



Investing in our future

The Global Fund

To Fight AIDS, Tuberculosis and Malaria

The Global Fund & UNICEF Partnership

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Executive Director

UNICEF Executive Board
February 9th, 2011



Invirtiendo en nuestro futuro

El Fondo Mundial
De lucha contra el SIDA, la tuberculosis y la malaria



投资于我们的未来

全球基金
抗击艾滋病、结核和疟疾



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The Global Fund
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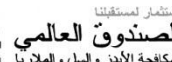
Investissons dans notre avenir

Le Fonds mondial
De lutte contre le SIDA, la tuberculose et le paludisme



Вклад в наше будущее

Глобальный фонд
для борьбы со СПИДом, туберкулезом и малярией



استثمار لمستقبلنا

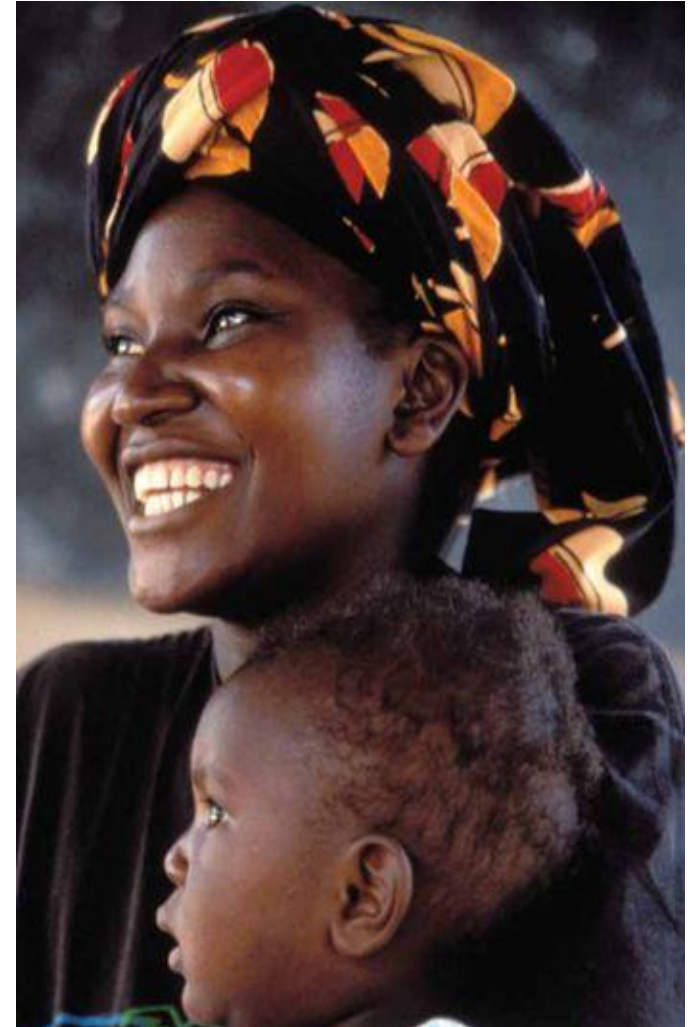
الصندوق العالمي
لمكافحة الأيدز والسل والمalaria



The Global Fund

Millennium Development Goals

1. Eradicate extreme poverty and hunger
 2. Achieve universal primary education
 3. Promote gender equality and empower women
 4. Reduce child mortality
 5. Improve maternal health
 6. Combat HIV/AIDS, malaria and other diseases
 7. Ensure environmental sustainability
 8. Develop a global partnership for development
- Health and Community Systems Strengthening



The Global Fund: an innovative instrument in health and development

A **financial instrument**, not an implementing entity, no country presence

Key Principles:

- Supports programs that reflect **country ownership**
- **Inclusiveness** at all decision-making levels;
- **Performance**-based funding;
- **Evidence**-based;
- **Transparency**

An Inclusive Mechanism

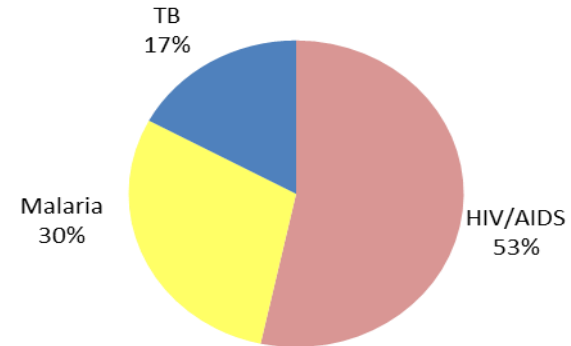
A unique **partnership**:

