

Stop TB Partnership Consultation– Global Fund Strategy Discussion

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Content

- 1. Current Strategy and upcoming challenges**
- 2. August 2015 Revised Strategic Framework**

Content

1. Current Strategy and upcoming challenges

2. June 2015 Revised Strategic Framework

Strategy Framework 2012-2016: “Investing for impact” 1/2

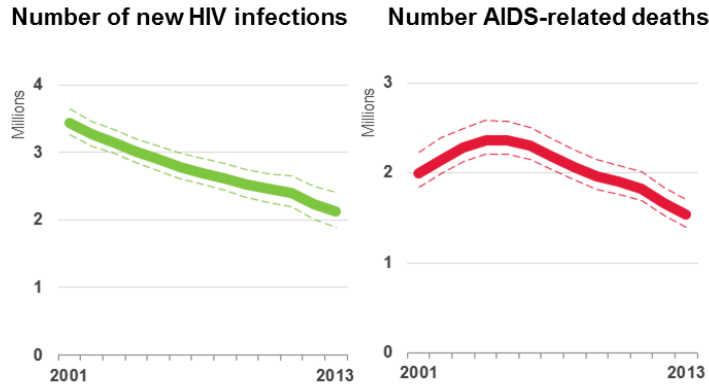
Vision	A world free of the burden of HIV/AIDS, tuberculosis and malaria with better health for all			
Mission	To attract, manage and disburse additional resources to make a sustainable and significant contribution in the fight against AIDS, tuberculosis and malaria in countries in need, and contributing to poverty reduction as part of the MDGs			
Guiding principles	<ul style="list-style-type: none">• Being a financing instrument• Additionality• Sustainability• Country ownership	<ul style="list-style-type: none">• Multi-sectoral engagement• Partnership• Integrated, balanced approach• Promoting human right to health	<ul style="list-style-type: none">• Performance-based funding• Good value for money• Effectiveness and efficiency• Transparency and accountability	
Goals	10 million lives saved¹ over 2012-2016 140-180 million new infections prevented over 2012-2016			
		Global plan	Global Fund leading targets for 2016	Indicators for other selected services
Targets² (2016)	HIV / AIDS	UNAIDS 2011-2015 Strategy, 2011 Investment Framework, and UNGASS June 2011 Declaration	7.3 million people alive on ARTs	<ul style="list-style-type: none">• PMTCT: ARV prophylaxis and/or treatment• HIV testing and counseling• Prevention services for MARPs• Male circumcision
	TB	Global Plan to Stop TB 2011-2015	4.6 million DOTS treatments (annual) 21 million DOTS treatments over 2012-2016	<ul style="list-style-type: none">• HIV co-infected TB patients enrolled on ARTs• MDR-TB treatments
	Malaria	RBM Global Malaria Action Plan 2008 and May 2011 updated goals and targets	90 million LLINs distributed (annual) 390 million LLINs distributed over 2012-2016	<ul style="list-style-type: none">• Houses sprayed with IRS• Diagnoses with RDTs• Courses of ACT administered to confirmed malaria cases

Strategy Framework 2012-2016: “Investing for impact” 2/2

Strategic Objectives				
1. Invest more strategically		2. Evolve the funding model	3. Actively support grant implementation success	
Strategic Actions	1.1 Focus on the highest-impact countries, interventions and populations while keeping the Global Fund global	2.1 Replace the rounds system with a more flexible and effective model <ul style="list-style-type: none"> • Iterative, dialogue-based application • Early preparation of implementation • More flexible, predictable funding opportunities 2.2 Facilitate the strategic refocusing of existing investments	3.1 Actively manage grants based on impact, value for money and risk 3.2 Enhance the quality and efficiency of grant implementation 3.3 Make partnerships work to improve grant implementation	
	1.2 Fund based on quality national strategies and through national systems			
	1.3 Maximize the impact of Global Fund investments on strengthening health systems			
	1.4 Maximize the impact of Global Fund investments on improving the health of mothers and children			
4. Promote and protect human rights		4.1 Ensure that the Global Fund does not support programs that infringe human rights 4.2 Increase investments in programs that address human rights-related barriers to access 4.3 Integrate human rights considerations throughout the grant cycle	5. Sustain the gains, mobilize resources	5.1 Increase the sustainability of Global Fund-supported programs 5.2 Attract additional funding from current and new sources
Strategic Enablers	Enhance partnerships to deliver results			
	Transform to improve Global Fund governance, operations and fiduciary controls			

