

The Ebola outbreak in West Africa provided a wake-up call to countries worldwide in 2014-2015. Its spread through West Africa was a stark reminder that weak country health systems can pose a global threat. Ebola also provided some powerful positive lessons, however. Countries like Nigeria, Senegal and Mali quickly contained the epidemic. Vigilance meant these countries detected cases quickly, and could swiftly impose control measures: compelling examples of resilient, sustainable systems for health.

The core mission of the Global Fund – to end HIV, tuberculosis and malaria as epidemics – can only be achieved with stronger systems for health: a combination of stronger health systems including improved facilities, health care, training for health workers, information management, access and stronger community systems. Global Fund investments in the treatment and prevention of HIV, TB, and malaria don't just improve the response to those diseases – they improve countries' overall health systems, boosting the quality of care, data tracking and services. At the same time, Global Fund investments recognize the centrality of citizens by promoting and reinforcing community responses and involving communities in national decision-making.

This mutually-reinforcing relationship between funding disease control and overall system improvement typifies Global Fund investments. More than one-third of Global Fund investments go toward improving systems for health.

## Global Health: the Multiplier Effect

Investments in HIV, TB, malaria, and strengthening health systems have a powerful multiplier effect not only on people's overall health status, but also on countries as a whole. A recent report showed that in low- and middle-income countries, health improvements drove 24 percent of full income growth between 2000 and 2011. For years, HIV, TB and malaria placed extreme strain on already overstretched health systems in developing countries. At its peak, HIV accounted for as much as 90 percent of hospital bed occupancy in many places in sub-Saharan Africa. Across malaria-endemic African nations, 20-45 percent of hospital admissions are caused by malaria. Greater control of HIV, TB and malaria has reinvigorated health and hospital systems by freeing them up to treat other illnesses. Investment in antiretroviral (ARV) therapy, for example, has reduced the hospitalization of people living with HIV. In regions with accelerated malaria control, hospital and clinic visits drop significantly. In Zanzibar, increased use of mosquito nets, indoor spraying and artemisinin combination therapy (ACT) drove a 78 percent decline in hospitalization.

# Making Health Systems Accessible and Sustainable

The Global Fund's work to build stronger systems for health aligns with the priorities of domestic governments because it supports national health strategies and disease-specific national plans. Universal access to health care is a critical component of the mission to end epidemics. In many countries, people cannot access health care, testing and treatment because they are unable to pay, live too far from health services, or are denied access due to discrimination or stigma. The Global Fund and its partners seek to knock those barriers down by making health services more financially sustainable and thereby increasing





their availability and accessibility, improving access and supporting countries in their progress towards universal health coverage.

In Rwanda, the Global Fund supports expanded community-based health insurance and provides support for performance-based financing, which covers HIV, TB, and malaria. Senegal and Kenya have worked with the Global Fund to find efficiencies in their delivery of services and health insurance coverage, boosting both coverage and sustainability of their respective health systems. The Global Fund also partners with the private sector to improve the financial and risk management practices of its implementing partners.

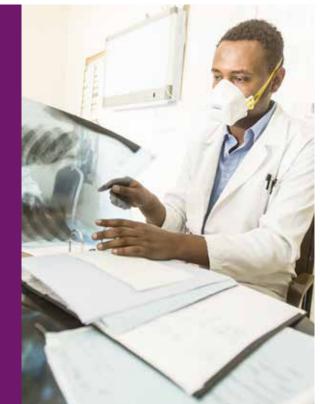
# **Gathering and Using Quality Information**

Data is the lifeblood of a strong health system and is critical to fighting epidemics. The Global Fund has invested in better information systems in implementing countries, working with partners to collect critical sub-national data, including for key populations and specific sub-groups – those sub-groups of the general population that are simultaneously most affected by the diseases, excluded from appropriate services, and subject to human rights violations. In some countries, it means a network of mobile phones at communitylevel clinics to collect diagnostic, treatment and drug delivery information. In others, it means sophisticated laboratory analysis data. Global Fund-supported programs often finance the integration of multiple datacollection systems into one national health management information system to improve decision-making.

# **Improving Supply Chains**

Over 40 percent of the Global Fund's total investments are in medicines, health products and equipment. Improving in-country supply chains and pharmaceutical management to maximize impact and manage investment risks is critically important. In countries like Ghana and Nigeria, the Global Fund works with governments and partners to improve supply chain management, including commodity planning, logistics management, warehousing and

information tracking. The Global Fund is also working to improve its own procurement system. As part of its pooled procurement mechanism, the Global Fund signs two-year contracts with suppliers of mosquito nets, antimalarial treatments and ARVs, which has led to overall savings of over US\$500 million from 2013 to 2015. On-time delivery has also been lifted from 37 percent in 2013 to 81 percent in mid-2015.



