



# ED Report

Montreux, Switzerland  
16-18 November 2014

 **The Global Fund**

# Content Overview

## 1. Key questions

2. The historic opportunity

3. Recent Global Fund innovations and possible ways forward

## Key questions

- What kind of Global Fund will we need in 15 years?
- How should the Global Fund evolve and adapt to the changing landscape?
- Considering the changing landscape and environment, how should the Global Fund adjust its ways of working in different country contexts to maximize health impact?
- What are the key actions and ideas that should be central to the Global Fund's 2017-2021 Strategy and operations?

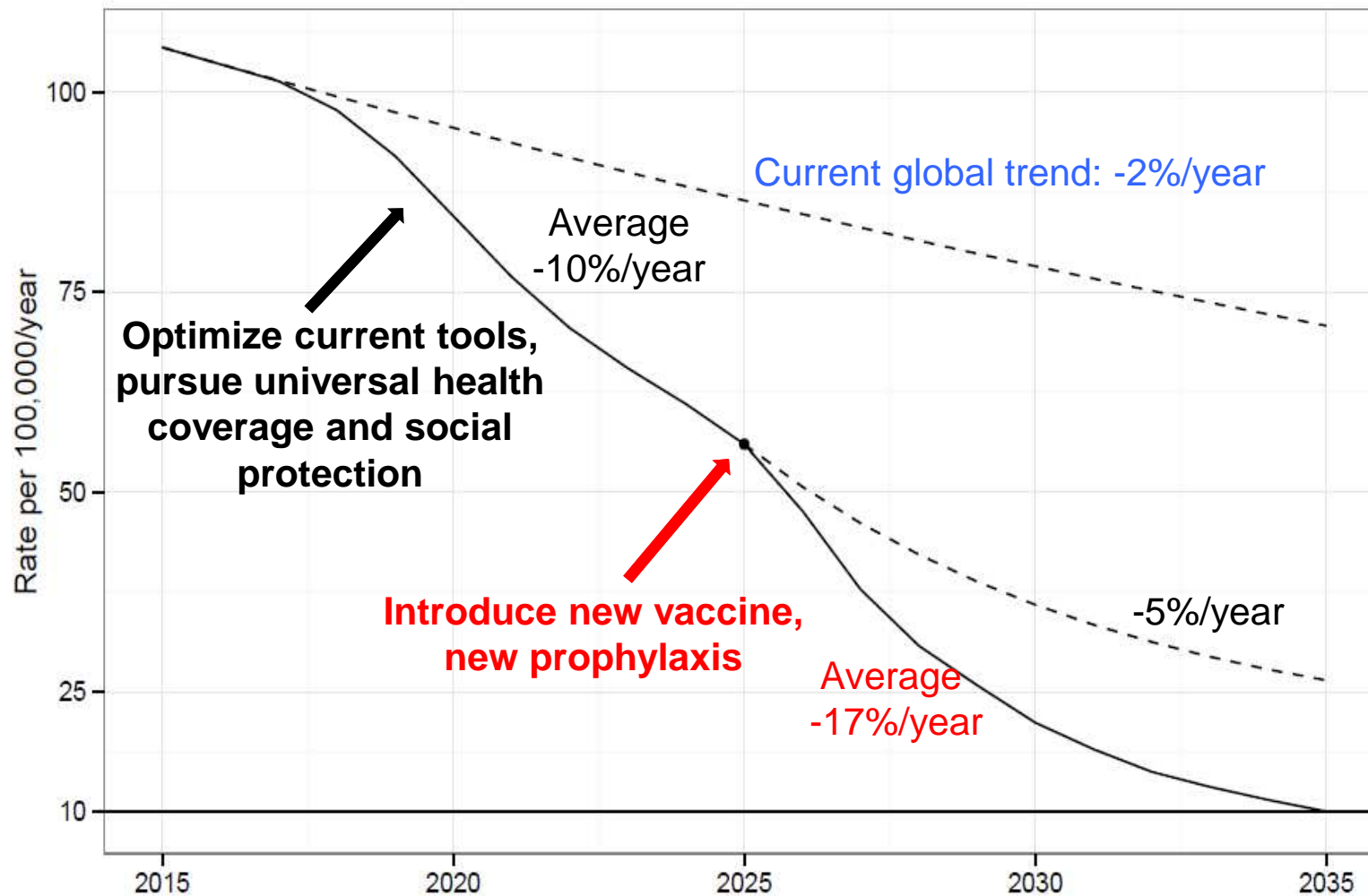
# Content Overview

1. Key questions

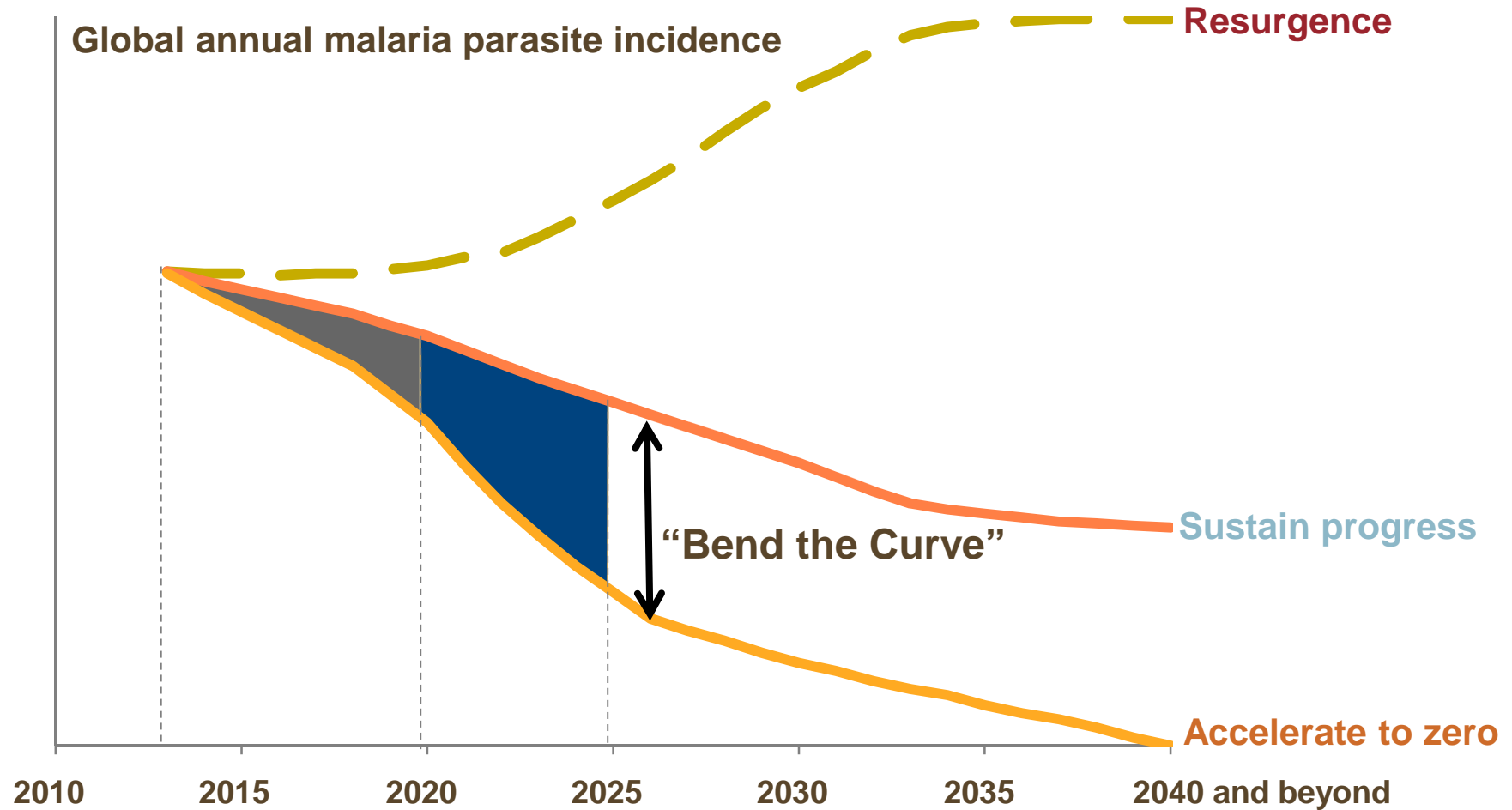
