

34th Board Meeting

# Strategic Framework

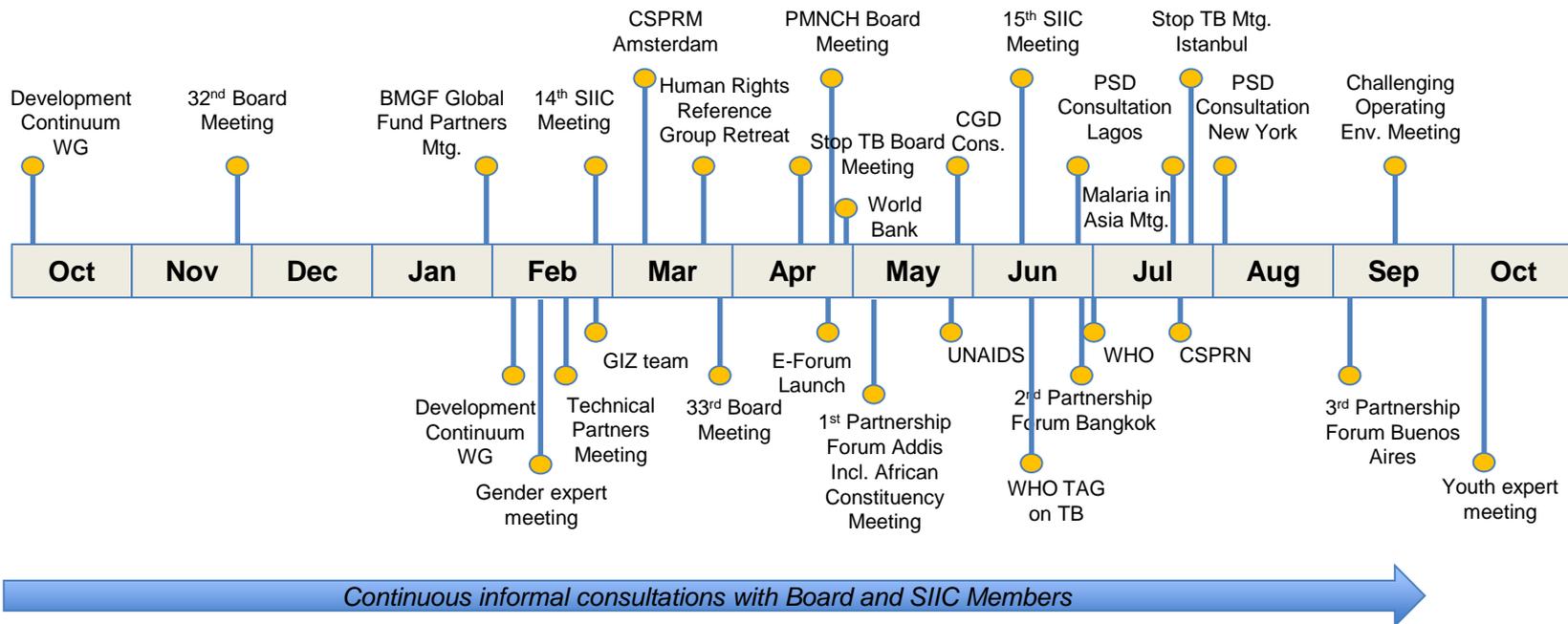
For Board Decision

GF/B34/11

Geneva, Switzerland

16-17 November 2015

# Summary of select consultation activities



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# Partnership Forum Meetings and E-Forum

## Partnership Forum

3 iterative meetings focused around key issues in the new Strategy development – over 350 participants

1<sup>st</sup>

May 7-8  
Addis Ababa

- 132 participants from 51 countries
- incl. 30 CSO/CRG participants, 28 implementers

2<sup>nd</sup>

June 24-25  
Bangkok

- 111 participants from 40 countries
- incl. 31 CSO/CRG participants, 18 implementers

3<sup>rd</sup>

September 3-4  
Buenos Aires

- 111 participants from 47 countries
- incl. 33 CSO/CRG participants, 19 implementers