Decrease in HIV/AIDS

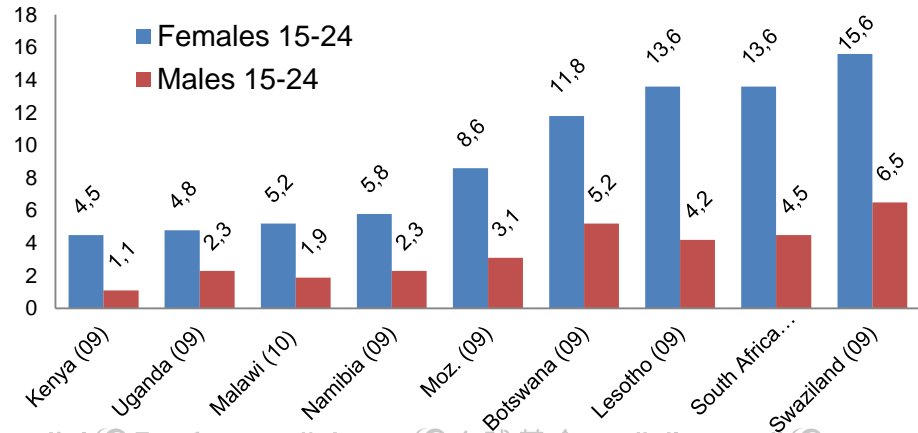
New infections and deaths (2001-2015)



Example: HIV in adolescent girls and young women

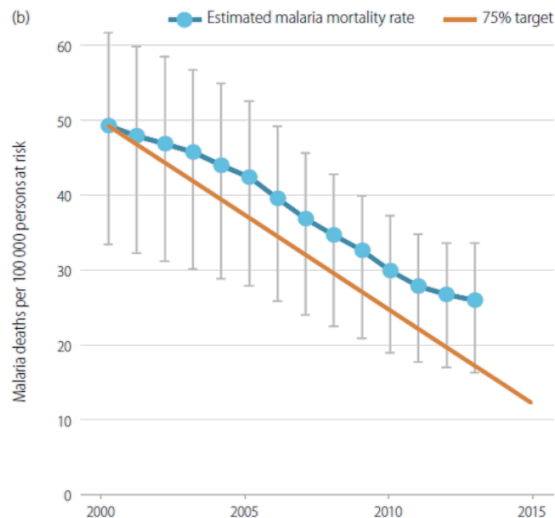
HIV is the **leading cause of death and disease among girls and women of reproductive age (15-49 years) worldwide**. HIV incidence and prevalence among adolescent girls and young women is **several times higher than their male peers**

HIV prevalence among young people – 15-24 select Sub-Saharan countries

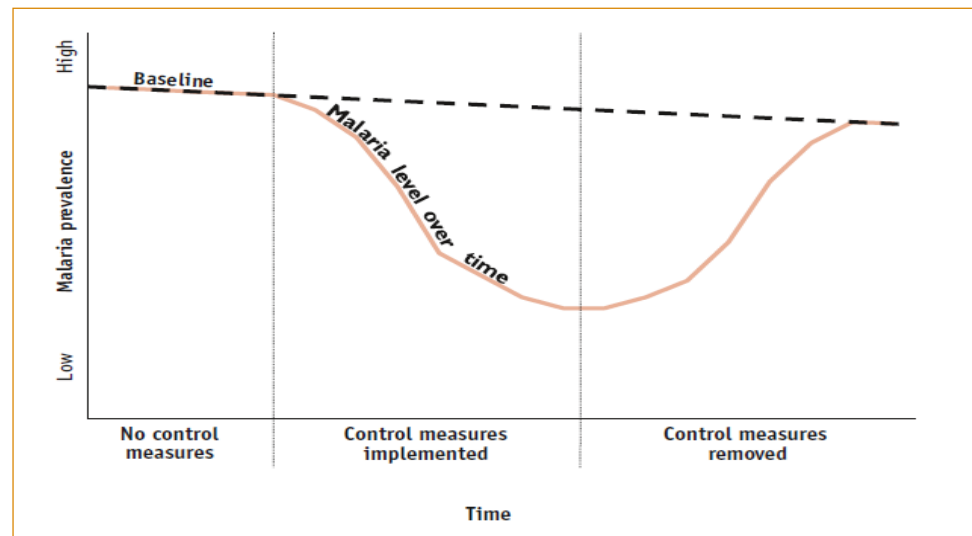


Decrease in malaria

Mortality (2000-2015)

