The Global Fund Strategy 2017-2022 Investing to End Epidemics

25 October 2016 Tokyo, Japan
Number of lives saved through Global Fund-supported programs

1/3 fewer deaths from AIDS, TB and malaria in countries where the Global Fund invests

![Graph showing the number of lives saved through Global Fund-supported programs from 2005 to 2016. The graph indicates a significant increase in the number of lives saved from 2015 onwards, reaching 22 million by 2016.](image-url)
Trends in AIDS-related deaths and new infections

Trends in Tuberculosis deaths and infections

TRENDS IN TUBERCULOSIS DEATHS (2000-2015) IN GLOBAL FUND-SUPPORTED COUNTRIES

TRENDS IN INCIDENCE OF TUBERCULOSIS (2000-2015) IN GLOBAL FUND-SUPPORTED COUNTRIES

Trends in Malaria deaths and incidence

TRENDS IN MALARIA DEATHS (2000-2015) IN GLOBAL FUND-SUPPORTED COUNTRIES

Global Fund’s contribution to international financing

**AIDS**
- Global Fund: 75%
- Other Agencies (PEPFAR, World Bank, Other Bilateral Agencies): 25%

**TUBERCULOSIS**
- Global Fund: 75%
- Other International Contributors: 25%

**MALARIA**
- Global Fund: 42%
- Other International Contributors: 58%

Shift to SDG from MDG

- Focus on a person (human security)

- Universal Health Coverage as key health goal

Maximize impact against HIV, TB and Malaria

Build resilient & sustainable systems for health

Promote & protect human rights and gender equality

Mobilize increased resources

Strategic enablers

Innovate and differentiate along the development continuum

Support mutually accountable partnerships
GF 2017-22 Strategy RSSH, UHC and human security

WHO Building Blocks

Leadership and governance
Health Information Systems
Health Financing
Human Resources for Health
Essential medical products and technologies
Service delivery

GF 2012-2016 strategy
Health Systems Strengthening priorities

Health Information Systems
Health and community workforce
Procurement and supply chain management
Financial management
Service delivery (RMNCH/integration)

GF 2017-2021 strategy
Resilient and Sustainable Systems for Health as strategic objective

Strengthen community responses and systems
RMNCAH and integrated service delivery
Strengthen global and in-country procurement and supply chain systems
Leverage critical investments in human resources for health
Strengthen data systems for health and countries’ capacities for analysis and use
Strengthen and align to robust national health strategies and national disease-specific strategic plans
Strengthen financial management and oversight
HIV New Infections per year (1000)

- No further intervention
- Uniform prevention
- Focused prevention

Year

2010 2015 2020 2025 2030

WHICH PATH WILL WE TAKE?

TheGlobalFund LeFondsmondial ElFondoMundial Глобальныйфонд 全球基金 الصندوق العالمي
Focus on person and community (SDG) e.g. linking education, health, primary health care (UHC), reproductive health for girls

Innovation, increased flexibility and partnership in Challenging Operating Environments

People-centered
Comprehensive, multi-sectoral & collaborative
Prevention-oriented
Context-specific
Protection & Empowerment
Prevalence of HIV among youth

Prevalence of HIV among young women and men (15–24 years), by region, 2001 and 2012

Source: UNAIDS 2012 estimates
The importance of location and population

People living with HIV (children and adults) are included as member of all the featured populations. They are implicitly included in this map as they must have universal access to services.

Source: UNAIDS Data Gap 2014
The challenge: Women and girls at risk

Structural, legal and cultural factors sometimes push women and girls to the periphery, where diseases can devastate the most vulnerable and at risk.

Gender inequalities, harmful practices, sexual violence and discrimination against women continue to fuel a disproportionate number of new HIV infections in women and adolescent girls, and to increase their overall health risks.

- In the hardest-hit countries, girls account for more than 80% of all new HIV infections among adolescents.
- In low- and middle-income countries, in the same age group, TB is the fifth-leading cause of death for women.
- Pregnant women are particularly susceptible to malaria, a disease that is an important cause of illness and death during pregnancy.
Girls and parents who were offered up to $15 monthly to stay in school

- Had **60% lower HIV prevalence**
- Had **76% lower HSV-2**
- Were **33%** less likely to sexually active and reported **25% fewer sexual partners**
- Were **40%** less likely to have an early marriage
- Had a **30%** lower rate of teenage pregnancy
- Had a **35%** lower likelihood of dropping out of school
Investing in malaria elimination

- The Global Fund provides 86% of external financial support necessary for malaria control in Asia Pacific Region.
- As of mid-2015, the Global Fund has invested $1.5 billion in malaria programs and malaria-related health systems strengthening.
- As of mid-2015, Global Fund malaria supported programs -
  - distributed 80 million nets
  - treated 18 million cases of malaria
  - covered 3 million structures with IRS

With $6.6 million invested, Global Fund supported programs have saved 9.4 million lives in the Asia-Pacific region.