- Proposal development and implementation of grants
 - Country-led with involvement from all sectors
- Governance
 - the Global Fund Board and CCMs, including all stakeholders: affected communities; public and private sector; civil society; multi-laterals and bi-laterals
- Finance
 - Approximately 40 donors, public and private
 - G8/G20; US, first donor; Europe, 55%
 - Some implementers are also donors

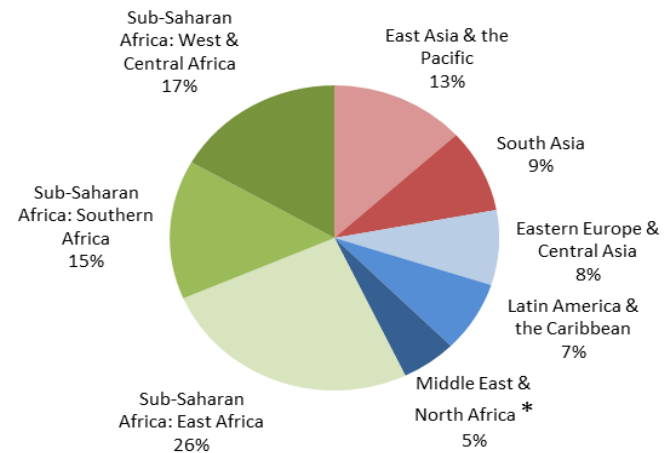
Global Fund portfolio, December 2010

- \$21.7 billion approved
- \$13 billion disbursed
- 829 grants (479 active)
- 140 countries (117 active)
- 58% sub-Saharan Africa

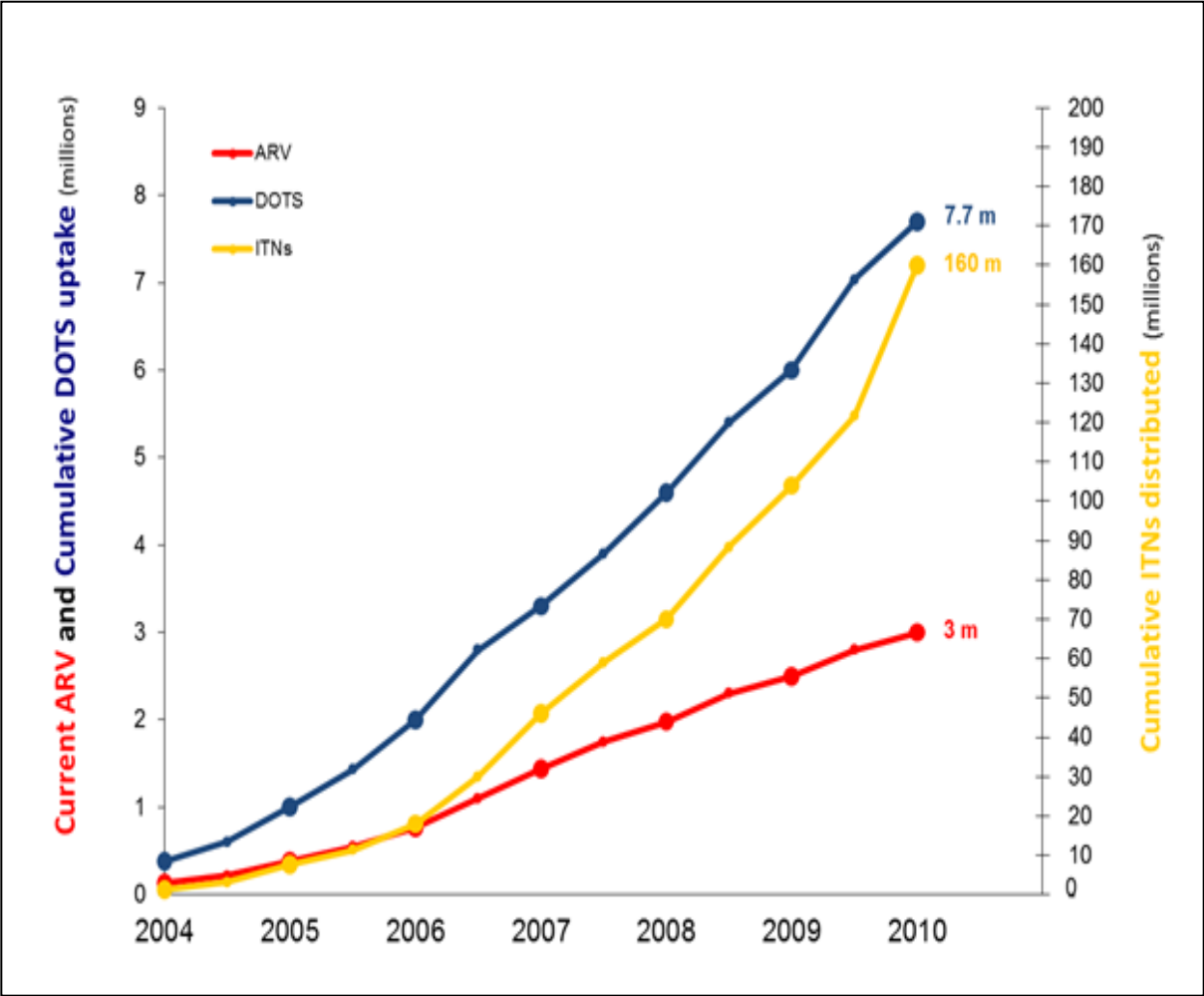
Composition of portfolio by disease, R1-10