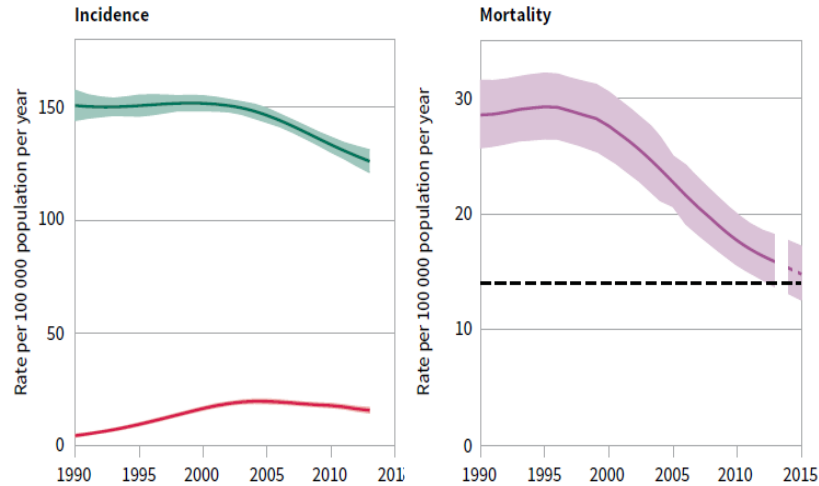


Example: Risk of Malaria Resurgence



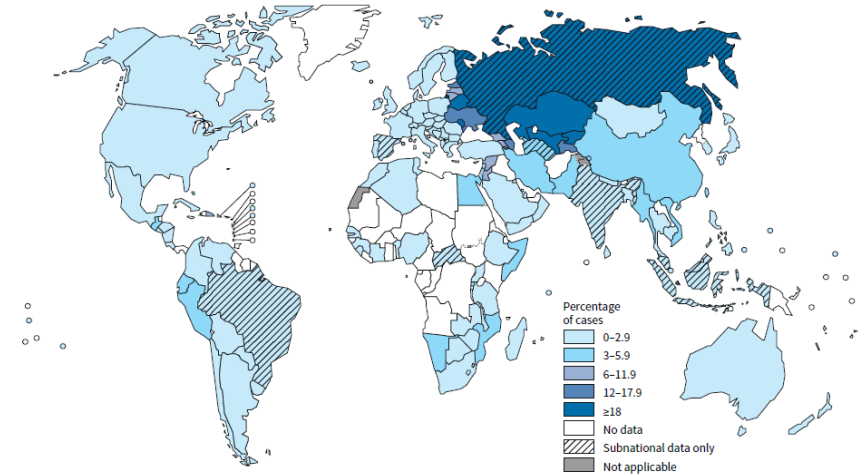
Decrease in tuberculosis

Incidence and mortality (1990-2015)



Example: Multidrug-resistant tuberculosis (MDR-TB)

Percentage of new TB cases with MDR-TB (latest year available)

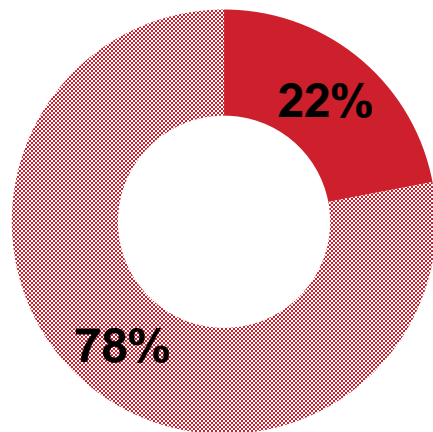


Challenge: Key affected populations – TB

- **People living with HIV are from 26-31 times more likely to develop TB** than persons without HIV. TB is the most common presenting illness among people living with HIV, including among those taking antiretroviral treatment and it is the major cause of HIV-related death
- The level of **TB in prisons** has been reported to be up to **100 times higher than that of the civilian population**. High levels of MDR-TB have been reported from some prisons with up to **24% of TB cases suffering from MDR forms of the disease**
- **Refugees, prisoners, miners and other vulnerable populations face the highest risks.**

Global Fund contribution to International Financing

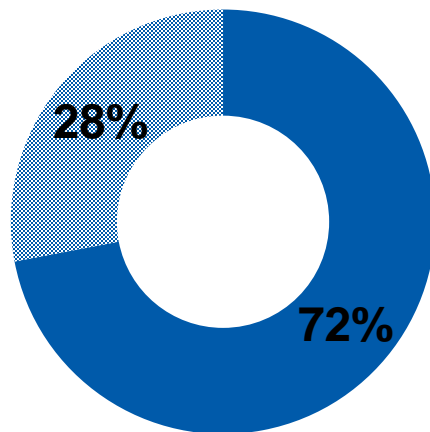
HIV



■ Global Fund

■ Other Agencies (PEPFAR, World Bank, Other Bilateral Agencies)

