RESOURCES SCENARIOS 2011-2013

Funding the Global Fight against HIV/AIDS, Tuberculosis and Malaria

THE GLOBAL FUND TO FIGHT AIDS, TUBERCULOSIS AND MALARIA
THIRD REPLENISHMENT (2011-2013)

Karlo Boras, TGF Board member
The Global Fund is

• a unique global public/private partnership dedicated to attracting and disbursing additional resources to prevent and treat HIV/AIDS, tuberculosis and malaria. This partnership between governments, civil society, the private sector and affected communities represents a new approach to international health financing.

• The Global Fund works in close collaboration with other bilateral and multilateral organizations to supplement existing efforts dealing with the three diseases.
Our Governance Model

A partnership of stakeholders

- Donors
- Recipients

Public Sector (Governments)

Civil Society

- NGOs North
- NGOs South
- Communities living with the diseases

- Private Sector
- Foundations

Private Sector

Technical Partners

- WHO
- UNAIDS
- World Bank

A partnership of stakeholders
• Since its creation in 2002, the Global Fund has become the main source of finance for programs to fight AIDS, tuberculosis and malaria, with approved funding of US$ 19.3 billion for more than 572 programs in 144 countries.

• It provides a quarter of all international financing for AIDS globally, two-thirds for tuberculosis and three quarters for malaria.
• Global Fund financing is enabling countries to strengthen health systems by, for example, making improvements to infrastructure and providing technical assistance to those who deliver services.

• The Global Fund remains committed to working in partnership to scale up the fight against the diseases and to realize its vision – a world free of the burden of AIDS, TB and malaria.
FIGHTING HIV/AIDS

• **2.5 million people** are receiving antiretroviral treatment

• **105 million** HIV counseling and testing sessions were conducted

• **4.5 million basic** care and support services were provided to orphans and vulnerable children

• **790,000 HIV-positive pregnant women** have received PMTCT treatment (Prevention from Mother to Child Transmissions)
FUNDING THE FUND

• Since the establishment of the Global Fund to Fight AIDS, Tuberculosis and Malaria in 2002, close to 50 countries as well as private foundations, corporations and individuals have pledged significant resources to support its work.
Replenishment model...

- Based on models of existing replenishment mechanisms, the primary purpose of the voluntary replenishment process is to increase the predictability of the Global Fund’s resource mobilization efforts.

- The replenishment provides a means for donors to exchange views on the operations and effectiveness of the Global Fund, consider its funding needs and arrive at a consensus on contributions.
Replenishment model...

• However, a system of ad hoc contributions makes it difficult to plan the work of the Global Fund and to provide sustained and predictable support for the many programs that are getting underway in 140 countries.

• As a result, the Board of the Global Fund decided to reform the ad hoc system and to introduce a funding model based on periodic replenishments.
...Replenishment model

• From 2005 to 2008, former UN Secretary General Kofi Annan and former World Bank Director Sven Sandstrøm respectively were Chair and Vice-Chair of the Replenishment.

• Chair of TGF Third Replenishment is UN Secretary General Ban Ki-moon
First Replenishment 2006-2007:

• The **first meeting** was hosted in March 2005 by the Swedish government in **Stockholm**;
• an **interim meeting** was hosted by the Italian government in **Rome** June 2005;
• and a **final meeting** for this cycle of the replenishment was hosted by the UK government in **London** on 5-7 September 2005.
Mid-Term Review First Replenishment 2006-2007:

- Following the initial meetings in 2005 and to assess the process going forward, the Global Fund held a Mid-Term review of its Replenishment Mechanism in Durban in July 2006.
Second Replenishment 2008-2010:

• During the first meeting, hosted by the Government of Norway, donors discussed the most updated progress report on results and impact of the Global Fund activities, the funding status of the First Replenishment and the resource needs scenarios for the Second Replenishment.
Mid-Term Review Second Replenishment 2008-2010:

• Following the Replenishment meeting in Berlin and to assess the process going forward, the Global Fund organized a Mid-Term Review Meeting of its Second Replenishment cycle. The review meeting was held in Cáceres, Spain on 30 March to 1 April 2009.
Third Replenishment 2011-2013:

• The **first meeting** was hosted in February 2010 by the Dutch government in The Hague;

• **Second meeting** will be hosted by UN Secretary General Ban Ki-moon in New York in October 2010;
Demand driven model

• Demand for donor support (as measured by technically sound proposals that have been recommended for funding by the Global Fund’s independent Technical Review Panel) has more than doubled since the last replenishment in 2007, as implementing countries have scaled up well-performing programs. Grant commitments made in 2009 (US$ 4.2 billion) represent 235 percent of the 2006 amount (US$ 1.8 billion).
Results

• The increased investments enabled countries to achieve the impressive results described in the report:

Future plans:

• If new demand was sustained at the current level, resources of at least US$ 17 billion would need to be contributed in 2011-2013 to meet that demand and continue funding existing programs.
• If demand increased further to allow for further scale-up of programs in an attempt to accelerate progress towards the health-related Millennium Development Goals, the resources needed would exceed that amount.
Meeting demands:

• Meeting such levels of demand - requiring significantly more funds than the US$ 10 billion provided by donors for the 2008-2010 replenishment period - clearly represents a major challenge in the midst of difficult economic circumstances.
... Meeting demands

- At the same time, the results and impact achieved to date have been substantial and show that investments made through the Global Fund make a major difference in the fight against the three diseases, while strengthening health systems and also significantly contributing to progress on Millennium Development Goals 4 and 5.
Three resource scenarios:

three resource scenarios are presented for consideration, each with an indication of the results that could be expected in terms of achievements on the ground at the end of the replenishment period:
Scenario 1

would allow for the continuation of funding of existing programs. New programs could only be funded at a significantly lower level than in recent years. This scenario therefore does not represent an estimation of the volume of high-quality proposals expected to be submitted. Rather, it indicates the level of demand that could be met by the foreseen resources.

RESOURCES REQUIRED IN 2011-2013:
US$ 13 BILLION
Scenario 2

would allow for the continuation of funding of existing programs. In addition, it would allow for funding of new proposals at a level that comes close to that of recent years. This would allow current trajectories of progress to be preserved.

RESOURCES REQUIRED IN 2011-2013:
US$ 17 BILLION
Scenario 3

would allow for the continuation of funding of existing programs. In addition, well-performing programs could be scaled up significantly, allowing for more rapid progress towards achievement of the health-related Millennium Development Goals.

RESOURCES REQUIRED IN 2011-2013:
US$ 20 BILLION
What are the needs?

• The Joint UN Programme on HIV/AIDS (UNAIDS) has estimated that US$ 28 billion to US$ 50 billion would be needed globally every year from 2010 to 2015 in order to progressively reach universal access targets for HIV/AIDS by 2015.
This would translate to an estimated:

- 16 million to 23.5 million life-years saved by long-lasting insecticidal nets,
- 2.9 million to 3.0 million life-years saved by ARV therapy and
- 2.5 million to 4.3 million life-years saved by PMTCT, each, in 2015 alone.

Over subsequent years, these annual health impacts would increase, especially under Scenarios 2 and 3.
Thank you.

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This paper was produced for a meeting organized by Health & Consumers DG and represents the views of its author on the subject. These views have not been adopted or in any way approved by the Commission and should not be relied upon as a statement of the Commission's or Health & Consumers DG's views. The European Commission does not guarantee the accuracy of the data included in this paper, nor does it accept responsibility for any use made thereof.