

The Strategy Development Process

Global Fund and STOP TB Consultation
Istanbul, Turkey
24 July 2015



Structure of the current 2012-16 Global Fund Strategy

The 2012-16 Global Fund Strategy..

- States a forward looking **vision** and **mission** for the Global Fund
- Reaffirms the **guiding principles** of the Global Fund established in the Framework Document
- Establishes **goals** (in terms of lives saved/illness averted) and underlying **targets** for the Global Fund for the first time
- Establishes five **strategic objectives** as a means to attain the goals;
 - SO1: Invest more strategically
 - SO2: Evolve the Funding Model
 - SO3: Support grant implementation success
 - SO4: Promote and protect human rights
 - SO5: Sustain the gains, mobilize resources
- Proposes two **enablers**
 - Enhanced partnerships and operational transformation of the Global Fund

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

Vision

Mission

Guiding principles

Goals

Targets

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 saved ¹ 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
Targets ² (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

Global Fund Strategy 2017-2021

Key Updates Likely in the 2017-2021 Strategy Framework

Vision

Mission

Ending the epidemics and supporting the SDGs?

Guiding principles

Incorporate our NFM focus on the highest-impact countries, interventions and populations?

Goals

Targets

Updated and improved Goals and Targets will be required

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

Five Strategic Objectives

1. Invest more strategically

2. Evolve the funding model

3. Actively support grant implementation success

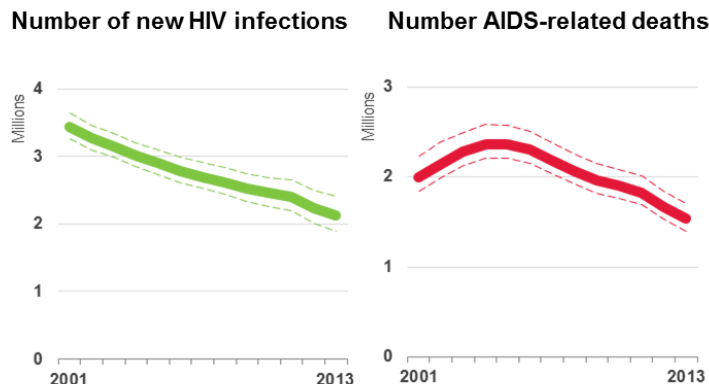
4. Promote and protect human rights

5. Sustain the gains, mobilize resources

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	3.1 Actively manage grants based on impact, value for money and risk	
	1.2 Fund based on quality national strategies and through national systems		3.2 Enhance the quality and efficiency of grant implementation	
	1.3 Maximize the impact of Global Fund investments on strengthening health systems	2.2 Facilitate the strategic refocusing of existing investments	3.3 Make partnerships work to improve grant implementation	
4. Promote and protect human rights		4.1 Ensure that the Global Fund does not support programs that infringe human rights	5. Sustain the gains, mobilize resources	5.1 Increase the sustainability of Global Fund-supported programs
		4.2 Increase investments in programs that address human rights-related barriers to access		5.2 Attract additional funding from current and new sources
4.3 Integrate human rights considerations throughout the grant cycle		5.3 Strengthen partnerships to deliver results		
Strategic Enablers		Transform to improve Global Fund governance, operations and fiduciary controls		

Decrease in HIV/AIDS

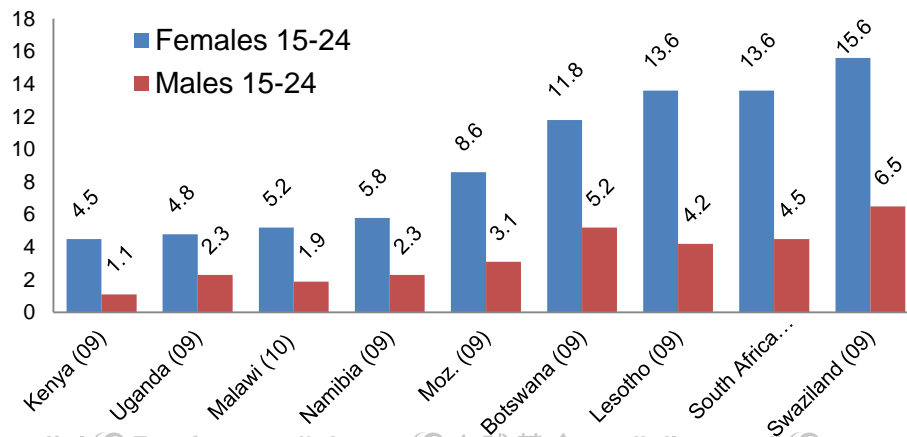
New infections and deaths (2001-2015)



