Partners in Impact
Results Report

Global Fund Board Meeting
Geneva, April 2007
1. Performance
   - Results
   - The Global Fund

2. Partnerships
   - Working better with partners

3. Impact
   - Full model of the Global Fund
   - Challenges
The full model of the Global Fund: from finance to impact

**Themes:** Accelerate Core Competencies, Performance based Partnerships, Focus of Impact
Rapidly increasing results reaching people

<table>
<thead>
<tr>
<th>Intervention</th>
<th>Results end 2006</th>
<th>% increase over year</th>
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<tbody>
<tr>
<td><strong>HIV:</strong></td>
<td></td>
<td></td>
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<tr>
<td>People on ARV treatment</td>
<td>770,000</td>
<td>101%</td>
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<tr>
<td><strong>TB:</strong></td>
<td></td>
<td></td>
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<tr>
<td>People treated under DOTS</td>
<td>2,000,000</td>
<td>100%</td>
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<tr>
<td><strong>Malaria:</strong></td>
<td></td>
<td></td>
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<tr>
<td>Insecticide-treated nets</td>
<td>18,000,000</td>
<td>134%</td>
</tr>
<tr>
<td>distributed</td>
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Exceptional challenges: 16-34% of international targets
Overall 94% of programmatic targets reached at Phase 2

<table>
<thead>
<tr>
<th>Target</th>
<th>Percentage</th>
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<tbody>
<tr>
<td>Top 10 targets</td>
<td>94%</td>
</tr>
<tr>
<td>ARVs</td>
<td>89%</td>
</tr>
<tr>
<td>Counseling and Testing</td>
<td>102%</td>
</tr>
<tr>
<td>PMTCT</td>
<td>79%</td>
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<tr>
<td>Orphans</td>
<td>120%</td>
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<tr>
<td>DOTS Treatment</td>
<td>101%</td>
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<tr>
<td>MDR-TB</td>
<td>81%</td>
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<tr>
<td>ITNs Distributed or LLNs</td>
<td>73%</td>
</tr>
<tr>
<td>Antimalarial Treatment</td>
<td>77%</td>
</tr>
<tr>
<td>Care and Support</td>
<td>106%</td>
</tr>
<tr>
<td>People Trained</td>
<td>113%</td>
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</tbody>
</table>

Managing variability – A 120%, B1 90%, B2 60%, C 40% - returns on TA
Systematic concerns - Gender

- Disaggregating service data
  - ARVs: 57% women, 48% of infections (with WHO/UNAIDS)
  - ITNs: target women and children, TB treatment: fewer women

PMTCT: urgent gender issue and for children
- Cheap, effective treatment: epidemic of HIV+ children
- Entry point for care, treatment and support

Gender diagnostic tools for proposals, implementation
Intelligent Implementation

• Full capacity of civil society partnership
  – Critical capacity to match services with people in need

• Systematic TA: lessons from TB
  – Well defined package: roles coordinated by Stop TB partnership

• Sub-Saharan Africa: challenge of A-performance
  – Returns on TA could increase results 90%
Most countries can make the money work

- 75% of grants succeeding
- 21% show potential
- No worse in poorer countries and weaker health systems

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## Performance indicators of the Global Fund

<table>
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<th>Strengths</th>
<th>Weaknesses</th>
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<tbody>
<tr>
<td><strong>CCMs</strong> – significant improvement in meeting requirements (97%)</td>
<td>Average <em>time between grant approval and first disbursement</em> is 9.3 months.</td>
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<tr>
<td><strong>Strong programmatic results</strong> against portfolio and top 10 targets</td>
<td>Grant <em>progress information on web</em> at disbursement (35%). Fully updated twice year</td>
</tr>
<tr>
<td><strong>Increase in disbursements</strong> (US$1.32 billion) reaching 88% of target</td>
<td><em>Private sector funds</em> raised still need to increase. <em>Product (RED)</em> shows potential</td>
</tr>
<tr>
<td><strong>Majority of country strategies include</strong> Global Fund (68%) and budgets (54%)</td>
<td>The Early Alert and Response System (EARS) still has to prove itself in 2007</td>
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</table>
2. Partnerships

- Working more effectively with partners
- Links to Health System and development
- Civil Society systems and capacity
  - Match services with creative capacity to reach people in need
## Aid effectiveness: from principles to practice


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<td>Use of national reporting systems for financial (54%), programmatic (73%) reports</td>
<td>Coordination of missions (15%)</td>
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<tr>
<td>A program approach (74%) avoiding parallel implementation units (16%)</td>
<td>Use of national auditing procedures</td>
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<tr>
<td>Provision of untied, largely predictable financing (90%).</td>
<td>Use of national procurement systems (33%)</td>
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<td>Alignment with country cycles (62%) (though improvements required)</td>
<td>Mainstreaming CCMs into development coordination, “communication gap”</td>
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Baseline: 32 countries represent US$2.3 billion commitments
“Diagonal” country programs: synergy HSS and services

- **Ethiopia**: 30,000 community health workers
  - Coordinated World Bank, GAVI, PEPFAR
  - Roll out AIDS, TB, malaria services to rural areas
  “We use the analogy of agriculture, we say they can grow food, and now they can also grow health in their communities”

- **Haiti**: HIV/TB services improve primary health
  - Improved flow essential medications, vaccines, staff morale
  - Prenatal care increased 4 times
  “Far from diverting resources, strengthened primary health care throughout Haiti’s lower central plateau”

Other donors particularly for long term, systematic health infrastructure
Flexing the Flexibility of the Global Fund model

• Flexible Finance: “communication gap”
  – Working with country partners card

• Performing programs ensure effective balance of services and capacity
  – Ethiopia, Malawi, Rwanda, China to Haiti

• Mobilize full capacity of partnerships
3. Partners in Impact

- Achieving full model of Global Fund: finance, partnerships, services, impact
  1. Child mortality declines with effective malaria interventions
  2. Mortality in adult working populations declines with ARV
  3. Declining TB prevalence in high burden countries

- Focus for strategy
  - Accelerating Core Competencies
  - Program approach: grants to fighting diseases
  - Full capacity of partnerships

1.7 million lives saved
Conclusion: challenges of investing in impact

- **Global Fund unique platform for impact**
  - Finance, partnerships, performing programs, focus of impact

- **“Partners in impact”**
  - Full force of partnerships and capacity
  - Performance incentives and impact focus

- **Investing in impact**
  - A new level of finance, culture of challenges

“You go to a medical ward and now half of the beds are not occupied, before they were mushrooming. A manager came to me as Minister of health and said “You are bad for business, our funeral business is going down”. There was a time when every weekend we were burying four to eight people, now weeks go by without a funeral”

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