Global Fund Strategy Development

OPEN CONSULTATION

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What is the Global Fund and what does it do?

- The Global Fund is a partnership designed to accelerate the end of HIV, TB and malaria as epidemics.
- It mobilizes and invests more than US$4 billion a year to support programs in more than 120 countries.
- Countries take the lead in determining where and how to best fight HIV, TB and malaria.
- The Global Fund works in partnership with governments, civil society, communities, technical agencies, other funding organizations, the private sector and people affected by the diseases to support these programs.
- The work of the Global Fund is guided by its current 2017-2022 Strategy (see here).
- The Strategy’s vision is a world free of the burden of AIDS, TB and malaria with better health for all.
- The current strategy has 4 Strategic Objectives:
The Global Fund partnership has achieved:

- **32 MILLION** LIVES SAVED THROUGH THE GLOBAL FUND PARTNERSHIP
- **18.9 MILLION** PEOPLE ON ANTIRETROVIRAL THERAPY FOR HIV IN 2018
- **5.3 MILLION** PEOPLE WITH TB TREATED IN 2018
- **131 MILLION** MOSQUITO NETS DISTRIBUTED IN 2018
- **44.5 BILLION** US$ DISBURSED AS OF APRIL 2020

Data from the Global Fund Results Report 2019 (data end of 2018)
As it is now over half way through its current Strategy, the Global Fund is starting the process of developing its next Strategy, which will commence in 2023.

The next Strategy will need to set out how the Global Fund aims to contribute to achievement of the ambitious 2030 goals for HIV, TB, malaria, and health more broadly as set out in Sustainable Development Goal 3 (SDG 3).

The Global Fund is asking stakeholders for their input into what the focus and role of the Global Fund should be to best achieve these aims.

Some background on progress to date is given as context in the next few slides (more information available here).

**2030 Sustainable Development Goals: SDG3**

| 3 | GOOD HEALTH AND WELL-BEING |
| 1. SDG3.3: By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases. |
| 2. SDG3.8: Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all. |

**Other relevant SDGs**

| SDG1: End poverty in all its forms everywhere. |
| SDG4: Ensure inclusive and equitable quality education. |
| SDG5: Achieve gender equality and empower all women and girls. |
| SDG10: Reduce inequality within and among countries. |
| SDG16: Peace, justice and strong institutions. |
| SDG17: Revitalize the Global Partnership for Sustainable Development. |
Progress, Challenges and Opportunities

HIV/AIDS

- Currently off track to meet 2030 targets, but mortality declining faster than incidence
- Key populations & partners remain disproportionately affected (54% of new HIV infections in 2018)
- Significant scale-up of prevention needed, grounded in human rights principles, addressing structural drivers
- Opportunity to focus on more catalytic approaches in countries with increased domestic financing for HIV
- COVID-19 threatens to reverse gains and undermine progress

The Global Fund provides 20% of all international financing for HIV

95-95-95 Treatment Cascade by Global Fund region

- Eastern & Southern Africa
  - 1st 90: 85, 2nd 90: 79, 3rd 90: 67, VLS*: 58
- Asia & Pacific
  - 1st 90: 68, 2nd 90: 78, 3rd 90: 91, VLS*: 49
- East. Europe & Central Asia
  - 1st 90: 72, 2nd 90: 53, 3rd 90: 77, VLS*: 29
- Western & Central Africa
  - 1st 90: 64, 2nd 90: 79, 3rd 90: 76, VLS*: 38
- Lat. America & Caribbean
  - 1st 90: 79, 2nd 90: 78, 3rd 90: 87, VLS*: 53
- Middle East & N. Africa
  - 1st 90: 47, 2nd 90: 69, 3rd 90: 82, VLS*: 27

Regional share of global PLHIV

- 71% Eastern & Southern Africa
- 17% Western & Central Africa
- 7% Asia & Pacific
- 3% Latin America & Caribbean
- 1% Eastern Europe & Central Asia
- 1% Middle East & North Africa

Source: UNAIDS, Global Fund analysis
Tuberculosis (TB)

Progress, Challenges and Opportunities

The Global Fund provides 73% of all international financing for TB

- Currently off track to meet 2030 targets on incidence and mortality, but positive trends on treatment coverage and outcomes
- Gaps still exist in DR-TB detection & treatment outcomes
- Progress on the implementation of TB/HIV activities
- Suboptimal scale-up of TB prevention measures
- Focus effort on finding missing people with TB and DR-TB, especially on high risk and vulnerable groups
- COVID-19 threatens to reverse gains & progress