Example: HIV in adolescent girls and young women

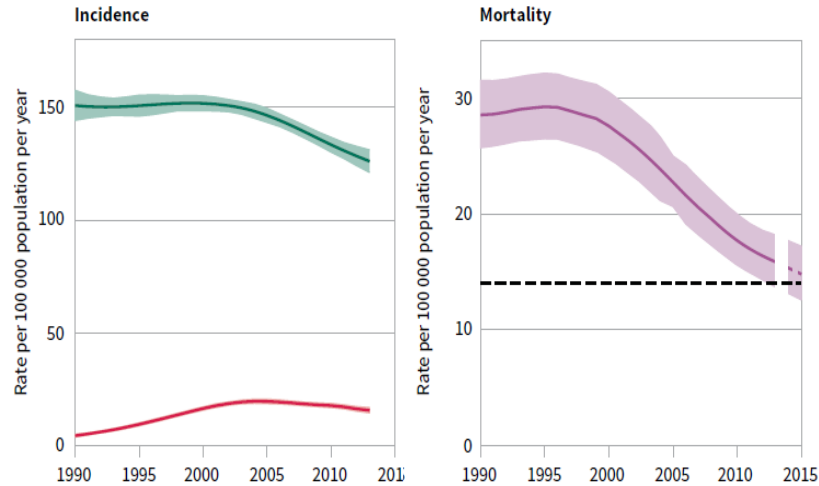
HIV is the **leading cause of death and disease among girls and women of reproductive age (15-49 years) worldwide**. HIV incidence and prevalence among adolescent girls and young women is **several times higher than their male peers**

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



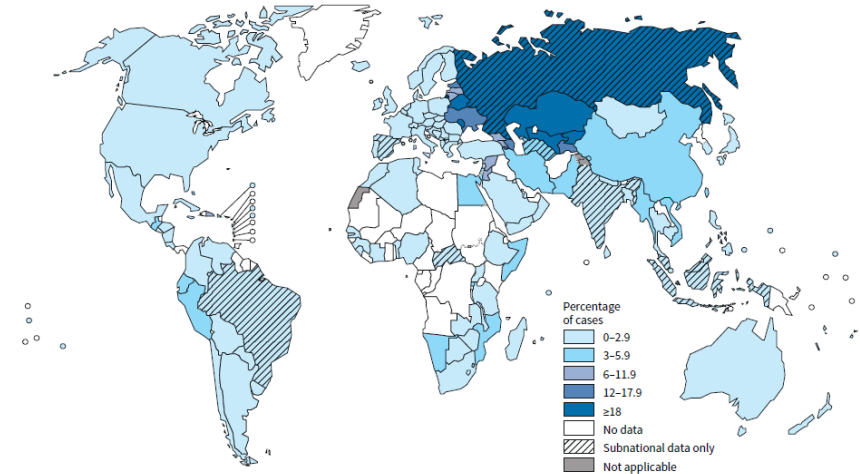
Decrease in tuberculosis

Incidence and mortality (1990-2015)



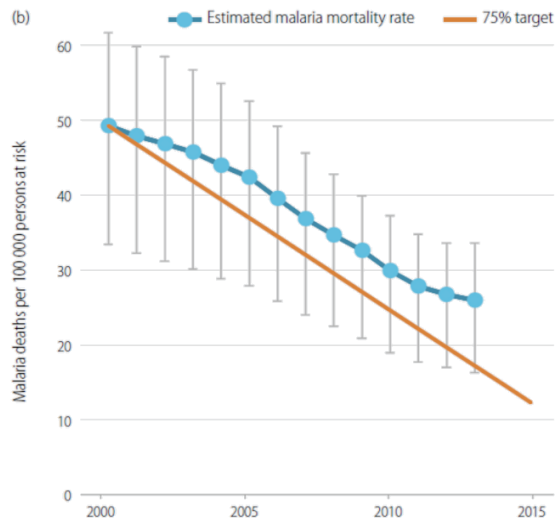
Example: Multidrug-resistant tuberculosis (MDR-TB)

