



# Using the Global Fund 2015 Results Report to Deliver Key Messages about Replenishment

## What is the Results Report?

The Global Fund to Fight AIDS, Tuberculosis and Malaria [issued a report](#) on 21 September 2015, in advance of the Sustainable Development Goals Summit, to provide an update on its key results. In its words it is a “summary of the impact and results the Global Fund Partnership was able to achieve by 2015, showing cumulative progress since the Global Fund was created in 2002”.

## What is this document?

This document is not a summary of the report but instead attempts to take some of the key facts, figures and statements from the Results Report and connect it to our core Global Fund Advocates Network (GFAN) messaging for replenishment. We hope that it helps those of you preparing to respond, comment or produce materials on the Results Report to connect GFAN key messages and the report content. A few of the overall key facts and figures related to the Global Funds impact are also presented.

## Key Impact Facts and Figures

- ▲ By September 2015 the Global Fund had invested US\$27 billion towards the fight to end the 3 diseases
- ▲ 17 million lives saved by programs for HIV, TB and malaria
- ▲ On track to meet Global Fund’s target of 22 million lives saved by the end of 2016

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## On HIV

- ▲ Nearly 40% of people living with HIV now have access to ARV therapy – compared to less than 1% in 2000, just 4% in 2005 and 21% in 2010. The Global Fund has supported 8.1 million people on ARV treatment (or approximately half) of all those currently receiving treatment (estimated at 14.9 people at end of 2014)
- ▲ Programs supported by the GF have provided counseling and testing for more than 423 million people
- ▲ Prevention is also key to stopping the spread of HIV, under GF supported programs:
  - 3.1 million women have received PMTCT treatment
  - 5.1 billion condoms have been distributed
  - 22 million people have been treated for STDs

## On TB

- ▲ More TB cases are being detected and treated – up from 39% in 2000, to 50% in 2005 and 63% in 2013 – this has contributed positively to the decline over the same period in deaths (34%)
- ▲ The number of TB cases in countries where the Global Fund invests went down by 6% between 2005 and 2014
- ▲ 80% of Global Funds high impact countries with available data have bent the curve of TB incidence downward

## On Malaria

- ▲ 548 million mosquito nets distributed meaning that in countries where the Global Fund invests, 49% of people at risk for malaria had access to nets up from just 3% in 2003 and 36% in 2005
- ▲ The rate of death for children under 5 went down by one-third in 68 endemic countries where the GF invests (between 2003 and 2013)

## GFAN Key Messages

## Facts, figures & statements from the Results Report

### THE GLOBAL FUND IS A CRITICAL & SMART INVESTMENT

#### Investment in the Global Fund is an **historic opportunity to end the epidemics**

We are at a global tipping point for HIV/AIDS, tuberculosis and malaria. If we do not expand investment now, we will face much higher costs due to our inaction in the years to come. Over almost 15 years, the Global Fund has proven it is innovative and flexible and offers value for money, but only a larger financial commitment from donors can achieve this historic opportunity.

- In GF supported countries, the number of HIV infections declined by 36% between 2000 and 2014
- In countries the GF invests in, deaths from TB declined 29% between 2000-13 and the number of TB cases went down by 6% (2005-2013)
- Meeting SDGs to end TB as an epidemic by 2030 will require substantial additional funding and increased focus on TB
- 548 million mosquito nets have been distributed via GF supported programs (with accompanying education on how to use to protect families from malaria)

#### *Cost of Inaction (example)*

- Vietnam has reduced the number of new malaria cases by 90% and malaria deaths by 70% (since 2000) – yet as resistance to the medication spreads, the progress has slowed – new drugs are needed to address drug

Investment in the Global Fund **supports evidence- and rights-based services**

In order to reach out to those who need its support the most, the Global Fund encourages an inclusive and comprehensive approach to ending AIDS, tuberculosis and malaria by placing a high priority on evidence- and rights-based services for the most vulnerable people, including women and girls and key affected populations.

- GF believes respecting and promoting human rights is essential for expanding access to health services. All GF supported programs must meet minimum Human Rights standards to ensure they do not infringe on human rights. Applicants must identify human rights barriers and are encouraged to include human rights-related activities to address them and could be as broad as training for police and health officials, supporting legal aid and legal literacy etc.
- GF estimates that approximately 55-60% of its investments benefit women and girls
- GF also explores innovative ways to support vulnerable communities such as a partnership with Munich Re (a global insurance group) to focus on potential solutions such as life insurance, critical illness cover, living benefit products, universal health coverage and improved access to health specifically for vulnerable communities.

## THE GLOBAL FUND SAVES LIVES

### The Global Fund shows **extraordinary results** in lives saved

The Global Fund has supported and saved hundreds of millions of lives. It has a strong record of achieving effective and accountable results with donor funding, making it one of the smartest investments we can make in global health. It is one of the great successes in achieving the Millennium Development Goals and will be key in realizing the Sustainable Development Goals.

