The Global Fund & U.S. Bilateral Partners: 
Making Progress, Saving Lives
“If there is one crystal clear fact we have learned in the past decade of fighting these deadly diseases, it is that we can only win by coordinating our actions. The sum of our efforts far exceeds what we can do individually.”
- Mark Dybul, Global Fund Executive Director, Huffington Post, September 2013
Introduction: Progress Through Partnerships

The Global Fund to Fight AIDS, Tuberculosis and Malaria is the world’s largest public health financier, providing more than $30 billion to support programs in over 140 countries worldwide.

Partnerships have been integral to the Global Fund’s success since its inception. Unique collaborations with programmatic and technical partners, the governments of implementing countries, civil society, faith groups, the private sector and affected communities have enabled the organization to:

- Provide HIV/AIDS treatment to 6.6 million people
- Reach 2.5 million HIV-positive mothers with services to prevent transmission to their children
- Detect and treat 11.9 million cases of tuberculosis
- Distribute more than 410 million insecticide-treated nets to help protect families from malaria

The Global Fund and its partners participate in an ongoing dialogue at the country level through Country Coordinating Mechanisms (CCMs). The CCMs are in-country forums through which representatives from governments, multilateral and bilateral agencies, NGOs and civil society, academic institutions, private businesses and people living with the diseases are able to develop and submit grant proposals to the Global Fund based on national-level priorities.

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U.S. Bilateral Organizations (Including PEPFAR, PMI & USAID’s tuberculosis program):

- Provide on-the-ground technical assistance and lifesaving treatment, care and prevention
- Monitor impact of U.S. investments in-country
- Help to strengthen the impact of the Global Fund and domestic resources
- Participate on CCMs and, in some cases, on the Global Fund’s Technical Review Panel, the body responsible for assessing grant applications

Shared Goals & Priorities:

- Engage in country-level discussions related to resource development
- Jointly plan for procurement, supply chain management, measurement and capacity building
- Support country-led programs and promote sustainability through increased investment in national programs and health systems strengthening
The President’s Emergency Plan for AIDS Relief (PEPFAR), established in 2003, is the largest bilateral initiative in history to combat a single disease internationally. It provides support and technical assistance for HIV/AIDS programs in 58 implementing countries. The Global Fund and PEPFAR are the leading global financiers of the fight against HIV/AIDS. In some countries, they jointly finance up to 90 percent of the national programs to fight the disease.

The Global Fund and PEPFAR bring unique, complementary resources to the table. Together, they are working to create a long-term, sustainable response to the HIV/AIDS pandemic. This partnership is helping the world move closer to achieving the goal of an AIDS-free generation, which was defined by former Secretary of State Hillary Clinton as a time when “virtually no children are born with the virus.”

“The United States provided the largest share of assistance [for HIV/AIDS] in sub-Saharan Africa (63 percent) and North & Central America (56 percent). By contrast, the Global Fund provided the largest share of assistance in Europe (75 percent), the Middle East (65 percent), North Africa (60 percent), South America (48 percent), South & Central Asia (48 percent), and Far East Asia (40 percent).”

- Mapping the Donor Landscape in Global Health: HIV/AIDS, Kaiser Family Foundation

Michael Johnson, Head of Technical Advice and Partnerships, The Global Fund:

“There are so many ways in which PEPFAR and the Global Fund can, and are, building relationships and achieving more effective and efficient programming. The technical size and might of PEPFAR (especially in-country) is a unique strength. We have a robust and capable staff on the ground, including local partners who are technically strong and also know the local situation.

On the Global Fund side, the first and obvious strength is the large financial commitment it brings to bear. Each country that contributes to the Global Fund leverages the funding of many others, so it's a very effective mechanism to bring money to the table.

Another Global Fund strength is the CCM which facilitates important collaboration between the public sector and civil society to target resources in the best way possible in country. This is something that is not a natural structure in a lot of places. The model has challenges, but is important to bring about an inclusive and sustainable approach to community-based care, where the users of health services have a say in how and where resources are applied.