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

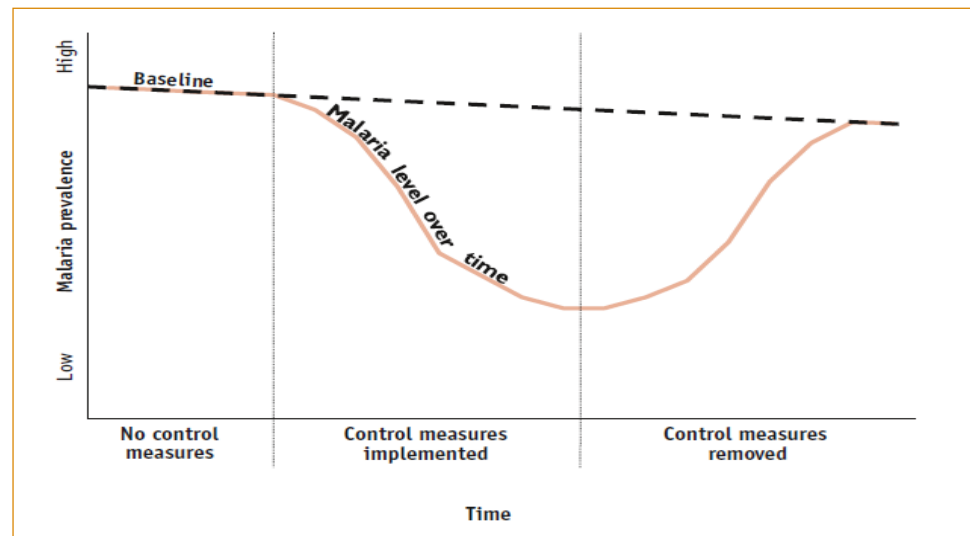


Decrease in malaria

Mortality (2000-2015)

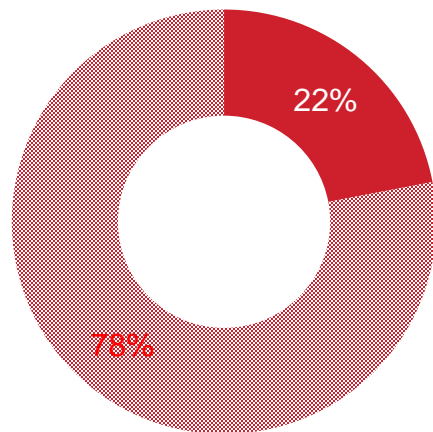


Example: Risk of Malaria Resurgence



Global Fund contribution to International Financing

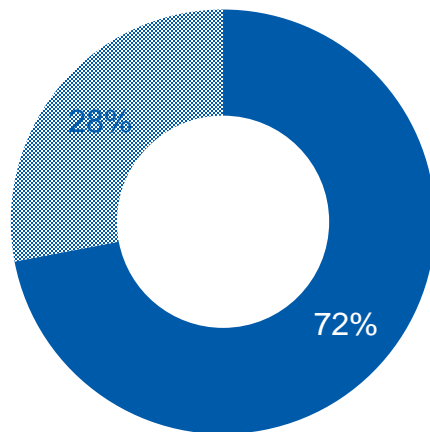
HIV



■ Global Fund

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

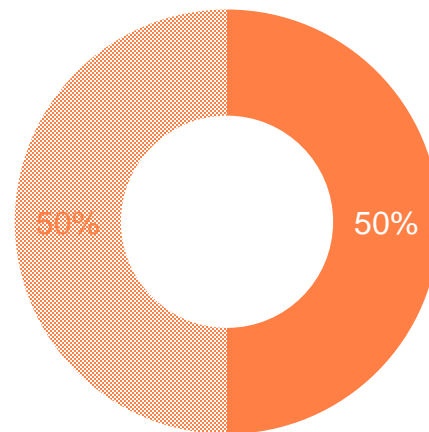
TB



■ Global Fund

▨ Other International Contributors

Malaria



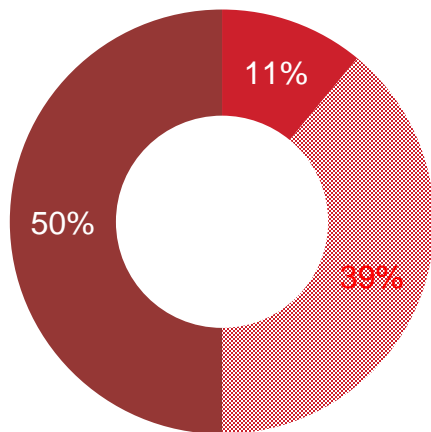
■ Global Fund

▨ Other International Contributors

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

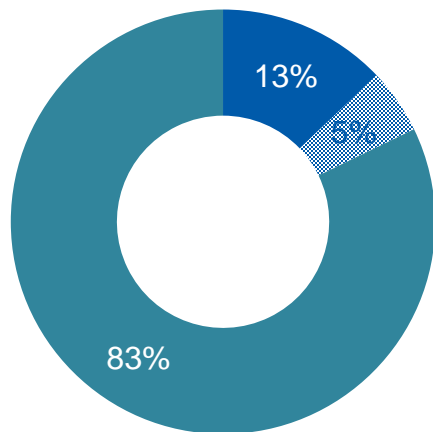
Total resources in the fight against the three diseases

