UNICEF’s engagement with the Global Fund to Fight AIDS, Tuberculosis and Malaria

The partnership

The Global Fund to Fight AIDS, Tuberculosis and Malaria (the Global Fund) is a public-private health partnership and international financing institution which aims to boost country and partners’ capacity to provide essential commodities and strengthen service delivery to prevent and treat HIV and AIDS, tuberculosis (TB) and malaria. Since the Global Fund’s inception in 2002, UNICEF has been an active partner at global and country levels, contributing to a stronger child focus in the Global Fund’s policies, investments and reporting.

The challenge

At the end of 2010, an estimated 34 million people were living with HIV globally, including 3.4 million children under 15 years old. Although both the annual number of people dying from AIDS-related causes and the number of new HIV infections continues to decline, there are stark variations between regions. In 2010, an estimated 1.8 million people died from AIDS-related causes, including about 250,000 children under 15 years old.¹

Globally, TB is the second most deadly infectious disease. In 2010, there were 8.8 million new cases of TB and 1.1 million deaths, including 350,000 deaths from TB infections associated with HIV.²

In 2010, there were an estimated 216 million malaria cases and some 655,000 deaths, mostly among children in sub-Saharan Africa.³ Malaria infection during pregnancy is associated with various adverse outcomes for both mother and child, including severe anaemia and low birthweight among newborn babies, one of the leading risk factors for infant mortality and sub-optimal growth and development.

Background

The Global Fund brings together a wide diversity of actors including governments, international development partners (including United Nations agencies), civil society organizations, the private sector and communities living with or affected by the diseases. Over the past decade, it has become a major funder of programmes to fight AIDS, TB and malaria, with approved grants of US$22.9 billion for more than 1,000 programmes in 151 countries.

With an overarching goal to create an enabling environment for countries to develop and implement effective, evidence-based programmes to respond to AIDS, TB and malaria, the Global Fund’s model is based on a grant mechanism to support technically sound and cost-effective interventions. As it does not have an on-ground presence in countries, the active engagement of and collaboration with a range of partners is essential to assist countries in securing funding, developing effective programmes, and providing oversight and risk management for successful implementation.

At the global level, the Global Fund Board is responsible for the organization’s governance, including establishing strategies and policies, making funding decisions and setting budgets. At national level, the Country Coordination Mechanism (CCM), consisting of local stakeholder organizations, is the main decision-making body that coordinates proposal development and oversees grant implementation.

UNICEF’s engagement with the Global Fund is based on a common goal: to accelerate progress towards Millennium Development Goals 4, 5 and 6. The partnership is based on clearly defined comparative advantages: the Global Fund provides an essential funding mechanism to support health programmes which benefit children, and UNICEF brings its country presence and technical expertise, a valued asset in strengthening the development and implementation of Global Fund grants.

The Global Fund’s Seven Principles:

• Operate as a financial instrument, not an implementing entity
• Make available and leverage additional financial resources
• Support programmes that evolve from national plans and priorities
• Operate in a balanced manner in terms of different regions, diseases and interventions
• Pursue an integrated and balanced approach to prevention and treatment
• Evaluate proposals through independent review processes
• Operate with transparency and accountability

Activities

As part of the UNAIDS delegation at the Global Fund Board, UNICEF contributes to shape the Global Fund’s policies and investment strategies, notably through its participation in the Global Fund Policy and Strategy Committee, Portfolio Review Group and Technical Evaluation Reference Group. UNICEF’s engagement focuses on ensuring that the Global Fund’s grant are effective and produce benefits for children.

4 Reduce child mortality (MDG 4); improve maternal health (MDG 5); and combat HIV/AIDS, malaria and other diseases (MDG 6).
The Global Fund and UNICEF are also engaged in joint advocacy and policy harmonization efforts at global level, through platforms such as the Health 8 group or convening United Nations, bilateral and NGO partners on specific initiatives, such as the scale up of programmes to support the ‘Global Plan for the elimination of new HIV infections in children by 2015 and keeping their mothers alive’. In addition, based on their common need to report on progress towards internationally agreed targets on AIDS, TB and malaria, the two partners have collaborated in the production of progress reports, such as the Roll-Back Malaria 2011 Progress and Impact Series: A decade of Partnership and Results.