I have had the opportunity to see firsthand that, when PEPFAR and the Global Fund coordinate, the impact of our investments is amplified.”
Haiti

The 2010 earthquake, in combination with a change of country leadership and a new Principal Recipient (PR) for Global Fund grants, resulted in enormous challenges to Haiti’s national AIDS, tuberculosis and malaria response. After the natural disaster hit, country leadership and partners went to great lengths to ensure grant activities continued in the country and worked to strengthen the Global Fund’s CCM.

Both PEPFAR and USAID, another of the Global Fund’s bilateral partners, provided invaluable technical assistance to the CCM as a new chair and new members came on board. By 2011, the composition of the coordinating body had changed almost entirely. This nascent team faced uncharted waters; in addition to a new implementing partner, a new set of grants aligned with fresh objectives had been approved and needed to be implemented.

This effort proved successful; in the years following the earthquake, the country’s health system has undergone significant reconstruction and improvement. This would not have been possible without the support the CCM received from the Global Fund and bilateral partners. The U.S. government was instrumental, for instance, in providing technical assistance and building capacity around the grant management system, allowing for improved monitoring and evaluation. PEPFAR’s participation as a member of the CCM has also been vital to the development of an ambitious national strategic plan with a well-designed set of activities.

Beyond its investments in strengthening the CCM, PEPFAR continues to collaborate closely with the Global Fund in helping to ensure that grants are performing effectively and that grantees have the information needed to target resources to high-impact, evidence-based activities. The Global Fund Portfolio Manager and the PEPFAR in-country team have also worked to align their respective reporting requirements, helping to reduce the administrative burden on the implementers in Haiti.

Malawi

AIDS is the leading cause of death among adults in Malawi and is a major factor in the country’s low life expectancy. Though the Malawian government has mounted an impressive response to the epidemic in recent years, it depends largely on external donors — the Global Fund and PEPFAR included — to help fund and implement programs. The two organizations engage in joint programming and financing and, together, provide treatment for close to 280,000 people, reaching about 70 percent of those in need.

Global Fund financing supports deeply rural communities, where 85 percent of the population lives and where the disease prevalence is 11 percent. It works through district governments and local community-based organizations. HIV needs in more urban populations, where prevalence is 17 percent, are funded by PEPFAR. In addition, Global Fund resources help to purchase drugs to prevent mother-to-child transmission, while PEPFAR supports the supply chain, training, laboratory, and quality assurance needed for the program. Together, the Global Fund, PEPFAR
and other partners are helping to drive HIV/AIDS progress in Malawi.

**Tanzania**

Active collaboration between the national government, the Global Fund and PEPFAR is the backbone of Tanzania’s HIV program scale-up. The Global Fund (which has approved more than $1.2 billion in funding)8 and PEPFAR (which has contributed nearly $2.2 billion)9 provide almost 90 percent of the HIV/AIDS financing in Tanzania.10 The successful partnership of the two organizations — along with other stakeholders in the country — has been instrumental in the progress made against HIV.

One of the most critical components to this partnership is regular, robust communication. A seemingly simple step, the sharing of information is key to avoiding the duplication of efforts, to ensuring resources are applied where they are most needed and to identifying potential hurdles. In addition to supporting an open dialogue, PEPFAR has a representative on Tanzania’s CCM, who is also a member of the CCM oversight committee. Collaboration between the Global Fund and PEPFAR is also critical to strengthening Tanzania’s health information systems. Together, they work to ensure drug quality, minimize stock outs and help mitigate the risk of drug theft.

Each partner on the three-part team plays a unique role. In the context of programming for HIV/AIDS, the Tanzanian government coordinates, manages, and operates the multi-sectoral national response — from health facilities, research centers, infrastructure, procurement/supply management, and leadership skills.

PEPFAR, meanwhile, funds the work of a wide range of implementing partners and provides resources for the procurement of certain health commodities (e.g. ARV procurement requests, second-line adult and pediatric ARVs, lab supplies and equipment). Moreover, the bilateral program provides overall support for service delivery at health facilities, community sites and management teams at district, regional and national levels.