HIV



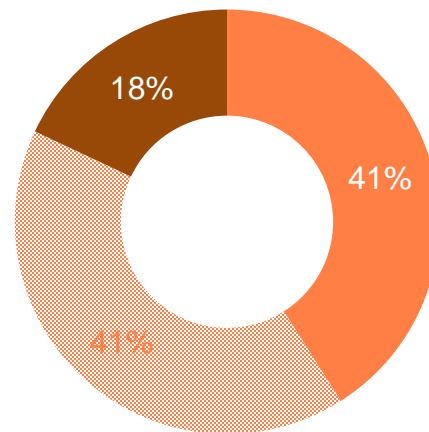
- Global Fund
- ▨ Other international contributors (PEPFAR, World Bank, Other Bilateral Agencies)
- Domestic resources

TB



- Global Fund
- ▨ Other International Contributors
- Domestic resources

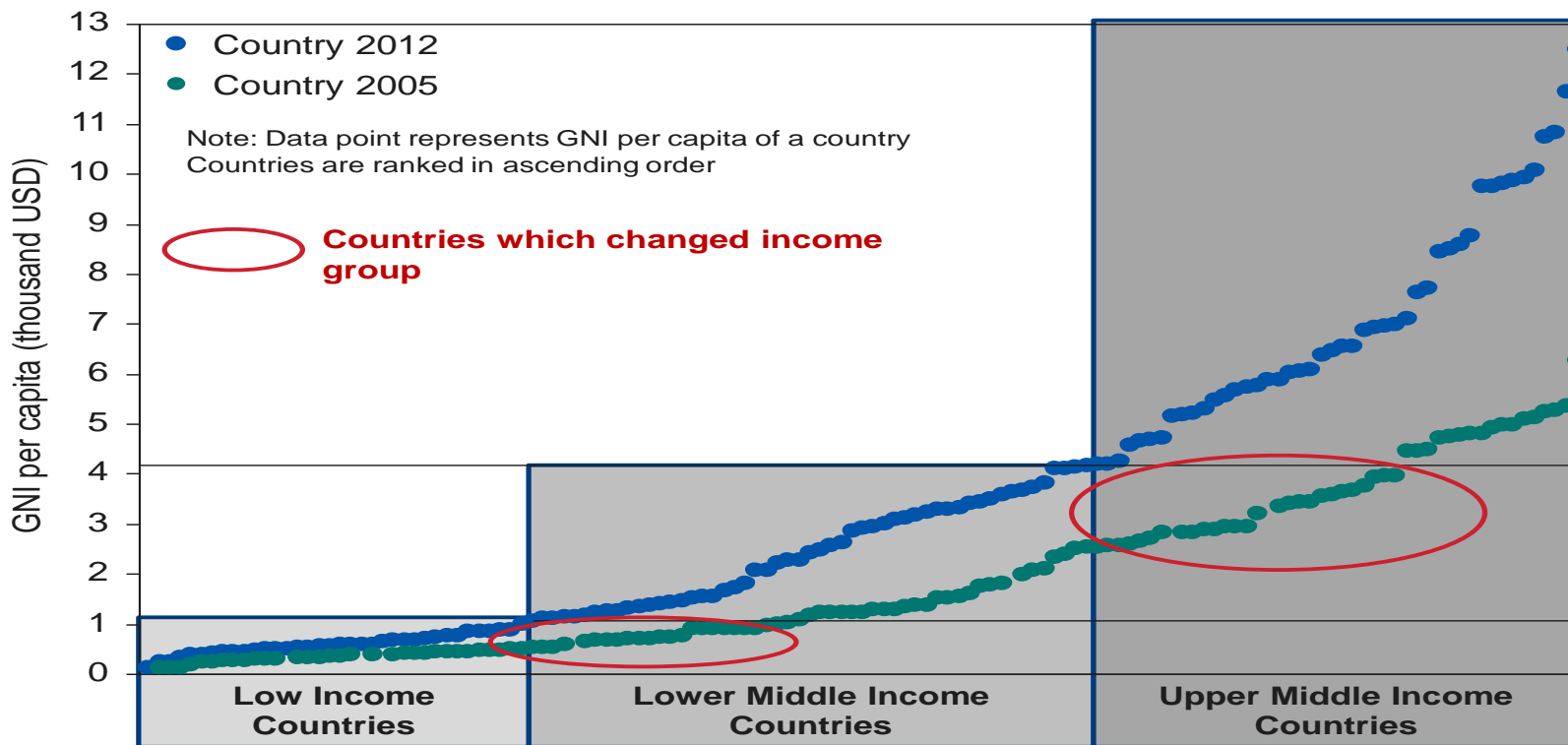
Malaria



- 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

Changing income distribution

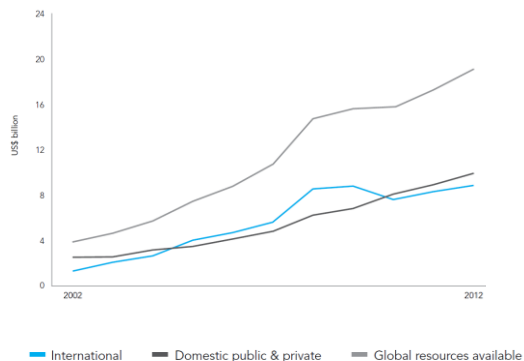


Source: World Bank; Global Fund analysis