## E-Forum



12 Weeks (20.04-15.07.2015)	Over 1,200 Participants	143 Countries	528 Contributions
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Pre-meetings were held immediately prior to each Forum and attended by approximately 150 community and CS representatives

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# Fall 2014 Board Retreat Strategy Discussion

In a wide-ranging conversation, the Board Retreat identified the following (non-exclusive) priorities for further development in the 2017-2021 Strategy:

- **Ending the three epidemics**
- **Sustainable impact and domestic funding**
- **Key populations and human rights**
- **Health systems strengthening**
- **Partnership**
- **Challenging Operating Environments**
- **Differentiation**

# Evolution of the Framework: February 2015

*“Revision with ambition”*

## DRAFT Priority Areas/Strategic Objectives

### 1. Focus on the highest impact countries

- Focus resources on highest burden countries with the least ability to pay
- Differentiate investments for impact across diverse country-contexts
- Increase flexibility and partnerships for greater impact and deeper engagement in the most challenging environments

### 2. Focus on key populations, rights and gender

- Invest in CSS and programs to address gender inequalities and remove legal barriers
- Address health inequities

### 3. Focus on the highest impact interventions

- Support the most cost-effective interventions based on evidence and evaluation of what works
- Maximize the impact of GF resources on health systems and RMNCH
- Invest in strategic initiatives critical to progress against the three diseases
- Support the most effective approaches to deliver quality services to key and vulnerable populations

### 4. Effectively implement the Funding Model to deliver impact

- Ensure realization of funding model principles: predictable funding, country ownership, inclusive dialogue, funding based on quality national strategies and through national systems where possible,
- Effectively manage risk for grant management
- Ensure that the GF does not finance programs that infringe on human rights
- Evolve and improve the allocation model for impact

### 5. Sustain the gains, mobilize resources

- Increase the sustainability of Global Fund-supported programs through an effective co-financing policy and by increasing domestic resource mobilisation
- Attract additional funding from current and new sources
- Integrate sustainability throughout the grant cycle and support responsible country transitions

# Evolution of the Framework: April 2015

## *Title: Investing to End Epidemics*

### DRAFT Strategic Objectives

#### 1. Accelerate the end of HIV, TB and malaria

- a) Focus investments on highest burden countries with the least ability to pay and populations disproportionately affected by the three diseases
- b) Differentiate investments for impact across diverse epidemiological, political and economic country-contexts
- c) Focus combination prevention, treatment and care on high transmission geographies, key and vulnerable populations including adolescent girls to reduce HIV incidence
- d) Reduce TB incidence and slow the spread of MDR-TB through innovation and optimization of prevention and treatment
- e) Leverage synergies in health and community systems to address co-infection with TB and HIV
- f) Reduce transmission, prevent resistance, and invest in elimination of malaria
- g) Increase equal opportunity for health

#### 2. Respect and Promote Human Rights and Gender Equality

- a) Strengthen programs that remove human rights barriers to accessing HIV, TB and malaria services
- b) Invest in women and girls to reduce gender-related disparities in health
- c) Ensure the Global Fund does not finance programs that infringe human rights
- d) Support key and vulnerable populations and networks, and meaningful participation in Global Fund-related processes and programming

#### 3. Build Resilient Health and Community Systems

- a) Maximize investments for impact on health systems
- b) Strengthen RMNCAH impact and platforms for integrated service delivery across the three diseases
- c) Strengthen country data systems and support gender and age disaggregated data
- d) Strengthen procurement and supply chains and support human resources for health
- e) Increase flexibility and partnerships in challenging operating environments
- f) Support sustainable community responses including CSS

#### 4. Innovate for Sustainable Impact

- a) Evolve and improve the allocation model for impact
- b) Integrate sustainability throughout the grant cycle
- c) Support responsible country transitions
- d) Support market shaping and the introduction and scale up of effective new health technologies

#### 5. Sustain the gains, mobilize resources

- a) Attract additional financial and programmatic resources from current and new public and private sources
- b) Increase the sustainability of programs through effective co-financing and increasing domestic resource mobilisation