**2. The historic opportunity**

3. Recent Global Fund innovations and possible ways forward

# Projected acceleration of TB incidence: decline to target levels



# Accelerate to zero: bending the curve to Save more lives using new strategies with existing tools



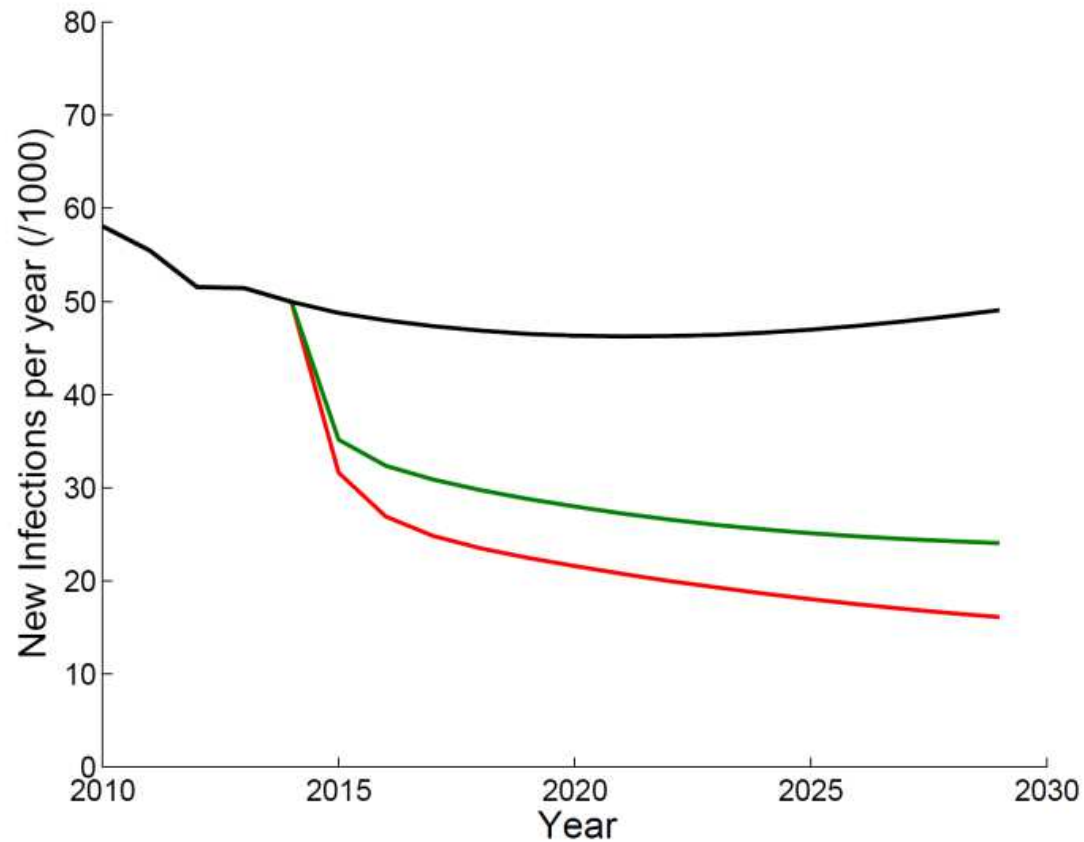
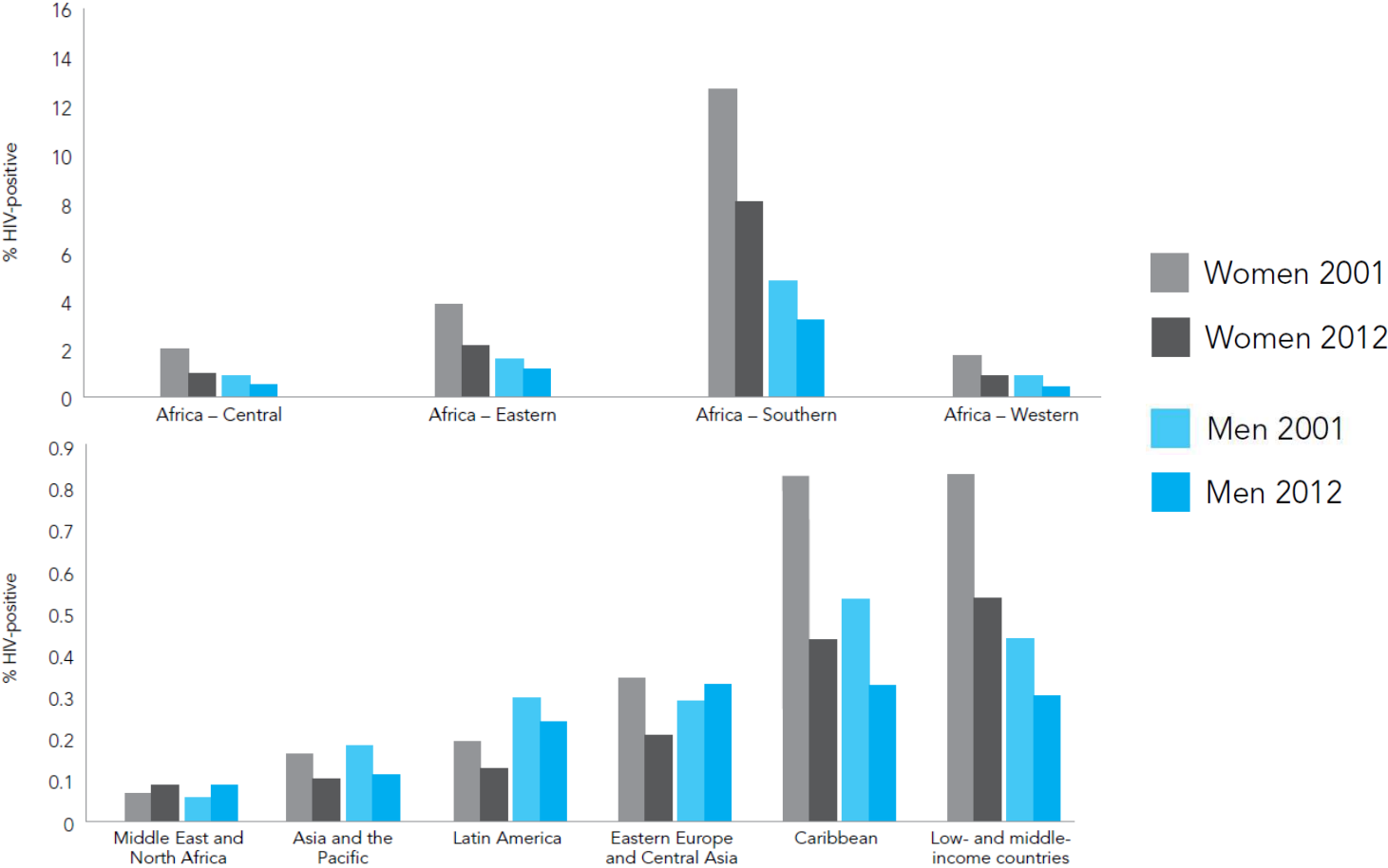


Figure 4(A): Annual number of new infections over time (in thousands) using the Uniform approach (green line), the Focused approach (red line) and a baseline scenario of no additional interventions (black line).

*Anderson, et al, Lancet, 2014*

# Prevalence of HIV among youth

**Prevalence of HIV among young women and men (15–24 years), by region, 2001 and 2012 [%]**



Source: UNAIDS 2012 estimates



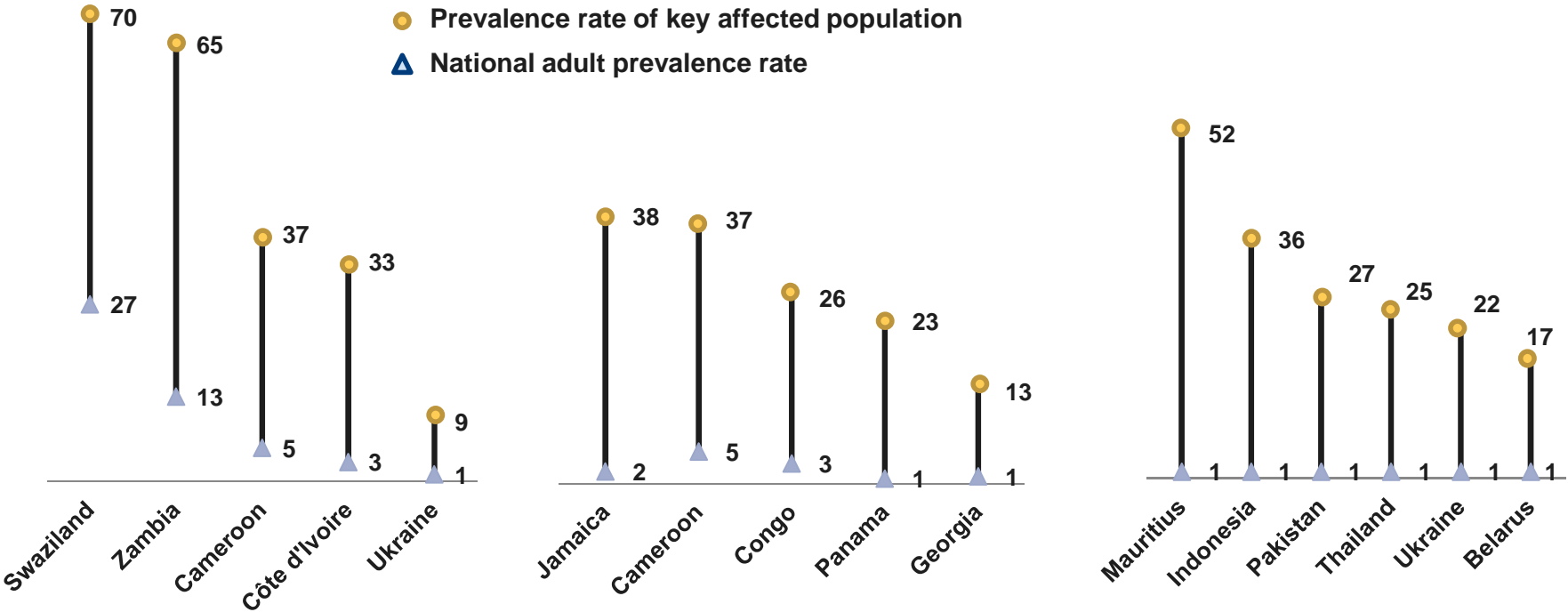
# Challenge: Key affected populations in MICs