DS-TB incidence (2018)

- TB incidence per 100,000 population
- Regional share of global burden

MDR/RR-TB incidence (2018)

- MDR/RR-TB incidence per 100,000 population
- Top 10 countries in absolute burden

DS = drug sensitive; MDR = multi-drug resistant; RR = rifampicin resistant. Sources: WHO Global TB Report 2019, Global Fund analysis
Progress, Challenges and Opportunities

Malaria endemic countries
- Eliminating countries
- <1
- 1 to 10
- >1 to 100
- >100 to 250
- >250
- High burden high impact countries (HBHI)

Malaria free countries
- No Malaria
- Countries that eliminated malaria since 2000

Most prevalent parasites
- SSA: 99%+ P. falciparum
- DRC: 50% P. falciparum / 50% P. vivax
- SEA: 50% P. falciparum / 50% P. vivax
- Americas: 75% P. vivax

Sources: Global Technical Strategy (GTS) for Malaria 2016-2030 (WHO), World Malaria Report 2019 (WHO), Global Fund analysis

- Likely off track to meet 2030 targets, but mortality declining faster than incidence
- Health & community system strengthening critical
- Balance strategies and innovations to address high-burden transmission while also shrinking the map to achieve elimination
- Need to improve data collection & strengthen data systems for sub-national risk stratification and tailoring of interventions
- COVID-19 threatens to reverse gains & progress
Progress, Challenges and Opportunities

- COVID-19 pandemic presenting significant and still unknown challenges to health systems and domestic resource mobilization
- Off-track to achieve 2030 UHC and 3 disease targets: leveraging domestic resources critical to improve service coverage, quality of care, financial protection
- UHC financing gaps are vast: GF and Development Assistance for Health are small share of overall resources, must make catalytic investments with demonstrable results
- Community systems critical to reaching most vulnerable/last mile: GF a key funder, uniquely positioned to strengthen community responses
- Engagement of private sector required: high care-seeking from private sector in high-burden MICs; strengthened engagement and implementation models required
- Timely and stratified data improves impact: opportunity to continue to strengthen health outcomes through improved data use for decision making
- Market shaping impact: leverage pooled procurement function to catalyze access to affordable quality assured commodities and drugs with domestic resources
- RSSH supports health security: growing evidence of improved health security due to disease-based GF RSSH investments


Global trends: Development Assistance for Health HSS investments (1990-2018)

- Malaria HSS
- TB HSS
- HIV HSS
- Non-communicable diseases
- RMNCH HSS
- Other infectious diseases
- HSS/WHaps

$10bn

$5bn

2017-19 GF investments: $3.3 bn invested in RSSH*

- Procurement and supply chain: 13%
- National Health Strategies: 4%
- Integrated people-centered health services: 16%
- Human resources: 46%
- Data Systems: 16%
- Financial Management Systems: 1%
- Community systems: 4%

*Allocations, Matching Funds, Strategic Initiatives

Within countries, financially & socially vulnerable groups have less access to key services

UHC Service Coverage Index (SDG 3.8.1)

UHC Service Coverage Index, Historical & WHO / World Bank Projection (2018–2030)
Progress, Challenges and Opportunities

- Out of pocket (OOP) spending projected to remain high across income levels
- Development assistance for health (DAH) projected to be increasingly smaller share of health financing (other than in LICs where majority malaria burden lies) - opportunity for Global Fund to play a more catalytic role
- Domestic resource mobilization critical to achieve 2030 goals

Global Fund investments by region
Disbursements in the 2017-2019 allocation period

- LICs: Low Income Countries
- LMICs: Lower Middle Income Countries
- UMICs: Upper Middle Income Countries

<table>
<thead>
<tr>
<th>Region</th>
<th>Share of Health Spending, by source</th>
<th>2015</th>
<th>2030 F</th>
</tr>
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<tbody>
<tr>
<td>DAH</td>
<td>OOP</td>
<td>38%</td>
<td>33%</td>
</tr>
<tr>
<td>PPP</td>
<td></td>
<td>11%</td>
<td>9%</td>
</tr>
<tr>
<td>GHES</td>
<td></td>
<td>9%</td>
<td>8%</td>
</tr>
</tbody>
</table>

