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**

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**

- Being a financing instrument
- Additionality
- Sustainability
- Country ownership
- Multi-sectoral engagement
- Partnership
- Integrated, balanced approach
- Performance-based funding
- Good value for money
- Effectiveness and efficiency
- Transparency and accountability

**Goals**

10 million lives saved over 2012-2016

140-180 million new infections prevented over 2012-2016

**Targets**

<table>
<thead>
<tr>
<th>Targets</th>
<th>Global plan</th>
<th>Global Fund leading targets for 2016</th>
<th>Indicators for other selected services</th>
</tr>
</thead>
<tbody>
<tr>
<td>HIV/AIDS</td>
<td>UNAIDS 2011-2015 Strategy, 2011 Investment Framework, and UNGASS June 2011 Declaration</td>
<td>7.3 million people alive on ARTs</td>
<td>• PMTCT, ARV prophylaxis and/or treatment • HIV testing and counseling • Prevention services for MARPs • Male circumcision</td>
</tr>
<tr>
<td>TB</td>
<td>Global Plan to Stop TB 2011-2015</td>
<td>4.6 million DOTS treatments (annual) 21 million DOTS treatments over 2012-2016</td>
<td>• HIV co-infected TB patients enrolled on ARTs • MDR-TB treatments</td>
</tr>
<tr>
<td>Malaria</td>
<td>RBM Global Malaria Action Plan 2008 and May 2011 updated goals and targets</td>
<td>90 million LLNs distributed (annual) 300 million LLNs distributed over 2012-2016</td>
<td>• Houses sprayed with IRS • Diagnoses with RDTs • Courses of ACT administered to confirmed malaria cases</td>
</tr>
</tbody>
</table>
Global Fund Strategy 2017-2021

Key Updates Likely in the 2017-2021 Strategy Framework

Vision

Mission

Guiding principles

Goals

Targets

- Ending the epidemics and supporting the SDGs?
- Incorporate our NFM focus on the highest-impact countries, interventions and populations?
- Updated and improved Goals and Targets will be required
**Five Strategic Objectives**

1. **Invest more strategically**
   - 1.1 Focus on the highest-impact countries, interventions and populations while keeping the Global Fund global
   - 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

2. **Evolve the funding model**
   - 2.1 Replace the rounds system with a more flexible and effective model
     - Iterative, dialogue-based application
     - Early preparation of implementation
     - More flexible, predictable funding opportunities
   - 2.2 Facilitate the strategic refocusing of existing investments

3. **Actively support grant implementation success**
   - 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

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
   - 5.3 Transform to improve Global Fund governance, operations and fiduciary controls
Decrease in HIV/AIDS

New infections and deaths (2001-2015)

<table>
<thead>
<tr>
<th>Number of new HIV infections</th>
<th>Number AIDS-related deaths</th>
</tr>
</thead>
<tbody>
<tr>
<td>Millions</td>
<td>Millions</td>
</tr>
<tr>
<td>2001</td>
<td>2013</td>
</tr>
<tr>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Country</th>
<th>Females 15-24</th>
<th>Males 15-24</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kenya (09)</td>
<td>4.5</td>
<td>1.1</td>
</tr>
<tr>
<td>Uganda (09)</td>
<td>4.8</td>
<td>1.1</td>
</tr>
<tr>
<td>Malawi (10)</td>
<td>2.3</td>
<td>1.9</td>
</tr>
<tr>
<td>Namibia (09)</td>
<td>5.8</td>
<td>2.3</td>
</tr>
<tr>
<td>Moz (09)</td>
<td>8.6</td>
<td>3.1</td>
</tr>
<tr>
<td>Botswana (09)</td>
<td>11.9</td>
<td>5.2</td>
</tr>
<tr>
<td>Lesotho (09)</td>
<td>13.6</td>
<td>4.2</td>
</tr>
<tr>
<td>South Africa (09)</td>
<td>13.6</td>
<td>4.5</td>
</tr>
<tr>
<td>Swaziland (09)</td>
<td>15.6</td>
<td>6.5</td>
</tr>
</tbody>
</table>
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

<table>
<thead>
<tr>
<th>Disease</th>
<th>Global Fund</th>
<th>Other Agencies</th>
<th>Other International Contributors</th>
</tr>
</thead>
<tbody>
<tr>
<td>HIV</td>
<td>22%</td>
<td>78%</td>
<td></td>
</tr>
<tr>
<td>TB</td>
<td>28%</td>
<td>72%</td>
<td></td>
</tr>
<tr>
<td>Malaria</td>
<td>50%</td>
<td>50%</td>
<td></td>
</tr>
</tbody>
</table>

Total resources in the fight against the three diseases

HIV
- Global Fund: 50%
- Other international contributors (PEPFAR, World Bank, Other Bilateral Agencies): 39%
- Domestic resources: 11%

TB
- Global Fund: 83%
- Other International Contributors: 5%
- Domestic resources: 13%

Malaria
- Global Fund: 41%
- PMI and other International Contributors: 41%
- Domestic resources: 18%

Changing income distribution

Note: Data point represents GNI per capita of a country.
Countries are ranked in ascending order.