HIV prevalence rate for key affected populations vs. national adult population [%]

## Female sex workers

## Men who have sex with men

## People who inject drugs



Most at risk populations face a prevalence rate multiple times above the national average (although data quality on population segments remains mediocre at times)

Source: UNAIDS data (2009-2012)

## Two historic opportunities

**Ending HIV, TB and  
malaria as  
pandemics/public  
health threats (low-  
level endemicity)**

+

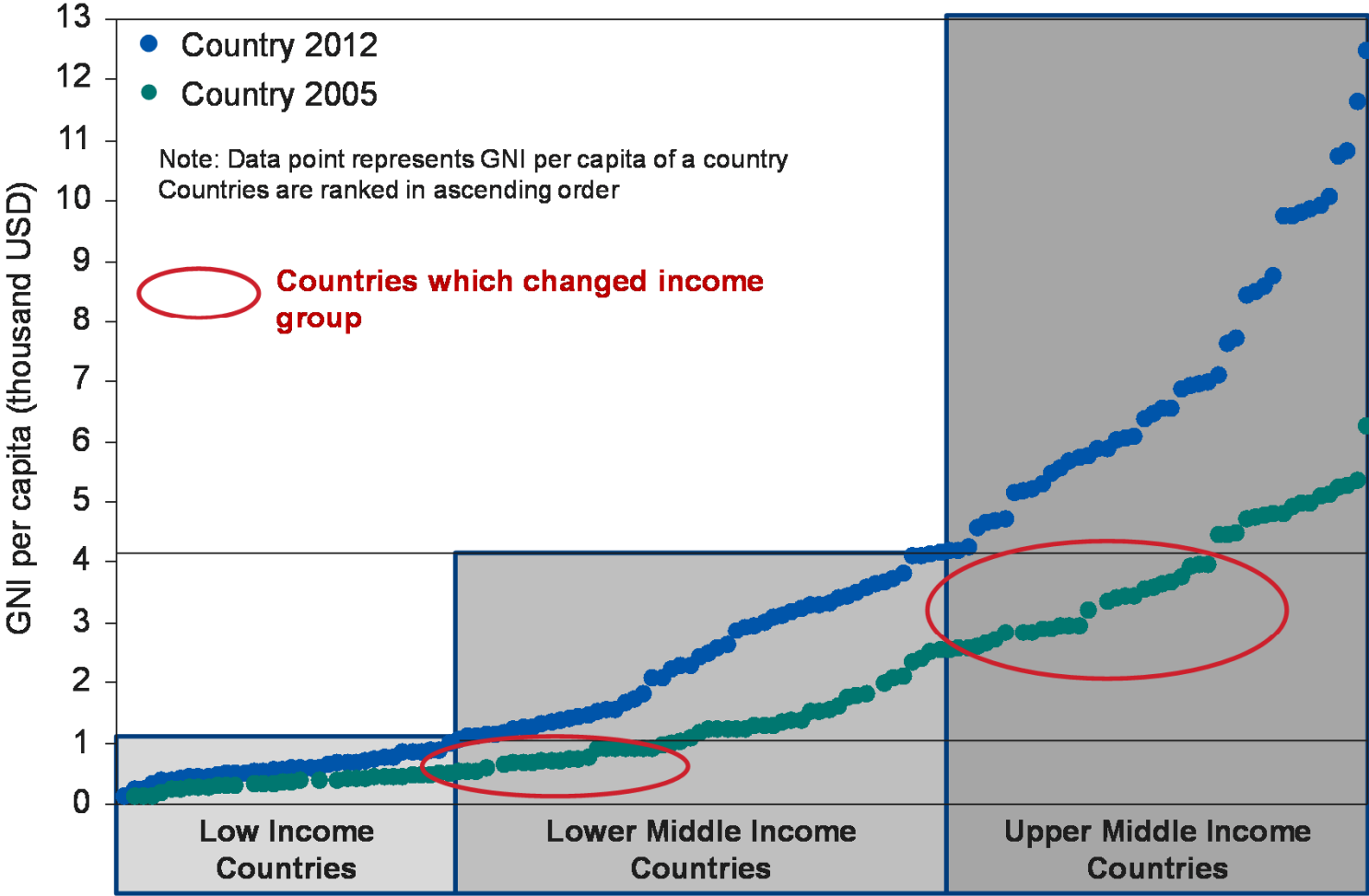
**Creating an inclusive  
human family**

## Opportunities: New Powers

- BRICS, MIKTA (Mexico, Indonesia, Korea, Turkey and Australia) and shift from G8 to G20
- These countries are:
  - Emergent rather than just emerging; and
  - Powers rather than just economies
- Others are close behind

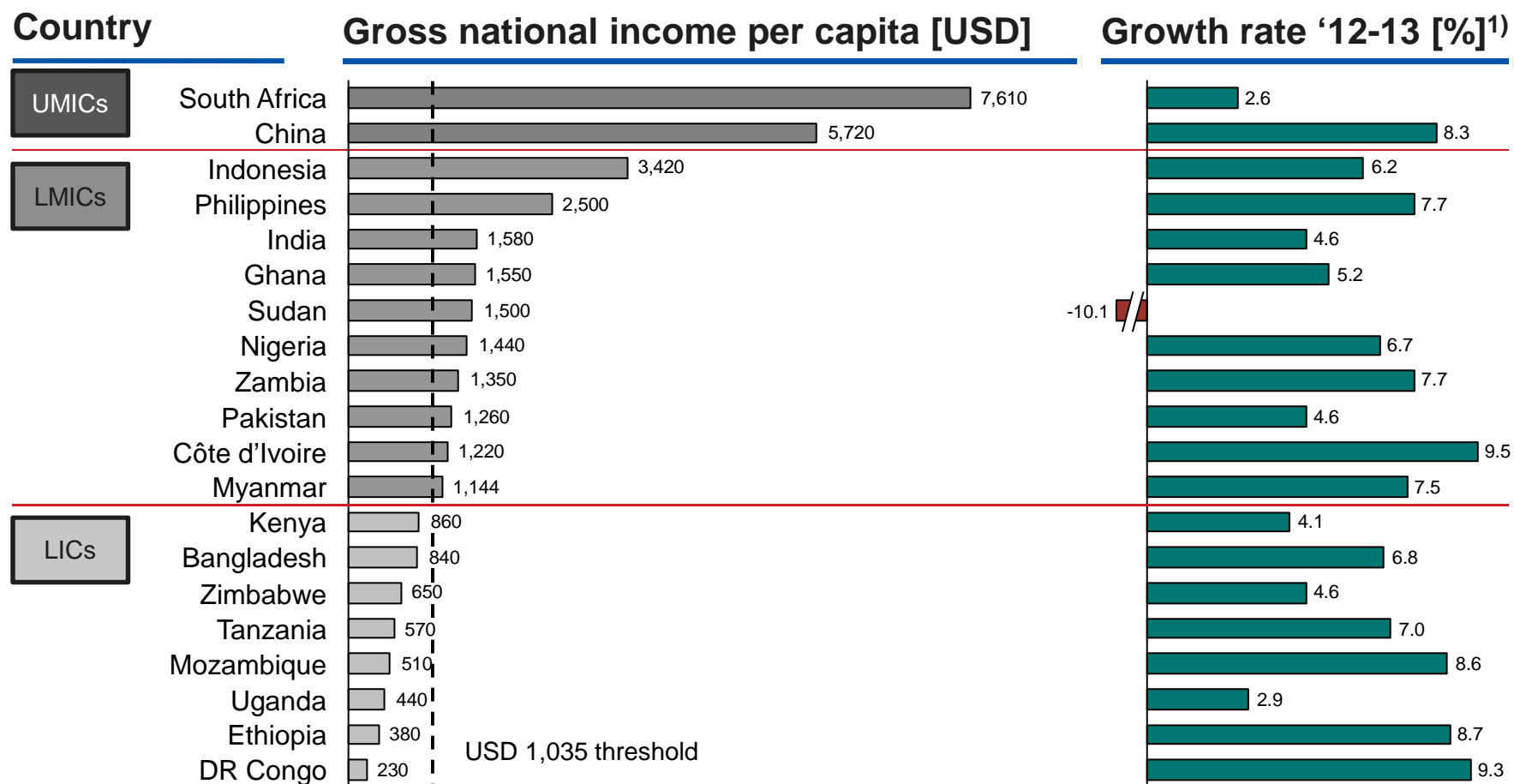
**What is role of new powers in/with Global Fund?  
Co-investment (technical support/financial)? Governance?**