The Global Fund and PEPFAR bring unique, complementary resources to the table. This partnership is helping the world move closer to achieving the goal of an AIDS-free generation, which was defined by former Secretary of State Hillary Clinton as a time when “virtually no children are born with the virus.”

Pepfar implementing partners, together with the Tanzanian government and Global Fund financing, have achieved national coverage in support of HIV service delivery. The Global Fund-financed activities are interrelated and complementary to government policies and strategic plans, and to PEPFAR goals. Indeed, the success or failure of each of the three partners has direct bearing on one another and the HIV/AIDS program in general.

Left to right:

First and second photos © The Global Fund / John Rae;

Third and fourth photos © The Global Fund / Mia Collis.
The President’s Malaria Initiative (PMI) was established in 2005 to help reduce the worldwide burden of malaria through proven interventions, including highly effective anti-malarial drugs, insecticide-treated nets, indoor residual spraying, and improved diagnostics. The initiative aims to halve the burden of malaria in 70 percent of at-risk populations in sub-Saharan Africa. Ultimately, its mission is to end the disease as a major public health threat and promote economic growth and development throughout the region.

From the beginning, in the development of its operational plans PMI sought to complement the Global Fund, working only in countries where the multilateral has a presence, assessing what resources are currently available and determining any needs that remain unmet to fill the gaps. Currently, all 19 PMI focus countries in Africa — as well as a regional program in the Greater Mekong sub-region of Southeast Asia — receive substantial funding from the Global Fund. The two organizations are able to achieve greater results together.

The collaboration between PMI and the Global Fund has facilitated great progress toward the goal of reducing under-5 child mortality in most focus countries. In addition, global malaria mortality rates have dropped 42 percent between 2000 and 2012. The number of malaria cases has decreased 25 percent globally between 2000 and 2012. However, despite significant gains made against the disease, malaria remains a serious public health problem.

Moving forward, the objective is to maintain and build on previous efforts and ensure that the successes to date are not rolled back, even as the threat of artemisinin drug resistance and the need to replace insecticide-treated nets loom large. Coordination between PMI and the Global Fund is critical to achieving this vision.

“Together the Global Fund and the United States provided approximately 83 percent of the average total of donor malaria assistance from 2009-2011.”

- Mapping the Donor Landscape in Global Health: Malaria, Kaiser Family Foundation
Liberia

Liberia has made enormous progress in the years following its civil war — a war that had a catastrophic effect on its national health system. However, there is still enormous work ahead. The strides made to date must be maintained and more must be done to strengthen the country’s ability to respond to its leading cause of death: malaria.

Both the Global Fund and PMI — Liberia’s primary donors — have played a vital role in helping the country shore up its health system. The two have worked in close partnership to develop and implement a national malaria control program. While the program is supported by a domestic workforce, it depends on external aid for most service delivery costs and for the purchase of commodities, including artemisinin-combination therapies (ACTs), rapid diagnostic tests, and long–lasting, insecticide-treated nets. Through PMI, the United Nations Children’s Fund and the World Health Organization, Liberia particularly has made strides in reaching rural and impoverished urban areas. Global Fund grants are supporting further geographic access to effective treatment and the finalization of the country’s Implementation Plan for Community Malaria Case Management.

Zanzibar

In Zanzibar, the Global Fund and PMI collaborate on a number of programs. For example, the Global Fund supports PMI in the collection of quality data — an activity that can be challenging for sub-Saharan African countries as they try to assess the impact of malaria control interventions on the disease burden. PMI also

“Over the past three years in Liberia, PMI has strengthened coordination and collaboration among donors, particularly the Global Fund."