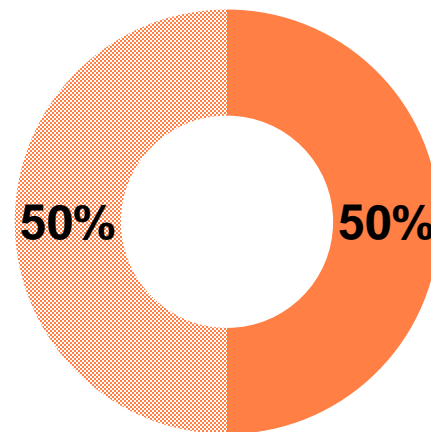
TB



■ Global Fund

■ Other International Contributors

Malaria



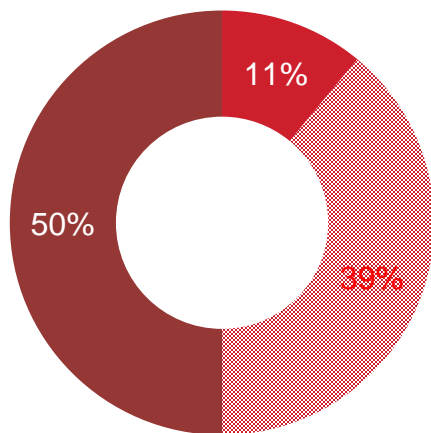
■ Global Fund

■ Other International Contributors

Source : UNAIDS report on the global AIDS epidemic 2013, Global Tuberculosis report 2013, World Malaria report 2013

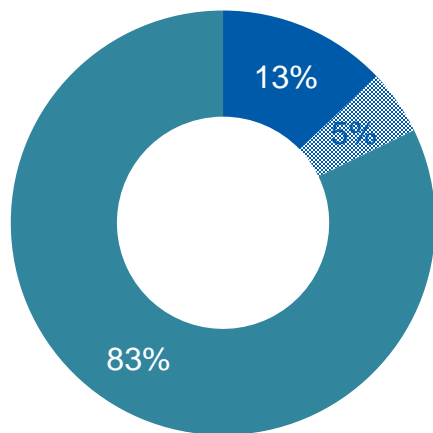
Total resources in the fight against the three diseases

HIV



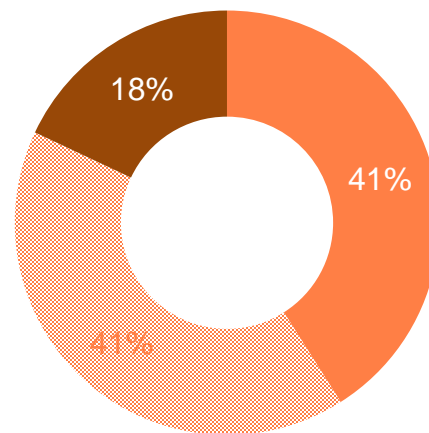
- Global Fund
- ▨ Other international contributors (PEPFAR, World Bank, Other Bilateral Agencies)
- Domestic resources

TB



- Global Fund
- ▨ Other International Contributors
- Domestic resources

Malaria



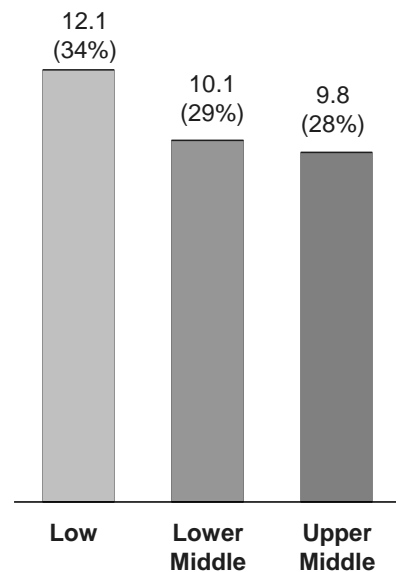
- Global Fund
- ▨ PMI and other International Contributors
- Domestic resources

Source : UNAIDS report on the global AIDS epidemic 2013, Global Tuberculosis report 2013, World Malaria report 2013

Challenge: Majority of disease burden in MICs

HIV

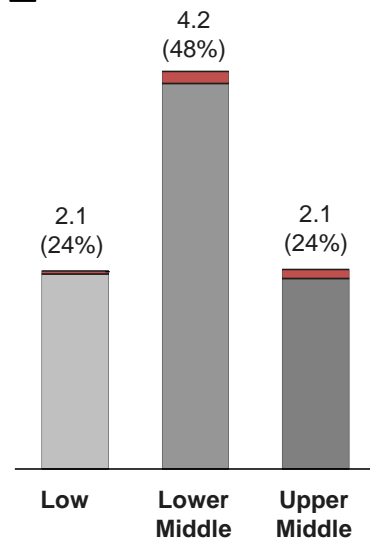
[m people, % of total¹⁾]



TB

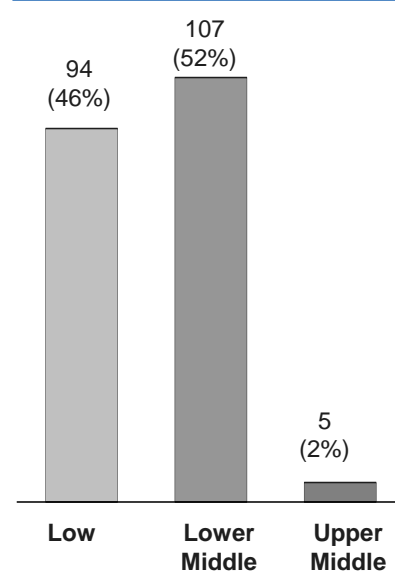
[m cases, % of total]

