STRATEGY FRAMEWORK FOR THE GLOBAL FUND (2012- 2016)

PURPOSE:

This paper encloses all relevant documents related to the discussion of the draft Strategy Framework for the Global Fund (2012 - 2016).
This paper annexes documents related to the upcoming Board discussion on the next Global Fund Strategy, prepared following discussions at the 15th meeting of the Policy and Strategy Committee (PSC) in March and reflecting, where possible, comments received at that PSC meeting and subsequently in writing.

Annex 1 is a two-page framework that presents the mission, goals, objectives, and initiatives in a logical flow. It is this two-page framework that the Board will be asked to acknowledge at the Twenty-Third Board Meeting. This is consistent with the Board’s discussion at its retreat in December 2010 in Sofia and the consequent decision (GF/B22/DP16) which described a process by which the Board would first discuss a draft framework at the Board Meeting in May 2011, and then would approve the final Strategy Document and the related, more detailed, Implementation Plan at its Board meeting at the end of 2011. It should be recognized that the intent behind this timing was that the Implementation Plan would elaborate in more depth how the goals and objectives would be achieved. It would do so after benefiting from further analysis and the consultations in the coming months.

Annex 2 is a longer draft narrative of the Strategy. That document is to be considered as background material that presents the Strategic goals, objectives and initiatives, along with situational assessments and more detail. At this point, it goes beyond the Board’s request for a draft framework, and consequently is not being presented to the Board for formal review or acknowledgment at the Twenty-Third Board meeting.

Annex 3 is a matrix which, recognizing that strategic initiatives contribute to multiple objectives, illustrates these linkages. This document is provided as background material and is not being presented to the Board for formal acknowledgment.

Within the time allotted at the Twenty-Third Board meeting for the Strategy discussion, it is the hope of the PSC leadership to focus the discussion on the two-page framework, and to get a better sense as to where there is either strong consensus or disagreement on key elements. The discussions at the Board Meeting will also address the process for strengthening and finalizing the Strategy.

Following feedback from the Twenty-Third Board Meeting, the next phase will involve consultations at the Partnership Forum as well as other technical, regional and political fora with a view to capturing the widest possible perspectives as inputs to developing a strengthened final Strategy Document and its accompanying Implementation Plan for approval at the Twenty Fourth Board meeting at the end of 2011.

The PSC recommends to the Board the following decision point, regarding the process for the finalization of this draft strategy and its implementation plan:

**Decision Point: A Strategy for the Global Fund 2012-2016**

**The Board:**

1. **Acknowledges the first draft of the high-level strategy framework as contained in the paper “A Strategy Framework for the Global Fund 2012-2016” (GF/B23/15, Annex 1), which sets out the broad strategic direction of the Global Fund for the next five years;**
2. Requests the Secretariat, taking into account input from the Twenty-Third Board Meeting, and in consultation with relevant stakeholders, particularly at the Fourth Partnership Forum, to further refine this strategy;

3. Asks the Partnership Forum Steering Committee to design an appropriate and efficient process to enable effective consultation on the strategy at the Fourth Partnership Forum;

4. Asks the Secretariat to ensure appropriate linkages between the action plan of the Board Comprehensive Reform Working Group and the initiatives outlined in the Strategy and its Implementation Plan;

5. Asks the Secretariat, working with the PSC, to host additional necessary regional and technical forums to gather additional input on the strategy; and

6. Requests the Secretariat to submit the revised strategy, together with an implementation plan, through the PSC to the Twenty-Fourth Board Meeting for approval.

The budgetary implications of this decision for the 2011 Operating Expenses Budget are estimated at approximately US$ [XXX] for costs including technical and regional consultations, consultant fees and travel costs.

This document is part of an internal deliberative process of the Global Fund and as such cannot be made public until after the Board meeting.
# A STRATEGY FRAMEWORK FOR THE GLOBAL FUND 2012 - 2016