Opportunity: Resources in LICs and MICs

HIV

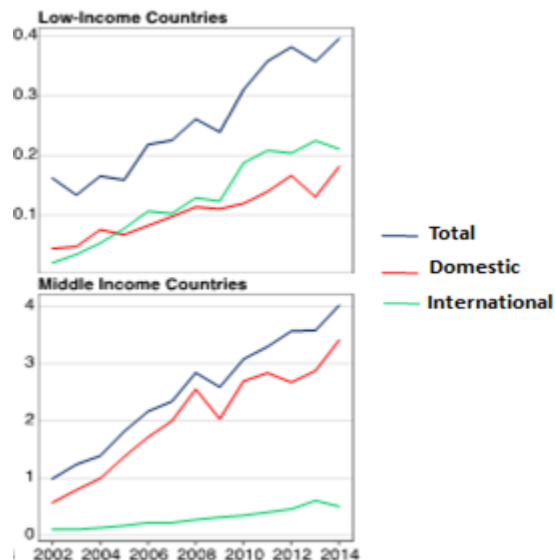
Resources available in low- and middle-income countries, 2002–2012 [USD bn]



Sources: UNAIDS; Stop TB; WHO World Malaria Report

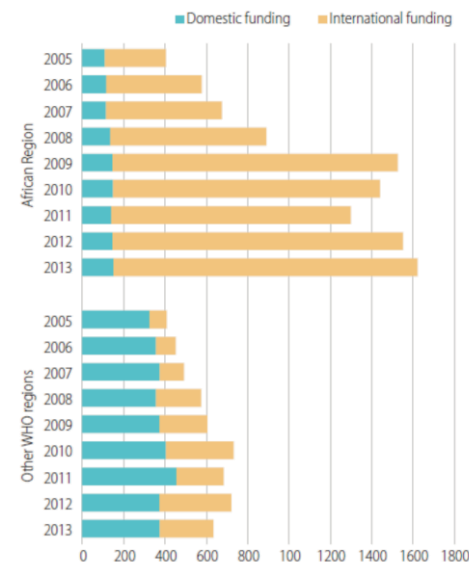
TB

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Malaria

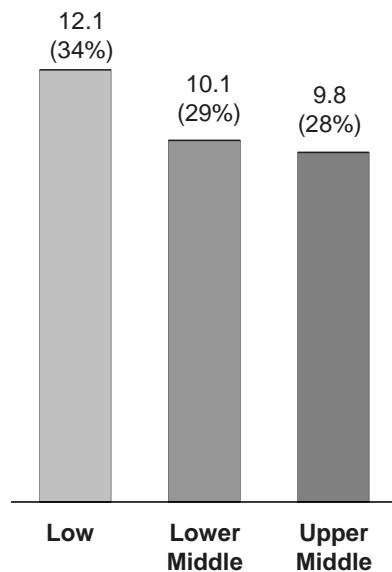
Resources in the WHO African Region and other regions, 2005–2013 [USD m]