■ Thereof MDR-TB



Malaria

[m cases, % of total]

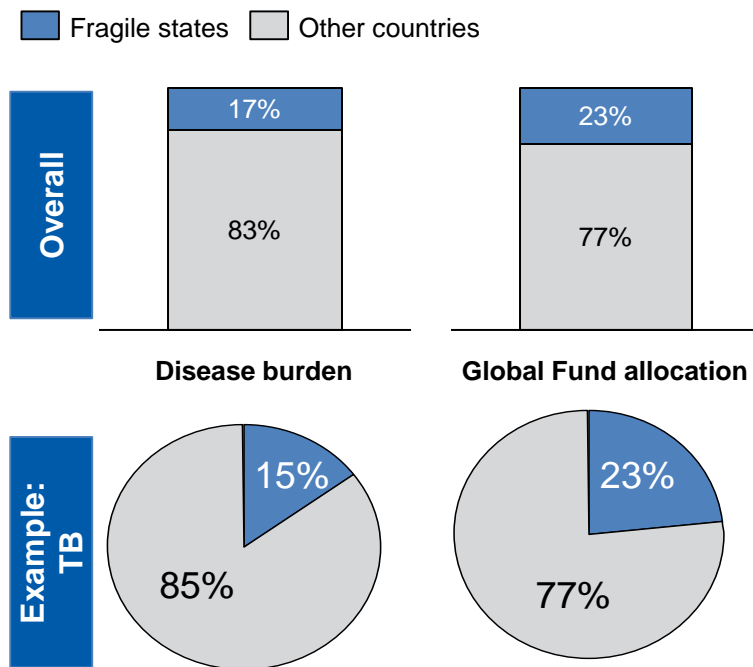


1) Total global HIV estimate: 35.3 m

Notes: UNAIDS data, WHO 2012 data, Global Fund analysis – Results are indicative only and should not be used outside Global Fund bodies without prior consent.

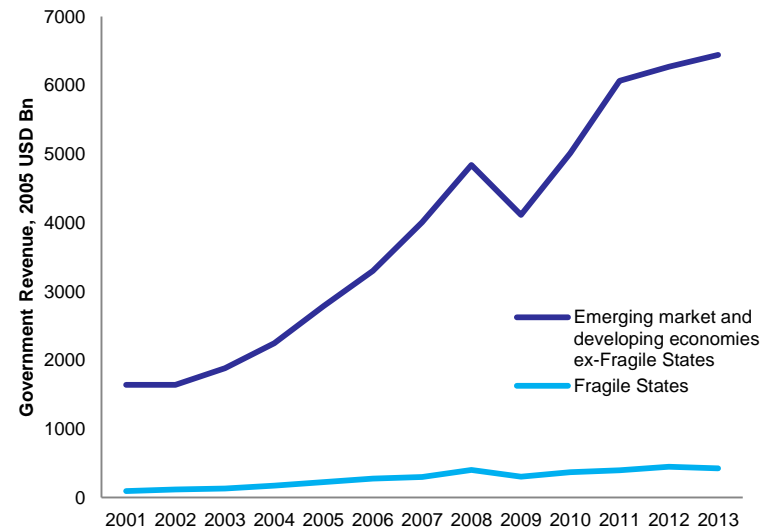
Fragile states

Disease burden and Global Fund allocation



Notes: Based on disease burden data used in 2014-16 allocation

Domestic revenues in fragile states vs. other developing economies



Source: adapted from IMF World Economic Outlook, April 2014 and OECD fragile states classification

Key aspects of the changing landscape from Development Continuum and Consultations

- **Progress against three diseases but potential for backsliding** on HIV and malaria limited declines in incidence for TB and challenges of MDR-TB;
- Many countries are growing economically but **GDP is an imperfect predictor of ability to finance effective health interventions** and addressing concentrated epidemics in MICs is a critical component of global progress;
- Increasing **domestic resources** creates opportunities but often not targeted at KAPs, role for continued GF support for KAPs and human rights;
- **Challenging operating environments** are growing component of LICs and malaria burden, require flexible approaches for impact
- Importance of **clearly defining GF role in building resilient and sustainable systems** for health a top priority for countries and post-Ebola, plus role of communities;
- Under any plausible replenishment and Secretariat staffing scenarios, strong need to further **focus resources and tailor processes according to country context** to ensure impact against diseases.

Key TB considerations for the next Global Fund Strategy

- **Alignment** with WHO End TB Strategy and the Global Plan of the Stop TB Partnership
- Paradigm shift: **from “controlling TB” to “ending TB”**
- **New prevalence surveys** in some countries indicate higher disease burden than previously reported
- 70% of the TB burden is in **Middle Income Countries**, including BRICS
- **New diagnostic tests, new drugs, regimens and combinations**, are likely to be approved for use in the field for both drug-sensitive and resistant TB and for prevention among PLHIV.
- **Resource needs and replenishment**

Content

1. Current Strategy and upcoming challenges

2. August 2015 Revised Strategic Framework

Draft August 2015 Strategic Framework: vision and mission

Vision

Current Text: *“A world free of the burden of HIV/AIDS, tuberculosis and malaria with better health for all.”*

No revision.