Source: GF Results Report, 2015
Significant decline in malaria Burden in Asia Pacific countries, 2000-2015

Countries in position to eliminate malaria within the next 5 years according to WHO analysis:

**SE Asia:** Bhutan, Nepal, Timor-Leste  
**W. Pacific:** China, Malaysia, DR Korea

- **Indonesia:** 56% reduction in annual parasitic incidence since 2010  
- **Myanmar:** 75% reduction since 2008

Reduction in reported or estimated malaria case incidence (per 1000 population at risk), **2000-2015**
Countries in Asia-Pacific are investing in regional elimination with support from the Global Fund

Regional Artemisinin Resistance Initiative (RAI)

**Goal:** Eliminate existing drug resistant malaria in five countries of the Greater Mekong Sub-Region and prevent resistance from emerging in new areas.

**GF investment:** $100m for 3 years for the regional initiative (in addition to 2014-16 country allocations), an unprecedented level of funding for a single regional grant

**Key issues:**
- Artemisinin resistance map is changing quite rapidly
- Reprogramming underway to align with WHO/ASEAN/APLMA goal of a malaria free Asia Pacific by 2030
- Additional funding and strong political commitment will be needed to reach elimination goal
Estimated TB incidence rates, 2015

- TB now ranks alongside HIV as world’s deadliest infectious disease
  - 64 percent of world’s new TB cases are in Asia-Pacific countries
- Of 10.4 million new TB cases, only 6.1 million cases were notified
  - 4.3 million (41%) TB cases “missed”
- Multidrug-resistant TB (MDR-TB) is a growing public health threat, which can only be contained through a global approach and a global partnership
- Of the 580,000 drug-resistant TB patients, only 250,000 patients enrolled on second-line treatment
  - 430,000 (80%) patients “missed”

...between 2000 to 2015, decline in TB incidence and mortality is slow

- Black line show notifications of new and relapse cases, for comparison with estimates of total incidence rate
- Shaded areas represent uncertainty intervals

Four countries in Asia Pacific are amongst six countries accounting for 60% of global burden


Partnership with Japan

LEADERSHIP

PRIVATE SECTOR CONTRIBUTORS

CREATION OF GLOBAL FUND

ADVOCACY

MANUFACTURING AND R&D
5th Replenishment – Highlights of the campaign

Dec ‘15

TOKYO: Conference on UHC & Preparatory Meeting for GF replenishment

(RED) 10th Anniversary at WEF-Davos

Jan ‘16

EC pledges EUR 470m (27% increase)

New Zealand returns as donor with $1m pledge

Feb ‘16

Luxembourg announces $8m pledge

Mar ‘16

Japan pledges $800m (46% increase in Yen terms) ahead of G7 Ise-Shima Summit

Apr ‘16

Canada announces pledge of CAD 785m (20% increase) & hosting of Pledging Conference

May ‘16

France pledges EUR1.08bn

Jun ‘16

ROME: High-level event in Rome & announcement of Italy’s EUR130m pledge (30% increase)

Further increases to EUR 140m (40% increase) at Montreal

Jul ‘16

US announces pledge of up to $4.3bn, $1 to $2 match of other donor contributions until Sept 2017

Aug ‘16

MONTREAL: GF Replenishment Launch / Pledging Conference

Sep ‘16

Japan pledges $800m (46% increase in Yen terms) ahead of G7 Ise-Shima Summit

Kenya announces $5m pledge at TICAD VI in Nairobi

US announces pledge of up to $4.3bn, $1 to $2 match of other donor contributions until Sept 2017

France pledges EUR1.08bn

Luxembourg announces $8m pledge

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Donors pledge nearly US$ 13 Billion

### G7 donors

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<tr>
<th>Country</th>
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<td>United Kingdom</td>
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<td>Italy</td>
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### African donors

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<td>Togo</td>
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<td>Zimbabwe</td>
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### Private sector

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<td>(RED)</td>
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<td>Catholic Relief Services</td>
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<td>Goodbye Malaria</td>
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<td>Takeda Pharmaceutical Corp.</td>
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### Other public donors

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$13 billion contribution for the Fifth Replenishment could achieve

- 8 MILLION LIVES SAVED
- 300 MILLION INFECTIONS AVERTED
- US$41 BILLION IN DOMESTIC RESOURCES
- US$290 BILLION IN LONG-TERM ECONOMIC GAINS
Question is no longer *can* we do

Question is *WILL* we do it?
AIDS TB MALARIA
END IT. FOR GOOD.