



Investing in our future

The Global Fund

To Fight AIDS, Tuberculosis and Malaria

Sixteenth Board Meeting
Kunming, China, 12 - 13 November 2007

Discussion Paper from the Chair of the Board: Strategic Directions for the Three Diseases (Agenda Item for the Sixteenth Board Meeting)

Background

The Global Fund finalized its first Four Year Strategy in April 2007. This strategy does not include strategic goals, targets or results that the Fund wants to achieve vis-à-vis the three diseases in countries or globally. The purpose of this memo is to address the question of whether it is appropriate and responsible for the Global Fund to continue doing its business without defining the overall performance of the partnership in terms of measurable disease specific goals, targets or results. Through addressing this question, the Global Fund will be able to define more clearly its role as a financier in contributing to a coherent global public health strategy for HIV/AIDS, tuberculosis, and malaria and determining how to act as a strategic and responsible investor.

This question arises for four main reasons:

- First, although the response to the three diseases has substantially improved over the last decade, the health related MDGs are particularly off-track half way to 2015.
- Second, the Global Fund has grown. It is now the biggest funder of TB and malaria programs globally (providing roughly two thirds of global funding for these diseases) and finances at least 20 percent of the global response to HIV/AIDS.
- Third, as the Global Fund matures and grows, its role in harmonizing donor contributions at the international level is increasing as is its responsibility for alignment with country cycles and program approaches at the country level.
- Fourth, the Global Fund Board has already played an active role in supporting and shaping new or evolving concepts (such as National Strategy Applications and approaches to Health Systems Strengthening¹) and has been closely involved in new initiatives such as the UK's International Health Partnership and discussions among the heads of the leading health agencies.

Core Principles of the Global Fund

The purpose of the Global Fund as laid down in the Framework Document is to, “attract, manage and disburse additional resources through a public-private partnership that will make a significant and sustainable contribution to the infections, illness and death thereby mitigating the impact caused by AIDS, Tuberculosis and Malaria.”² Yet, the Global Fund has never had a discussion about what qualifies as a “significant” contribution and in what time frame this contribution should occur.

The basic founding principles of the Global Fund to operate as a financial instrument and encourage local ownership imply that strategic targets in fighting the three diseases are not defined by the Fund but by the implementing countries with support of other partners. The

¹ <http://www.who.int/healthsystems/gf13.pdf>

² The Framework Document of the Global Fund to Fight AIDS, Tuberculosis and Malaria

success of the Global Fund therefore depends on the partnership³ as a whole functioning effectively.

Potential Role of the Global Fund

In light of the core principles of the Global Fund there may, however, be a role for the Fund in contributing to a better understanding of the needs and to actively engage with partners in a dialogue on the “what, how, and who” of a global public health strategy that more effectively links aspects of financing, technical support and implementation. The Global Fund could be the catalyst to link country plans to overarching global strategies to fight the diseases. Specifically, the Global Fund may be able to offer support in the following areas:

- **Understanding the need:** Supporting and/or facilitating a better and shared understanding of global needs (including the potential for global, regional or country level targets to be set by countries with the support of technical partners) versus country level expressions of demand in order to more effectively address the gap between these two.
- **Setting shared targets:** Facilitating a dialogue between all relevant stakeholders on global, regional and/or country level targets and the roles and responsibilities of the respective financing, implementing and technical partners in achieving them. Discussions on targets should include ways to address the gap between global needs and demand.
- **Being accountable:** Supporting and/or facilitating an ongoing, shared analysis by all stakeholders of the degree to which global, regional and/or country level targets are met and to address factors that contribute to or prevent them being achieved.

Current State of Global Strategies

Due to the varied nature of the role of Global Fund financing in the three different diseases and the different partners it relies on to help it achieve its goals, it is helpful to review the current state of global strategies. STB, RBM and UNAIDS were invited to provide input to this memo in order to inform the Board’s discussion on this subject. The partners’ input can be found in the annex.

³ The partnership is defined as the collaboration between the GF, the recipient countries, the technical partners, bilateral donors, civil society and the Private Sector.