# Evolution of the Framework: June 2015

## *Title: Investing to End Epidemics*

### DRAFT Strategic Objectives

#### 1. Differentiate for Impact Across the Development Continuum

- a) Focus evidence-based interventions on highest burden countries with the least ability to pay and key and vulnerable populations disproportionately affected by the three diseases
- b) Evolve, tailor and simplify the allocation model and processes for impact, including strategic, regional and sub-national approaches
- c) Improve effectiveness in challenging operating environments through increased flexibility and partnerships
- d) Integrate sustainability throughout the grant cycle and support sustainable transitions

#### 2. Build Resilient and Sustainable Systems for Health

- a) Support RMNCAH impact and platforms for integrated service delivery
- b) Strengthen procurement and supply chains systems
- c) Strengthen financial and risk management systems
- d) Promote quality assurance of programs through improved data management and strengthened human resources
- e) Support scaled up community responses and systems

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#### 3. Respect and Promote Human Rights and Gender Equality

- a) Introduce and scale programs that remove human rights barriers to accessing HIV, TB and malaria services
- b) Invest to reduce gender-related disparities in health
- c) Scale up programming for key and vulnerable populations, including for women and girls
- d) Support meaningful participation of key and vulnerable populations and networks in Global Fund-related processes
- e) Ensure the Global Fund does not finance programs that infringe human rights

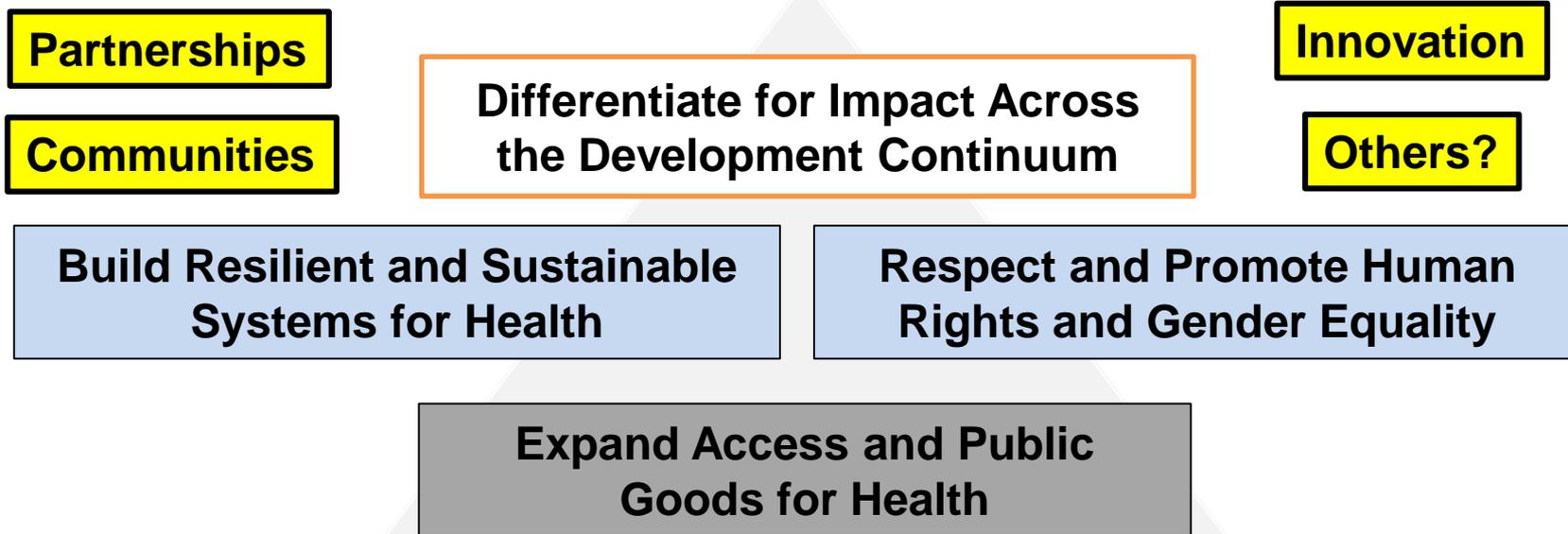
#### 4. Expand Access and Public Goods for Health

- a) Attract additional financial and programmatic resources from current and new public and private sources
- b) Support countries to increase domestic resource mobilization for health
- c) Shape markets to support innovation, sustainability, quality, affordability and availability
- d) Support the rapid introduction and scale-up of cost effective current and new health technologies

# Evolution of the Framework: June 2015

*Title: Investing to End Epidemics*

Are there enabling or crosscutting factors that should be incorporated into the strategic framework?