- The GF is a key partner to major global partnerships to combat all 3 diseases.
  - ▲ MDG Target: reverse the spread of HIV
  - ▲ Achievement: 75% of high-impact countries where the GF invests and where quality data are available have reduced the incidence of HIV by 50% or more
  - ▲ MDG Target: declining trend in TB incidence and halving TB prevalence and deaths (1990 baseline)
  - ▲ Achievement: 80% of GF high impact countries have bent the curve of TB incidence downward. Globally declining trend in TB incidence has been met and it is likely that halving TB prevalence and deaths will also be met by end of 2015

	<ul style="list-style-type: none"> <li>▲ MDG Target: Halt the increase in malaria deaths and begin to reverse the incidence</li> <li>▲ Achievement: Target met – in fact 55 countries are on track to have reduced their malaria burden by 75% or more</li> <li>• In all 21 “high impact” countries where the GF invests, saw a decline in incidence: 6 countries in fact reduced by more than 50%. Malaria deaths in these high impact countries also declined in all but one and sixteen of these showed a more than 50% decline in malaria deaths.</li> </ul>
<p><u>The Global Fund saves lives through <b>strengthening health systems</b></u></p> <p>The Global Fund maximizes the impact of its investments and reinforces countries’ health systems, potentially affecting the health of all members of society. It does this through a unique partnership between governments, civil society and the private sector that enhances collaboration and effective practices.</p>	<ul style="list-style-type: none"> <li>• More than 1/3 of total Global Fund investments can be categorized as made to strengthen health systems. The core mission of the GF can only be achieved with effective systems for health. GF investments have created “substantial positive effects on the overall health system”s in countries it invests in.</li> </ul> <p><i>Some general examples</i></p> <ul style="list-style-type: none"> <li>• Availability of ARV treatment has reduced demand/pressure on health systems and infection rates for health workers</li> </ul>

- New funding model requires countries to complete an epidemiological analysis to identify disease trends and data gaps prior to submitting concept notes. GF is supporting countries to enable them to do better size estimates and mapping of key populations

*Some specific examples*

- Health Management Systems (Ethiopia): GF supporting a roll-out of integrated health management systems to strengthen the use of data for planning and decision making across all health areas, including maternal and child health. To date, 93% of Ethiopian hospitals and 80% of all health facilities are implementing the new system. This type of system can be used to report on notifiable diseases such as Ebola, measles and cholera.
- Child health (malaria): In order to fight malaria in young children, the GF believes a comprehensive health approach is needed. Malnutrition and diarrhea are leading causes of death in children under 5 and put children at higher risk for malaria. The rate of death for children under 5 –from all causes - in 68 malaria endemic countries supported by the GF went down by one-third (2003-13)

- Health workers (Ethiopia): GF supported a major initiative in health human resources with supporting the training of 32,000 health extension workers. Has had a huge impact in maternal and child services. The extension program has produced significant results across the health spectrum including: a 57% increase of pregnant women with at least one antenatal visit, a 70% reduction in malaria incidence and more than a 30% increase of case notifications of smear-positive TB.
- Health workers retention (Zimbabwe): GF financing an emergency health worker retention scheme caused by economic decline in 2008-09 which prompted a serious outflow of health workers. Between 2009-2014, 20,000 health workers were supported which motivated staff to return to work, decreased vacancy rates and improved retention rates resulting in better coverage of health services.



## THE GLOBAL FUND DELIVERS IMPACT

### The Global Fund provides **value for impact**

The Global Fund is committed to directing resources to areas that provide the highest impact and the greatest value for money and to streamlining business and procurement processes to save costs. It works together with many other institutional partners to best support the prevention and treatment of the three diseases.

- Operating expenditures are decreasing. In 2014 operating expenses totaled \$US 286 million (below the US\$300 million budget). The operating budget represents about 2.3 percent of grants under the Global Funds management.
- New purchasing framework in place since end of 2014 has allowed for pooled procurement. A 1 year course of ARVs now costs less than \$100. Across the GF portfolio, the new procurement framework has achieved a 2-year savings worth more than US\$500 million.
- Improved supply chains important to GF where 40% of total investments are spent on medicines, health products and equipment. Focus on this area has increased on-time delivery from 37% to 81% between 2013 and mid-2015
- Using a partner-based approach to procure mosquito nets, the Global Fund has saved considerably with a 30% cost reduction from the price in 2013 – allowing distribution of more than 100 million additional nets for the same overall cost

	<ul style="list-style-type: none"> <li>• GF is piloting an e-Marketplace to build procurement capacity in every country (even those who may transition out of GF support at some future date) with access to affordable, high-quality products. The purpose of the pilot is to determine whether such a platform will enable countries to put in place simplified, sustainable procurement practices and increase overall transparency in the market thereby reducing costs and securing quality. For the Global Fund, the e-Marketplace has the potential for an additional \$100 million in savings per year by 2020</li> </ul>
<p><u>The Global Fund enhances <b>shared responsibility</b></u></p> <p>The Global Fund encourages sustained and increased domestic investment in health by requiring governments to co-investment in the disease programs it funds. The goal of ending AIDS, tuberculosis and malaria requires enhanced investments from countries implementing Global Fund programs.</p>	<ul style="list-style-type: none"> <li>• One aspect of the funding model is to catalyze domestic investments in health: since 2014, GF estimates a 52% increase in domestic investments in health (US\$4.2 billion committed for 2015-17 compared to amount invested in 2012-14)</li> <li>• For the first time in 2015-2017, several governments will for the first time co-invest in GF supported programs</li> <li>• African government have increased their domestic resources for HIV by 150% in the last 4 years alone. Africa now mobilizes more in domestic resources for health than from foreign development investments.</li> </ul>

*Specific examples*

- Mozambique – direct program funding for GF-supported programs of \$US 28 million in 2015 with increased contributions in coming years projected. Alongside the direct increase, increases in service delivery costs for scale-up is expected to increase the domestic mobilization by an additional \$US 118 million – representing a 130% increase in domestic resource mobilization
- Philippines – 85% of a new alcohol and cigarette tax is allocated to improve healthcare and in 2014, the Department of Health recorded a 58% increase in appropriation over the previous year. Domestic commitments for HIV alone will have increased from 18% in 2009 to 92% in 2015-2017.