In Ethiopia, the Global Fund supported an integrated health management information system that has been rolled out to 93 percent of hospitals and 80 percent of health facilities. The Global Fund is providing additional support with information system software, aiming to strengthen the use of data for planning and decision-making.

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# **Training and Retaining Health Workers**

Training health workers is key to building resilient health systems. In Zimbabwe, the Global Fund financed an emergency health worker retention scheme to reverse the enormous brain drain of health staff from the country due to its economic decline in 2008-2009. Between 2009 and 2014, the Global Fund supported nearly 20,000 critical health workers. This was highly successful in motivating staff to return to work, decreasing job vacancy rates, improving retention rates of nurses and doctors and, overall, greatly improving coverage of health services.

## Focus on a Person, Not a Disease

The Global Fund increasingly provides HIV, TB and malaria prevention and treatment programs through new or existing community service delivery points that provide a range of services – not just services focused on HIV, TB and malaria. The aim is to address an individual's multiple health needs at different points in their lives, improving overall health outcomes

and resulting in a more cost-effective and efficient approach. For example, in Kenya, the Global Fund has integrated TB screening into the country's antenatal care platform, which also provides treatment to prevent the transmission of HIV from mothers to their babies. This has resulted in a 43 percent increase in the number of clients screened for TB during antenatal visits. This also strengthens the link between health services and community response; just as communities were the first to respond to the recent Ebola outbreak in West Africa, they were also the first to respond to the HIV pandemic. The Global Fund supports the role of communities in designing effective interventions, implementing and evaluating health services, and in helping reach those who may lack access to health care, particularly the most vulnerable or marginalized.

# Strengthening Financial and Risk Management

The Global Fund works with the pan-African Ecobank to improve the financial management skills of partners in Nigeria, Senegal and South Sudan. With Munich Re, a global insurance group, the partnership provides communities with life insurance, critical illness cover, living benefit products, universal health coverage and improved access to health. With SAP, a leader in enterprise application software, the Global Fund has launched pilots in six countries of a grant management dashboard tool designed to help implementers manage their programs better.



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### **Tailored Investment**

The resources required to end the three epidemics are greater than currently available. Making the greatest impact therefore requires a data-driven approach that focuses programs towards populations most likely exposed to the diseases. This process, called "allocative efficiency," has been embedded into the Global Fund grant-making process. Countries are required to complete an epidemiological analysis to identify disease, trends and data gaps prior to submitting their proposals for funding. This aims to focus investment to the right populations in the right places, building better systems of support. To aid this effort, the Global Fund also supports countries to better map and estimate the size of key populations. Twenty-five countries have nationally adequate estimates for at least two key population groups.

#### **Innovative Solutions**

The Global Fund is piloting an innovative e-Marketplace platform, an open source, cloud-based e-Market exchange that Global Fund implementers and other public health purchasers will be able to access. The e-Marketplace aims to provide affordable, accessible, high-quality products to implementing partners, allowing for substantial savings. In the long-term, the e-Marketplace will enable countries transitioning from external funding to put in place simplified, sustainable procurement practices, and increase transparency across the market, reducing costs and securing quality. The e-Marketplace could add an additional US\$100 million per year in efficiency savings by 2020. On a larger scale, with greater access and transparency, all buyers and sellers of health products may benefit.

### A Shared Responsibility

As a 21st-century partnership, the Global Fund combines the strength of governments, civil society, the private sector and people affected by HIV, TB and malaria. To improve country ownership and sustainability of supported programs, the Global Fund implements counterpart financing policies to increase domestic funding for the three diseases and the health sector. This has catalyzed an increase in domestic investments in health, with an additional investment of US\$4.5 billion committed from government resources for 2015-2017 – a 52 percent increase from 2012-2014. With affected countries in the lead, and with the majority of funding for these programs now coming from domestic sources, the Global Fund can further accelerate progress together with all partners in global health.

# About the Global Fund

The Global Fund is a 21st-century partnership designed to accelerate the end of AIDS, TB and malaria as epidemics. As a partnership between governments, civil society, the private sector and people affected by the diseases, the Global Fund mobilizes and invests nearly US\$4 billion a year to support programs run by local experts in more than 100 countries. The Global Fund's operating costs are just 2.3 percent of grants under management, reflecting an exceptionally high degree of efficiency. By challenging barriers and embracing innovative approaches, we are working together to better serve people affected by the diseases.

Smart, effective health investments through the Global Fund have saved 17 million lives, expanding opportunity and achieving greater social justice for families and communities worldwide. Scientific advances, innovative ideas and private sector savvy are unlocking improvements in disease prevention, treatment and care – from faster delivery of essential medicines to more effective methods to reach the people most in need. But so many more lives are still at risk that we must seize the momentum, embrace ambition and move faster to end HIV, TB and malaria as epidemics.

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