# Changing income distribution



Source: World Bank; Global Fund analysis

# Opportunity: Economic growth in high impact countries



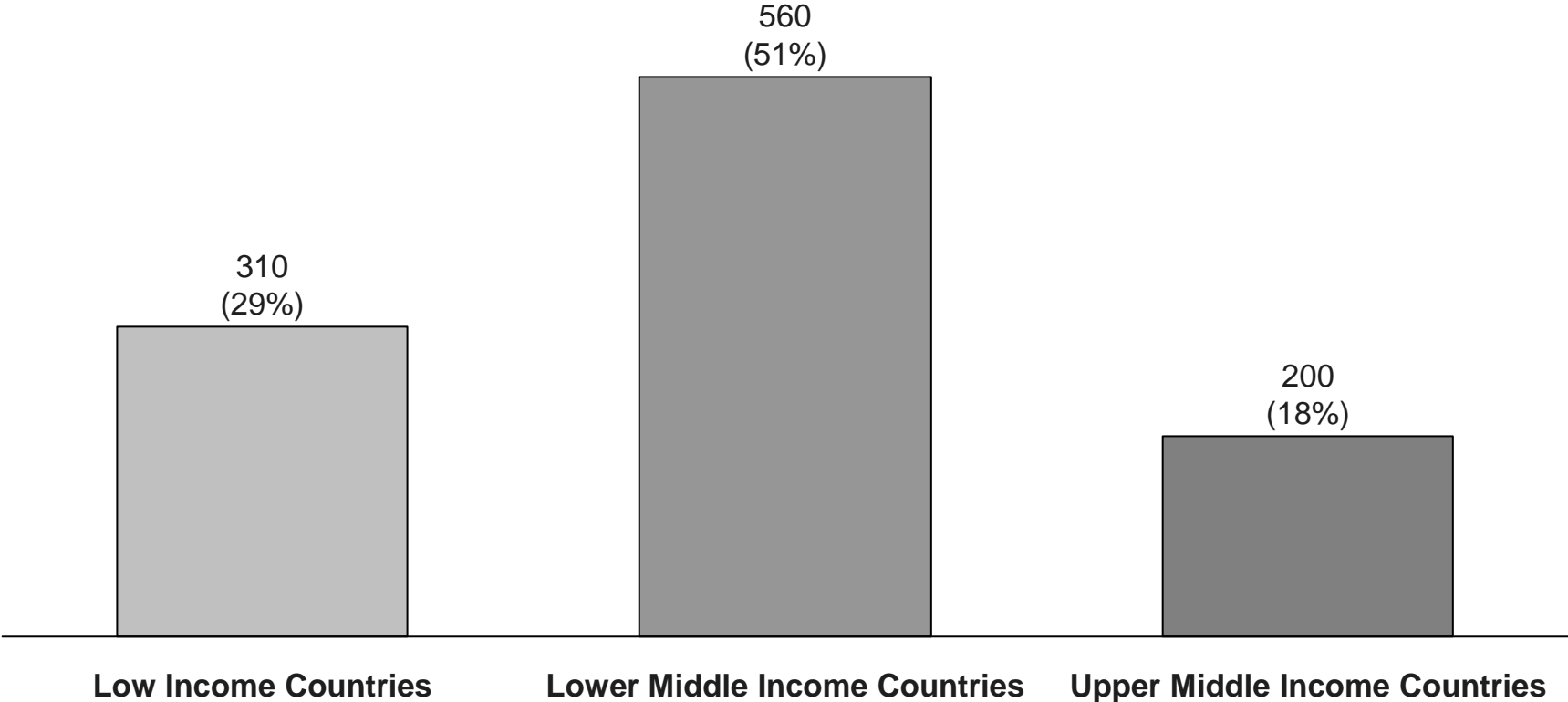
LIC: Low Income Country, LMIC: Lower Middle Income Country, UMIC: Upper Middle Income Country

1) GNI growth except for Côte d'Ivoire, Myanmar, Nigeria and Sudan, where GDP growth was used.

Source: World Bank 2012-13 data, Asian Development Bank for Myanmar growth rate

# Challenge: ~ 70% of global poverty in MICs

Share of global poverty (people living with less than 1.25 USD/day [m people, % of total]<sup>1)</sup>

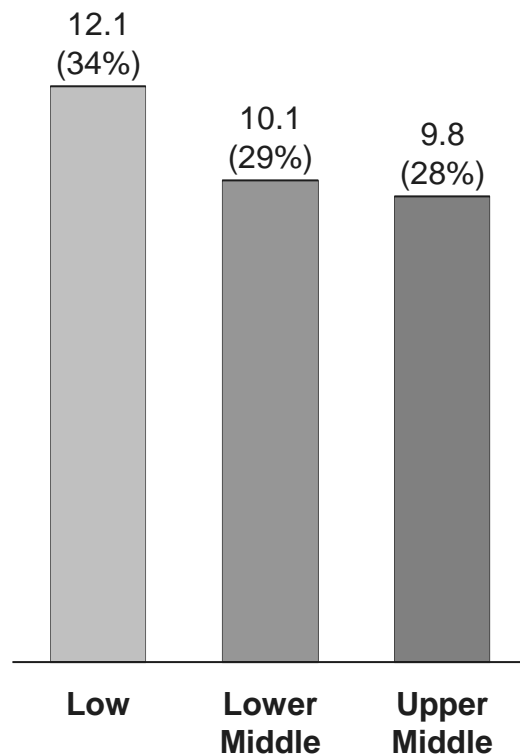


1) 1-2% of global population living below 1.25 USD/day estimated to live in high-income countries, excluded from diagram  
Notes: World Bank data, Global Fund analysis – Results are indicative only and should not be used outside Global Fund bodies without prior consent.

# Challenge: Majority of disease burden in MICs

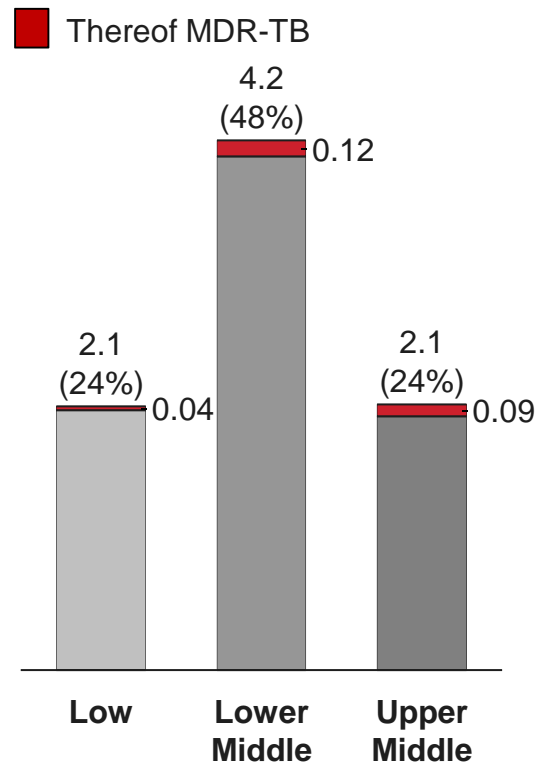
## HIV

[m people, % of total<sup>1)</sup>]