- PMI Liberia Malaria Operational Plan, Fiscal Year 2013

Ray Chambers, UN Special Envoy for Financing the Millennium Development Goals (MDGs) and for Malaria:

“Recently, I was inspired to take part in an unprecedented, Global Fund-led effort to lower the costs and improve the procurement of insecticide-treated nets for malaria prevention. The Global Fund joined hands with three other major buyers of mosquito nets — the United Kingdom’s Department for International Development, UNICEF and the U.S. President’s Malaria Initiative — to bring their joint purchasing power to the table in procurement negotiations.

This initiative will reduce the costs of mosquito nets procured, reduce bottlenecks and shortages in countries where malaria threatens the lives of hundreds of millions of people — mostly children — and allow savings to be reinvested into programs that will help us achieve the malaria reduction targets laid out in the Millennium Development Goals.

For the Global Fund alone, it has led to cost savings of $51 million this year — savings that can now be put back into more malaria prevention programs. The organization anticipates that it will lead to a total savings of $140 million over the next two years.”

- The Hill, November 2013
played an important role in a Global Fund Phase Two grant extension, participating in the performance review and negotiating operational modalities for the next three years of implementation (2012-2015).

With respect to Zanzibar’s strengthened facility data collection systems, PMI invests in the capacity building of national malaria control program personnel, data quality assessments and use, and dissemination of data. In addition to direct country investments, PMI leverages resources and coordinates activities with the Global Fund and other donor partners, which are jointly discussed at the annual PMI planning meetings. A resident advisor from PMI has also been invited to serve on the Zanzibar CCM proposal development committee to support harmonization with the Global Fund and to help ensure ongoing coordination.

These efforts, combined with other PMI-Global Fund collaborations, have helped Zanzibar achieve a significant decrease in its reported malaria cases. Today, the country is experiencing quicker recovery times for those who have been infected, and malaria transmission has declined significantly from 35-40 percent prevalence in 1995 to less than 0.23 percent positivity rate by the second half of 2010. Such strides have effectively made Zanzibar a hypo-endemic region.

Greater Mekong Delta Regional Initiative

In 2013, the Global Fund allocated $100 million for the Regional Artemisinin Resistance Initiative in the greater Mekong River region — specifically Burma, Cambodia, Thailand, Vietnam and Laos — to help catalyze a coordinated response among partners to a serious threat to malaria control: artemisinin resistance. Though national efforts to contain drug resistance in Southeast Asia have had some impact, urgent action is needed to fully eliminate resistant strains of the parasite and ensure that ACTs remain effective.

This region is also one of PMI’s focus areas. As such, the bilateral organization has played an important role in the country dialogue process as the regional initiative has developed. It is now coordinating closely with the Global Fund to make sure that funding gaps are identified and resources are effectively mobilized. From the first country dialogue meeting through the concept note development and governance planning, PMI has played an active role in rolling out this effort.
The U.S. Agency for International Developments (USAID) is the country's lead governmental agency in international tuberculosis programming. It supports a comprehensive response to the disease by strengthening national control strategies and health systems in 27 countries. In addition to its efforts to build on-the-ground capacity and provide technical support, USAID is one of the main implementers of PEPFAR's tuberculosis/HIV programs.

Together, the Global Fund and USAID work to identify gaps in national tuberculosis strategies and, by coordinating resources and activities, help to fill them. Through close coordination, the Global Fund, USAID and national programs ensure that donor funding is not duplicative and that activities are aligned with countries’ National Strategic Plans.

The Global Fund then provides funds for tuberculosis programs in-country through PRs — organizations that lead grant management on the ground. USAID often partners with the Global Fund as an implementer of grants and by providing technical assistance (TA) to PRs.

In addition, as part of the rollout of the Global Fund’s new funding model, launched in 2013, USAID led efforts to map technical assistance providers to ensure efforts would not be duplicated.

USAID also mobilizes resources for the development of Global Fund concept notes and provides technical assistance to support countries with a high burden of tuberculosis/HIV co-infection in the development of a single, integrated funding request.

The United States also plays a key role in many aspects of the Global Fund decision-making process, leveraging its technical expertise and on-the-ground knowledge to help improve program design and grant performance. U.S. government staff are often members of CCMs and are frequently called upon to provide TA to Global Fund PRs.