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## Key aspects of the changing landscape from Development Continuum, Partnership Forum and E-Consultations

- **Progress against three diseases is significant but there is potential for backsliding** on HIV and malaria and limited declines in incidence for TB, frontloading investments where most needed is critical;
- Importance of **clearly defining GF role in building resilient and sustainable systems for health** is a top priority for communities and countries as they address the three diseases and broader health needs;
- Protecting and promoting **human rights should remain a key objective** for the Global Fund;
- **Partnering with countries early on sustainability and to support successful transitions** is critical to ending epidemics. Funding should focus on key sustainability gaps unique to each country, and include **engagement with and support for key populations and communities**;
- Addressing **gender inequality and strengthening responses for women and girls** are areas of clear and strong consensus;
- **Addressing concentrated epidemics** is an important component of global progress and requires differentiated approach to processes and investments, including tailored investments in MICs;
- **Challenging operating environments** are growing component of LICs and malaria burden, and require innovative and flexible approaches with expanded partnerships for impact;
- **Innovation, differentiation and simplification** of GF processes and the allocation model is needed to better support countries across the development continuum, including an increased focus on high burden, strategic and multi-country investments.

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# October 2015 SIIC Strategic Framework: Financing global plans; goals, targets and indicators under development

**Under development with partners, not for approval**

Goals and Targets			
Goals		10 million lives saved <sup>1</sup> over 2012-2016 140-180 million new infections prevented over 2012-2016	
		Global Plans	Global Fund leading targets for 2016
Targets <sup>2</sup> (2016)	HIV / AIDS	Rapidly reduce HIV mortality and incidence through scaling up universal access to HIV prevention and treatment in line with the UNAIDS 2016-2021 and WHO Global Strategy	7.3 million people alive on ARTs
	TB	Rapidly reduce TB (including any forms of drug resistant TB) incidence and related mortality through universal access to high quality care and prevention in line with the End TB Strategy and Global Plan to End TB	4.6 million DOTS treatments (annual) 21 million DOTS treatments over 2012-2016
	Malaria	Scale up and maintain interventions to reduce malaria transmission and deaths and support countries to eliminate malaria, in line with the GTS and AIM	90 million LLINs distributed (annual) 390 million LLINs distributed over 2012-2016
			Indicators for other selected services
			<ul style="list-style-type: none"> <li>• PMTCT: ARV prophylaxis and/or treatment</li> <li>• HIV testing and counseling</li> <li>• Prevention services for MARPs</li> <li>• Male circumcision</li> </ul>
			<ul style="list-style-type: none"> <li>• HIV co-infected TB patients enrolled on ARTs</li> <li>• MDR-TB treatments</li> </ul>
			<ul style="list-style-type: none"> <li>• Houses sprayed with IRS</li> <li>• Diagnoses with RDTs</li> <li>• Courses of ACT administered to confirmed malaria cases</li> </ul>

Under Development with Partners

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1. Based on impact of provision of ART, DOTS and LLINs using methodology agreed with partners. 2. Targets refer to service levels to be achieved in low- and middle-income countries.  
Note: Goals and targets are based on results from Global Fund-supported programs which may also be funded by other sources; targets are dependent on resource levels