Composition of portfolio by region, R1-9



Scale up of interventions for top 3 Global Fund indicators, 2004-10



Global Fund results for selected prevention interventions, December 2010

HIV prevention intervention	Cumulative results (end 2009)	Cumulative results (end 2010)	% increase
ARV prophylaxis for PMTCT	790,000	1 million	26%
HIV counselling & testing sessions	105 million	150 million	38%
Condoms distributed	1.8 billion	2.7 billion	48%

Evidence of impact: declining HIV prevalence in Tanzania

Between 2003 and 2009:

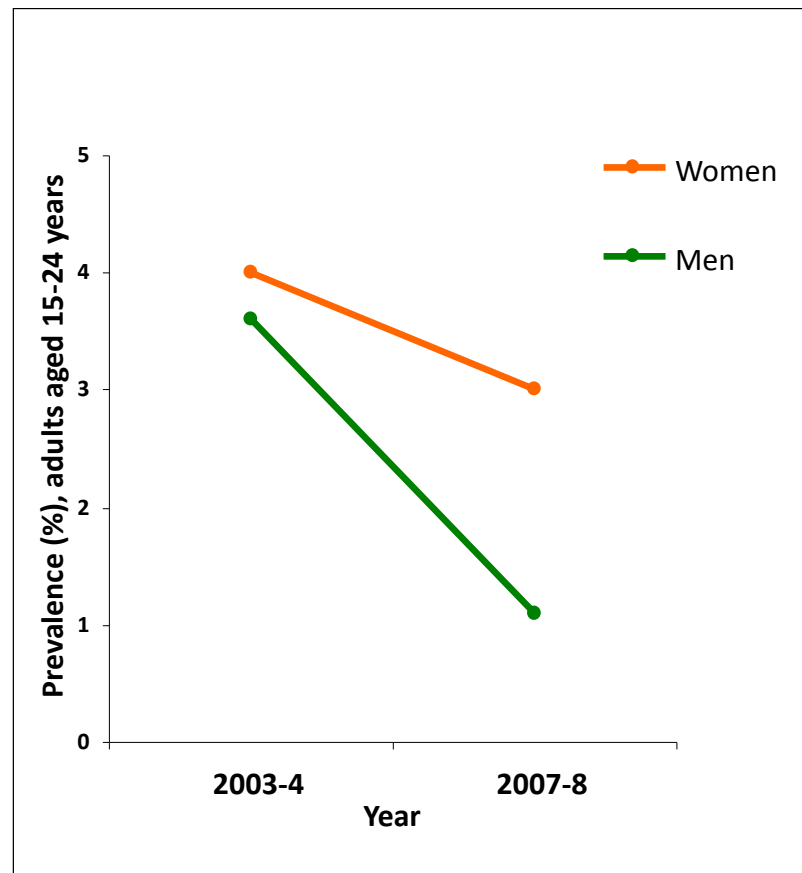
- 103,000 HIV-positive pregnant mothers received complete ARV prophylaxis for PMTCT*1
- 5.4 million people were counseled and tested for HIV

At the end of 2009:

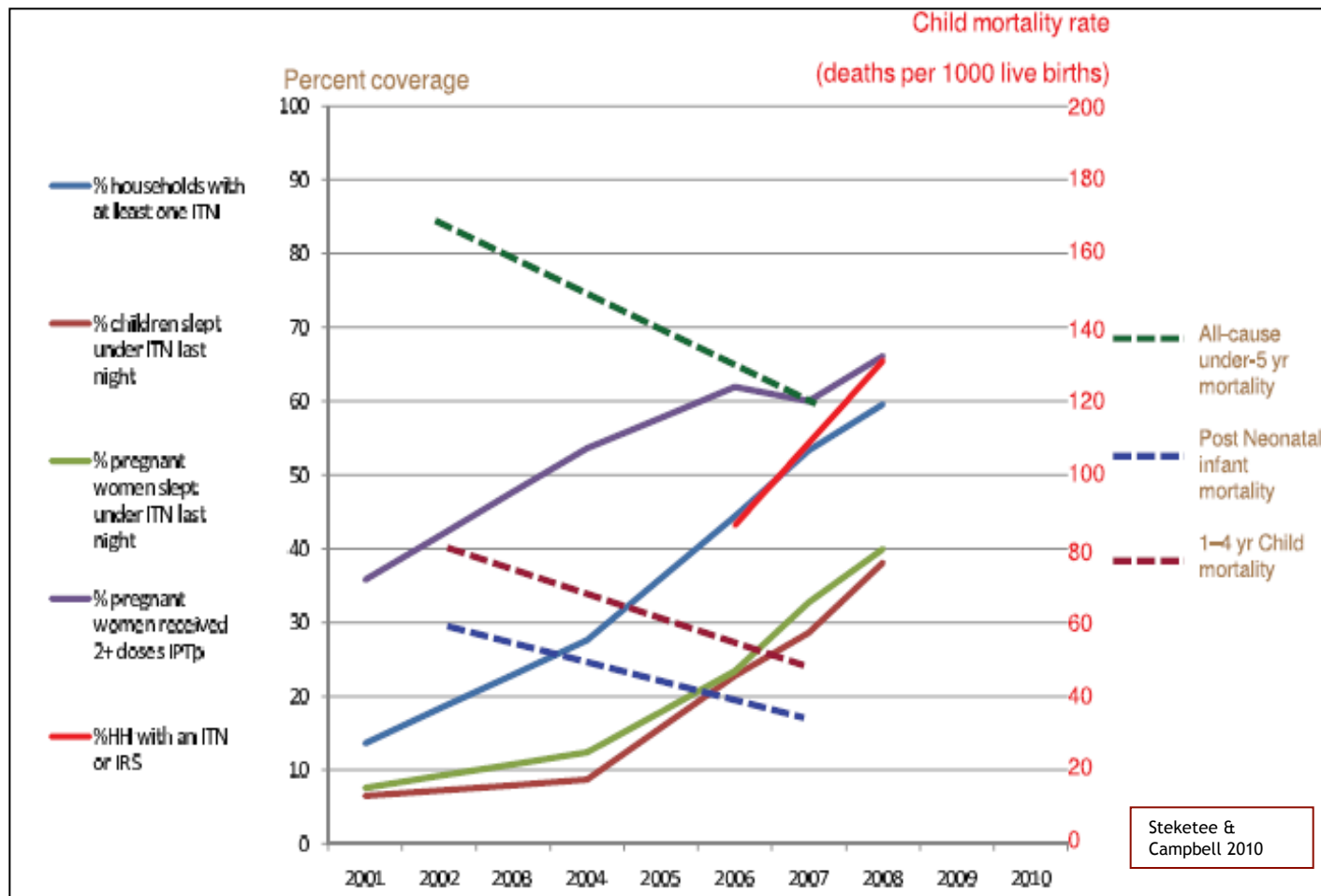
- 200,000 adults and children (46% of those eligible) were receiving ART*2

*1 Up from 1,800 in 2003

*2 Up from 1,500 in 2003



Malaria intervention coverage rates and infant and child mortality rates (2001-08) in Zambia



Why is the Global Fund making a difference?

