

SUMMARIES OF GLOBAL FUND PAPERS presented March 2010

Resource Scenarios

Demand is measured as technically sound country proposals that have been recommended for funding by the Global Fund's independent Technical Review Panel, irrespective of funds available. For all three scenarios, US\$8.5 billion is needed for continuation of existing programs (incl Round 9) and US\$0.8 billion is still available as uncommitted assets. That adds up to funding needs of:

SCENARIO 1: US\$13 billion (US\$1.3 billion a year for new proposals)

- US\$1.5 billion needed for continuation of existing programs (Phase 2, Round 10)
- US\$3.9 billion available for three rounds of new proposals (US\$1.3 billion each)
- Totals **US\$13 billion for 2011-2013**
 - Estimated demand is "significantly" higher than this resource scenario
 - Scenario 1 constitutes de facto a scaling-down
 - Round 10 would be capped to 50% of earlier rounds, and subsequent rounds similarly
 - Results under resource scenario 1: GF contributes to 20% of the ARV universal access targets, 42% of the long-lasting insecticidal net need, 44% of current PMTCT need and sufficient for treatment of TB (outdated needs estimates).

SCENARIO 2: US\$17 billion (US\$2.2-2.3 billion a year for new proposals)

- US\$3.0 billion needed for continuation of existing programs (Phase 2, Round 10)
- US\$6.8 billion available for three rounds of new proposals (US\$2.2-2.3 billion each)
- Totals **US\$17 billion for 2011-2013**
 - Approximately maintaining current trajectories of progress (demand kept to 2,2 bn)
 - Will not cover demand forecasts including the new WHO guidelines for treatment and control (for HIV, TB, *and* malaria)
 - Results under resource scenario 2: GF contributes to 27% of the ARV universal access targets, 56% of the long-lasting insecticidal net need, 58% of current PMTCT need and sufficient for treatment of TB (outdated needs estimates) and only part of new needs levels, including drug resistant TB treatment.

SCENARIO 3: US\$20 billion (US\$3.5-4.5 billion a year for new proposals)

- US\$3.0 billion needed for continuation of existing programs (Phase 2, Round 10)
- US\$12 billion available for three rounds of new proposals (US\$2.2-2.3 billion each)
- Totals **US\$20 billion for 2011-2013**
 - Scale-up in progress towards achieving key components of the MDGs in 2015
 - Scale-up in-line with current demand trajectories, but not in-line with full needs estimates (including the new WHO guidelines)

GLOBAL NEEDS:

Total estimated needs (as by UNAIDS, Global Malaria Action Plan, and Global Plan to Stop TB):

- HIV: global need estimates to reach Universal Access targets by 2015: US\$28-50 billion a year
- Malaria: total global cost of on average US\$5.9 billion a year over 2011-2020
- TB: on average US\$6.3 per year until 2015 (incl 2009 estimates MDR)
 - Or US\$40-62 billion a year!

http://www.theglobalfund.org/documents/replenishment/2010/Resource_Scenarios_en.pdf

Global Fund Results at a Glance

The Global Fund is realizing the extraordinary vision of its founders, donors and implementers: it has dramatically intensified the fight against HIV, TB and malaria while contributing to improving health systems and to progress on achieving the MDGs.

Every day, programs supported by **the Global Fund save at least 3,600 lives**, prevent thousands of new infections and alleviate untold suffering. **Its combined efforts saved an estimated 4.9 million lives** by December 2009 and restored hope for the 33 million people living with HIV, the hundreds of millions of people who contract malaria or who are at risk each year, and the 9.4 million who contract active TB annually. From its founding through December 2009, the Global Fund Board approved proposals totalling US\$ 19.2 billion, and disbursed US\$ 10 billion for HIV, tuberculosis (TB) and malaria control efforts.

HIV. Approved HIV proposals have totalled close to US\$ 10.8 billion covering 140 countries having contributed to about one fifth of all disbursements by bi- and multilaterals for the HIV response in low- and middle-income countries in 2008. Programs funded by the Global Fund have:

- provided antiretroviral therapy (ART) to 2.5 million people
- distributed 1.8 billion male and female condoms
- provided 790,000 HIV-positive pregnant women with treatment to prevent MTCT
- provided 4.5 million basic care and support services to orphans and other vulnerable children
- provided 105 million HIV counseling and testing sessions.

→ Virtual elimination of mother-to-child HIV transmission globally by 2015 can be achieved.

→ The Global Fund has become the world's leading funder of harm reduction services for people who inject drugs, with substantial investments in 42 countries.

Tuberculosis. The Global Fund provides 63% of the external financing for TB and multidrug-resistant TB control efforts in low- and middle income countries. Approved TB proposals have totalled close to US\$ 3.2 billion covering 112 countries. This contributes to 48% of the projected coverage required to achieve the Stop TB Partnership targets for the detection and treatment of new smear-positive TB cases.

Through 2009, programs funded by the Global Fund have:

- provided treatment to 6 million people who had active TB.
- provided 1.8 million TB/HIV services.

→ Prevalence of TB has significantly decreased over the last decade and the international target of halving TB prevalence could be met by 2015.

Malaria. Approved malaria proposals have totalled US\$ 5.3 billion covering 83 countries. In 2008, the GF contributed 57 % of international disbursements for malaria control. By the end of 2009 the Global Fund had:

- **distributed 104 million insecticide-treated nets (ITNs) to prevent malaria.**
- supported indoor residual spraying of insecticides in dwellings more than 19 million times
- treated 108 million cases of malaria in accordance with national treatment guidelines.

→ Unprecedented coverage with ITNs and effective novel treatments have made great inroads in combating malaria.

They are **major investments in health systems** – bolstering infrastructure, strengthening laboratories, expanding human resources, augmenting skills and competencies of health workers, and developing and supporting monitoring and evaluation (M&E) activities.

- There have been 138 million community outreach prevention services for at least one of the three diseases and provided 11.3 million “person-episodes” of training for health and community workers

These has helped **accelerate progress towards the MDGs** by contributing directly to MDGs 4, 5, 6 and 8, and indirectly to the others, particularly in the case in sub-Saharan Africa, where HIV, TB and malaria are responsible for 52% of deaths among women of childbearing age and malaria alone accounts for 16 to 18 % of child deaths.

The Global Fund's innovative financing model ensures **transparency and broad accountability** to donors and recipients, through the engagement of different constituencies in Global Fund governance – governments, civil society, the private sector, affected communities and bilateral and multilateral agencies

It also ensures **equitable access** to services by assigning great weight to each country's needs, as measured by indicators such as disease burden and poverty level while making grant.

The Global Fund actively contributes to global efforts **to improve aid effectiveness**, especially in the area of managing for results, by playing a leading role in monitoring effectiveness and sharing experiences with performance based funding. → Between 2005 and 2009, nearly four out of five assessed grants were performing well. Currently, TB grants are the best performers and civil society organizations the best performing Principal Recipients.

It ensures value for money at every stage of the financing chain through the comprehensive performance by allowing for the reallocation of funds from poorly performing grants to better-performing grants as well as for the identification of efficiency gains → In 2009 alone, nearly US\$ 1 billion was freed up for funding new grants.

http://www.theglobalfund.org/documents/replenishment/2010/Progress_Report_Summary_2010_en.pdf