2030F – 2030 forecast, DAH=Development Assistance for Health, PPP=Prepaid Private Spending, OOP=out of pocket, GHES=Government Spending

Sources: Global Fund Results Report, UN Global SDG Database, IHME, World Bank
Progress, Challenges and Opportunities

**Equity**
- **Key inequalities persist** across income, geography, age, sex, etc., perpetuating barriers to access to quality prevention, care and treatment and health outcomes
- The Global Fund aims to use its funding to address equity barriers, including by working in partnership with community and civil society organizations to reach underserved populations

**Gender**
- **2.4 times** higher incidence in women than men aged 15-24 years in sub-Saharan Africa
- **25% reduction** in new HIV infections among adolescent girls and young women (AGYW) between 2010-2018. Still every week 6000 AGYW become newly infected with HIV
- Transgender women are **12x** more likely to acquire HIV than general population
- Men are more likely to get TB but less likely to access TB diagnostic and treatment services
- Urgent need to address gender-related barriers and scale-up gender responsive programming

**Human Rights**
- **Overcoming human rights-related barriers** is critical for reducing new infections, improving treatment outcomes and achieving 2030 targets
- Core human rights principles are embedded throughout the Global Fund’s grant lifecycle – participation, equity, accountability, transparency
- Global Fund programs address key human rights-related barriers to health, including: stigma and discrimination; gender inequality and violence; punitive practices, policies & laws; social & economic inequality
- In the 20 countries of the Global Fund’s **Breaking Down Barriers initiative** intensive support, including additional funding, is being provided to comprehensively address human rights-related barriers to services, based on nationally developed and owned plans

Sources: DHS/MIS, UNAIDS, Global Fund Strategic Performance Report mid-2019, SABSSM V
Looking towards the 2030 horizon, the world is expected to see an epidemiological transition from communicable diseases to non-communicable diseases (NCDs) as the major driver of disease burden globally.

- 85% of premature deaths from NCDs currently occur in LMICs.

- Comorbidities associated with the 3 diseases are expected to increase as populations age, e.g. burden of NCDs among aging people living with HIV; increased TB risk among people living with diabetes; chronic coinfections (e.g. HCV).

The world’s population is growing, causing increased demand on health systems, and greater number of people to be reached with prevention interventions.

- Strongest population growth 2020-2030 expected in Sub-Saharan Africa (+27%) and LICs (+28%).

- Regions are experiencing population shifts e.g. youth bulge in sub-Saharan Africa – importance of keeping working population healthy for societies to thrive.

- Population aged 65+ fastest growing segment in all regions.

Broader Health and Development Landscape

**Demographic Shifts**

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- Regions are experiencing population shifts e.g. youth bulge in sub-Saharan Africa – importance of keeping working population healthy for societies to thrive.

- Population aged 65+ fastest growing segment in all regions.

**Shifts in Burden of Disease**

- Looking towards the 2030 horizon, the world is expected to see an epidemiological transition from communicable diseases to non-communicable diseases (NCDs) as the major driver of disease burden globally.

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- Comorbidities associated with the 3 diseases are expected to increase as populations age, e.g. burden of NCDs among aging people living with HIV; increased TB risk among people living with diabetes; chronic coinfections (e.g. HCV).
Climate change is expected to impact the fight against the three diseases (warming, changing rainfall, extreme weather, air pollution).

Vulnerable populations will feel climate shocks most acutely and suffer the hardest consequences.

Food and water insecurity contribute to climate migration, conflict & fragility.

Healthcare also has a carbon footprint and pollutes the environment.

>1% of world population is displaced from their home. More than half from 3 countries: Syria, Afghanistan, South Sudan.

The most fragile States account for 2/3 of malaria burden and less than 1/3 of HIV and TB burden.

Nature of conflict has changed: shift from inter-state wars to civil conflicts, militant warfare, terrorism.

Common features of Fragile States include authoritarian regimes, low income, armed conflict, natural hazards and population mobility.

% Disease burden in fragile States, 2019

Climate vulnerability

Sources: Fragile States Index (The Fund for Peace), Global Fund. Disease burden measured per 2020-2022 allocation methodology

Source: Salas and Jha, 2019. BMJ, 366, p.i5302
Health security in a globalized world

- Humans are more connected now than ever before, facilitating the rapid spread of diseases around the world.
- Global health security requires many of the same critical elements as needed to end the 3 diseases – including strengthened health and community systems, infrastructure (e.g. laboratory networks, surveillance), health workforce, innovation, community engagement, leadership and collaboration between institutions and countries.