- **Its scale**

- \$21-billion committed in 140 countries
- \$13-billion disbursed
- \$31-billion received in pledges and contributions

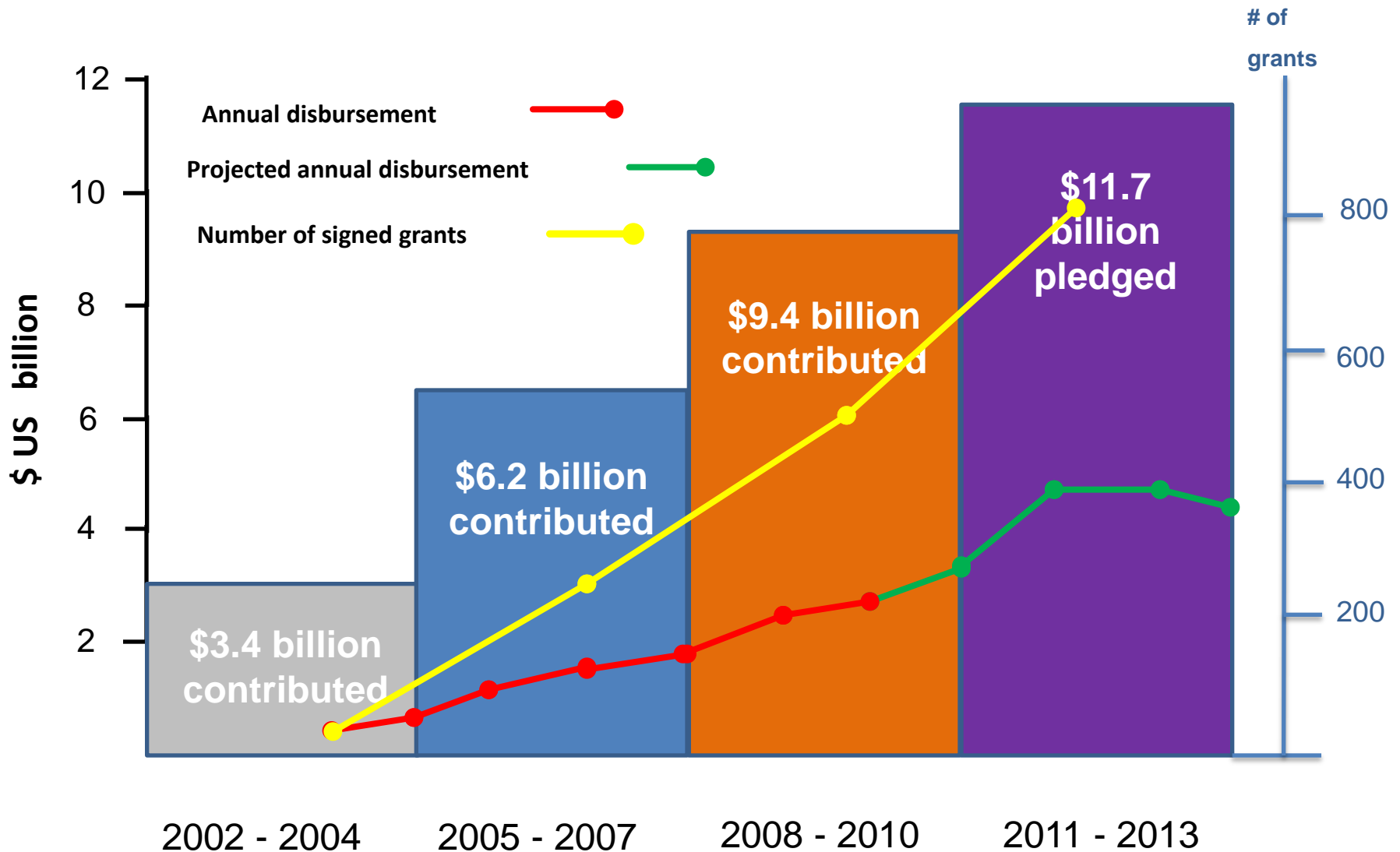
- **Its model**

- Promotes country ownership
- Results/performance-based
- Finances evidence-based interventions

- **Its inclusiveness**

- Implementation (Country-led including all sectors and stakeholders, multilaterals, bilaterals, NGOs)
- Governance (Board and CCMs)
- Finance (G8/G20; Europe 55%; some implementers are also donors; foundations and private sector; innovative sources including Debt2Health, RED, Exchange Traded Funds)

Global Fund growth 2002 - 2013



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Global Fund and UNICEF Collaboration