<table>
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<tr>
<th>Vision</th>
<th>A world free of the burden of AIDS, Tuberculosis and Malaria with better health for all</th>
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<tbody>
<tr>
<td>Mission and Operating Principles</td>
<td>To attract, manage and disburse additional resources to make a sustainable and significant contribution in the fight against AIDS, Tuberculosis and malaria in countries in need, and contributing to poverty reduction as part of the MDGs</td>
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<td>• Operate as a financial instrument not an implementing entity.</td>
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<td>• Support national ownership.</td>
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<td>• Evaluate proposals through independent technical review.</td>
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<td>• Coordinate with existing regional and national programs.</td>
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<td>• Focus on performance.</td>
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<td>• Build inclusiveness and broad stakeholder participation.</td>
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<td>• Contribute to strengthening health systems.</td>
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<tr>
<th>Goals of this Strategy</th>
<th>[20 million] lives saved</th>
<th>[200 million] infections averted</th>
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<tbody>
<tr>
<td>Targets</td>
<td>HIV</td>
<td>TB</td>
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<td>• At least [3] million more people on ART</td>
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<td>• Avoid [1] million neonatal infections through prevention of vertical HIV transmission</td>
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<td>• Ensure at least [50] per cent coverage of evidence-based prevention interventions for most-at-risk populations</td>
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<td>• Reduce HIV prevalence by [50] per cent in 15-24 year olds</td>
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<td>• Primary international funder, contributing significantly to the Stop TB/WHO target of halving TB-related mortality in people living with HIV</td>
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<td>• Fund for at least [50] per cent of MDR-TB treatment needs</td>
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<td>• Universal coverage of LLINs by 2012 and sustained coverage thereafter</td>
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<td>• Increase access to ACTs by providing [300] million treatments through the public and private sector</td>
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<td>Strategic Objectives</td>
<td>Strategic Initiatives</td>
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| 1. **MAXIMIZE** the impact of Global Fund investments on AIDS, TB and malaria | • More strategically focused investments.  
  – Review funding model to ensure resources are being directed to those most in need through a more informed, iterative and predictable funding modality.  
  • Focus on strategic interventions.  
    – Prioritize effective, proven interventions.  
  • Accelerate uptake of new interventions and technologies  
    – Expedite uptake, including through reprogramming.  
  • Focus on most-at-risk populations  
    – Special reserve for MARPS.  
    – Strengthen GF policies focused on MARPS.  
  • Use performance-based funding to guide strategic investment.  
    – PBF as a proactive tool to guide better investment decisions. |
| 2. **MAXIMIZE** the impact of Global Fund investments beyond AIDS, TB and malaria, on health systems and on women and children | • Focus investments and improve alignment in HSS.  
  – Use Health System Platform to more strategically focus investments.  
  – Measure effectiveness of outcomes  
  • Leverage impact on maternal, new-born and child health.  
    – Within existing mandate, leverage investments where strong overlap exists between high ATM burden and MNCH challenges.  
    – Subject to additional resources, pilot expanded flexibilities.  
    – Prior to next Replenishment, clarify future role of the Global Fund in supporting MDG 4 and 5 |
| 3. **MAXIMIZE** value for money and increase efficiency and effectiveness of Global Fund investments | • Strengthen the Fund’s operations and governance.  
  – Implement CRWG and Secretariat reforms.  
  • Leverage partnerships to deliver results.  
    – Invigorate partnership to better effect at country level.  
    – Continue to promote technical assistance through partners.  
    – Consider some level of regional presence to support partnership.  
  • Impact the price, quality and availability of key health commodities.  
    – Use Global Fund purchasing power to impact price, quality and availability.  
    – Address bottlenecks to supply. |
| 4. **PROMOTE** human rights and equitable access | • Support programs that address human rights-related barriers to access.  
  – Stimulate greater programmatic attention and investment to overcome stigma and discrimination.  
  • Advocate against and address potential human rights violations.  
    – Take steps to ensure the Global Fund is not supporting programs that violate human rights.  
    – Establish consistent standards of advocacy. |
| 5. **RAISE** new resources and sustain the gains | • Mobilize resources needed to meet the forecasted demand.  
  – Broaden diversity of donor base.  
  – Pursue innovative funding.  
  – Build towards 4th Replenishment, recognizing resource needs of this Strategy.  
  • Leverage domestic resources for disease programs and for health.  
    – To incentivize increased domestic contributions
A strategy for the Global Fund (2012-2016)

Towards Achievement of the Health-Related Millennium Development Goals

This is no time to slow down the world’s efforts on AIDS, TB and malaria. Rather, it is time to redouble them. The Global Fund’s 2011-2016 strategy will allow us to do that and achieve the results and impact we need on AIDS, TB and malaria, while at the same time strengthening health systems and making a crucial contribution to the health of women and children.[draft]

Ban Ki-moon, United Nations Secretary-General
INTRODUCTION

A decade ago, the world was floundering in its response to AIDS, TB and malaria in developing countries. Effective HIV treatment had been available in high-income settings since 1996, but was out of reach for nearly everyone else in need. The spread of malaria was a fact of life in malaria-endemic countries and seemed unstoppable. TB deaths and illness were growing. After then U.N. Secretary-General Kofi Annan called the world to action, the Global Fund to Fight AIDS, Tuberculosis and Malaria was created in 2002 to vastly increase access to prevention and treatment of AIDS, TB and malaria and help achieve the Millennium Development Goals (MDGs).

