The Global Fund & UNICEF Partnership

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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
Scale up of interventions for top 3 Global Fund indicators, 2004-10
<table>
<thead>
<tr>
<th>HIV prevention intervention</th>
<th>Cumulative results (end 2009)</th>
<th>Cumulative results (end 2010)</th>
<th>% increase</th>
</tr>
</thead>
<tbody>
<tr>
<td>ARV prophylaxis for PMTCT</td>
<td>790,000</td>
<td>1 million</td>
<td>26%</td>
</tr>
<tr>
<td>HIV counselling &amp; testing sessions</td>
<td>105 million</td>
<td>150 million</td>
<td>38%</td>
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<tr>
<td>Condoms distributed</td>
<td>1.8 billion</td>
<td>2.7 billion</td>
<td>48%</td>
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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

The Global Fund, Results Report, 2010
Malaria intervention coverage rates and infant and child mortality rates (2001-08) in Zambia

Stekete & Campbell 2010
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

- **$3.4 billion contributed**
- **$6.2 billion contributed**
- **$9.4 billion contributed**
- **$11.7 billion pledged**

- **Annual disbursement**
- **Projected annual disbursement**
- **Number of signed grants**

- **Timeline**:
  - 2002 - 2004
  - 2005 - 2007
  - 2008 - 2010
  - 2011 - 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
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

Lower middle income: 35%
Low income: 53%
Upper middle income: 11%
Mixed: 1%

Rounds 1-9

- Round 1: 13% CS/PS, 58% Government, 29% Multilateral
- Round 2: 19% CS/PS, 58% Government, 24% Multilateral
- Round 3: 25% CS/PS, 47% Government, 28% Multilateral
- Round 4: 17% CS/PS, 60% Government, 23% Multilateral
- Round 5: 18% CS/PS, 59% Government, 24% Multilateral
- Round 6: 16% CS/PS, 55% Government, 18% Multilateral
- Round 7: 15% CS/PS, 63% Government, 23% Multilateral
- Round 8: 13% CS/PS, 46% Government, 41% Multilateral
- Round 9: 14% CS/PS, 47% Government, 39% Multilateral
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