

Global Fund experience on financing the fight against AIDS, tuberculosis and malaria  
History and lessons learnt  
Hearings at WHO GCM/NCD working group

6 May 2015

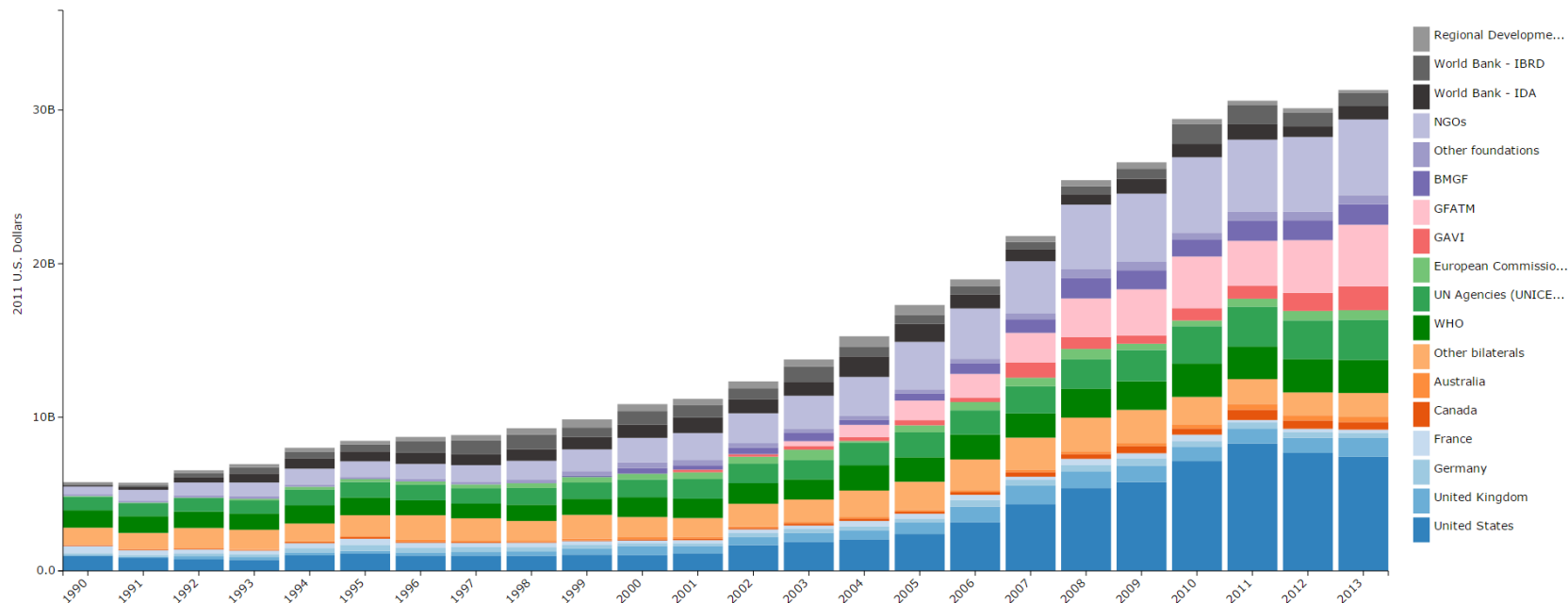
Geneva

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# Content