Challenge: Majority of disease burden in MICs

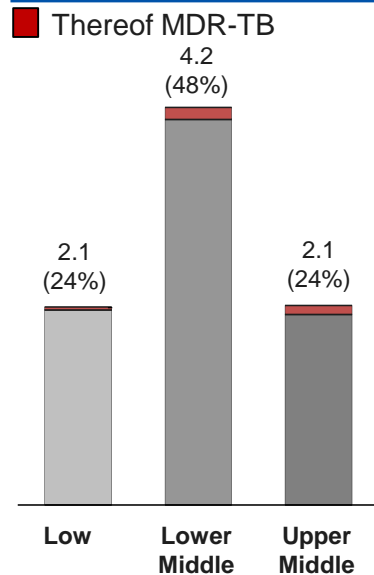
HIV

[m people, % of total¹⁾]



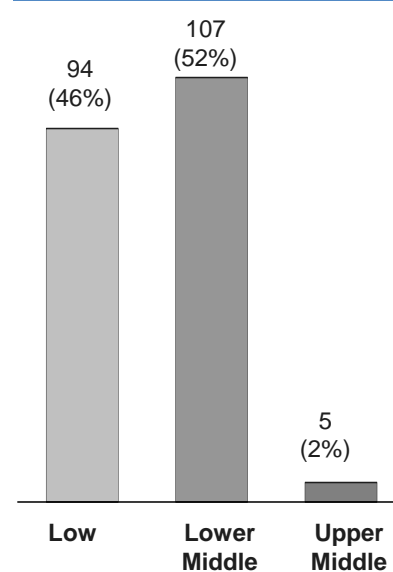
TB

[m cases, % of total]



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.

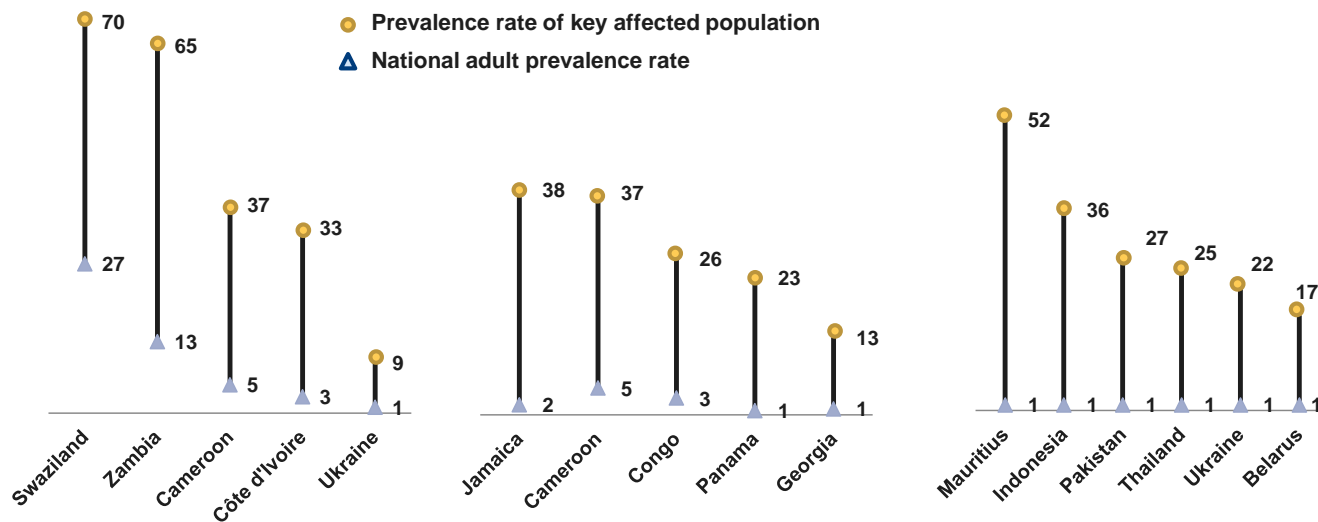
Challenge: Key affected populations – HIV

HIV prevalence rate for key affected populations vs. national adult population [%]

Female sex workers

Men who have sex with men

People who inject drugs



Most at risk populations face a prevalence rate multiple times above the national average (although data quality on population segments remains mediocre at times)