# Annex 1

## Strategic Framework 2017 – 2022

# Strategic Framework: Vision and Mission

## Vision

**Current Text:** *“A world free of the burden of HIV/AIDS, tuberculosis and malaria with better health for all.”*

**No revision suggested.**

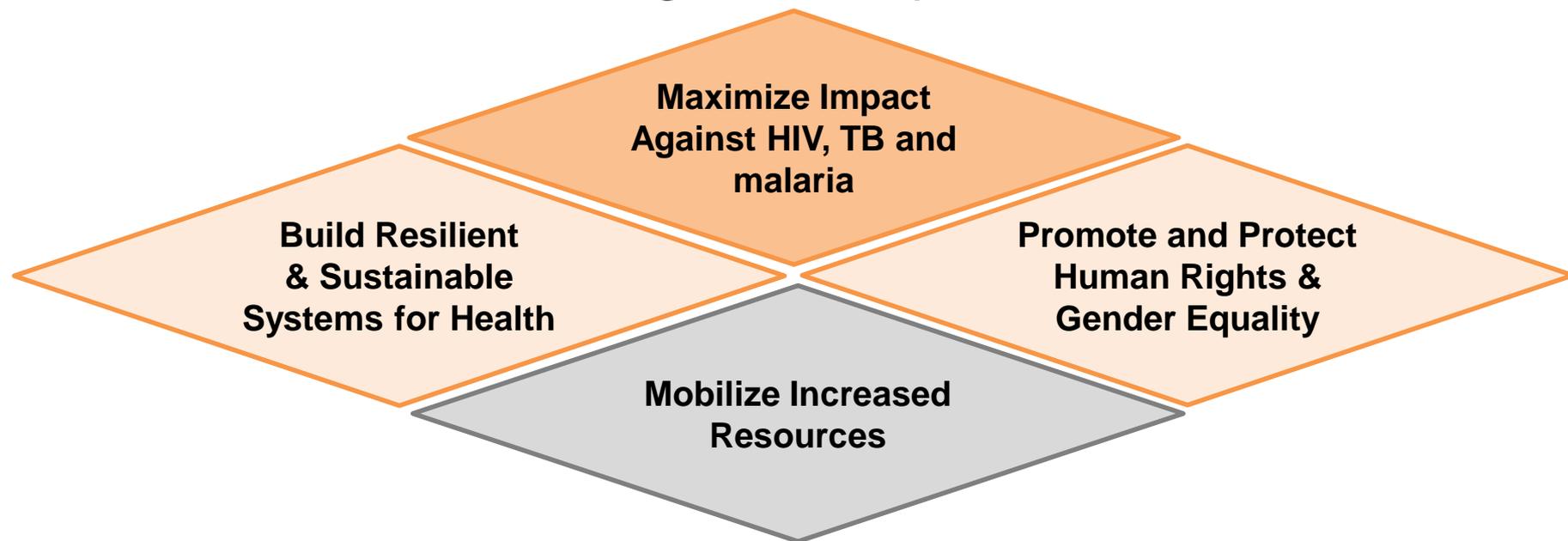
## Mission

**Current Text:** *“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.”*

### Proposed Revisions:

***“Attracting, leveraging and investing additional resources to end the epidemics of HIV, tuberculosis and malaria and to support attainment of the SDGs.”***