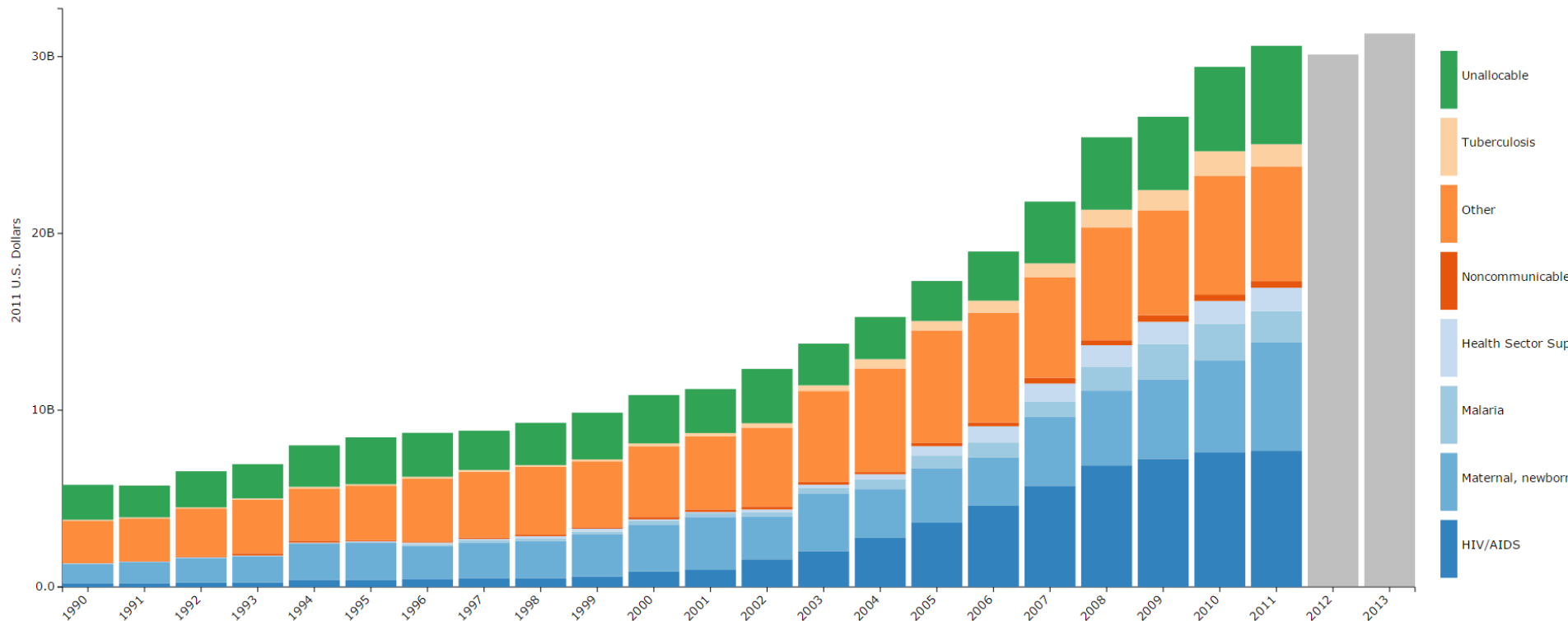
- 1 History of funding for AIDS (+/- TB and malaria) since 1990
- 2 1990-2000 : Building the case, building the capacities in the North
- 3 2001-2002 : Setting the Fund
- 4 2002-2014 : Providing results and keeping advocacy to increase the investments