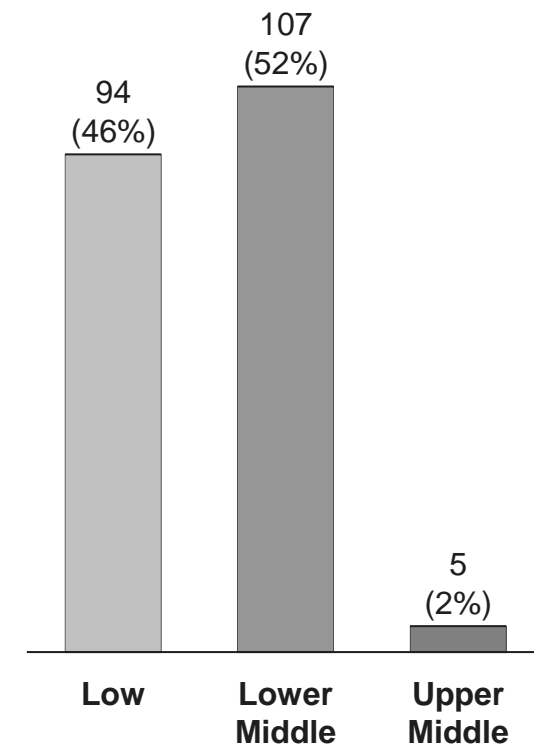
## TB

[m cases, % of total]



## Malaria

[m cases, % of total]

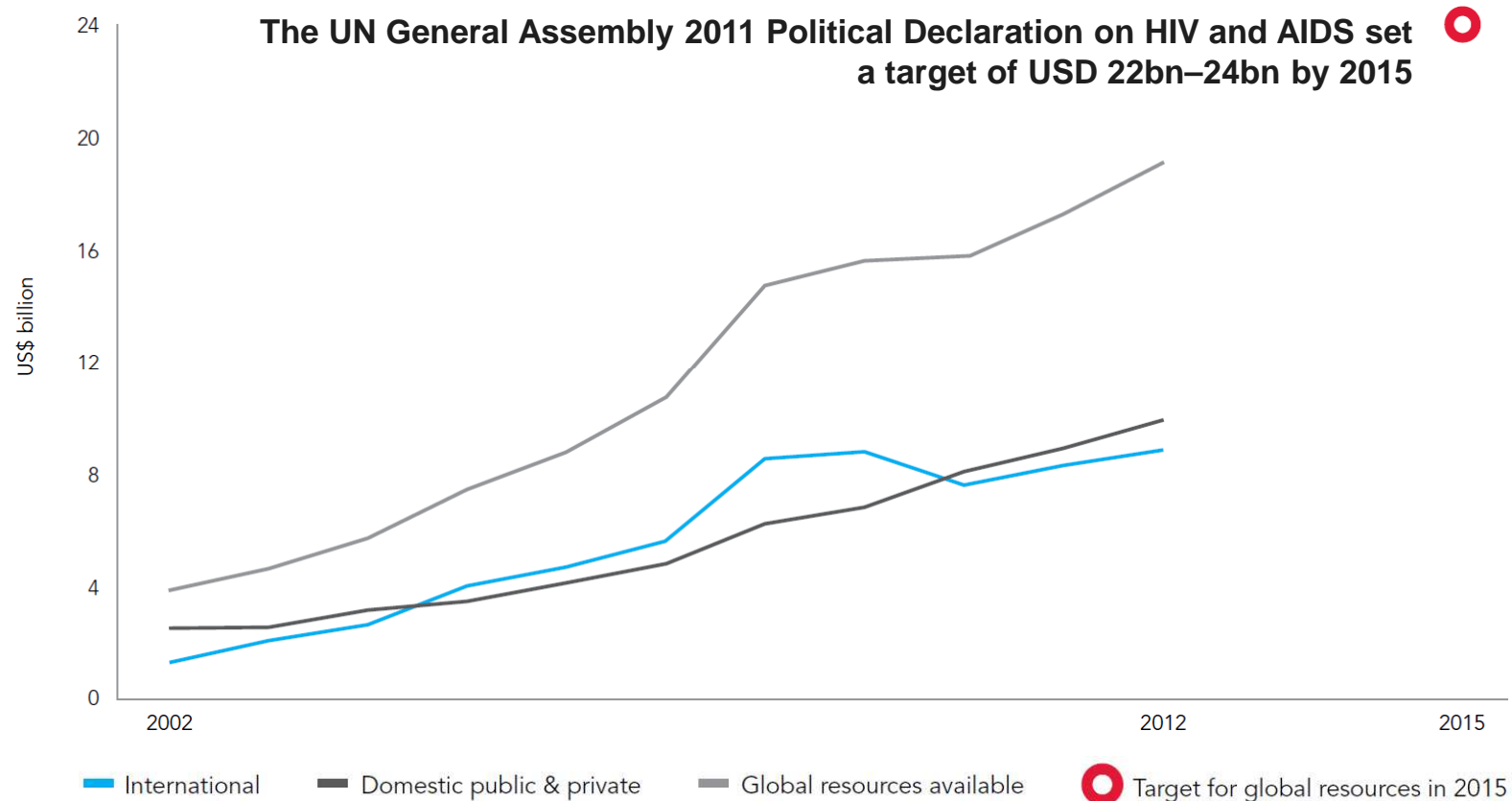


1) Total global HIV estimate: 35.3 m

Notes: UNAIDS data, WHO 2012 data, Global Fund analysis – Results are indicative only and should not be used outside Global Fund bodies without prior consent.

# Opportunity: Resources for HIV in LICs and MICs

Resources available for HIV in low- and middle-income countries, 2002–2012 and 2015 target [USD bn]