Mission

Current Text: *“To attract, manage and disburse additional resources to make a sustainable and significant contribution in the fight against AIDS, tuberculosis and malaria in countries in need, and contributing to poverty reduction as part of the MDGs.”*

Suggested Revision:

- *“Attracting, leveraging and investing additional resources to end HIV, tuberculosis and malaria as epidemics and to support attainment of the SDGs.”*

Draft August 2015 Strategic Framework: Financing global plans; goals, targets and indicators under development

Goals and Targets				
Goals		10 million lives saved ¹ over 2012-2016 140-180 million new infections prevented over 2012-2016		
		Global Plans	Global Fund leading targets for 2016	Indicators for other selected services
Targets ² (2016)	HIV / AIDS	Rapidly reduce HIV mortality and incidence through scaling up universal access to HIV testing and care in line with the UNAIDS Fast Track and WHO Global Strategy	7.3 million people alive on ARTs	<ul style="list-style-type: none"> • PMTCT: ARV prophylaxis and/or treatment • HIV testing and counseling • Prevention services for MARPs • Male circumcision
	TB	Rapidly reduce TB, TB-HIV and MDR-TB incidence and related mortality through equitable access to high quality care and prevention in line with the End TB Strategy and Global Plan to End TB	4.6 million DOTS treatments (annual) 21 million DOTS treatments over 2012-2016	<ul style="list-style-type: none"> • HIV co-infected TB patients enrolled on ARTs • MDR-TB treatments
	Malaria	Scale up and maintain interventions to reduce Malaria transmission and deaths and support countries to eliminate Malaria, in line with the Global Technical Strategy and AIM	90 million LLINs distributed (annual) 390 million LLINs distributed over 2012-2016	<ul style="list-style-type: none"> • Houses sprayed with IRS • Diagnoses with RDTs • Courses of ACT administered to confirmed malaria cases

Under Development with Partners

1. Based on impact of provision of ART, DOTS and LLINs using methodology agreed with partners. 2. Targets refer to service levels to be achieved in low and middle-income countries. Note: Goals and targets are based on results from Global Fund-supported programs which may also be funded by other sources; targets are dependent on resource levels

Draft August 2015 Strategic Framework

Invest to End Epidemics

**Build Resilient and Sustainable
Systems for Health**

**Respect and Promote Human
Rights and Gender Equality**

Mobilize Increased Resources

Strategic Enablers

Support Mutually Accountable Partnerships

Innovate and Differentiate along the Development Continuum

DRAFT August 2015 Strategic Framework

DRAFT Strategic Objectives

1. Invest to End Epidemics

Tailored investments to country needs along the development continuum will accelerate the end of the epidemics

- a) Focus evidence-based interventions on highest burden countries with the least ability to pay and on key and vulnerable populations disproportionately affected by the three diseases
- b) Evolve the allocation model and processes for greater impact, including regional and sub-national approaches tailored 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 increased flexibility and partnerships
- e) Support sustainable responses for epidemic control and successful transitions

2. Build Resilient and Sustainable Systems for Health

Strengthened systems for health are a key part of robust and sustainable National Health Strategies, National strategic plans and for health for all, including ending the epidemics

- a) Strengthen community responses and systems
- b) Support impact for maternal and child health and platforms for integrated service delivery
- c) Strengthen procurement, global and in-country supply chain systems
- d) Leverage critical investments in human resources for health
- e) Strengthen country capacity for data collection, analysis, and use to support program quality, efficiency, evidence and rights-based programming

3. Respect and Promote Human Rights and Gender Equality

Promoting and protecting human rights and gender equality is required for progress against the three diseases