# Channels of development assistance for health



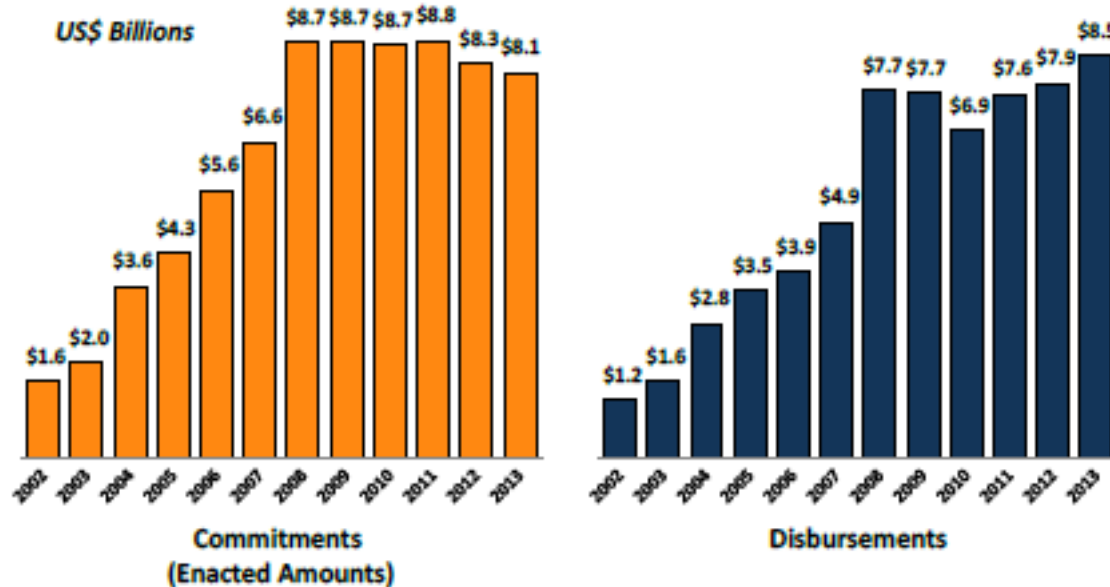
Source : Institute for Health Metrics and Evaluation (IHME). **Financing Global Health Visualization**. Seattle, WA: IHME, University of Washington, 2014. Available from <http://vizhub.healthdata.org/igh/>. (Accessed May 1<sup>st</sup> 2015)

# Health focus areas of development assistance for health



Source : Institute for Health Metrics and Evaluation (IHME). **Financing Global Health Visualization**. Seattle, WA: IHME, University of Washington, 2014. Available from <http://vizhub.healthdata.org/fgh/>. (Accessed May 1<sup>st</sup> 2015)

# International HIV assistance from donor governments, 2002-2013



Source : Kaiser Foundation/UNAIDS, Financing the response to HIV in low and middle income countries, July 2014

# 1990-2000 : Building the case

## Facing the HIV/AIDS pandemic:

- In the North, a strong civil society movement emerged, with growing capacity for reaching out to media, public opinion and political leaders ( ACTUP, Health Gap, and Gay Rights movement)
  - call for more funding (research, care and treatment)
  - call for respect of rights and fight discrimination/stigmatization
  - call for inclusion of affected people in decision making process

AIDS advocacy for the South remains low, and funding remains flat,

1996 : AIDS treatment becomes available, but inaccessible for the South

*Jacques Chirac (French President), Abidjan 1997 : calls for a global movement for access to treatment, faces hard criticism (Natsios)*

# 2000 : the turning point

## Converging factors

- Movement coherence : a common message (bridge the gap, treatment for all...)
- A strong moral stand : market is unfair (South Africa trial, 2000),
- A variety of Champions/advocates : Political leaders (N. Mandela, J Chirac, GW Bush..), Media, Civil society, Academics, Religious..
  
- In parallel :
  - AIDS is seen as a security issue (UN security Council and UNGASS 2001)
  - AIDS, TB and malaria as one of eight MDGs

→ Dedicated institutions : UNAIDS, Global Fund, PEPFAR, UNITAID

Ref : Busby, 2014 : [AIDS Drugs for All: Social Movements and Market Transformations](#)

# 2001-2002 : setting of the Global Fund

April 2001 : Call by Koffi Anan, then UNSG, for a “war chest” to fight AIDS

June 2001 : UN General Assembly Special Session on AIDS, Declaration of commitment