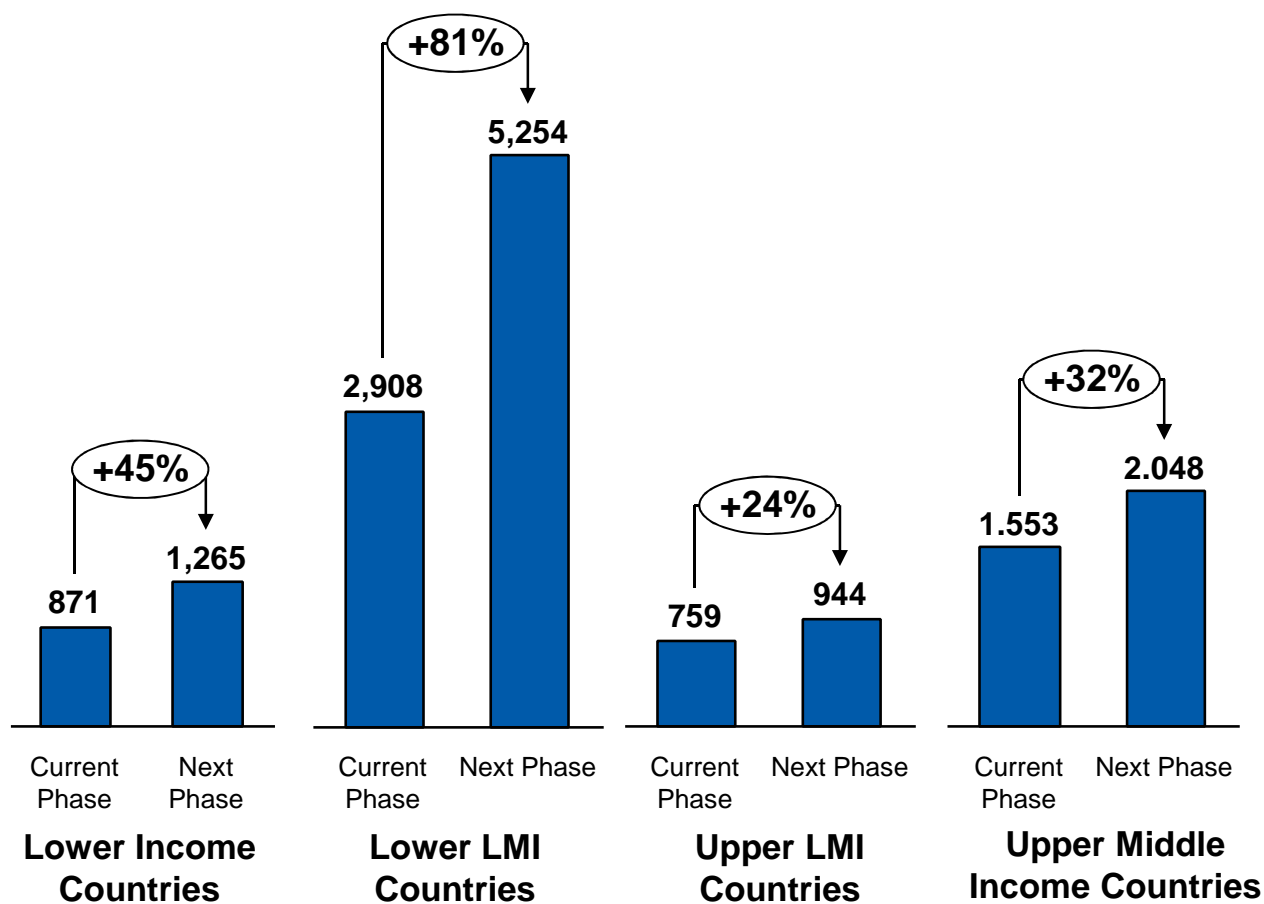
Source: UNAIDS estimates



# Increase in domestic financing

First four waves of Concept Notes submissions

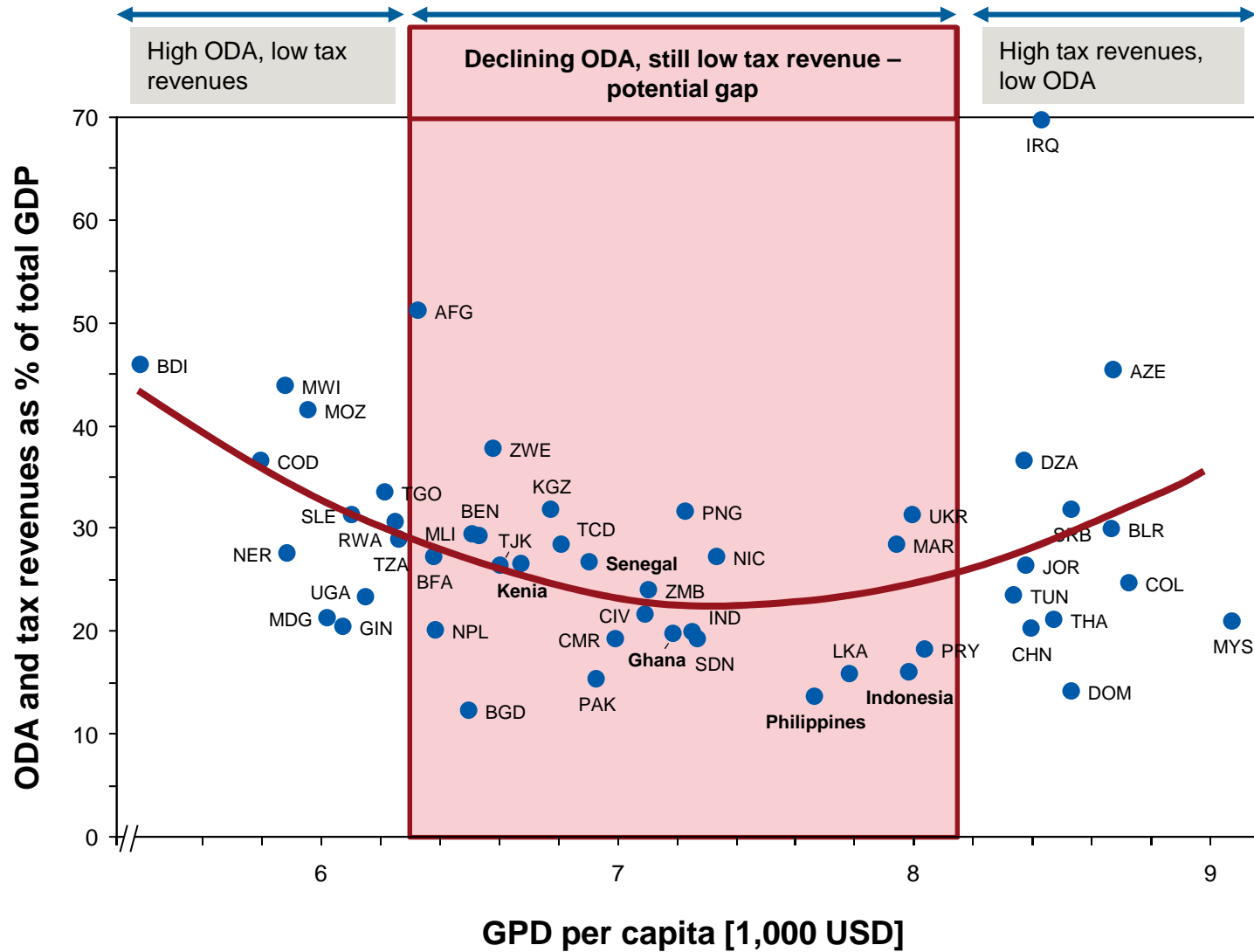
**Σ: USD 3.4 bn increase in domestic financing (+56%)**



Income category	GF allocation <sup>1)</sup>
Low	4,168
Lower- LMI	4,222
Upper- LMI	597
UMI	698
Total (US\$ M)	9,685

1) Global Fund Initial NFM allocation from January 2014 onwards to components accessing funding in first four waves

# Potential sustainability gap



Source: ICTD 2010 (for tax revenues), WDI 2010 (for ODA); analysis by Brookings Institution

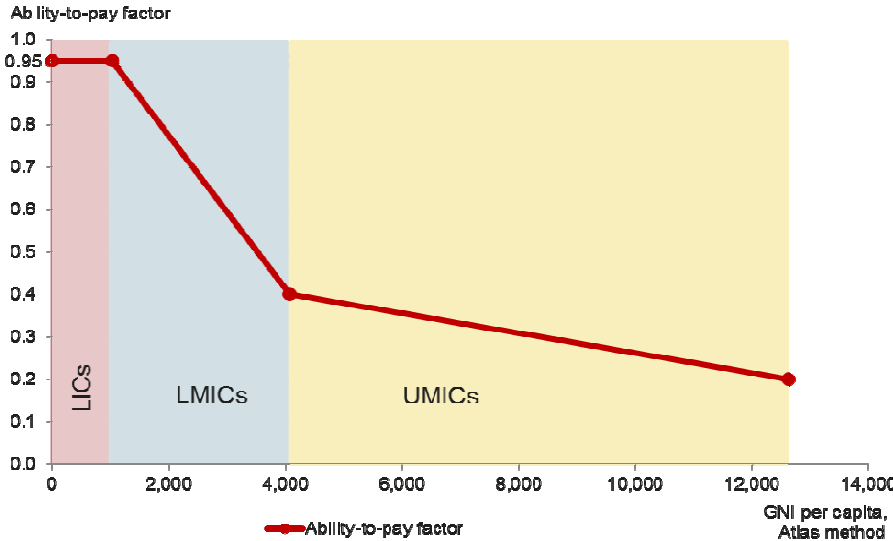
# Content Overview

1. Key questions
2. The historic opportunity
- 3. Recent Global Fund innovations and possible ways forward**

# Funding Model

Funding model now delivers a more differentiated approach to Global Fund investments

1 Differentiation by “ability-to-pay” (function of GNI per capita)

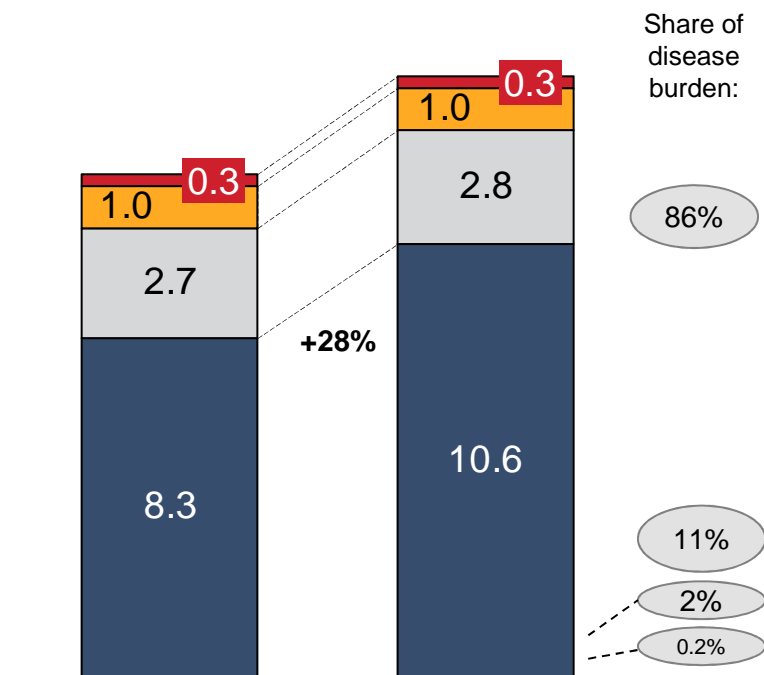


2 Differentiation by Band

<b>Band 1</b> Lower income Higher burden	<b>Band 3</b> Higher income Higher burden
<b>Band 2</b> Lower income Lower burden	<b>Band 4</b> Higher income Lower burden