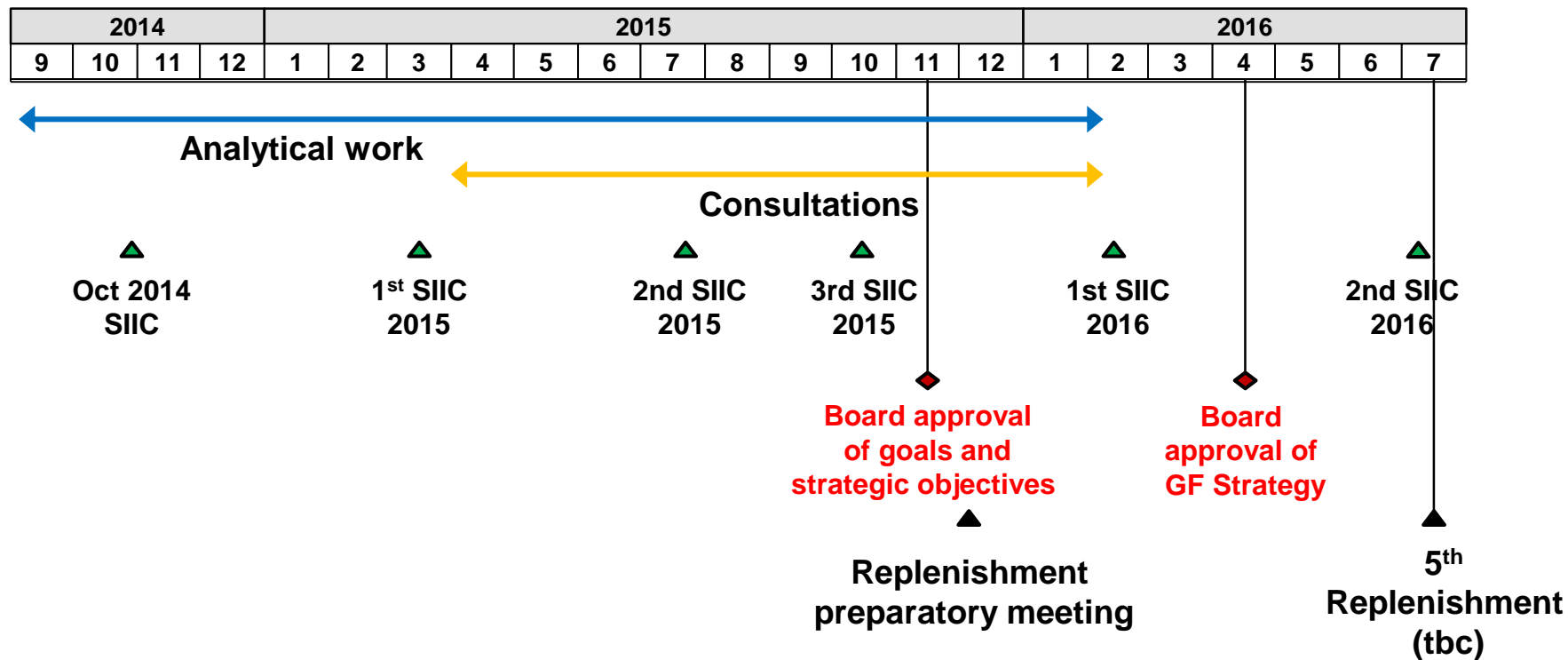
- a) Scale-up programs to support women and girls
- b) Invest to reduce gender and age related disparities in health
- c) Introduce and scale up programs that remove human rights barriers to accessing HIV, TB and malaria services
- d) Support meaningful engagement of key and vulnerable populations and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

4. Mobilize Increased Resources

Increased programmatic and financial resources from diverse sources are required to accelerate the end of the three epidemics

- a) Attract additional financial and programmatic resources from current and new public and private sources for health
- b) Support countries to increase domestic resource mobilization
- c) Implement 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