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]

**TB**

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

**Malaria**

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

Sources: UNAIDS; Stop TB; WHO World Malaria Report
Challenge: Majority of disease burden in MICs

<table>
<thead>
<tr>
<th></th>
<th>Low (m people)</th>
<th>Lower Middle (m people)</th>
<th>Upper Middle (m people)</th>
<th>Total %</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>HIV</strong></td>
<td>12.1 (34%)</td>
<td>10.1 (29%)</td>
<td>9.8 (28%)</td>
<td>32%</td>
</tr>
<tr>
<td></td>
<td>4.2 (48%)</td>
<td></td>
<td></td>
<td>13%</td>
</tr>
<tr>
<td>Thereof MDR-TB</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Low (m cases)</th>
<th>Lower Middle (m cases)</th>
<th>Upper Middle (m cases)</th>
<th>Total %</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>TB</strong></td>
<td>2.1 (24%)</td>
<td>4.2 (48%)</td>
<td>2.1 (24%)</td>
<td>5%</td>
</tr>
<tr>
<td></td>
<td>2.1 (24%)</td>
<td>4.2 (48%)</td>
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<tr>
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<th>Total %</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Malaria</strong></td>
<td>94 (46%)</td>
<td>107 (52%)</td>
<td>5 (2%)</td>
<td>2%</td>
</tr>
</tbody>
</table>

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 [%]

<table>
<thead>
<tr>
<th>Female sex workers</th>
<th>Men who have sex with men</th>
<th>People who inject drugs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Swaziland</td>
<td>Jamaica</td>
<td>Mauritius</td>
</tr>
<tr>
<td>Zambia</td>
<td>Cameroon</td>
<td>Indonesia</td>
</tr>
<tr>
<td>Cameroon</td>
<td>Côte d’Ivoire</td>
<td>Pakistan</td>
</tr>
<tr>
<td>People who inject drugs</td>
<td>Congo</td>
<td>Thailand</td>
</tr>
<tr>
<td>Ukraine</td>
<td>Panama</td>
<td>Ukraine</td>
</tr>
</tbody>
</table>

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

- **Disease burden**
  - Fragile states: 17%
  - Other countries: 83%

- **Global Fund allocation**
  - Fragile states: 23%
  - Other countries: 77%

**Example:** Malaria
- Fragile states: 25%
- Other countries: 75%

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

Domestic revenues in fragile states vs. other developing economies

- **Emerging market and developing economies ex-Fragile States**
- **Fragile States**

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-affected 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?
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
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.”
## Strategic Framework: Financing global plans; goals, targets and indicators under development

### Goals and Targets

<table>
<thead>
<tr>
<th>Goals</th>
<th>Global Plans</th>
<th>Indicators for other selected services</th>
</tr>
</thead>
</table>
| **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 | - 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 | - 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 | - 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
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)

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

<table>
<thead>
<tr>
<th>Year</th>
<th>Events</th>
</tr>
</thead>
<tbody>
<tr>
<td>2014</td>
<td>Oct 2014 SIIC, Replenishment preparatory meeting (tbc)</td>
</tr>
<tr>
<td>2015</td>
<td>1st SIIC 2015, Consultations, Board approval of GF Strategy</td>
</tr>
<tr>
<td>2015</td>
<td>2nd SIIC 2015, Analytical work, Replenishment preparatory meeting (tbc)</td>
</tr>
<tr>
<td>2015</td>
<td>3rd SIIC 2015, Board approval of goals and strategic objectives</td>
</tr>
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<td>2016</td>
<td>1st SIIC 2016, Consultations, Replenishment preparatory meeting (tbc)</td>
</tr>
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<td>2016</td>
<td>2nd SIIC 2016, Board approval of GF Strategy, 5th Replenishment (tbc)</td>
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</tbody>
</table>

- **1st SIIC 2015**
- **2nd SIIC 2015**
- **3rd SIIC 2015**
- **1st SIIC 2016**
- **2nd SIIC 2016**
- **Oct 2014 SIIC**
We welcome and appreciate your input!
Back up slides
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
1. Invest to End Epidemics

**Title:** Investing to End Epidemics

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

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Draft July 2015 Strategic Framework

*Title:* Investing to End Epidemics

**DRAFT Strategic Objectives**

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