Background

• Over the course of 2018 the GF has worked closely with partners, using methodologies and models underlying Global Plans to develop investment case for Sixth GF Replenishment

• Modeling exercise based on three key steps:
  1. Determine resource need over 2021 to 2023 across the three diseases to get back on track with respect to Global Plan trajectories/targets

  1. Project level of domestic resources and non GF external resources

  2. Assess impact with level of GF resources based on a successful replenishment

• In addition investment case assesses and describes broader economic gains and expected contributions to strengthen health systems and achieving UHC
US$14 billion replenishment plus domestic and other external funding will cover approximately 82% of need of 2021-2023.
Overall results Global Fund Investment Case

Incidence Rate

Mortality Rate

Notes: Lines are first normalized to 100 in 2015 for each disease and then combined with equal weighting across the three diseases, separately for incidence and mortality rates. A fully funded Global Fund would contribute to achieving these results alongside sustained levels of other external funding, scaled-up domestic financing, and more innovation, collaboration and rigorous execution.
US$14 billion for the Global Fund would:

Save 16 million lives
between 2021 and 2023, reducing the mortality rate by 52 percent across the three diseases by 2023

Avert 234 million infections or cases, reducing the incidence rate by 42 percent
across the three diseases by 2023, relative to 2017 levels

Reduce the death toll
across the three diseases to 1.3 million in 2023, down from 2.5 million in 2017, and from 4.1 million in 2005

A fully funded Global Fund would contribute to achieving these results alongside sustained levels of other external funding, scaled-up domestic financing, and more innovation, collaboration and rigorous execution.
Accelerate progress toward SDG 3 and universal health coverage

Strengthen health care systems
through directly investing approximately US$4 billion to build capacities such as diagnostic tools, surveillance systems, supply chain management and training for health care workers, and accelerating the shift toward patient-centered, differentiated models of care.

Reinforce health security
by helping build more resilient health systems, with stronger surveillance, diagnostic and emergency response capabilities, and by directly tackling key threats to global health security, such as multidrug-resistant TB;

Tackle inequities in health, including gender and human rights-related barriers
by working with partners, including civil society and affected communities, to build more inclusive health systems that leave no one behind;

Spur domestic investment of US$46 billion
toward ending the three diseases and strengthening health systems through co-financing requirements, and technical assistance on health financing.

Yield a return on investment of 1:19
every dollar invested will result in US$19 in health gains and economic returns, further contributing to the achievement of the overall SDG agenda.
Investment Case projections for new cases and deaths: TB

New TB cases

- Successful Global Fund replenishment will enable **marked acceleration in reducing both new TB cases and TB deaths**

- However, **significant gap** with respect to the levels of incidence and mortality reduction required by the Global Plan
Results of Investment case modelling - Tuberculosis

With a replenishment of at least US$14 billion, the Global Fund, together with partners, could:

Reduce, from 2017 to 2023:
- New TB cases by 22% from 8.7 m to 6.8 m
- TB deaths (excluding HIV-positive people) by 46% from 1.2 m to 648,000
- Incidence rate by 29%
- Mortality rate by 51%

Treat, between 2018 and 2022:
- 31 m people with first-line drugs
- 1 m people with second-line drugs
  → Achieving almost 91 % of UN TB HLM targets

Increase case detection rate (all forms of TB) from 61% to 86% by 2023

In contrast, maintaining coverage at 2017 levels would result in:
- 5.1 million new cases (all forms) and
- 1.4 million deaths (excluding HIV-positive) that could have been averted over 2018-2023
BACKUP
Overview of Data and Approaches

**Resource Need:**
- Estimate of resource need to get back on track by 2023 using global plans and underlying models

**Domestic Financing:**
- Baseline from country commitments up until latest available year (i.e. 2020)
- Projection for 2021 and 2023 based on economic growth and DIPI (“Domestic Investment Priority Index”) approach

**Non Global Fund External Financing:**
- Latest available data from IHME (2017)
- Availability assumed to remain at current level for future projections
Validation: 2018 to 2020 commitments so far in line with projections underlying strategy target setting

- Strategy projections using DIPI (ambitious scenario) +41% to 2017 projected baseline
- Projected based on ambitious scenario 18 to 20
- Actual spending 2015 to 2017 +41%
- Funding request commitments 18 to 20

* Projection based on commitments in funding requests as of end July 2018
Validation: 2018 to 2020 commitments so far in line with projections underlying strategy target setting

<table>
<thead>
<tr>
<th></th>
<th>Projected increase 2015/2017 to 2018/2020 (DIPI)</th>
<th>Increase 2015/2017 to 2018/2020 (reviewed country commitments)</th>
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</thead>
<tbody>
<tr>
<td><strong>HIV</strong></td>
<td>39%</td>
<td>40%</td>
</tr>
<tr>
<td><strong>TB</strong></td>
<td>51%</td>
<td>48%</td>
</tr>
<tr>
<td><strong>Malaria</strong></td>
<td>37%</td>
<td>39%</td>
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</tbody>
</table>

* Projection based on commitments in funding requests as of End July 2018*
Overview of modeling groups

- GF Coordination Team
  (GF Secretariat / Imperial College)

- Modeling Guidance Group
  (Tech. Partner Foc. Points including WHO, UNAIDS, Stop TB Partnership, RBM..)

- HIV
  Avenir Health
  GOALS model

- TB
  Avenir Health
  TIME

- Malaria
  Imperial College
  Malaria model