Timeline for strategy development



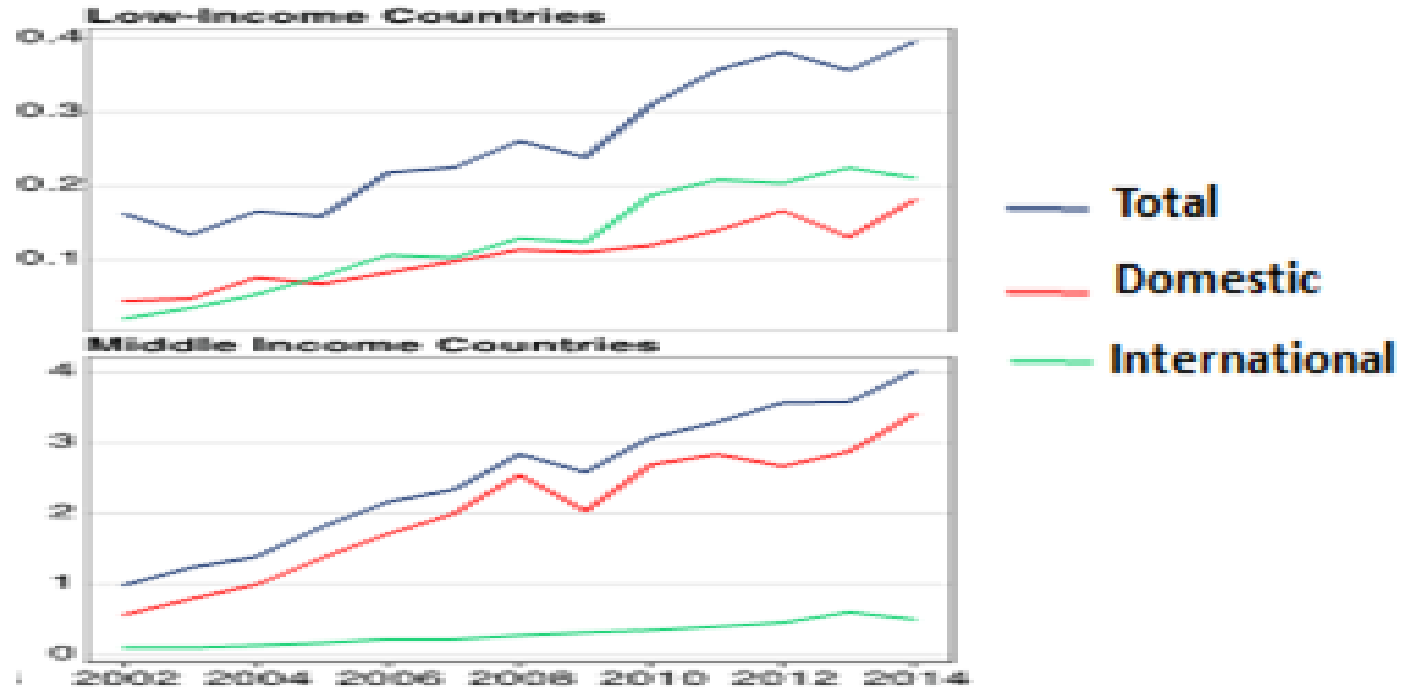
Back up slides

Critical inputs to the Global Fund Strategy (2017-2021)

Input	Lead	Status
Development Continuum Working Group	PH	Complete and delivered for information to the Board
Equitable Access Initiative	Procurement with PH	First meeting held February 2015
Global Fund Strategic and Thematic Reviews	TERG team	Final report November 2015, initial results reported in early summer 2015
Lessons learned from NFM implementation	A2F	Ongoing
Goals, Targets and Replenishment Needs Analysis	SIID	In progress and coordinated with Strategy Process
Partnership Forum and Global Stakeholder and Technical Partner consultations	OBA with PH	Three Partnership Forums with additional online consultations
Secretariat Consultations and Engagement	PH with Communications	Ongoing

Opportunity: Resources in LICs and MICs for TB

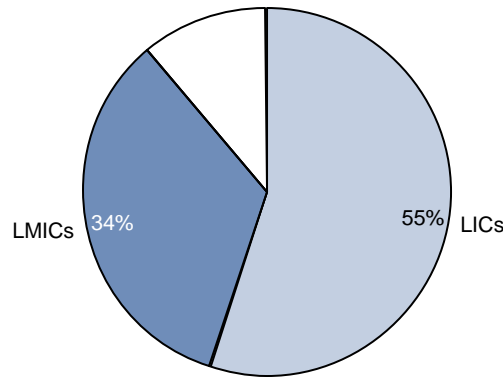
Resources available in low- and middle-income countries, 2002–2014 [USD bn]



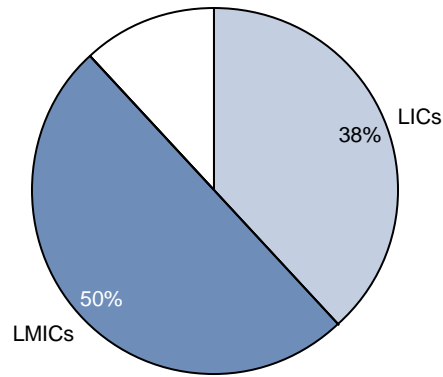
Linkage of the Strategy to the SDGs

- Focus on extreme poverty: Majority of HIV and malaria investments are in LICs
- Focus on fragile states/ COEs who have made the least MDG progress
- Focus on a “data revolution” and improved data for management
- Leave no one behind ethic and importance of reaching marginalized populations, including in MICs
- Supporting institutions and RSSH
- Specific Goals and Targets:
 - GOAL 3 Ensure healthy lives and promote well-being for all at all ages
 - GOAL 1 End poverty in all its forms everywhere
 - GOAL 4 Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all
 - GOAL 5 Achieve gender equality and empower all women and girls
 - GOAL 10 Reduce inequality within and among countries

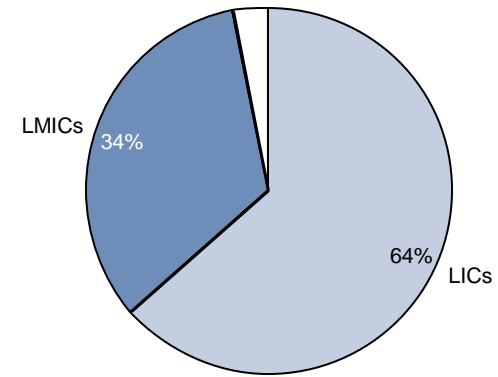
Global fund focuses majority of its investments on low and lower middle income countries



HIV/AIDS



TB



Malaria

The most recent allocation saw significant increases in funding for the lowest income countries