In summary:

1. There is increased recognition of unmet resource needs in global health. This puts pressure on the partnership – the Global Fund, its technical partners, and other stakeholders - to improve its performance;
2. The increasing role of the GF as a financier requires the Fund to continuously review its role as a responsible investor in global health;
3. The growing recognition of global need, the increased size of the Fund and the further development of concepts such as HSS and NSAs along with other global initiatives, are focusing global attention on the need for improved donor alignment and harmonization;
4. Enhanced efforts in alignment and harmonization suggest that there is a need for further attention to the role of performance-based funding at the global, regional and country levels, for example i) whether targets vis-à-vis the three diseases at global, country and/or regional levels could enhance the overall performance of available funding (what), ii) what strategies and implementation plans would need to be put in place to achieve such targets (how) and iii) an agreed definition of responsibilities, division of labor and mutual accountability (who).
5. There is currently no platform to address these issues in a strategic and systematic way.

Discussion Questions

On the strategic level:

“The strategy needs a stronger and more explicit focus for its vision, mission and consequent actions to impact the three diseases.”⁴

- The Global Fund's core principles state that its purpose is to make a “significant and sustainable contribution” to the three diseases. What qualifies as “significant”? How do we make it sustainable and in what time frame?
- How could Global Fund financing be more strategically linked with global and/or country level targets?

On the partnership level

“... the Global Fund needs to make more proactive steps (with partners) to define respective roles, set goals and catalyze effective interactions, all designed to achieve and be accountable for impact.”⁴

- How can the Global Fund work more effectively with technical partners for contributing to achieving internationally agreed upon targets at global and country level? Is there a sufficient level of coordination so there is clarity between the players?
- How can we support best practices cross-country sharing to have global learning across the portfolio that leads to improved progress in reaching international targets?

On the level of the grant making process

- Do we need to modify the grant-making process to address reaching targets? Are there implications on the TRP and our funding process?

⁴ TERG Five-Year Evaluation Report on Study 1 (GF/B16/4)

Follow up:

- What kind of mechanism / follow up would accommodate for future discussions that address this priority?
- Should we continue these discussions at the PSC and/or other Committees?

Annex 1 : Input from the Global Fund Technical Partners

1. Stop TB Partnership Global Plan to Stop TB 2006-2015

The Stop TB Partnership:⁵ Provides the platform for collective and concerted action by a wide range of Partners to stop the spread of TB. The Stop TB Partnership believes that maximizing the effectiveness and efficiency of Partners' efforts requires a plan.

Mission of Stop TB Partnership: To ensure that every TB patient has access to effective diagnosis, treatment and cure; to stop transmission of TB; to reduce the inequitable social and economic toll of TB; and, to develop and implement new preventive, diagnostic and therapeutic tools to stop TB.

Targets: By 2015

- MDG for TB will be achieved "to have halted and begun to reverse the incidence of TB by 2015" and
- the global burden of TB disease (prevalence and deaths) will be reduced by 50% relative to 1990 levels.
 - Reducing prevalence to 155 or fewer per 100 000 population
 - Reducing deaths to 14 or fewer per 100 000 population

Global Plan to Stop TB 2006-2015: The Stop TB Partnership's Global Plan, 2006–2015, underpinned by the WHO Stop TB Strategy, sets out the activities that will make an impact on the global burden of TB. This involves reaching the 2015 targets and MDG relevance to TB. The Plan sets out the resources needed for actions, underpinned by sound epidemiological and robust budget analysis. It supports the need for long-term planning for action at regional and country level. The Stop TB Partnership strongly endorse the principle of national plans.⁶

The Plan is based on contributions from the Stop TB Partnership's seven Working Groups: DOTS expansion; Multidrug-resistant TB; TB/HIV; new TB diagnostics; new TB drugs; new TB vaccines; and advocacy, communications and social mobilization. The Working Groups have contributed to the two key dimensions of the Plan: (1) regional scenarios (projections of the expected impact and costs of activities oriented towards achieving the Partnership's targets for 2015 in each region), and (2) the strategic plans of the Working Groups and the Secretariat. WHO Stop TB Department played a major role in the development of the Global Plan by providing data and expertise for the development of regional scenarios and strategic plans, as well as liaising with countries. Expected achievements:

- Over the ten years of this Plan, about 50 million people will be treated for TB under the Stop TB Strategy, including about 800 000 patients with multidrug-resistant TB (MDR-TB)⁷, and about 3 million patients who have both TB and human immunodeficiency infection (TB/HIV) will be enrolled on antiretroviral therapy (ART) (in line with UNAIDS plans for universal access).
- Some 14 million lives will be saved from 2006 to 2015.
- The first new TB drug for 40 years will be introduced in 2010, with a new short TB regimen (1–2 months) shortly after 2015.
- By 2010, near-patient diagnostic tests will allow rapid, sensitive and inexpensive

⁵ The Stop TB Partnership is a global coalition of more than 500 partners worldwide. Secretariat is housed by WHO

⁶ To assist countries with planning and budgeting in line with the Global Plan, a tool has been developed by the WHO Stop TB Department and endorsed by the Stop TB Partnership Coordinating Board.

⁷ The numbers on MDR-TB have been revised recently under *The Global MDR-TB & XDR-TB Response Plan 2007-2008* (WHO/HTM/STB/2007.387).

detection of active TB. By 2012, a diagnostic toolbox will accurately identify people with latent TB infection and those at high risk of progression to disease.

- By 2015 a new, safe, effective and affordable vaccine will be available with potential for a significant impact on TB control in later years.

Enormous progress is expected in all regions over the 10 year period of the Plan, with prevalence and death rates halved, or almost halved. Achievement of the 2015 targets is likely to be later than 2015 in Eastern Europe and Africa because of the particular challenges posed by MDR-TB and HIV respectively. ***By 2010 implementation of the Global Plan will push down prevalence to an estimated 217 per 100 000 population and deaths to 23 per 100 000 population.***

The Plan will serve to stimulate political commitment, financial support, effective intervention, patients' involvement, community participation, and research and development.

Costs: Total costs (excluding R & D) of the Plan for ten years for TB control implementation, including country programmes and technical assistance,⁸ were estimated at US\$47 billion in 2006. Recent revisions for MDR-TB and XDR-TB have increased costs by US\$9 billion amounting to a total of US\$56 billion. An estimated US\$23 billion is likely to be available for TB control implementation based on projections of current funding trends (of which endemic countries contribute US\$19 billion), leaving a funding gap of US\$33 billion. For the period 2008-2010 total needs for TB control implementation is US\$16 billion with a funding gap of US\$9.4 billion.

Stop TB Strategy: The various partners which are members of the Stop TB Partnership have adopted the WHO-recommended Stop TB Strategy. The Stop TB strategy encapsulates the technical approaches for TB control efforts to achieve and sustain the high levels of TB case detection and cure (over 70% and 85% respectively) required to decrease the TB burden. The Stop TB Strategy components are:

1. Pursue quality DOTS expansion and enhancement
2. Address TB/HIV, MDR-TB and other challenges
3. Contribute to health system strengthening
4. Involve all care providers
5. Engage people with TB; and affected communities
6. Enable and promote research

2. Roll Back Malaria Global Strategic Plan

Our vision: By 2015 the malaria-related Millennium Development Goals (MDGs) are achieved. Malaria is no longer a major cause of morbidity and mortality and no longer a barrier to social and economic development and growth anywhere in the world.

Targets:

By 2010

- 80 % of people at risk from malaria are protected and have access to diagnosis and effective treatment within one day of illness
- 50 % reduction in malaria burden (morbidity and mortality) compared to 2000

By 2015

⁸. The Stop TB Partnership and WHO have created a coalition of technical partners (TBTEAM) to provide technical assistance for implementation as demanded by countries. The TBTEAM is a mechanism of the DOTS Expansion Working Group coordinated and led by the WHO Stop TB Department. Partners include but are not limited to WHO, US CDC, the Union, KNCV, PATH, GLRA, and others.

Malaria morbidity and mortality are reduced by 75% compared to 2005
Millennium Development Goals are achieved

Strategic Approach: The approach seeks to intensify the implementation of proven treatment and prevention interventions to scale-up the coverage and achieve impact. The guiding principles are to achieve equitable, affordable and sustainable access to treatment and prevention through a results-oriented, multisectoral approach.