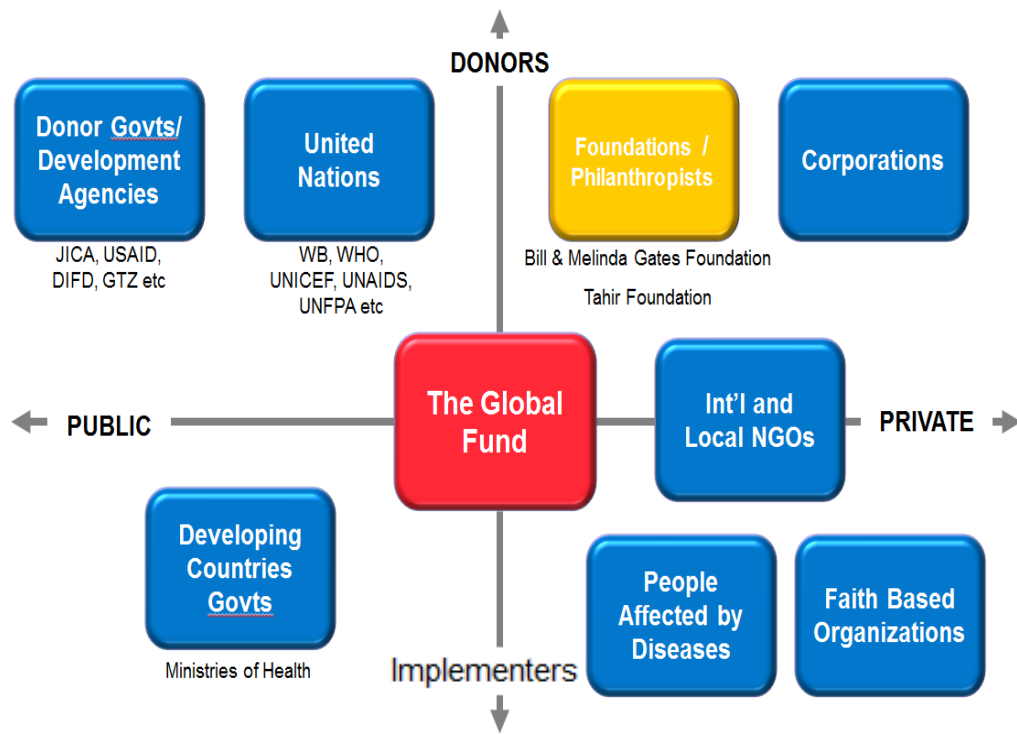
July 2001 : G8 Summit in Genoa,

- first pledges to the Global Fund : 1.3 Bn USD, and attracting 500 MUSD from non G8 partners
- commitment to establish the Fund “before the end of the year”

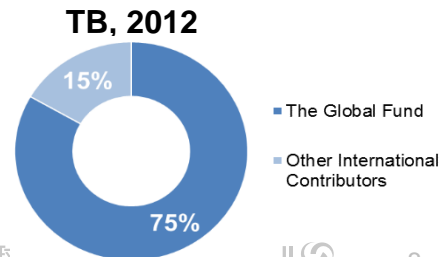
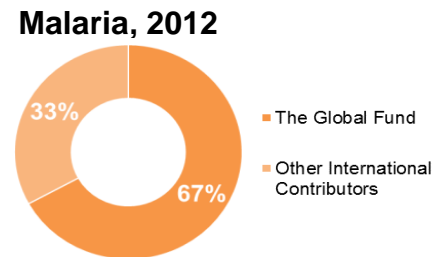
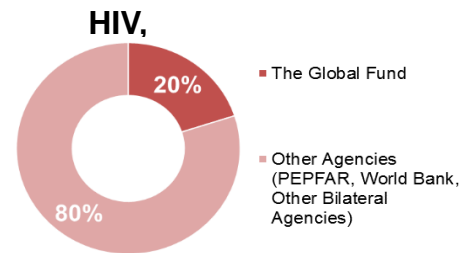
January 2002 : Official creation of the Global fund to fight AIDS , TB and malaria, as a Swiss Foundation and a public-private partnership