From the start, the Global Fund has adopted key innovations in the field of development, such as inclusion of all sectors at all levels of decision-making, country-driven demand and performance-based funding (see box 1), and has continued to evolve them further.

The Global Fund has proven itself an efficient and cost-effective mechanism for massively strengthening the world’s response to the three global pandemics. It has shown that investment in health is an investment in development and demonstrated what the world can achieve if it comes together to fight global epidemics. Even in the most resource-poor settings, the response to AIDS, TB and malaria can be successfully scaled up and achieve impressive results when financial resources are made available.

As of the end of 2010, the Global Fund had committed over US$20 billion in 150 countries to support large-scale prevention, treatment and care programs. Global Fund-supported programs were providing AIDS treatment to more than 3 million people, had detected and treated nearly 8 million new cases of TB, and distributed more than 150 million bed nets to protect families from malaria.

It is estimated that Global Fund-supported programs had saved more than 7 million lives by the end of 2010. Every day, at least another 4,000 lives are saved and thousands of new infections prevented. In most-affected countries, Global Fund investments are having a major impact on mortality and morbidity. They are also strengthening health systems and making a major contribution to reducing child mortality and improving maternal health.

However, much remains to be done. The five years of the strategy will be decisive in the fight against the three pandemics, efforts to improve maternal, newborn and child health, and achievement of the MDGs. The strategy builds on the Fund’s strengths and the lessons learnt over the past years, addresses weaknesses that have been identified in the Fund’s 5-year evaluation, and responds to the current and emerging challenges in the new global health landscape. It is consistent with, and builds upon, the strategies of the Global Fund’s partners, including UNAIDS’ 2011-2015 Strategy, WHO’s Global Health Sector Strategy for HIV for 2011-2015, the Global Malaria Action Plan and the Global Plan to Stop TB.

The strategy continues in the Global Fund’s tradition of learning and of bold innovation. It aims to bring us much closer to our vision - a world without AIDS, TB and malaria, with better health for all.
BOX 1: GUIDING PRINCIPLES OF THE GLOBAL FUND

- The Fund is a financial instrument, not an implementing entity.
- The Fund will base its work on programs that reflect national ownership, and respect country-led (...) processes.
- The Fund will evaluate proposals through independent review processes based on the most appropriate scientific and technical standards...
- The Fund will seek to … operate in a transparent and accountable manner...
- The Fund will support proposals that:
  - Build on, complement and coordinate with existing regional and national programs in support of national policies, priorities and partnerships.
  - Focus on performance by linking resources to the achievement of clear, measurable and sustainable results.
  - Build on existing coordination mechanisms, and promote new and innovative partnerships.
  - Strengthen the participation of communities and people, particularly those infected with and directly affected by the three diseases.
  - Support programs that address the three diseases in ways that contribute to strengthening health systems.

*Note: Principles as outlined in the Global Fund’s founding charter, the Framework Document.*

THE STRATEGY

By 2016, the Global Fund’s strategy aims to dramatically reduce the global impact of AIDS, TB and malaria, improve maternal, newborn and child health, strengthen health systems, and ensure that the health gains achieved are sustained in the longer term.

The strategy is organized around two goals and five strategic objectives and related strategic initiatives.

These goals and strategic objectives will be supported by continuous operational improvements, an ongoing focus on accountability and transparency, and a commitment to evaluation and learning.
GOALS

GOAL 1: Save [20] million lives
GOAL 2: Prevent [200] million new infections

Significant progress has been achieved in the fight against AIDS, TB and malaria in the last ten years. However, many challenges remain.