The strategy promotes rapid short-term scaling-up of interventions and delivery strategies to reach the poorest people and to sustain high coverage in the medium term. It advocates for greatly increased investment in fighting malaria as part of an increased broader investment in health. It also advocates continuous investment in the research of new tools to treat and prevent malaria.

The strategy requires a partnership between the public sector, the private sector and civil society, bringing together their complementary strengths in order to effectively tackle malaria.

At the Leadership Summit held during the Gates Malaria Forum in Seattle in October 2007, the leaders in the malaria community went further to endorse a challenge posed by the Bill and Melinda Gates Foundation to work towards malaria eradication. The following statement reflects this challenge:

Leadership Summit: A Shared Vision and Commitment

"We share a joint vision of the elimination of malaria as a public health and economic burden and agree that it is within reach. The struggle is global, but will require a special emphasis on Africa, where an infusion of resources and implementation support efforts will be required over the short-term to bring the disease under control. This will lay the foundation for the eradication of malaria, which we agree is the long-term goal.

As leaders of the fight against malaria in Africa, we will take responsibility for the enhancement of existing RBM partnership structures within the next 6 months to support this dramatic scale-up.

A design and implementation support team is required to focus on a dramatic country-led scale-up and effective regional strategies (especially in Africa) in which the most dedicated, talented, and committed professionals can focus exclusively on the goal. This team will provide the leadership and will ensure the achievement of the shared vision. Team members will require the full institutional support of key organizations, which must empower the team to have allegiance not to individual institutions, but to the shared vision.

We will implement this shared vision as partners and agree to key deliverables, roles, and responsibilities. We recognize that business as usual will not lead to success and are collectively responsible for reaching the agreed goals."

RBM Business Plan: Following the development of a Harmonized Work Plan by the Partnership, a Business Plan is being considered which will map out the "who" the "what" and the "how" to achieve the short, medium and long term goals of significantly reducing the burden of malaria. The Business Plan will now need to take into consideration the new challenge of eradication and review its scope, content and timelines as well as reviewing the annual global budget requirements for malaria.

3. UNAIDS

The global AIDS strategy has been defined through the declarations emerging from the 2001 UN General Assembly Special Session on HIV/AIDS and the 2006 High Level Meeting on AIDS. These recognized the need for an exceptional and comprehensive “multisectoral” response to AIDS and provided both political leadership and strategic direction at the global level. Besides the Millennium Development Goal of beginning to reverse the spread of HIV/AIDS by 2015 (MDG 6), there are additional specific targets by 2010, against which the global community can track progress, including: moving towards universal access to HIV prevention, treatment, care and support, a 25% reduction in HIV prevalence among young people globally and a 50% reduction of infants infected by HIV by ensuring access to PTMCT to 80% of pregnant women.

As a result, countries have defined and are implementing plans to achieve Universal Access by 2010, with 101 countries now having set national AIDS targets guided by global goals which many have also integrated into broader development plans.

The major challenges over the coming years are to support countries in the implementation of these plans, to ensure that those resources required are made available and effectively utilized, to maintain exceptional leadership on AIDS, and to pay equal attention to HIV prevention and treatment.

Key principles to meet those goals include:

- Evidence-informed, comprehensive and integrated AIDS response for mutually reinforcing HIV prevention, treatment, care and support;
- Countries owning the response, supported by international institutions and donors based on the “Three Ones” principles and the recommendations of the Global Task Team on improving AIDS coordination among multilateral institutions and international donors;
- Flexible allocation and efficient use of additional resources for HIV;
- Coordinated quality technical support; and
- Quality monitoring and evaluation as a key element to guide local; responses; and meaningful participation of civil society and people living with HIV.

The Joint United Nations Programme on HIV/AIDS (UNAIDS) and the Global Fund increasingly work in synergy to maximize the impact of AIDS programmes. They combine both policy and technical guidance with financial resources, disbursed against plans developed. UNAIDS will continue to provide support for demand creation and production of results at country level.