# Global Fund has an innovative financing model...



# ... that is leading the fight against the three diseases



# 2002-2015 : Resource mobilization, replenishment cycles

Replenishment cycle on a three year basis ; 2014-2016

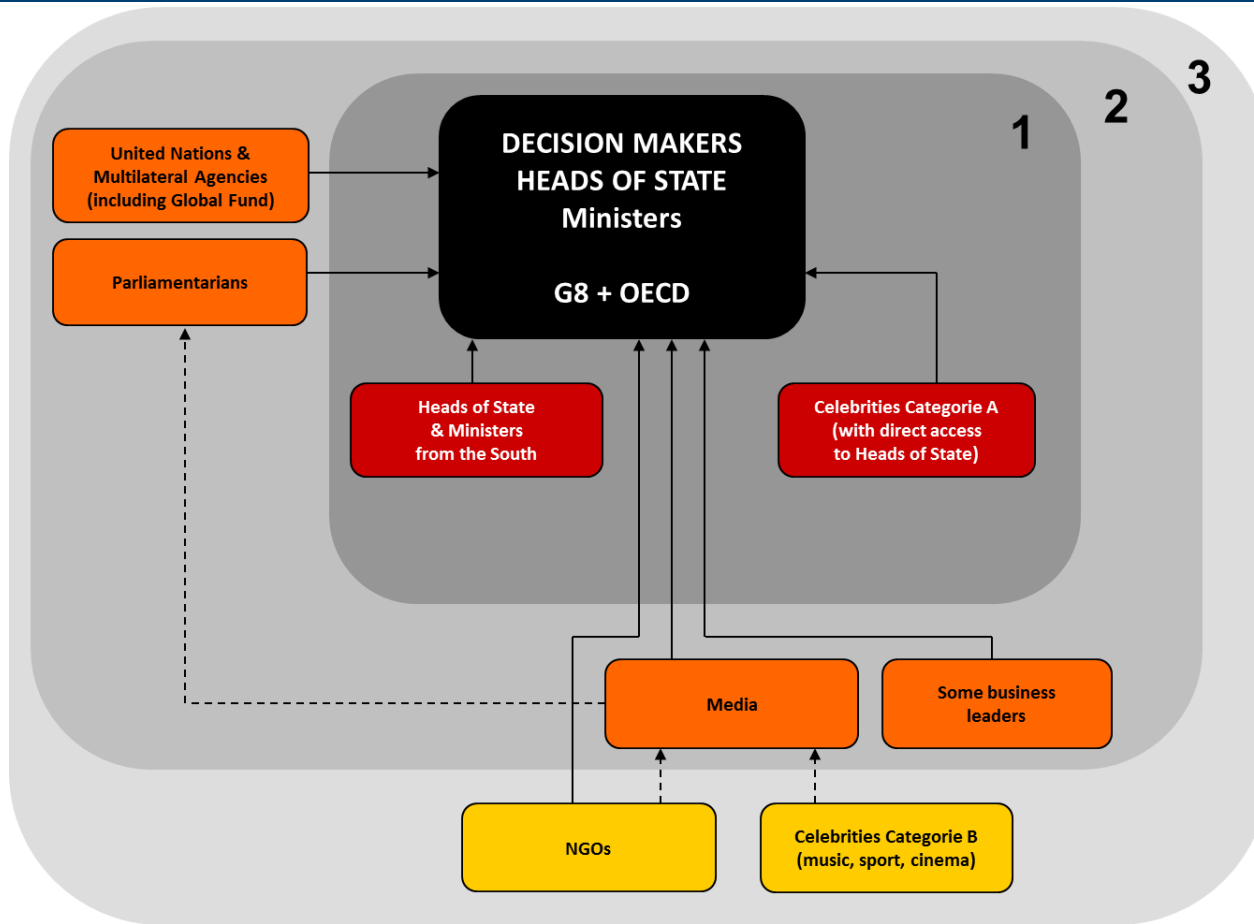
- pledging session at the highest political level
- very active preparatory work, embarking a very large network of advocate/champions, 18 months in advance
- at global level (UNGA, G8, Global health events/conferences...)
- in main donor countries : civil society, parliamentarians, leaders from private and public sector
- in implementing countries : political leaders