In the area of HIV/AIDS, less than half of the people most in need of treatment currently are receiving treatment, resulting in many unnecessary deaths and, because of the missed preventive effects of treatment, also in many new infections. Generally, the yearly number of new infections remains unacceptably high - for every one individual started on antiretroviral therapy, two new HIV infections occur. And in some regions, the yearly number of new infections is still increasing.

In the area of TB, huge progress has been made, but there is still a large gap with regard to case detection and access to DOTS in many high burden countries. At the same time, new challenges have emerged, most notably MDR-TB and HIV/TB co-infection.

For malaria, progress has been impressive. The challenge now is to ensure that bed net coverage will be sustained and access to rapid diagnostics and artemisinin-based combination therapy provided to everyone in need.

To accomplish the goals of saving [20] million lives and preventing [200] million new infections by the end of 2016, as part of the global effort to achieve the MDGs and fulfil other global commitments, the Global Fund will pursue five strategic objectives and associated strategic initiatives. Many of the strategic initiatives contribute not only to one, but to two or more of the strategic objectives. Some of them represent significant shifts in the way the Global Fund works. Others expand on existing initiatives.

The following specific targets will contribute to achieving the goals:

Targets for AIDS

- The Global Fund will support at least 3 million people on ART, in addition to the over 3 million people on ART it currently supports, thus contributing approximately 50% towards the UNAIDS/WHO target of 13 million people on ART by 2015.
- Programs supported by the Global Fund, as the largest multilateral contributor to the international target of virtually eliminating vertical transmission, will prevent one million neonatal infections between 2011 and 2016.
- The Global Fund will ensure 50 percent of the coverage of evidence-based prevention interventions needed for most-at-risk populations.

1 The number of lives saved is calculated using an algorithm agreed with WHO, UNAIDS, RBM and the StopTB Partnership and based on the expected results of the following interventions: number of people on ART, number of HIV-positive pregnant women having received ART for PMTCT; number of TB patients having accessed DOTS treatment; number of MDR-TB patients having received second-line TB treatment; number of bed nets distributed; number of indoor residual spraying interventions; and number of ACTs delivered. In addition, we will estimate the number of lives of women and children saved by cross-cutting health systems strengthening interventions. The number of lives saved will be finalized following consultation with the technical partners.
• The Global Fund will significantly contribute [note: this will be replaced by a specific target], as the largest multilateral funder of HIV prevention, to the global target of halving HIV prevalence in 15-24 year olds.

Targets for TB
• As the primary international funder, the Global Fund will significantly contribute [note: this will be replaced by a specific target] to the Stop-TB/WHO target of halving TB-related mortality in people with HIV.
• The Global Fund’s effort against MDR-TB will increase dramatically to provide funding for at least 50 percent of treatment needs for MDR-TB.2

Targets for malaria
• The Global Fund will ensure that universal coverage of long lasting insecticidal nets (LLINs) is achieved by 2012 and ensure sustained coverage of LLINs thereafter.
• The Global Fund will continue to increase access to ACTs through the public and private sector towards universal coverage of needs [note: this will be replaced by a specific target].

Targets for maternal, neonatal and child health
• Progress in this area will be measured by the impact on maternal mortality and under 5 mortality (a) in the 68 “countdown” priority countries accounting for 95 percent of maternal and child deaths worldwide; and (b) in HIV endemic countries where maternal and under 5 mortality are lagging behind. In the HIV endemic countries, the goal is to reduce AIDS-related maternal mortality by half [note: this will be replaced by a more specific target].

STRATEGIC OBJECTIVES

Objective 1: Maximize the impact of Global Fund investments on AIDS, TB and malaria

The Global Fund will identify and exploit opportunities to better focus its investments in AIDS, TB and malaria. This will include a shift to a more proactive and predictable funding mode which will enable funding of the right interventions, in the right contexts, for the right people, at the right time.

Strategic Initiative 1.1: More strategically focused investments
The Global Fund will undertake measures to facilitate access to predictable, sustained funding for countries in which there is a wide gap between total need and current levels of services, capacity and resources. For these countries, this will mean providing more proactive support to access funding, including working with countries through an iterative process to identify the most strategic, prioritized investments.

[This could include accelerating efforts to utilize funding based on national strategies for countries most in need; safeguarding investments to ensure addressing of most -at -risk populations (see below); and exploring the benefits and risks of moving towards a “funding envelope” model in which available resources are allocated to countries based on financial need and disease burden. This shift in approach will necessitate strengthening the partnership to support countries].

