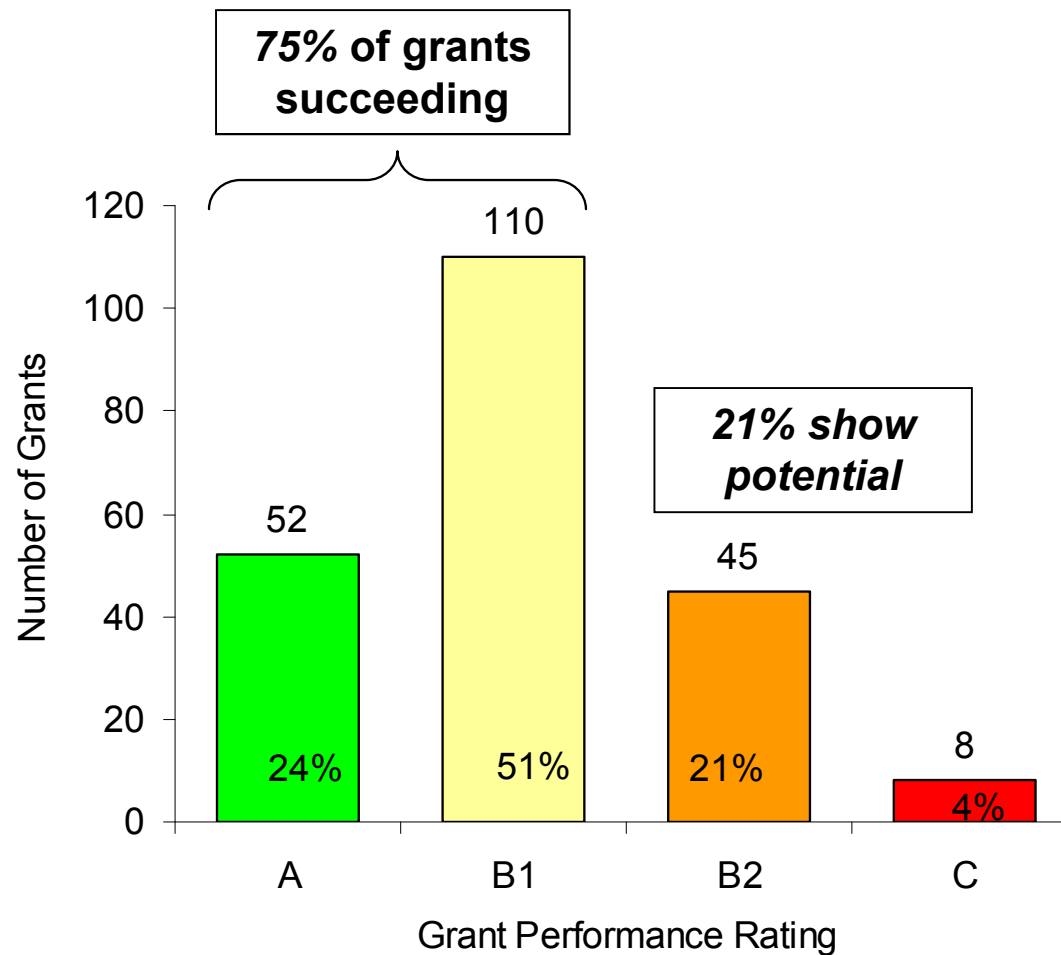
84% A or B1
performance

- Well defined package: roles coordinated by Stop TB partnership

- **Sub-Saharan Africa: challenge of A-performance**

- Returns on TA could increase results 90%

Most countries can make the money work



No worse in poorer countries and weaker health systems

Performance indicators of the Global Fund

Strengths	Weaknesses
CCMs – significant improvement in meeting requirements (97%)	Average time between grant approval and first disbursement is 9.3 months.
Strong programmatic results against portfolio and top 10 targets	Grant progress information on web at disbursement (35%). Fully updated twice year
Increase in disbursements (US\$1.32 billion) reaching 88% of target	Private sector funds raised still need to increase. Product (RED) shows potential
Majority of country strategies include Global Fund (68%) and budgets (54%)	The Early Alert and Response System (EARS) still has to prove itself in 2007

2. Partnerships

- Working more effectively with partners
- Links to Health System and development
- Civil Society systems and capacity
 - Match services with creative capacity to reach people in need

Aid effectiveness: from principles to practice

- Measuring **Paris Principles**, Incorporating Global Initiatives, Learning process in 2007

Strengths	Weaknesses
Use of national reporting systems for financial(54%), programmatic(73%) reports	Coordination of missions (15%)
A program approach (74%) avoiding parallel implementation units (16%)	Use of national auditing procedures
Provision of untied, largely predictable financing (90%).	Use of national procurement systems (33%)
Alignment with country cycles (62%) (though improvements required)	Mainstreaming CCMs into development coordination, “communication gap”

“Diagonal” country programs: synergy HSS and services

- **Ethiopia:** 30,000 community health workers
 - Coordinated World Bank, GAVI, PEPFAR
 - Roll out AIDS, TB, malaria services to rural areas
 - “We use the analogy of agriculture, we say they can grow food, and now they can also grow health in their communities”
- **Haiti:** HIV/TB services improve primary health
 - Improved flow essential medications, vaccines, staff morale
 - Prenatal care increased 4 times
 - “Far from diverting resources, strengthened primary health care throughout Haiti’s lower central plateau”

Other donors particularly for long term, systematic health infrastructure

Flexing the Flexibility of the Global Fund model

- Flexible Finance: “communication gap”
 - Working with country partners card
- Performing programs ensure effective balance of services and capacity
 - Ethiopia, Malawi, Rwanda, China to Haiti
- Mobilize full capacity of partnerships

3. Partners in Impact

- Achieving full model of Global Fund: finance, partnerships, services, impact
 1. Child mortality declines with effective malaria interventions
 2. Mortality in adult working populations declines with ARV
 3. Declining TB prevalence in high burden countries
- Focus for strategy
 - Accelerating Core Competencies
 - Program approach: grants to fighting diseases
 - Full capacity of partnerships



1.7 million lives saved

Conclusion: challenges of investing in impact

- Global Fund unique platform for impact
 - Finance, partnerships, performing programs, focus of impact
- “Partners in impact”
 - Full force of partnerships and capacity
 - Performance incentives and impact focus
- Investing in impact
 - A new level of finance, culture of challenges

“You go to a medical ward and now half of the beds are not occupied, before they were mushrooming. A manager came to me as Minister of health and said “You are bad for business, our funeral business is going down”. There was a time when every weekend we were burying four to eight people, now weeks go by without a funeral”