# Allocation focus on high disease burden, low-income countries

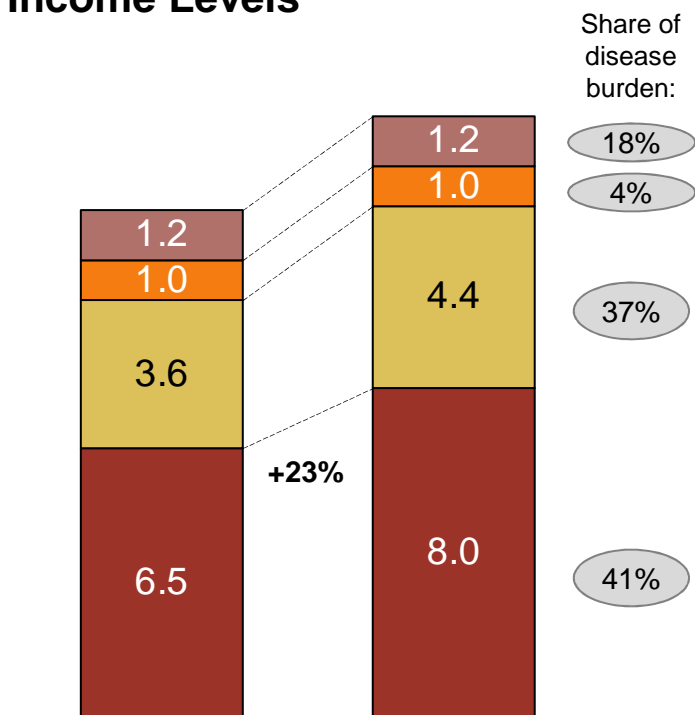
## Disease burden quartiles



Recent funding      Allocation

■ 1st (lowest)    ■ 3rd  
■ 2nd            ■ 4th (highest)

## Income Levels



Recent funding      Allocation

■ Upper-Middle Income    ■ Lower-Middle Income 1  
■ Lower-Middle Income 2    ■ Low Income

Note: "Recent funding" are 2010-2013 disbursements. Figures are limited to countries eligible for funding as of the 2014 eligibility list.

## Global Fund context and recent developments

- Differentiated approaches in different country contexts including:
  - Approach to Challenging Operating Environments (TERG thematic review) including emergencies (examples in report)
  - Catalytic role in MICs (e.g. focus on PWID in Eastern Europe, Transgender in LAC) – **including regional approaches**
  - Results-based financing approach in countries that are close to self-sustained response (e.g. Rwanda, EMMI)

## Development Continuum Working Group

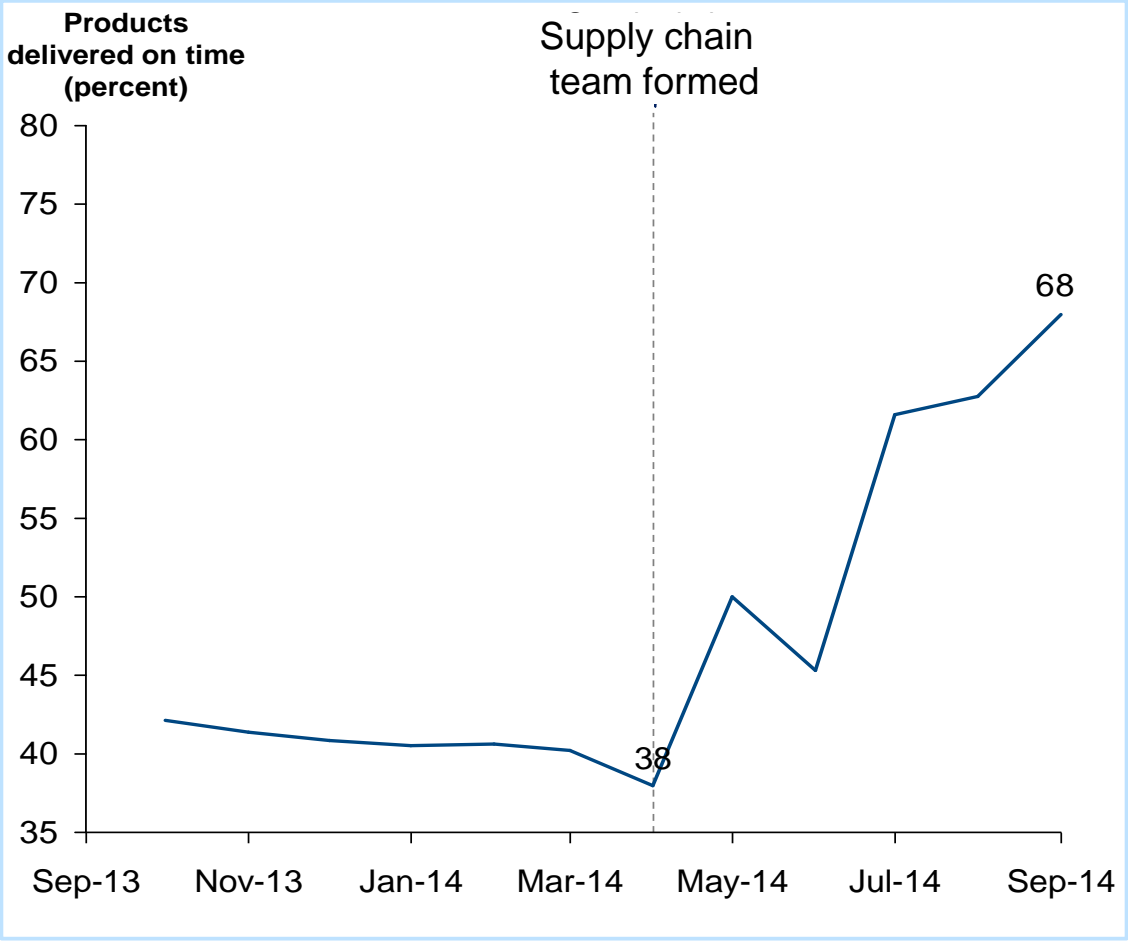
- **“Working Group on Engaging across the Development Continuum” to:**
  1. Establish shared set of key facts about the development continuum
  2. Assess implications for the Global Fund
  3. Provide recommendations to Secretariat and SIIC
- **Overall goals of convening Working Group (and sub-working groups) are to:**
  1. Assess ways to increase Global Fund’s impact on HIV/AIDS, TB and Malaria across the development continuum
  2. Prepare intellectual groundwork for post-2016 Global Fund Strategy

## Equitable Access Initiative

- Coefficients (at least for health) could help smooth transition for countries and impact GF investments and post-2016 Strategy
- Examples could include:
  - % people living in poverty;
  - % people with access to key health commodities;
  - coverage rates of key interventions for general **and** key populations
- New outcome-based GF indicators helpful
- **Conveners:** GAVI, Global Fund, UNDP, UNICEF, UNITAID, World Bank  
**High-level observer:** WHO (tbc)
- Focus only on economic classification/transition (commodities/pricing separated)
- Process being developed