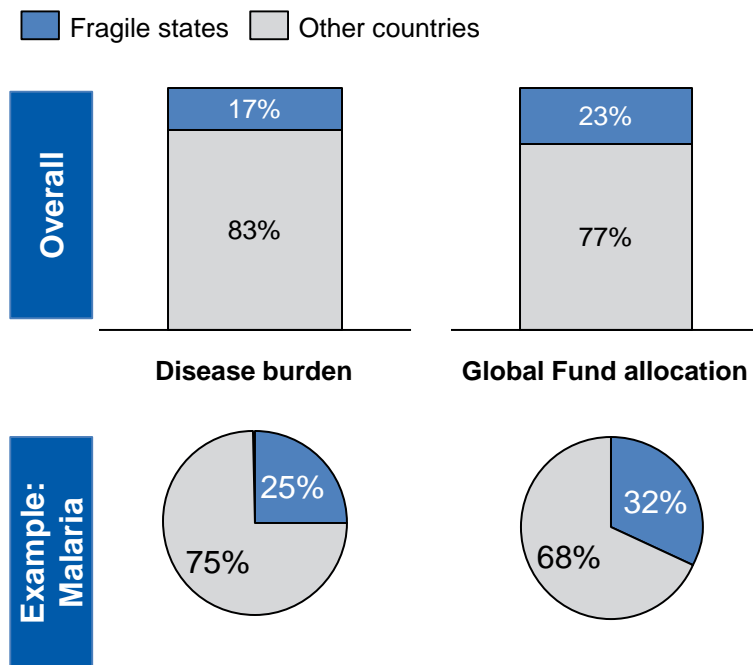
Source: UNAIDS data (2009-2012)

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**.
- **More than 85% of refugees originate from, and remain within, countries with high burdens of TB.**

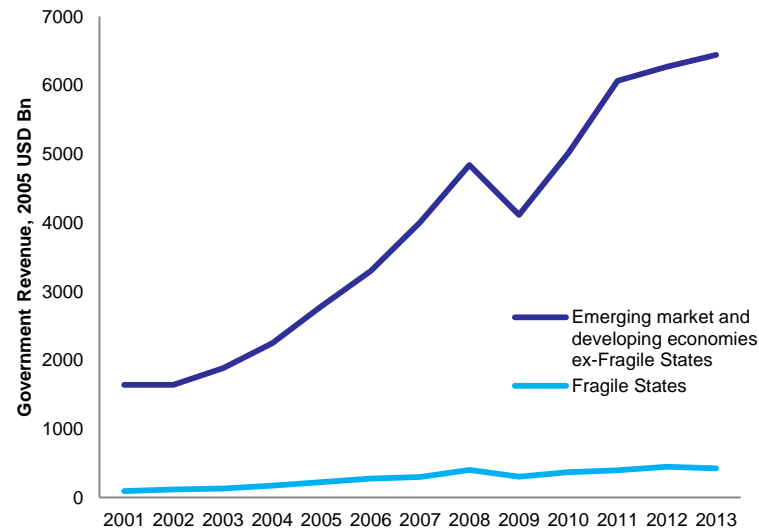
Fragile states

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

Linkage of the Global Fund 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, RSSH and UHC
- 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

Linkage of the Strategy to the SDG Targets

3.1 By 2030, reduce the global maternal mortality ratio to less than 70 per 100,000 live births

3.2 By 2030, end preventable deaths of newborns and children under 5 years of age

3.3 By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases

3.4 By 2030, reduce by one third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well being

3.5 Strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol

3.6 By 2020, halve the number of global deaths and injuries from road traffic accidents

3.7 By 2030, ensure universal access to sexual and reproductive health-care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes

3.8 Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all

3.9 By 2030, substantially reduce the number of deaths and illnesses from hazardous chemicals and air, water and soil pollution and contamination

Key questions for 2017-2021 Strategy

What kind of Global Fund will we need in 15 years?

How should the next strategy evolve the GF to account for the changing health and development landscape including:

- Opportunities to end the three diseases as public health threats;
- The continued need to support key populations and human rights;
- The movement of poverty and disease burden towards middle-income countries;
- The increasing importance of sustainability, domestic financing for health and health systems;
- The lack of MDG progress in low-income conflict-afflicted states;
- The Post-2015 Development Agenda;

What are the implications for our:

- Partnerships and the global health architecture?
- Allocation model, CCM and role in global advocacy?
- Mandate and support for strengthening health systems?

Board Retreat Strategy Discussion

In a wide-ranging conversation, the Board Retreat identified the following (non-exclusive) priorities for further development in the 2017-2021 Strategy:

- Ending the three epidemics
- Sustainable impact and domestic funding
- Key populations and human rights
- Health systems strengthening
- Partnership
- Challenging Operating Environments
- Differentiation

Draft July 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 July 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	Under Development with Partners
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 	

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 July 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
and Public Goods for Health**

Strategic Enablers

Support Mutually Accountable Partnerships

Differentiate Investments and Processes along the Development Continuum

Draft July 2015 Strategic Framework

DRAFT Strategic Objectives

1. Invest to End Epidemics

Tailored investments will maximize impact, when based upon country needs and status on the development continuum