# “Investing to End Epidemics”

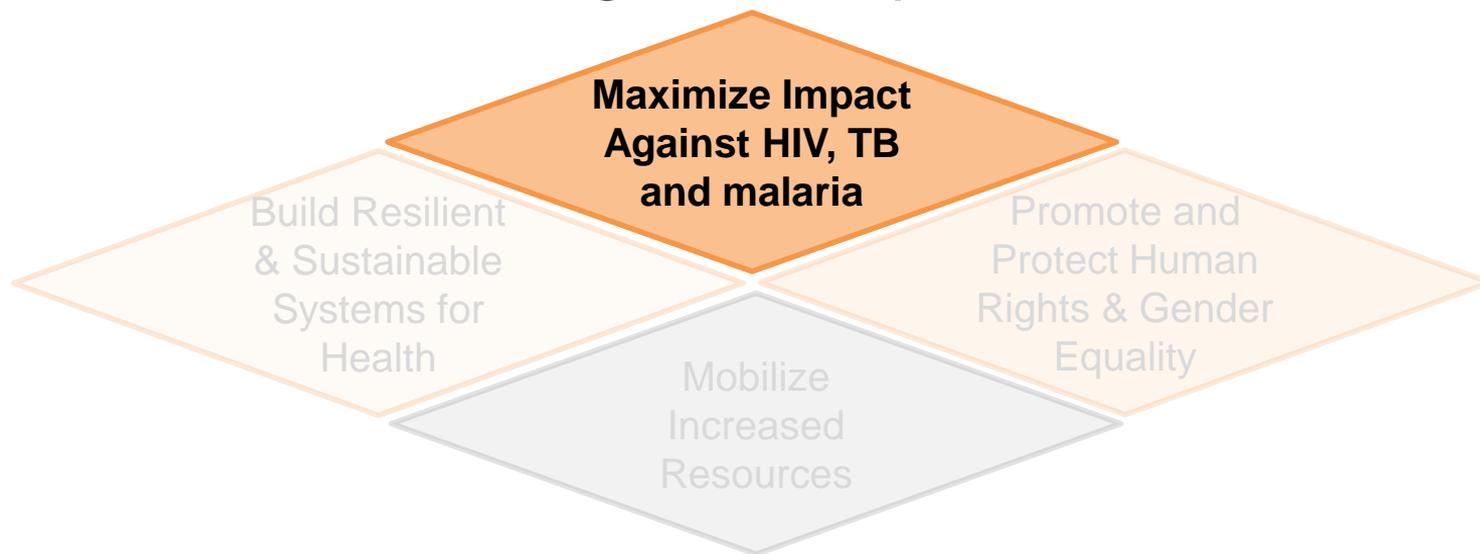


## Strategic Enablers

**Innovate and Differentiate along the Development Continuum**

**Support Mutually Accountable Partnerships**

# “Investing to End Epidemics”

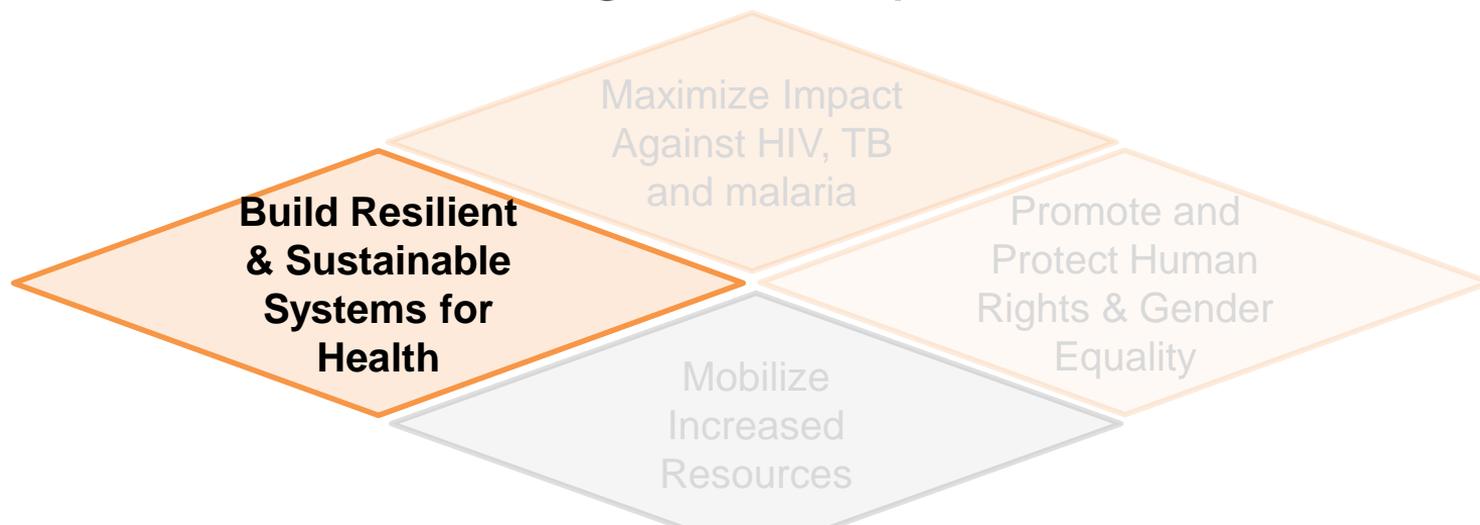


## 1. Maximize Impact Against HIV, TB and malaria

### Innovative approaches to meet diverse country needs are essential to accelerate the end of the epidemics

- Scale-up evidence-based interventions with a focus on the highest burden countries with the lowest economic capacity and on key and vulnerable populations disproportionately affected by the three diseases
- Evolve the allocation model and processes for greater impact, including innovative approaches differentiated to country needs
- Support grant implementation success based on impact, effectiveness, risk analysis and value-for-money
- Improve effectiveness in challenging operating environments through innovation, increased flexibility and partnerships
- Support sustainable responses for epidemic control and successful transitions

