Stop TB Partnership Consultation– Global Fund Strategy Discussion
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TheGlobalFund
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

<table>
<thead>
<tr>
<th>Vision</th>
<th>A world free of the burden of HIV/AIDS, tuberculosis and malaria with better health for all</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mission</td>
<td>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</td>
</tr>
</tbody>
</table>
| Guiding principles | - Being a financing instrument  
- Additionality  
- Sustainability  
- Country ownership  
- Multi-sectoral engagement  
- Partnership  
- Integrated, balanced approach  
- Promoting human right to health  
- 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

<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>
</table>
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 | 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 | Houses sprayed with IRS  
Diagnoses with RDTs  
Courses of ACT administered to confirmed malaria cases |
### Strategic Objectives

<table>
<thead>
<tr>
<th>Strategic Objectives</th>
<th>Strategic Actions</th>
</tr>
</thead>
</table>
| 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  
1.4 Maximize the impact of Global Fund investments on improving the health of mothers and children |
| 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 |
| | 
| 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: 78%
- Other Agencies (PEPFAR, World Bank, Other Bilateral Agencies): 22%

TB
- Global Fund: 72%
- Other International Contributors: 28%

Malaria
- Global Fund: 50%
- Other International Contributors: 50%

Total resources in the fight against the three diseases

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

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

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

Challenge: Majority of disease burden in MICs

**HIV**

[m people, % of total]

- Low: 12.1 (34%)
- Lower Middle: 10.1 (29%)
- Upper Middle: 9.8 (28%)

**TB**

[m cases, % of total]

- Low: 2.1 (24%)
- Lower Middle: 4.2 (48%) [Thereof MDR-TB]
- Upper Middle: 2.1 (24%)

**Malaria**

[m cases, % of total]

- Low: 94 (46%)
- Lower Middle: 107 (52%)
- Upper Middle: 5 (2%)

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

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

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

Example: TB

- Fragile states: 15%
- Other countries: 85%
- Global Fund allocation: 23%

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**
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

<table>
<thead>
<tr>
<th>Goals</th>
<th>Global Plans</th>
<th>Global Fund leading targets for 2016</th>
<th>Indicators for other selected services</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>10 million lives saved¹</strong></td>
<td><strong>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</strong></td>
<td><strong>Global Plans</strong></td>
<td><strong>HIV/AIDS</strong></td>
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<tr>
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<td><strong>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</strong></td>
<td><strong>Global Plans</strong></td>
<td><strong>TB</strong></td>
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<td><strong>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</strong></td>
<td><strong>Global Plans</strong></td>
<td><strong>Malaria</strong></td>
</tr>
</tbody>
</table>

| **140-160 million new infections prevented over 2012-2016** | **7.3 million people alive on ARTs** | **HIV/AIDS**                           |
|                                                           | **4.6 million DOTS treatments (annual)** | **TB**                                 |
|                                                           | **21 million DOTS treatments over 2012-2016** | **MDR-TB treatments**                  |
|                                                           | **90 million LLINs distributed (annual)** | **HIV/AIDS**                           |
|                                                           | **390 million LLINs distributed over 2012-2016** | **TB**                                 |

¹ Based on impact of provision of ART, DOTS and LLINs using methodology agreed with partners.  
giatan 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 programmes which may also be funded by other sources; targets are dependent on resource levels.

**Under Development with Partners**

- PMTCT: ARV prophylaxis and/or treatment
- HIV testing and counseling
- Prevention services for MARPs
- Male circumcision
- HIV co-infected TB patients enrolled on ARTs
- Houses sprayed with IRS
- Diagnoses with RDTs
- Courses of ACT administered to confirmed malaria cases

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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 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

<table>
<thead>
<tr>
<th>2014</th>
<th>2015</th>
<th>2016</th>
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- **Analytical work**
  - Oct 2014 SIIC
  - 1st SIIC 2015
  - 2nd SIIC 2015
  - 3rd SIIC 2015

- **Consultations**
  - Replenishment preparatory meeting
  - 1st SIIC 2016
  - 2nd SIIC 2016
  - Board approval of goals and strategic objectives
  - Board approval of GF Strategy

- **Replenishment**
  - 5th Replenishment (tbc)
Back up slides
<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</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 and coordinated with Strategy Process</td>
</tr>
<tr>
<td>Partnership Forum and Global Stakeholder and Technical Partner consultations</td>
<td>OBA with PH</td>
<td>Three Partnership Forums with additional online consultations</td>
</tr>
<tr>
<td>Secretariat Consultations and Engagement</td>
<td>PH with Communications</td>
<td>Ongoing</td>
</tr>
</tbody>
</table>
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**: LICs 55%, LMICs 34%
- **TB**: LICs 38%, LMICs 50%
- **Malaria**: LICs 64%, LMICs 34%
The most recent allocation saw significant increases in funding for the lowest income countries:

- **Low income**: +24%
- **Lower middle income**: +17%
- **Upper middle income**: +3%
- **Grand Total**: +19%

Comparing disbursements from 2010-2013 to allocation 2014-2016:

- **High income**: -74%