- 2010, a year where collaboration was intensified in order to accelerate progress on MDGs 4, 5 and 6
 - Joint meetings: New York and Nairobi
 - High-level sessions on virtual elimination of vertical transmission; joint panels at conferences
- Global Fund Partnership Strategy and UNICEF's Engagement Strategy outline a number of areas of collaboration:
 - Procurement and supply management;
 - PMTCT re-programming and scale up;
 - Support for and scale up of malaria interventions;
 - Principal recipient and other grant management roles;
 - Technical support to countries;
 - Joint reporting;
 - Global advocacy



Women discuss PMTCT, Andhra Pradesh

PMTCT Initiative

- Jointly announced by UNAIDS, UNICEF and Global Fund in September 2009
- Strong engagement of partners' to reach common goal of **virtual elimination** of mother-to-child transmission: countries, WHO, UNFPA, UNAIDS, UNICEF, PEPFAR, CIFF, EGPAF, CHAI, civil society, GF
- 2 Global Fund targets to reach, within 18 months:
 - Target 1: the Global Fund will work to ensure that at least **80 per cent** of HIV-positive mothers reached through Global-Fund supported programs receive the **most optimal regimen** to prevent transmission;
 - Target 2: PMTCT coverage is scaled up to **reach at least 60 per cent** of HIV-positive mothers

PMTCT Initiative: Results

- 53% of pregnant women living with HIV and knowing their status received ARVs to prevent transmission of HIV to their infants (54 per cent in sub-Saharan Africa).
- Total number of children born with HIV has decreased
- Re-programming for PMTCT:
 - With support of partners, Global Fund has re-invested over **\$70-million** in **11 countries** for PMTCT;
 - **10 countries** have switched to more efficacious regimens
 - **10 of the high-burden countries in sub-Saharan Africa** committed to the target of virtual elimination in the framework of their Global Fund grant.

PMTCT Initiative: UNICEF's Contribution

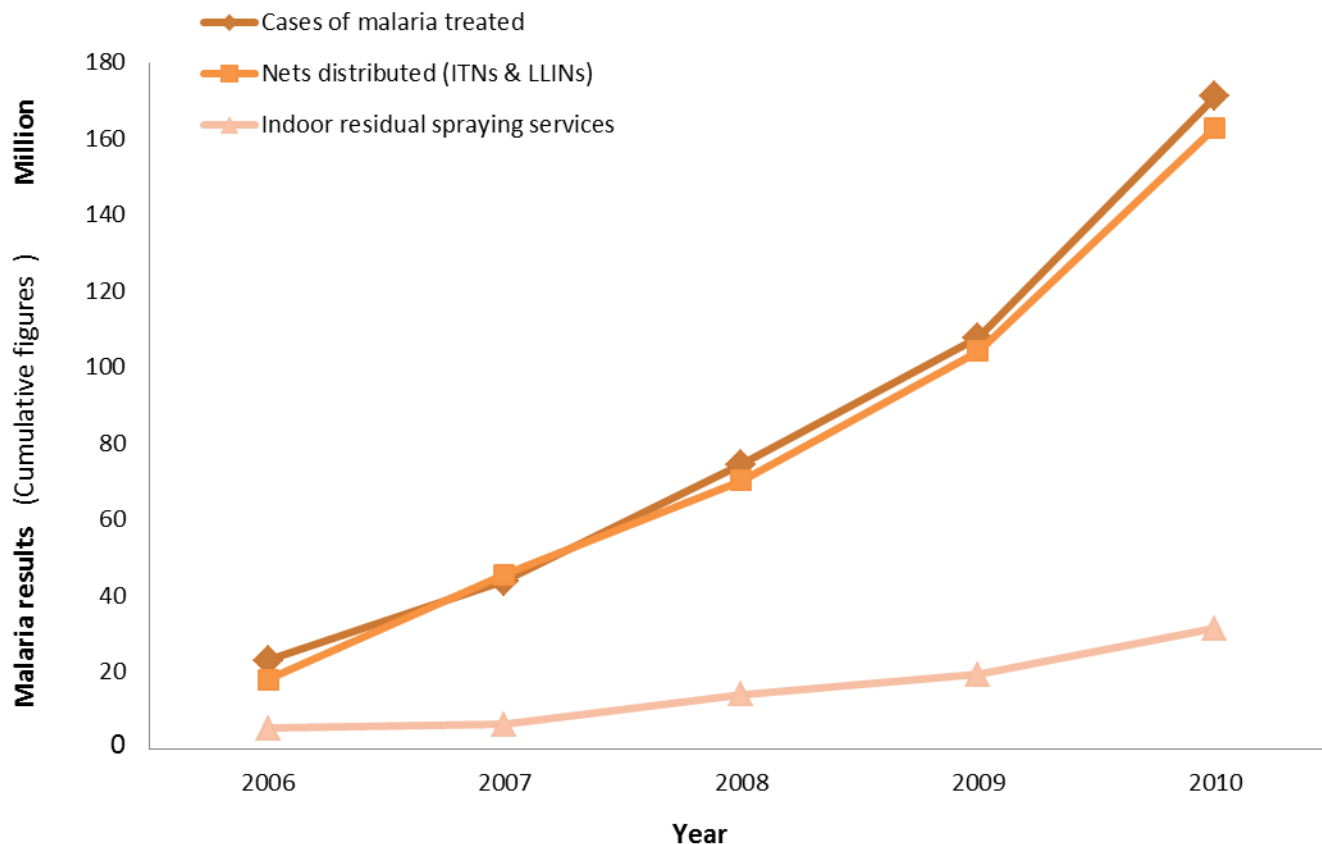
- Active engagement at country level:
 - support to countries to re-program funds
 - TA to countries to strengthen all four prongs for comprehensive PMTCT
 - Supporting countries to mobilise additional funds from domestic or donor sources
- Convening stakeholders, nationally, globally
- Comprehensive PMTCT to reach wider MDG 4, 5 goals