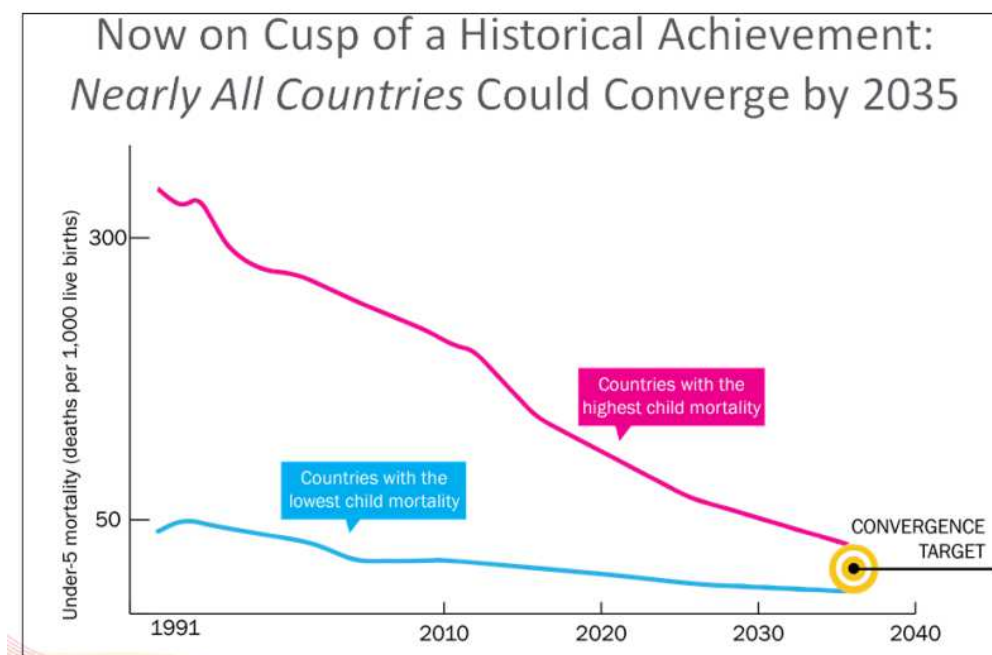


# Supply Chain Performance (Manufacturer to port-of-entry)

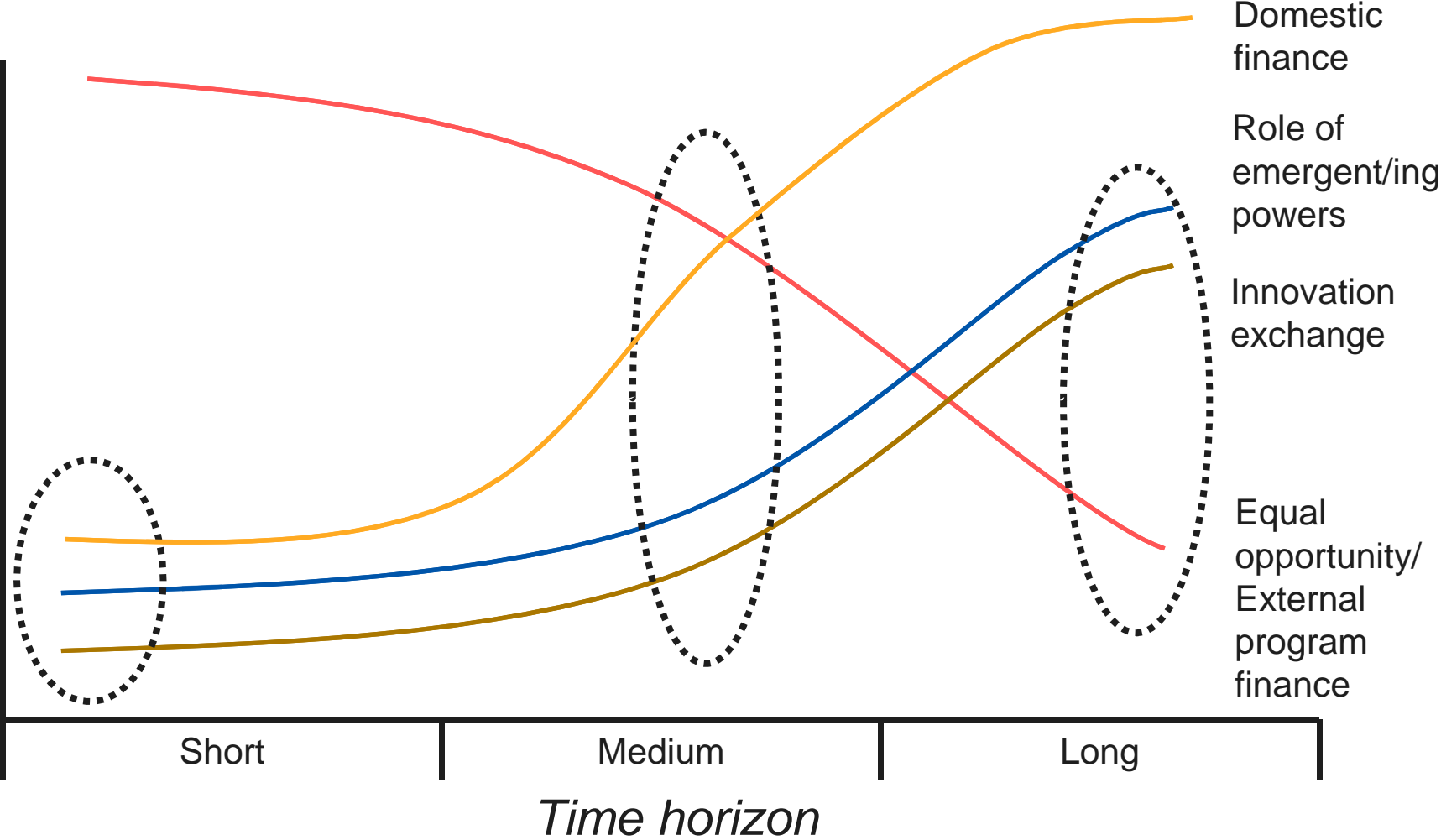


# Convergence

- Global Health 2035 Report shows that:
  - Convergence in global health (infectious and child deaths reduced to universally low levels) if right investments made to scale-up health tools

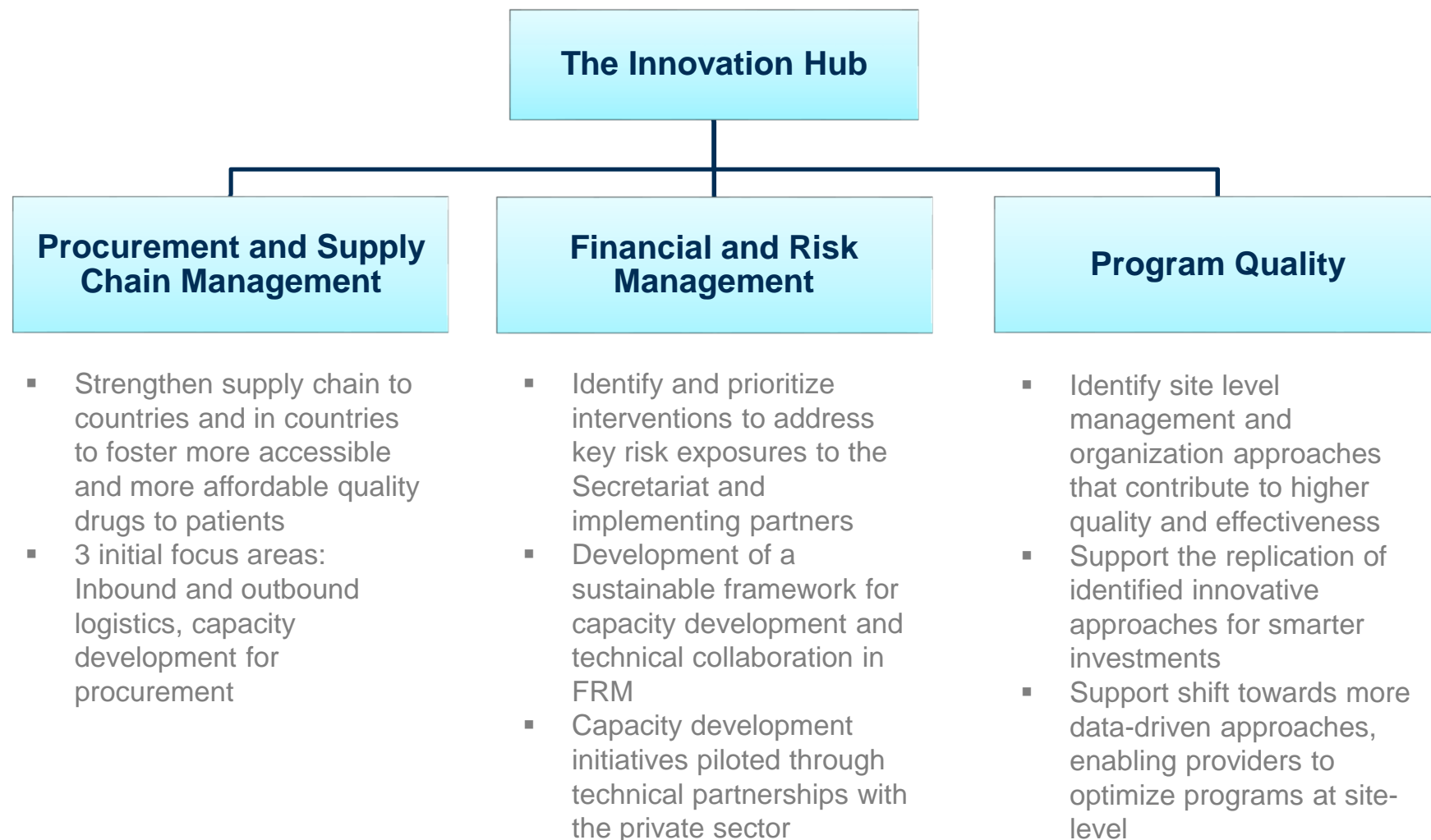


# Notional Direction



# The Innovation Hub

## Sectors and strengths



# E-marketexchange

A game-changer for global health procurement with benefits in the short term