2 This implies a major increase in funding for MDR-TB. In 2015 alone, this would require treating 130,000 cases of MDR-TB.
Funding will continue to be based on rigorous, external technical reviews.

**Strategic Initiative 1.2: Focus on strategic interventions**
The vast majority of lives can be saved and infections averted if a small number of interventions with proven effectiveness are prioritized and rapidly scaled up. The Global Fund will:

- adopt the measures needed to ensure greater uptake and scale-up of highly effective combinations of a small number of evidence-based interventions (as identified by technical partners), determined on the basis of epidemic dynamics and population sizes in each setting; and
- support the interventions that increase or enable the effectiveness of those programmatic interventions, including community mobilization.

**Strategic Initiative 1.3: Accelerate uptake of new interventions and technologies**
The Fund will:

- develop mechanisms for expedited access to new interventions and technologies, ensuring that existing funds can be reprogrammed efficiently to maximize impact and adapt to new developments.

**Strategic Initiative 1.4: Focus on most-at-risk populations**
To complement the focus on strategic interventions, the Global Fund will:

- strengthen focus on most-at-risk populations through prioritized funding reserves, recognizing that their access to treatment and prevention lags far behind and drives the epidemics in many settings;
- evaluate and strengthen existing Global Fund strategies on gender and sexual orientation and gender identities;
- implement an initiative for people who use drugs, to better address the many barriers to scale up of interventions for people who inject drugs that remain unaddressed;
- implement an initiative to vastly scale up MDR-TB interventions in high burden countries.

**Strategic Initiative 1.5: Use performance-based funding to guide strategic investment**
The Global Fund will:

- use performance-based funding as a tool to strategically focus investments. This will include increasing the flexibilities to reprogram, allowing prioritization and acceleration of programs with demonstrated health impact and faster uptake of new intervention options and policies.

**Objective 2: Maximize the impact of Global Fund investments beyond AIDS, TB and malaria, on health systems and on women and children**
Investments in HIV, TB and malaria have a much wider impact - beyond individuals, their families and communities. They are major investments in health and community systems, and have made major contributions to MDGs 4 and 5. It is essential, however, to ensure that the Global Fund’s investments in health systems are strategically focused and harmonized and aligned with other partners.
With regard to maternal and newborn and child health, the Fund is already working to ensure greater uptake of existing flexibilities to maximize the impact of Global Fund investments beyond AIDS, TB and malaria. The challenge now is to create ways to increase the positive effects of Global Fund investments on the uptake of other health services, particularly for women and girls, in high burden, low income countries. Another challenge is to take a decision, before the next replenishment of the Global Fund, on whether to expand the Global Fund’s mandate to certain areas of maternal, newborn and child health.

**Strategic Initiative 2.1: Focus investments and improve alignment in health systems strengthening**

The Global Fund will:
- use the health systems funding platform to more strategically focus investments to support access to treatment, prevention and care for the three diseases and enhance treatment, prevention and care of other conditions, focusing on primary health care;
- enhance its efforts to harmonize and align its health systems investments with those of other partners; and
- increase efforts to measure the effectiveness of health systems investments by health outcomes achieved.

**Strategic Initiative 2.2: Leverage impact on maternal, newborn and child health**

Within the existing mandate and focus on AIDS, TB and malaria, the Global Fund will:
- strategically leverage Global Fund investments in the 25 countries in which there is strong overlap between high burden of AIDS, TB and malaria and high maternal, newborn and child mortality; this will include introducing an opportunity for these countries to access funding for interventions /minimum packages of integrated services for women and children;
- leverage co-investment opportunities, aiming at co-investing Global Fund resources with resources of other donors that have been raised for maternal and newborn and child health in countries with high burden of AIDS, TB and malaria and high maternal, newborn and child mortality. This will result in the delivery of integrated approaches to accelerate the achievement of MDGs 4, 5 and 6.

Predicated on the availability of new, additional resources, the Global Fund will
- pilot expanded flexibilities to address urgent MNCH needs through services suited to the Fund’s business model; and
- identify which components of the MNCH agenda offer the greatest fit with the Global Fund financing approach and the greatest health impact at limited costs.

In addition, before the next replenishment, the Global Fund will
- clarify its role in accelerating progress towards MDGs 4 and 5, as part of a global effort to identify how to best channel global resources for MNCH in the most rapid and effective manner.