Number of deaths/year (2018)

- Malaria: 405k
- HIV/AIDS: 770k
- TB: 1.45m
- Diabetes: 1.6m
- AMR: 700k
- CVD: 17.9m
- 10m in 2050


Antimicrobial resistance (AMR)

- Antimicrobial resistance (AMR) poses a serious threat to progress in the fight against the 3 diseases.
- If nothing is done, AMR is predicted to cause 10 million deaths a year by 2050.
- Drug-resistant TB accounts for 1/3 deaths from AMR.
- Antiretroviral resistance impacts the ability to achieve viral suppression for people living with HIV.
- Progress on reducing malaria incidence and mortality is hampered by both insecticide and antimalarial resistance.

COVID-19 pandemic

- The COVID-19 pandemic is having a catastrophic impact on the most vulnerable communities and threatens progress and risks losing gains made on HIV, TB and malaria.
- The Global Fund has made up to US$1 billion available through grant flexibilities and the COVID-19 Response Mechanism to mitigate impact on programs and health systems and support the COVID-19 response.
- Global Fund-supported activities include: epidemic preparedness assessments, laboratory testing, sample transportation, use of surveillance infrastructure, infection control in health facilities, and information campaigns.
- The COVID-19 pandemic is impacting global health product supply chains; affecting manufacture, distribution and demand/supply dynamics. The Global Fund has introduced flexibilities and exceptions to ensure constant supply of vital health products to programs.
- The pandemic presents challenges in ensuring the critical engagement of communities and civil society in processes.
- The pandemic also underscores the importance of human rights-based and gender-responsive programming (in light of heightened risk of GBV and other human rights violations).

Risk of an Emerging Infectious Disease (EID) relative to reporting ability

Questions for Input into Strategy Development (page 1 of 2)

Please answer the questions that are most relevant to you and your work or engagement with the Global Fund

Overall

- What do you see as the biggest barriers to ending HIV, TB, malaria and achieving SDG3 in the coming 10 years?

- Do you think that the 4 Strategic Objectives of the Global Fund’s current Strategy remain broadly relevant, but they need to be adapted to the current context and there are key areas where increased focus is needed to accelerate progress?

  - Strongly Agree
  - Agree
  - Neutral
  - Disagree
  - Strongly Disagree

Strengthening Program Implementation

- What can the Global Fund do to better support national, regional and community programs fight HIV, TB & malaria?

- As one of many financers of health systems, what role is the Global Fund uniquely positioned to play in supporting countries build resilient and sustainable systems for health, including to improve outcomes in the three diseases and contribute to UHC?

- What can the Global Fund do to better promote and protect equity, human rights and gender equality through national, regional and community programs?

- Based on what we know so far from the COVID-19 response, what role is the Global Fund best positioned to play in improving global health security and pandemic responses, including to protect progress in the fight against the three diseases?

- What can the Global Fund do to strengthen the sustainability of programs, or better support countries transition from Global Fund financing?
Questions for Input into Strategy Development (page 2 of 2)

**Supporting Stakeholders and Partnerships**

- What can the Global Fund do to better support you in your work to fight the 3 diseases?
- Partnership with communities affected by the 3 diseases is a core principle of the Global Fund. What aspects of the Global Fund’s model could be strengthened to improve partnership with communities and strengthen impact?
- How could the Global Fund work more effectively with development, technical and other partners to support countries fight the 3 diseases and achieve SDG3? How would this strengthen impact?
- How do you think the Global Fund could better use its leverage at global level, to help shape the health, development, market shaping or financing agendas, and improve impact against the 3 diseases and SDG3?

**Delivering Results and Innovation**

- What can the Global Fund do to promote innovative, impactful programming, whilst balancing the need to be able to measure and report results and mitigate financial and programmatic risk?
- What can the Global Fund do to facilitate the uptake of new technologies, innovations and address market bottlenecks?

**Best Ideas for Change**

- If there was one thing you would ask the Global Fund to do differently to have greater impact towards achieving the SDG3 targets, what would it be and why?
Please send your answers through the online form at www.theglobalfund.org/en/strategy-development

or email StrategyDevelopment@theglobalfund.org

Please visit the strategy development website for further information, updates and consultation opportunities: www.theglobalfund.org/en/strategy-development