Bed net distribution, Nigeria



Malaria prevention and treatment services provided by Global Fund-supported programs



UNICEF's Contribution

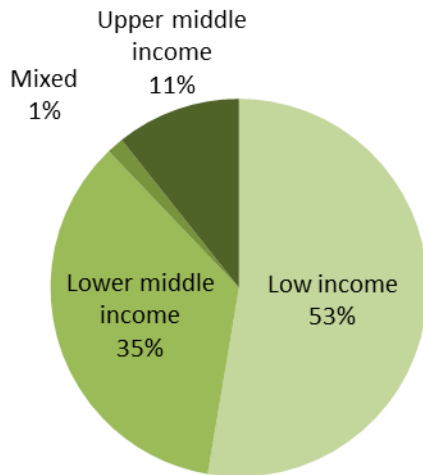
- Founding member of AMFm
- Support to countries
 - Procurement of ACTs and ITNs
 - Storage, distribution, and promotion of bed nets especially for pregnant women and children
- TA support for countries' malaria proposals and programs



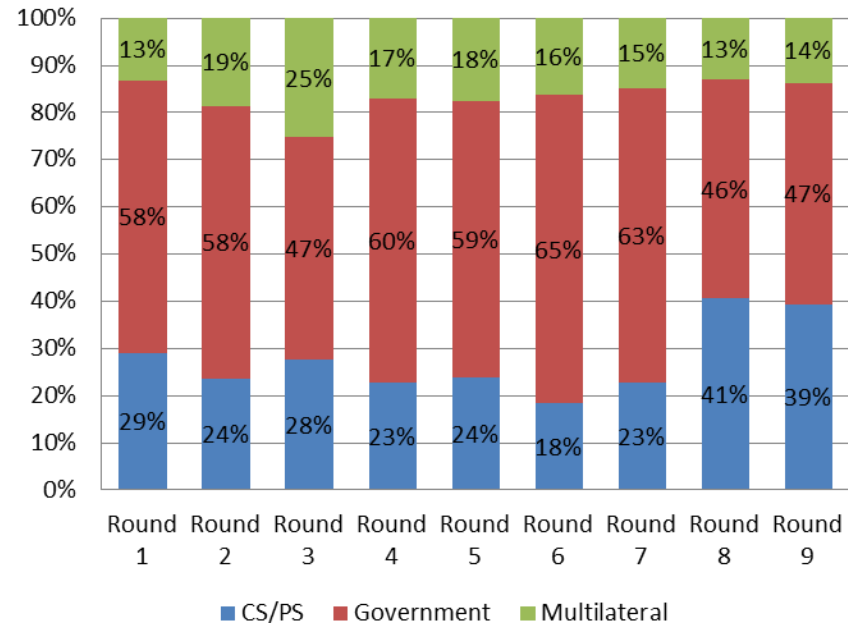
Retail pharmacist in rural Ghana with ACTs subsidized by the AMFm - September 2010