- a) Focus evidence-based interventions on highest burden countries with the least ability to pay and 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 RMNCAH impact 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) Introduce and scale up programs that remove human rights barriers to accessing HIV, TB and malaria services
- b) Invest to reduce gender and age-related disparities in health
- c) Support meaningful participation of key and vulnerable populations and networks in Global Fund-related processes
- d) Integrate human rights considerations throughout the grant cycle and in policies and policy-making processes
- e) Ensure the Global Fund does not finance programs that infringe human rights

4. Mobilize Increased Resources and Public Goods for Health

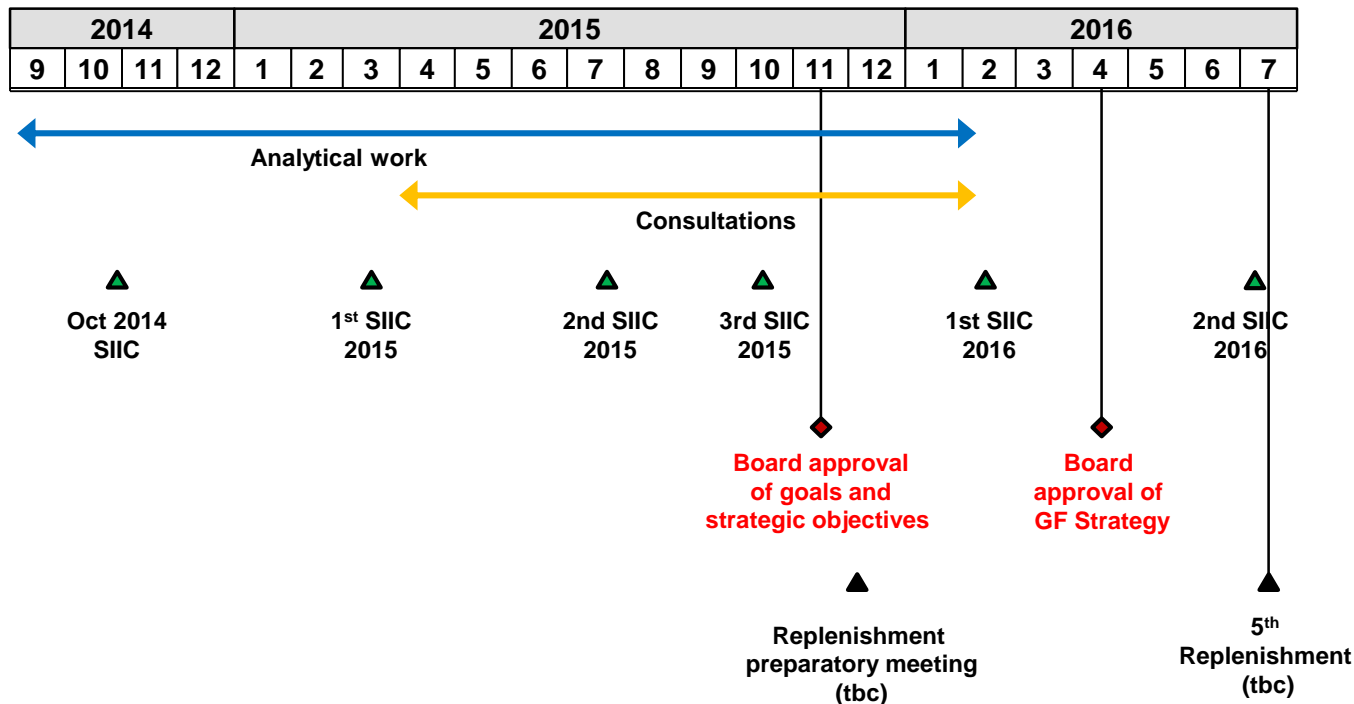
Increased programmatic and financial resources from diverse sources are required to end the three epidemics

- 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) Shape markets to support innovation, sustainability, quality, affordability and availability
- d) Support the rapid introduction and scale-up of cost effective health technologies and implementation models

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, ongoing Partnership and Modeling
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 with Partners and coordinated with Strategy Process
Partnership Forum and Global Stakeholder and Technical Partner consultations	OBA with PH	Three Partnership Forums with additional and online consultations
Secretariat Consultations and Engagement	PH with Communications	Ongoing

Timeline for strategy development



We welcome and appreciate your input!

Back up slides

Annex: Draft July 2015 Strategic Framework

Draft July 2015 Strategic Framework

DRAFT Strategic Objectives

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Draft July 2015 Strategic Framework

Title: Investing to End Epidemics

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