UNICEF’s partnership with the Global Fund is significant at all stages in the life cycle of a Global Fund grant – from the initial proposal, through implementation, review and reporting. At country level, UNICEF is often a member of the CCM which provides an opportunity to advocate for the rights of women and children and other marginalized groups throughout the grant life cycle. UNICEF supports the development of quality proposals to leverage funds for performance-based programmes, especially those that benefit women and children. This support includes technical assistance for country situation analyses and needs assessments, ‘child-friendly’ national malaria and HIV strategies including budgets, procurement and supply management plans, and monitoring and evaluation frameworks. At the implementation stage, UNICEF assists national partners to identify and address bottlenecks in implementing grants, managing programmes, and procuring commodities. In exceptional circumstances, when requested by national partners, such as in Somalia and the Democratic People’s Republic of Korea (DPRK), UNICEF is the principal recipient of the Global Fund’s grants, thereby overseeing and managing the day-to-day implementation of the grant funds.

Strengthening the partnership

UNICEF first developed principles guiding its engagement with the Global Fund in 2005. These principles have effectively shaped the partnership. Over time, UNICEF’s collaboration with the Global Fund has evolved and deepened as both parties recognize the added value of partnering. However, the growth in collaboration has often been informal, leading to ambiguity of the roles mandated to UNICEF country offices, and lack of clarity on expectations.

In 2009, UNICEF undertook a review of its engagement with the Global Fund in order to identify the strengths, challenges and ways to clarify and focus the collaboration. The findings provided the basis for a joint UNICEF and Global Fund engagement strategy outlining areas where collaboration would be strengthened, including procurement and supply management, re-programming and scale up for the prevention of mother-to-child transmission (PMTCT) of HIV, support for and scale up of malaria interventions, becoming a principal recipient and other grant management roles, technical support to countries, joint reporting and global advocacy. In February 2011, the Global Fund and UNICEF presented this collaboration to the UNICEF Executive Board.

Since the review, UNICEF and the Global Fund have continued to intensify their engagement. The PMTCT Initiative was announced jointly by UNAIDS, UNICEF and the Global Fund in September 2009, with the goal of elimination of mother-to-child transmission (eMTCT) by 2015. The UN Secretary-General’s 2010 and 2015 targets on malaria have also been a driving force in ensuring high levels and effective use of funding provided for malaria.

5 The Health 8 (H8) is an informal group of eight organizations – WHO, UNICEF, UNFPA, UNAIDS, GFATM, GAVI, Bill & Melinda Gates Foundation and the World Bank — which was created in mid-2007 to stimulate a global sense of urgency for reaching the health-related MDGs.
Results

Global Fund financing has ensured that, by 2011, 3.3 million people were on lifesaving anti-retroviral treatment for HIV, 8.6 million people had received TB treatment and over 230 million insecticide-treated bednets (ITNs) had been distributed to prevent malaria. By the end of 2010, it is estimated that 73 per cent of at-risk people had access to an ITN. Malaria incidence has been reduced by more than half in nine countries or areas and by 25 to 50 per cent in another four countries. Furthermore, from 2009 to 2012, over US$100 million of savings from existing grants has been reallocated for eMTCT.

The review of UNICEF’s engagement with the Global Fund showed that its advocacy efforts at global level have led to greater focus on children in Global Fund policies and grants. Through UNICEF’s support to the CCM or directly to the disease control programmes, the partnership has resulted in greater acceptance of AIDS and malaria grants, reduced the time to negotiate grants, and increased the likelihood that children’s issues are addressed in proposals.

Lessons learned and way forward

UNICEF’s partnership with the Global Fund demonstrates the value of partnerships based on common goals and clear comparative advantages. Regular reviews, such as the one conducted in 2009, have helped to strengthen and focus UNICEF’s strategic engagement with the Global Fund. However, key challenges remain to be addressed, in particular an increase in investments required from UNICEF, especially in fragile contexts, which has stretched its limited human and financial resources.

Throughout 2012 and into 2013, UNICEF is working with the Global Fund as it undergoes an organizational change, notably by contributing to a revised grant-making mechanism and providing inputs to the Global Fund Board and its various technical committees. The Board has put in place a comprehensive transformation plan to enhance its operational capabilities to deliver value for money and aid effectiveness, better risk management and reduce bureaucracy and delay. This will lead to tighter fiduciary oversight resulting in frequent and thorough reporting and limitations on how funds provided by the Global Fund are spent. UNICEF will continue to partner with the Global Fund following its organizational change to help ensure that its grants are directed to areas where they are needed most and to programmes which bring about positive health outcomes for children and women.

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7 Ibid, p. xii. The countries are Algeria, Botswana, Cape Verde, Namibia, Rwanda, Sao Tome & Principe, South Africa, Swaziland. The area is Zanzibar, United Republic of Tanzania.
8 Eritrea, Ethiopia, Senegal and Zambia