Convincing case based

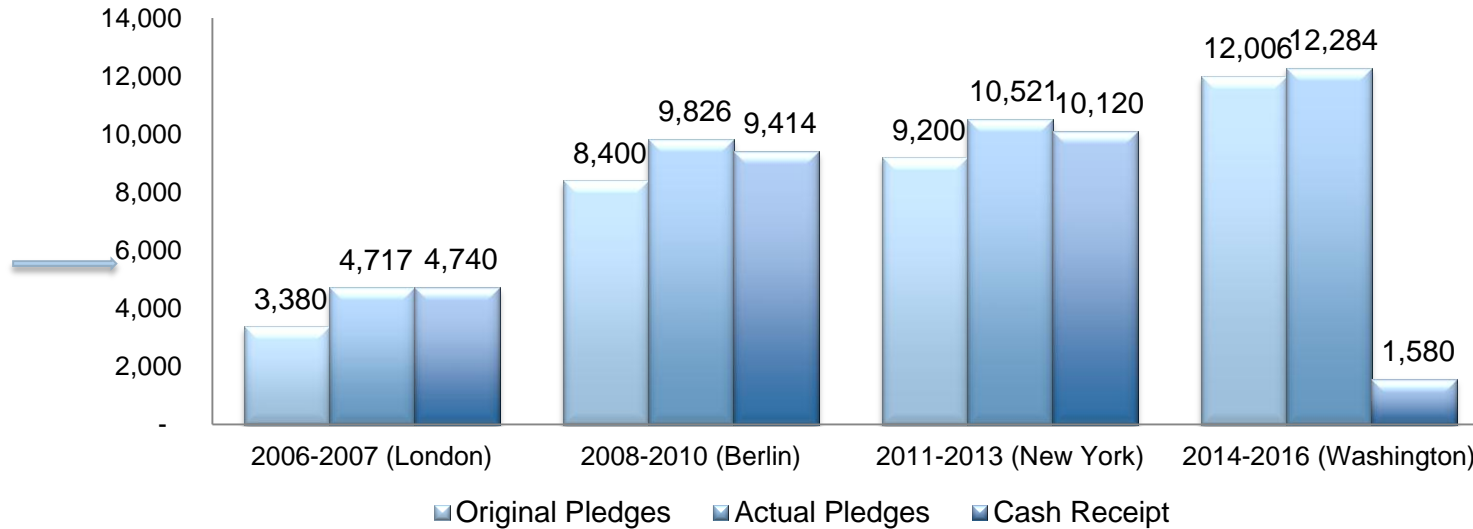
- on needs assessment : prepared with technical partners (WHO, UNAIDS)
- on results achieved : lives saved, infections averted...
- on the quality of financial management : transparency, integrity, value for money

Expanding the donor base: new countries (BRICS, Gulf states..), innovative tools (Debt to Health, Bonds,..), partnership with private sector (direct funding, pro bono, or low bono)

Re-assessing the method to cope with a moving landscape : challenges for the next replenishment