**Objective 3: Maximize value for money and increase efficiency and effectiveness of Global Fund investments**
Increasing value for money by being as strategically focused, economic, efficient and effective as possible will be a critical priority in the five years of the strategy. Key initiatives in this respect, as outlined above under objective 1, will be to ensure resources are spent on the right interventions, in the right contexts, for the right people.

Other key initiatives are to implement, and update as necessary, the agenda of operational and management reforms; leverage partnerships; and expand efforts to impact on price, quality and availability of key health commodities.

**Strategic Initiative 3.1: Strengthen the Fund’s operations and governance**

The Global Fund will:

- implement, and regularly review and update as necessary, the reforms developed by the Board and Secretariat, as endorsed by the Board in May 2011. In particular, this will include:
  - the strongest possible fiduciary safeguards and measures to prevent fraud and misuse, while maintaining a focus on aggressively pursuing results and impact in challenging environments
  - improved proposal development and review processes
  - improved grant management/reduced transaction costs
  - improved Global Fund internal management
  - improved governance.

**Strategic Initiative 3.2: Leverage partnerships to deliver results**

The Fund was established as a broad partnership of stakeholders, evidenced by a unique governance structure that brings donors, implementers, and civil society together on equal terms. To achieve its goals and objectives, the Fund depends on partners across its business model. With this strategic initiative, the Fund will:

- invigorate the partnerships so as to increase grant success and impact at the country level, including by increasing expectations and accountability of partners;
- continue to avoid provision of technical support to countries, leaving that to partners, but test new ways to promote and catalyze more effective country-level partnerships needed to produce disease and health outcomes;
- pay more attention to strengthening partnerships in countries where Fund support is disproportionately low in relation to disease burden, and to countries that manage significant Fund grant portfolios with consistently weak performance;
- [consider the possibility of having permanent or temporary regional or sub-regional representation, to enable the Fund to more pro-actively mobilize and support the partnership around operational issues as they arise and around the objectives and initiatives of this strategy].

**Strategic Initiative 3.3: Impact the price, quality and availability of key health commodities and address supply chain management**

The Global Fund will:

- greatly expand efforts to harness its ability to impact the price, quality and availability of key health commodities. This will include:
  - more deliberate active market shaping including instituting requirements or incentives that will accelerate the adoption of more cost-effective products or formulations;
- taking more proactive steps for newly introduced products or those with otherwise immature markets (where supply, quality, and/or price remain volatile);
- harnessing more aggressively the vast purchasing power of the Fund grants in an effort to improve supply and assured quality and obtain lower prices, while continuing to support country procurement capacity;
- with Partners, increase efforts to develop comparable unit costs and operational standards for key services in order to promote quality at lowest price.
- step up efforts to review and address bottlenecks in supply management that continue to be one of the most significant challenges to the scale-up of interventions against AIDS, TB and malaria. This will provide an opportunity for developing new forms of partnership, including with the private sector.

Objective 4: Promote human rights and equitable access

The protection of human rights is central to an effective response to HIV/AIDS, TB and malaria and is an important condition to optimize the Global Fund’s investments at the country level. One important challenge for the Global Fund is to stimulate greater programmatic attention to overcoming stigma and discrimination and other human rights barriers to access to prevention, treatment, care and support; and to ensure that the Global Fund does not support programs that infringe human rights. Another challenge is to ensure much greater, equitable access to services for most-at-risk populations, which in many settings have been left out of efforts to scale up the response to the three diseases. This is addressed under objective 1. In this respect, the Global Fund aims to be the world’s most powerful vehicle to reduce inequities in health - and hence a powerful vehicle for the realization of human rights.

Strategic Initiative 4.1: Support programs that address human rights-related barriers to access

The Global Fund will:
- create the conditions needed to ensure vastly increased investment in the key programs to fight stigma and discrimination and ensure access to justice that concretely address underlying vulnerabilities and non-medical dimensions of HIV/AIDS, TB and malaria.

Targets [note for the reader; the following is just one example of the kind of measurable, specific targets that will be included for all the strategic initiatives]:
1. Investments that address human rights barriers to access in [75]% of countries by 2016.
2. Investments that address violence against women and girls in [50]% of countries by 2016.

