

Presentation to the 7th Board Meeting of the Global Fund to Fight AIDS, TB and Malaria

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Thank you Mr Chairman. Members of the Board, colleagues, the Director-General has asked me to give the update on 3x5 on behalf of WHO.

How we've advanced since we met in Chiang Mai Thailand:

Last World AIDS Day, the WHO and UNAIDS jointly launched one of the most ambitious health campaigns ever undertaken--to assist countries in providing HIV antiretroviral treatment to 3 million people by the end of 2005. '3by5' is a framework for collective action to mobilize a new alliance of the caring and committed towards the common goal of promoting access to treatment. It is not a WHO-only project. All can make a difference. Our own aim and our duty is to provide the technical leadership and to energize health workforces.

We shaped the framework with outreach to partners. We listened and the plan was considerably bolstered with their advice, counsel and constructive criticism. We presented the plan to our Executive Board in January and it was approved with unanimity.

- Since the launch, we have undertaken a number of key actions in support of both 3x5 and the Global Fund.
- We have reallocated a significant portion of the regular budget to support 3x5.
- We are grateful for the financial support given by UNAIDS (\$10 million) and the United Kingdom (£3 million) and are using the funds with immediate effect. Encouraging signals that more donors will come forward.
- We just deployed on an immediate basis 40 senior headquarter and regional staff to 32 countries for up to 2 months, with specific instructions to help countries develop round 4 proposals and to develop their national treatment scale up implementation plans.
- I have personally called upon several capitals and institutions to identify collaborative pathways and to secure technical and financial support. I will continue to do so.
- We are working closely with our UNAIDS cosponsor family who are valued allies . At their most recent meeting in Zambia, the Executive Heads of the UN cosponsors agreed on specific roles and contributions for each agency and they all embraced '3by5' as a collective goal, to be given highest priority at all levels.
- We are co-sponsoring with the U.S. Food and Drug Administration and European regulatory agencies a special conference on FDC/co-blistering for medicines across the three diseases.
- Implementing the German GTZ Global Fund BackUp initiative along with UNAIDS and ILO.

- We established operational networks with organizations such as ESTHER and others to deliver technical assistance on 3x5.
- We established a new department at WHO: Strategic Planning and Innovation – charged with cultivating capacity-building, strengthening health systems, and injecting new ideas in scale-up strategies across the 3 diseases.
- In a strategic alliance with the Global Fund, the Stop TB partnership launched an emergency initiative, known as the Intensified Support and Action Countries, to accelerate DOTS expansion in eight high-burden countries.
- The RollBack Malaria partnership identified 14 focus countries in Africa, which are the recipients of major GFATM grants. Needs assessments have been done and now plans for intensified, coordinated technical cooperation from RBM partners are underway to rapidly scale up interventions and document impact.
- We continue to participate in and help CCM's. Our technical support has been instrumental in boosting success rates of applications to the Global Fund. Strong WHO assistance had led to country success rates of between 70 and 100% as compared to the average of 40%. We appreciate the acknowledgement of our efforts by the Executive Director in his report.

We applaud the advances made by our allies and partners in the 3x5 effort.

- The boost in numbers of treated through support by the Accelerating Access Initiative.
- The recent rapid deployment of grants by the American Presidential Emergency Plan for AIDS Relief to chosen technical partners.
- The appointment of Dr. Bernard Kouchner to lead the ESTHER partnership initiative.
- The appointment of new AIDS ambassadors by Sweden, France, in addition to the US. Others may follow shortly. New avante garde in global health diplomacy.
- The leadoff of the Irish Presidency of the EU was the Dublin conference which instilled new commitment to confronting HIV/AIDS and TB in Eastern Europe and Central Asia.
- Received many reports of progress made by NGOs, governments, and companies.

We and the Global Fund

To date and into the future there has been and will be a rightful emphasis on marshalling the financial resources necessary to confront the 3 diseases.

- \$5 billion in pledges to the GF
- \$15 billion by PEPFAR
- \$27 billion in assets at the Gates Foundation
- \$2 billion for the World Bank MAP initiative
- many more resources by the donor community

But as the center of action shifts away from capitals and towards stricken and vulnerable countries and communities, the challenge of providing quality, sustained technical assistance looms large, not only for WHO, but for others as well.

The emerging tasksets driven by the growth of the Global Fund will proliferate rapidly from both future round applications and from implementation by grantees.

There is a risk of institutional depletion, as the talent pool of expertise becomes overwhelmed and demoralized.

We did a snapshot analysis -- we conservatively estimate at least \$12 million has been spent by WHO HQ, country and regional offices, in direct support of Global Fund workstreams over the past 3 rounds and in preparation of the 4th round. This is about 10% of our program budgets across the 3 diseases for the period 2002-2003.

And the TA needs to help implementing partners will only grow larger and more complex. We have been discussing technical assistance as it relates to the Fund since the beginning of deliberations to create the Fund. After two years, we still require a comprehensive understanding of the role, funding, and monitoring of TA as part of Global Fund grants to countries. With respect to UN agencies, there are specific issues regarding procurement to be considered. We would support Board action to request the relevant committees to explore the issues and to make recommendations.

Needed: strong chain of concerted action

It is evident we need strong links that comprise a chain of concerted action, a chain of three links.

Link 1: Financial institutions:

Global Fund/World Bank/Donors

Link 2: Technical organizations:

WHO, multilaterals, national agencies, organizations assisting with monitoring and evaluation

Link 3: Implementing partners

Ministries/agencies, NGOs, companies, communities

It is a strong and well resourced chain that best converts Resources into Results.

Investing in this chain secures the investment made by assuring the inputs are deployed well and generate the desired outputs.

Pathway Forward

A question we put to the board and to the community at large is how can WHO and the alliance of technical partners such as the UNAIDS family and others be resourced sufficiently to help the Global Fund and other HIV/AIDS, TB and malaria initiatives attain their goals?

As we discussed replenishment issues for the Fund yesterday, we must ensure an overarching funding strategy for the entire chain, including UN agencies and others providing technical assistance.

Over the past few weeks we put forth some ideas but we humbly seek your counsel and guidance at this important juncture in the unfolding story of the Global Fund.

We will continue to make our case as concrete as possible. By the end of April--if not sooner, WHO will release its three disease operational business plan that outlines how we would deploy additional investments in us.

At the outset I stated that 3x5 is a framework for collective action. Indeed it is. But at its core, 3x5 is really about the Spirit of collective action, in support of people living with HIV/AIDS.

The spirit of neighbor helping neighbor, citizens reaching out across oceans and across differences to sustain endangered lives.

Technical assistance has both tangible and intangible components-- Skill and Will. Our people at WHO -- through the craft of their work and the power of their passion are making a difference in teaching:

Skill -- the ability to complete a task well, and propelling --

Will -- by their actions, presence and commitment, showing a way forward, instilling a courage to confront the odds and prevail.

WHO stands ready to help and is committed to help with whatever assets and means we have at our disposal, even if we do not get one additional dollar. We have stated our priority and we have acted accordingly. But we make the case to all of you that the opportunity is there to forge the chain of concerted action, and to ignite the spirit of collective action.

Thank you.

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