Global Fund portfolio, December 2010

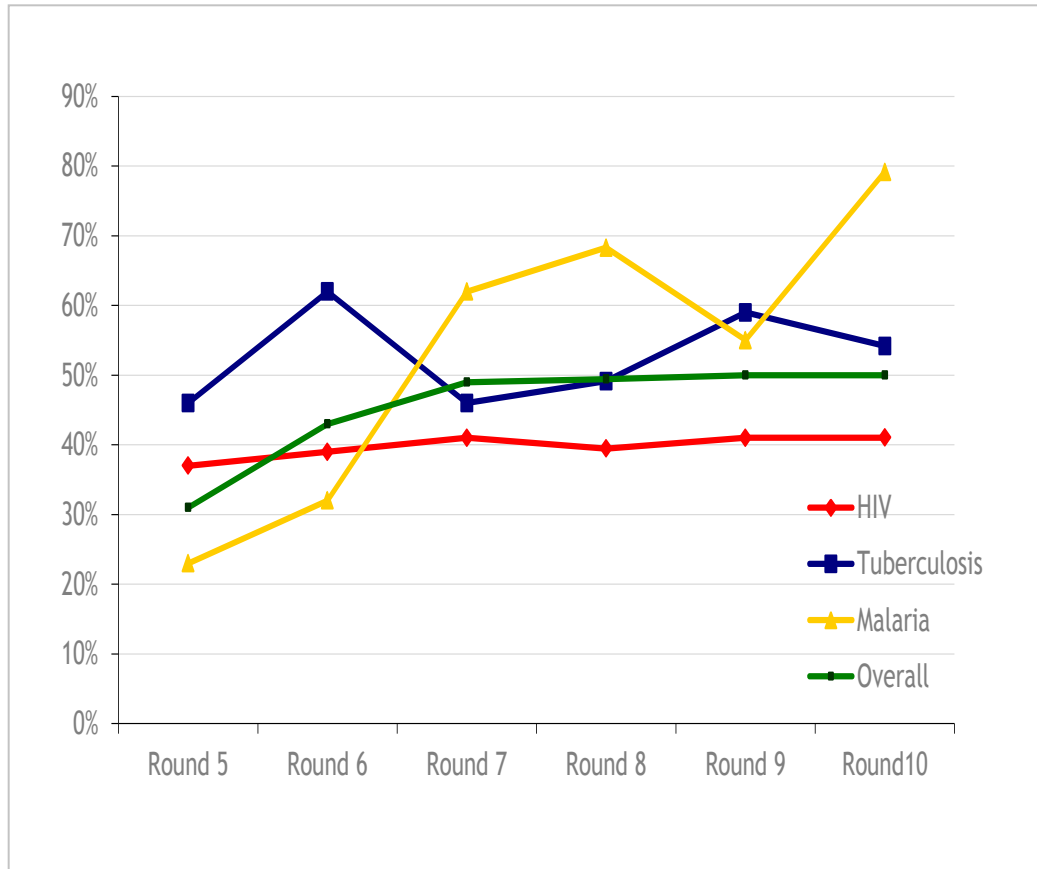
Composition of Global Fund portfolio by income level, Rounds 1-10



Percentage of grants per principal recipient type Rounds 1-9



Success rates by disease, Rounds 5 - 10



Round 10

- 79 proposals recommended
 - 32 HIV (41%)
 - 26 TB (54%)
 - 19 MAL (79%)
- Phase 1 \$1.73 billion

Gaps and Future Areas of Collaboration

- Preventing stock outs
- Procurement
- PMTCT
- Paediatric Treatment
- Expanding PR role in fragile countries
- Quality Technical Assistance
- Strengthening the Partnership at country level

Building on Our Strengths

- **Use Comparative Advantages to Leverage Impact**
 - UNICEF and the UN Family
 - Maternal, newborn and child health
 - Health and Community Systems
- **Support Countries**
 - Build the partnership at regional and country level
 - Provide technical support and expertise
- **Ensure sustainability**
 - Political commitment
 - Global Advocacy
 - Resource mobilization

BY 2015 WE CAN:

Eliminate malaria as a public health problem in most malaria-endemic countries

Prevent millions of new HIV infections

Dramatically reduce deaths from AIDS

Virtually eliminate transmission of HIV from mother to child

Contain the threat of multidrug-resistant TB

Achieve significant declines in TB prevalence and mortality

Further strengthen health systems