Strategic Initiative 4.2: Advocate against and address potential human rights violations

The Global Fund will:
- take aggressive steps to ensure that its funds are not supporting programs that might be inconsistent with human rights;
- adopt a consistent approach to advocacy in countries where human rights violations threaten to undermine investments and progress in health and development.
Objective 5: Raise new resources and sustain the gains

The external funding environment has changed dramatically. Funding uncertainty is placing the continued scale up and sustained delivery of interventions at risk - and more broadly, the achievement of this strategy’s objectives.

In addition to aggressively pursuing greater value for money, the challenge over the next five years will be to continue raising sufficient resources. It will be essential to ensure continued, increasing funding with multi-year commitments from OECD donors. At the same time, recognizing that funding from OECD donors alone will not be sufficient to support the scale up needed to meet increasing demands, a key challenge will be to evolve the Global Fund’s approach to resource mobilization to best meet the needs and capabilities of emerging economy donors, middle-income countries as their economies improve, and the private sector.

At the same time, the Global Fund will need to make sure its resources do not crowd out domestic health expenditures, as the longer-term sustainability of Global Fund-supported programs is otherwise at risk.

Strategic Initiative 5.1: Mobilize resources needed to meet the forecasted demand

The Global Fund will:

- expand donor government support and increase its predictability, including by:
  - revisiting and strengthening resource mobilization efforts with existing donors;
  - undertaking major efforts to enhance funding predictability by encouraging increasing, multi-year commitments from OECD donors;
  - focusing on broadening the Global Fund’s donor base, providing conditions that could be attractive for emerging economies;
  - establishing clear policies related to, and monitoring of, co-financing of programs by middle income countries;
  - considering the introduction of earmarking of funds for some donors, such as inter-governmental financing institutions; and
  - increasing the number of Debt2Health agreements.

- diversify opportunities to support the work of the Global Fund and its partners by developing contribution ‘packages’ that are better tailored to fit the needs and capabilities of corporate partners, organizations, and individuals.

- significantly enhance efforts in innovative financing that the Global Fund, as a public-private partnership, has been pioneering, including by developing new financial products; exploring ‘untapped’ internal funding sources; and promoting other financial innovations [such as the financial transactions tax].

Targets: [again, these are examples of targets that have not yet been finalized]
1. Raising the funds needed within the period of the strategy and, in particular, during the 4th replenishment, that will respond to the demand and enable the fulfillment of the goals of the strategy;
2. Signing multi-year contribution agreements with 75 percent of donors by 2015;
3. At least increasing five-fold the level of funding from emerging economy donors by 2015;
4. At least tripling the level of funding contributed through innovative funding sources by 2015.
Strategic Initiative 5.2: Leverage domestic resources for disease programs and for health
The Global Fund will:
  o undertake a major effort to create incentives to increase domestic resources for disease programs and for health in recipient countries. To this end, it will recognize counterpart financing by low income countries (and include it in grant agreements); acknowledge contributions from private sector co-investments; and acknowledge in-country contributions of bilateral donors, multi-lateral and other partners.
**Strategic Objectives**

1. **MAXIMIZE** the impact of Global Fund investments on AIDS, TB and malaria
2. **MAXIMIZE** the impact of Global Fund investments beyond AIDS, TB and malaria, on health systems and on women and children
3. **MAXIMIZE** value for money and increase efficiency and effectiveness of Global Fund investments
4. **PROMOTE** human rights and equitable access
5. **RAISE** new resources and sustain the gains

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<td>1. More strategically focused investments</td>
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<td>1.2 Focus on strategic interventions</td>
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<td>1.3 Accelerate uptake of new interventions and technologies</td>
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<td>1.4 Focus on most-at-risk populations</td>
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<td>1.5 Use performance-based funding to guide strategic investment</td>
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<tr>
<td>2.1 Focus investments and improve alignment in HSS</td>
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<td>2.2 Leverage impact on maternal, new-born and child health</td>
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<td>3.1 Strengthen the Fund’s operations and governance</td>
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<td>3.2 Leverage partnerships to deliver results</td>
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<td>3.3 Impact the price, quality and availability of key health commodities</td>
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<td>4.1 Support programs that address human rights-related barriers to access</td>
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<td>4.2 Advocate against and address potential human rights violations</td>
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<td>5.1 Mobilize resources needed to meet the forecasted demand</td>
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<td>5.2 Leverage domestic resources for disease Programs and for health</td>
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*The number references under Strategic Initiatives correspond to those utilized in Annex 2*