“The Global Fund [is] by far the largest donor, providing 60 percent of all tuberculosis international assistance; the next largest donor, the United States, provided one-fifth of all assistance (21 percent). Together, they accounted for 81 percent of global tuberculosis assistance, and comprised more than 75 percent of the funding received in every region. In each region, the Global Fund provided more than 50 percent of tuberculosis assistance, ranging from 57 percent in sub-Saharan Africa to nearly 100 percent in the Middle East, North Africa and Oceania. The United States was the second most prominent donor in six of the nine regions.”

- Mapping the Donor Landscape in Global Health: Tuberculosis, Kaiser Family Foundation
The Global Fund and USAID’s Tuberculosis Program: Country Profiles

Ethiopia

In 2009, Ethiopia was among the 10 countries with the highest tuberculosis burden in the world. From 1995 to 2010, the national government was able to increase case detection from 20 percent to 50 percent. However, expanding care to the remaining 50 percent has been a challenge, and, as such, is a priority for the country and donors.

The Global Fund and the U.S. government — through both USAID and PEPFAR — have worked closely to actively fund and treat the remaining tuberculosis cases. Donor funds have been designated to complement those that the Ethiopian government has already committed. The Global Fund, PEPFAR and domestic resources are directed to programming for treatment of tuberculosis, TB/HIV collaborative activities and multi-drug resistant tuberculosis (MDR-TB), while USAID is focused on bolstering technical programming such as on-site training, supportive supervision and clinical mentoring.

Indonesia

Indonesia is ranked fifth highest of the 22 countries considered to have a high tuberculosis burden by the World Health Organization, with 45,000 new cases each year. In addition, 2 percent of new and 12 percent of recurring cases of tuberculosis are multi-drug resistant. The rapid spread of MDR-TB in Indonesia is of deep concern for the country.

USAID and the Global Fund are jointly supporting the scale-up of Indonesia’s MDR-TB program. Global Fund resources are used to procure the second-line drugs needed to treat patients. In addition, Global Fund resources support many of the operational costs such as the strengthening and renovation of MDR-TB laboratory facilities and the recruitment and training of public health officers to support ongoing program management.

“What I appreciated was the quick decision-making in USAID, the close follow-up and the confidence placed in the Global Fund.”

– Werner Buehler, Fund Portfolio Manager for Pakistan, The Global Fund
USAID and its implementing partners provide technical assistance and help to ensure high quality, sustainable programs, in part by sharing and leveraging best practices. As a result of this collaboration, the country currently has 13 operational sites to address MDR-TB and 413 MDR-TB satellite sites, helping to decentralize care and significantly increase access throughout the country.

**Pakistan**

In Pakistan, a high level of stigma and fear surrounds individuals infected with tuberculosis. Overcrowded living conditions among the nation’s poorest contribute to the airborne disease’s high transmission rate, making tuberculosis one of the country’s most significant public health concerns. Pakistan is also estimated to have the fourth highest prevalence of MDR-TB globally.

Encouragingly, since 2001, steady progress has been made in improving case detection and treatment success rate. This progress can be attributed in large part to close collaboration among partners including the Global Fund, U.S. bilateral donors and the government of Pakistan.

As Pakistan completed the initial two-year time frame of its Global Fund grant (referred to as “Phase 1”), and sought a renewed commitment from the multilateral organization (referred to as “Phase 2”), USAID was actively involved. In addition, funding from the U.S. bilateral program was used to purchase second-line drugs needed to treat MDR-TB patients. This freed up domestic resources to provide treatment to thousands of other MDR-TB patients at 15 sites throughout the country.

Supported by its partnership with both the bilateral and multilateral organizations, Pakistan was able to jump-start the scale-up of its MDR-TB program between the end of Phase 1 and the signing of Phase 2 of the Global Fund grant.
End Notes


2. Ibid.

3. Ibid.

4. Ibid.


9. Ibid.

10. Ibid.


13. Ibid.


Photo on left © The Global Fund / John Rae