# “Investing to End Epidemics”

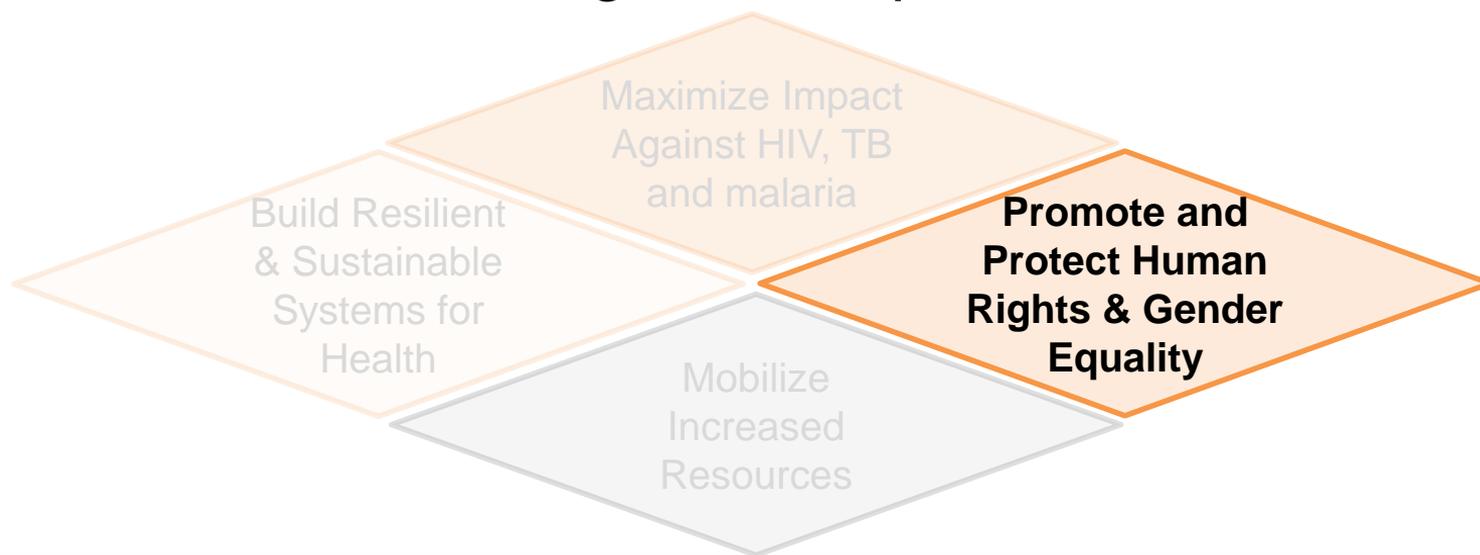


## 2. Build Resilient and Sustainable Systems for Health

**Strengthening systems for health is critical to attain universal health coverage and to accelerate the end of the epidemics**

- a) Strengthen community responses and systems
- b) Support reproductive, women’s, children’s, and adolescent health, and platforms for integrated service delivery
- c) Strengthen global and in-country procurement and supply chain systems
- d) Leverage critical investments in human resources for health
- e) Strengthen data systems for health and countries’ capacities for analysis and use
- f) Strengthen and align to robust national health strategies and national disease-specific strategic plans
- g) Strengthen financial management and oversight

