



20 November 2015

People's Health Comes First

It's Time to Bring Together Universal Health Coverage and the Fight against AIDS, Tuberculosis and Malaria through a Fully Funded Global Fund

Leaving no one behind

In September 2015, the United Nations member states adopted *Transforming Our World: the 2030 Agenda for Sustainable Development*, referred to as the Sustainable Development Goals (SDGs). In adopting the SDGs, all member states acknowledged that ensuring healthy lives and promoting well-being for all at all ages is a precondition for, as well as a goal of, global sustainable development.ⁱ Integral to this agenda are “achieving universal health coverage (UHC)” and “ending AIDS, tuberculosis (TB) and malaria” by 2030.^{ii iii}

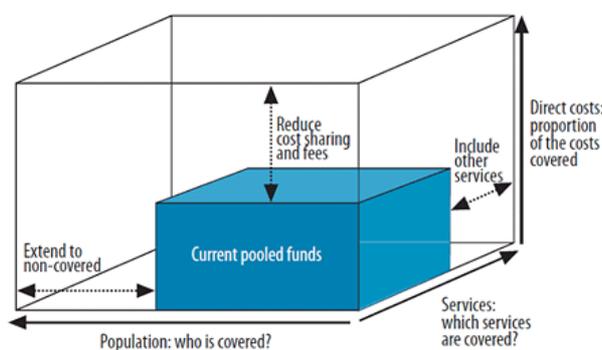
To achieve health for all at all ages and to ensure that no one is left behind, it is crucial to create synergies between universal health coverage and ending the epidemics of AIDS, TB and malaria. The synergies between and achievement of the two SDGs health agendas will fuel economic development, reduce social inequities and poverty, and save lives, thus representing a “triple win”. If fully funded and guided by the principle of equity, the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund) can be one of the most effective mechanisms to achieve this.

This position statement summarizes the considerations and recommendations of members of Africa Japan Forum^{iv} and the Global Fund Advocates Network^v after reviewing the potential synergies between providing UHC and ending the three diseases through the Global Fund.

Universal Health Coverage: Definition and Challenges

UHC means that all people, everywhere, have access to equitable and affordable quality health services without the risk of financial hardship.^{vi} In a health system providing universal coverage, everybody, regardless of their ability to pay, their health or other status, has access to needed quality health services.

Three dimensions are to be considered when moving towards UHC: increased coverage, expanded and enhanced quality health services and systems, and financial risk protections for citizens.^{vii}



Three dimensions to consider when moving towards universal coverage

UHC can only be achieved when simultaneously tackling an existing health system's weaknesses, as well as the financial, legal, social, geographical, cultural and political barriers to accessing quality healthcare. In working on the weaknesses and barriers, the involvement of the rights holders of health, headed by civil society and communities, is crucial for development, planning, implementing and reviewing UHC at the local, national, and global levels—because successful UHC must be affordable, accessible, available, and acceptable for everyone.

Financing health a shared responsibility

Financing poses a perpetual challenge for us all, even in health systems that have improved the quality and availability of services. Financing for UHC will need to come primarily from an increase of domestic resources, financed through developing countries' government revenues, as well as the fulfilment of Official Development Assistance (ODA) commitments and recommendations, as part of the SDGs target to reach a minimum 0.7% of GNI for overall development cooperation.^{viii}

Low-income countries and a number of middle-income countries will urgently need international aid in order to offer essential health services to all people. Furthermore, global solidarity is needed to support life-saving programs where governments are not able or willing to generate and allocate the required resources, or discriminate against certain social groups.

The Global Fund has achieved unprecedented results in the fight against HIV, TB and malaria,^{ix} and one of the 4 goals of the Global Fund's new Strategy (2017-2022) is to strengthen systems for health which are considered critical to attain universal health coverage and to accelerate the end of the epidemics.^x A fully funded Global Fund – which respectively represents approximately 20%, 72% and 50% of international funding for HIV/AIDS, tuberculosis and malaria^{xi xii xiii} - is a critical instrument for advancing the UHC agenda and achieving the SDGs without leaving anyone behind by efficiently and effectively channeling that global solidarity towards specific identified needs.

Building resilient and sustainable systems for health – an increased focus of the Global Fund approach

The reinforcing relationship between funding for disease-control programs and funding for crosscutting systems has been an increased focus in the Global Fund's approach to investments. Because funding for disease-control programs are greatly impacted by health systems, the Global Fund has progressively increased investment in countries health systems; more than one-third of its investments currently go towards building resilient and sustainable systems for health.^{xiv}

UHC roll-out strategies at the country level that proactively seek synergies with Global Fund investments therefore have the potential to leverage the effectiveness and impact of the Global Fund's contributions in sustainable and resilient systems for health (and vice versa).

The Global Fund's Contribution to UHC

As a financing institution and a health partnership between implementers, donors, private sector, civil society, communities living with and affected by the three diseases, and technical partners, the Global Fund plays a pivotal role in the further development and roll out of UHC approaches beyond its investment in health systems. Particular strengths that the Global Fund's approach and principles bring to UHC roll-out are:

a. Meaningful involvement of civil society and key and vulnerable populations

The Global Fund prioritizes reaching the poor and key and vulnerable populations, encourages involvement of civil society, and actively seeks to include them in all country level processes. The Fund's governance and business model seeks inclusiveness, transparency, bottom-up programming, the role of civil society as a watchdog, and the further development and strengthening of community responses and systems.

b. Human rights-based programming

Stigma, discrimination, and punitive laws and policies are among the main obstacles to equitable, accessible and affordable health services for key and vulnerable populations. The Global Fund therefore actively promotes human rights and human rights-based programming, including gender equity, and removal of legal barriers.