# Pledges & Contributions to the Fund: 1<sup>st</sup> to 4<sup>th</sup> Replenishment in USD million (as of Jun-14)

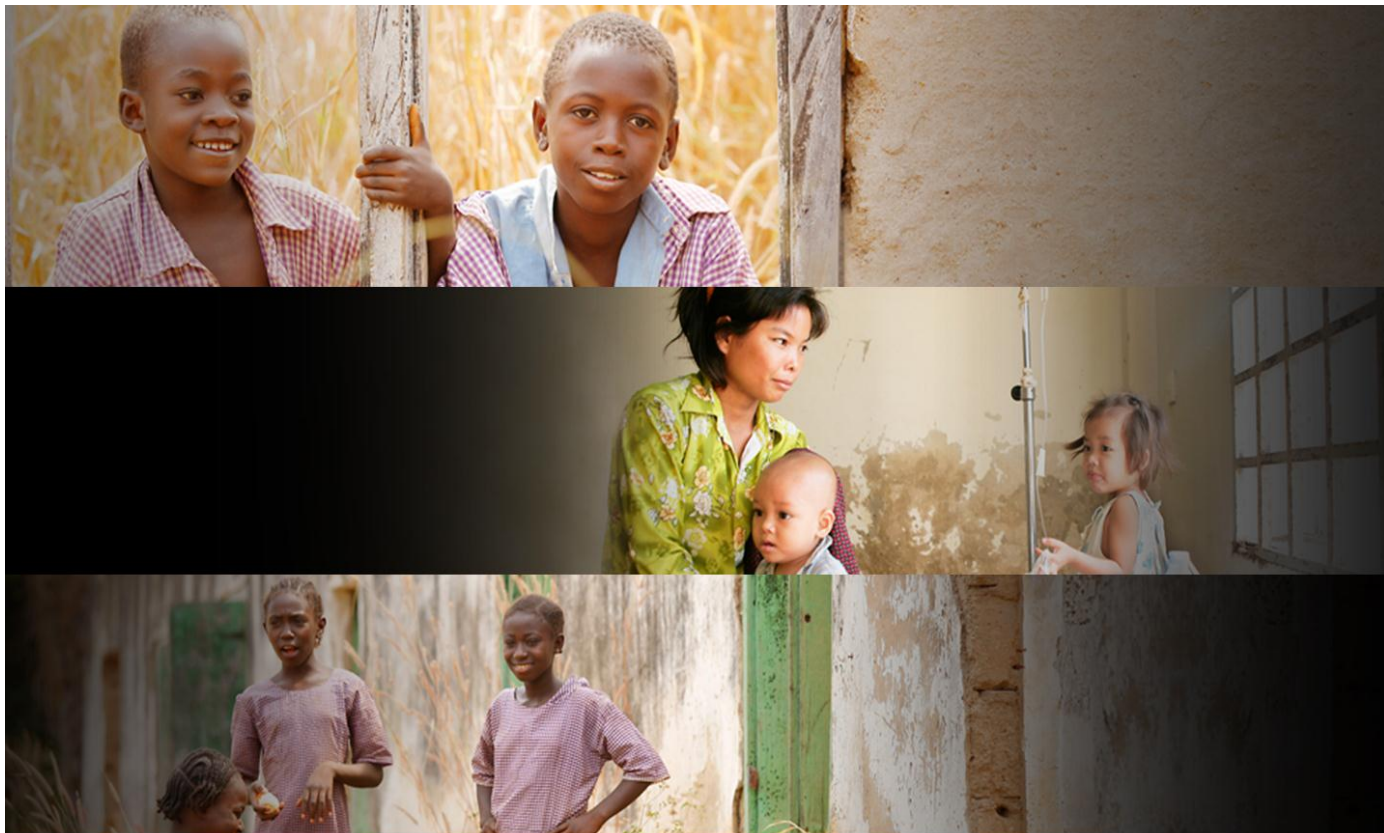


Pledges & contributions to the Global Fund have been **increasing over time**. Total **4<sup>th</sup> Replenishment pledges have reached US\$ 12.3 billion, 30%.more than the previous replenishment**. Of this total, donor government pledges account for US\$ 11.6 billion or 94.7%.

# Challenges for the next replenishment : 2017-2019

In the current health/development financing context, the Global Fund has initiated a number of strategic efforts, while working on a new strategy for the years 2017-2021

- Development and roll-out of **differentiated approaches/tools for countries in different stages of the development continuum**;
- Promotion of **the sustainability of national programs by supporting implementing country governments in their domestic resource mobilization efforts** and leveraging increased domestic investments in disease and broader health programs through the new funding model; and
- **Streamlining innovations and innovative partnerships** across the Global Fund portfolio in a number of priority areas of the GF's core work.



**THANK YOU**