# “Investing to End Epidemics”

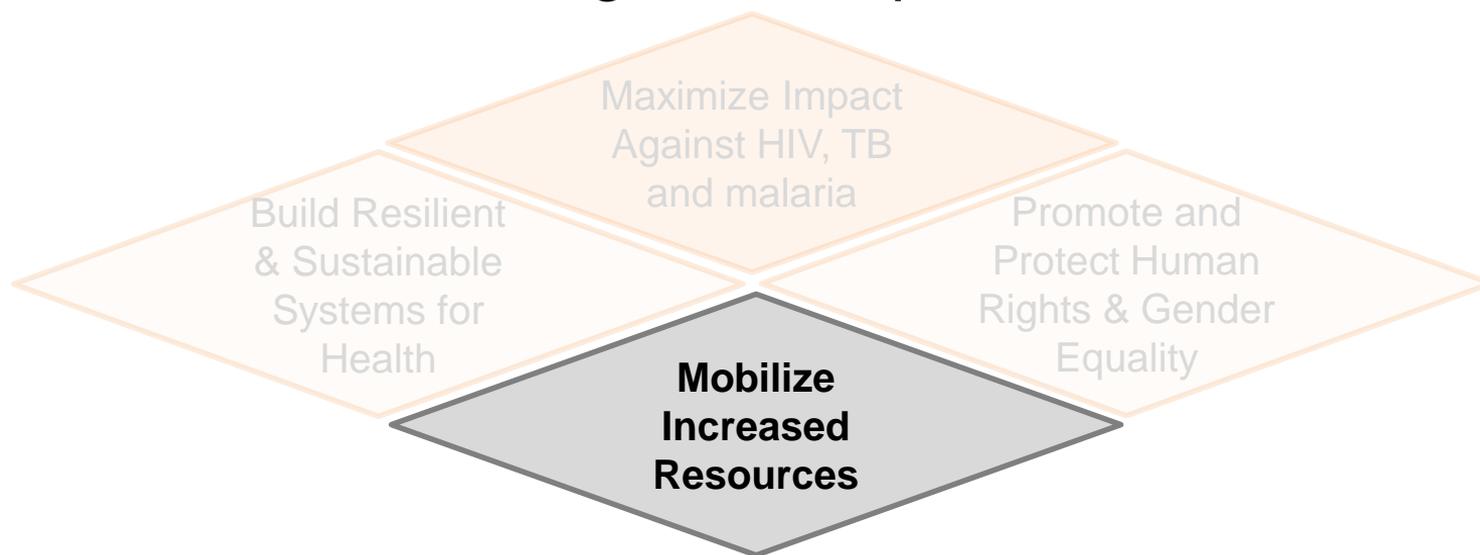


### 3. Promote and Protect Human Rights and Gender Equality

**Promoting and protecting human rights and gender equality is required to accelerate the end of the epidemics**

- Scale-up programs to support women and girls, including programs to advance sexual and reproductive health and rights
- Invest to reduce health inequities including gender- and age-related disparities
- Introduce and scale-up programs that remove human rights barriers to accessing HIV, TB and malaria services.
- Integrate human rights considerations throughout the grant cycle and in policies and policy-making processes
- Support meaningful engagement of key and vulnerable populations and networks in Global Fund-related processes

# “Investing to End Epidemics”



## 4. Mobilize Increased Resources

**Increased programmatic and financial resources from diverse sources are needed to accelerate the end of the epidemics**

- Attract additional financial and programmatic resources for health from current and new public and private sources
- Support countries to use existing resources more efficiently and to increase domestic resource mobilization
- Implement and partner on market shaping efforts that increase access to affordable, quality-assured key medicines and technologies
- Support efforts to stimulate innovation and facilitate the rapid introduction and scale-up of cost-effective health technologies and implementation models

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# Decision Point

## ***GF/B34/DP04: Strategic Framework 2017 – 2022***

- 1. Based on the recommendation of the Strategy, Investment and Impact Committee (the “SIIC”), the Board approves the Strategic Framework 2017 – 2022, as set forth in Annex 1 to GF/B34/11, and notes the next steps of presenting further details in a final strategy narrative and on implementation planning.***
- 2. As such, the Board requests the Secretariat to submit the final strategy narrative through the SIIC for Board approval at the first Board meeting in 2016, taking into consideration lessons from implementing the current strategy, recommendations from the Strategic Review 2015, and additional input collected throughout the strategy development process.***