c. Enabling gender-transformative responses and programming

UHC programming for women and girls requires specific focuses depending on their life stages and vulnerabilities, and goes beyond the integrated health services we typically see only for pregnant women. Under its Gender Equality Strategy, the Global Fund offers services for women and girls that provide crosscutting solutions on gender-based violence, and access to services for key and vulnerable communities of women.

d. Data to inform the building of systems and identifying gaps

The Global Fund invests in building better information systems in low- and middle-income countries. Ending epidemics and building resilient and sustainable systems for health requires focused, data-driven approaches that can achieve the greatest impact.

e. Procurement and supply chain management

Over 40% of the Global Fund's total investments are spent on medicines, health products, and equipment. The Fund plays a critical role in improving in-country supply chains and pharmaceutical management to maximize impact and manage investment risks.

f. Strengthening the health workforce

The Global Fund makes comprehensive investments in human resources for health, including community health workers and promoters, to build resilient health systems, and provide significant improvements in health.

g. Innovation

Building procurement capacity for sustainable systems and providing access to low-cost, high-quality products are core innovations that the Global Fund is currently piloting, including the new e-Marketplace.

h. Leveraging domestic investments

As a large health financing institution, the Global Fund is well positioned to leverage increased domestic investments, through co-financing arrangements and joint work on innovative funding mechanisms.

Recommendations

- 1. Universal Health Coverage will only be effective if civil society and key and vulnerable populations are included at all stages of the development, planning, implementation, and reviewing of national UHC strategies.**
 - UHC national strategies should explicitly address the protection of human rights and promotion of human rights-based programming as well as interventions that address gender inequities for gender-transformative programming.
 - UHC roll-out must include Community Systems Strengthening (CSS), which strengthens both community systems for service delivery as well as for advocacy.

- 2. The Global Fund should make countries' UHC strategies an integral part of the (ongoing) country dialogue process in order to maximize synergies between UHC targets and Global Fund investments, and include this in its key performance indicators.**
 - The Global Fund country level processes and mechanisms, such as the country dialogue and the Country Coordinating Mechanisms (CCMs), should be encouraged to contribute to the discussion on the inclusion of HIV, TB and malaria services—prevention, care and treatment—in national UHC strategies.
 - In all countries it invests, the Global Fund should demonstrate how its investments will attain the principle of “leaving no one behind” and reach those living in poverty as well as key affected and vulnerable populations.
 - The Global Fund is well positioned to convene the development of the global, regional and country level partnerships that help to develop comprehensive and inclusive national UHC strategies and implementation.

- 3. Achieving synergies between national UHC strategies and Global Fund investments is urgently needed in countries where the Global Fund is expected to transition out.**
- The Global Fund should use its convening power to ensure that existing and proposed national UHC strategies cover products and health services (including prevention and harm reduction) for key and vulnerable populations.
- 4. Countries' UHC strategies and Concept Notes should ensure optimal use of domestic and donor investments through a focus on performance-based funding and promotion of efficiencies. This includes:**
- Keeping costs of medicines and health intervention technologies low, especially as countries transition across economic bands (country groupings for the Global Fund funding process). This should include the full use of the Agreement on Trade Related Aspects of Intellectual Property Rights (TRIPs) flexibilities and be fully applied to the Trans-Pacific Partnership Agreement (TPP), and other Free Trade Agreements (FTA) and Economic Partnership Agreements (EPA).
 - Expanding the fiscal envelope through increased tax revenue, including “sin taxes” and “AIDS levies”, as well as innovative financing mechanisms such as Financial Transaction Taxes and air ticket and other forms of solidarity levies.
- 5. The Global Fund, Gavi, the Vaccine Alliance, the World Health Organization (WHO), the World Bank and other key stakeholders, including technical partners and the private sector, need to revitalize their efforts on effective coordination and harmonization of initiatives that promote resilient and sustainable systems for health.**

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- ⁱ United Nations General Assembly resolution 70/1, [Transforming our world: the 2030 Agenda for Sustainable Development](#), A/RES/70/1 (25 September 2015). “Goal 3 Ensure healthy lives and promote well-being for all at all ages.”
- ⁱⁱ Ibid.: “Goal 3: 3.8 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.”
- ⁱⁱⁱ Ibid.: “Goal 3: 3.3 By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases.”
- ^{iv} [Africa Japan Forum \(AJF\)](#)
- ^v [Global Fund Advocates Network \(GFAN\)](#)
- ^{vi} World Health Organization, “[What is universal health coverage?](#)” (December 2014),
- ^{vii} World Health Organization, [Health Systems financing: a Path to Universal Health Coverage](#), World Health Report 2010 (22 November 2010), Executive Summary.
- ^{viii} UN General Assembly resolution 70/1, “Goal 17: 17.2 Developed countries to implement fully their official development assistance commitments, including the commitment by many developed countries to achieve the target of 0.7 per cent of gross national income for official development assistance (ODA/GNI) to developing countries[.]”
- ^{ix} The Global Fund to Fight AIDS, Tuberculosis and Malaria, [Results Report 2015](#) (15 September 2015).
- ^x The Global Fund, “[Global Fund Board Approves New Strategic Framework](#)” (17 November 2015).
- ^{xi} Joint United Nations Programme on HIV and AIDS (UNAIDS), [Global Report: UNAIDS Report on the Global AIDS Epidemic 2013](#) (23 September 2013), p.21.
- ^{xii} World Health Organization, [Global Tuberculosis Report 2015](#) (28 October 2015), p.96.
- ^{xiii} World Health Organization, [WHO Global Malaria Programme: World Malaria Report 2014](#) (9 December 2014), p.8.
- ^{xiv} The Global Fund, [Results Report 2015](#), Executive Summary, p.3.