THE GLOBAL FUND STRATEGY 2017-2022: INVESTING TO END EPIDEMICS

DRAFT
The Global Fund Strategy 2017-2022

This Strategy outlines a bold agenda for the six year period, 2017-2022. It is based on an ambitious vision, mission, and 4 strategic objectives which are each underpinned by a number of sub-objectives and supported by two strategic enablers. It seeks to provide an overview of what the Global Fund partnership ultimately will achieve and, at a high level, how that will be accomplished. The strategic objectives and sub-objectives provide a critical path outlining how the Global Fund will work with partners to ensure that the response globally and at country level is inclusive, impactful and sustainable. Progress on implementation of this strategy will be measured through key performance indicators and undertaken at all levels of the Global Fund partnership.

VISION: The Strategy aims to achieve progress toward the vision of a world free of the burden of HIV/AIDS, tuberculosis and malaria with better health for all.

MISSION: The Global Fund’s mission is to attract, leverage and invest additional resources to end the epidemics of HIV, tuberculosis and malaria and to support attainment of the SDGs.”

GOALS AND TARGETS: The Global Fund’s health impact goals and targets are explicitly linked to Partners’ Global Plans.

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**“Investing to End Epidemics”**

- Maximize Impact Against HIV, TB and malaria
- Build Resilient & Sustainable Systems for Health
- Promote and Protect Human Rights & Gender Equality
- Mobilize Increased Resources

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STRATEGIC OBJECTIVE 1: Maximize Impact against HIV, TB and malaria

Innovative approaches to meet diverse country needs are essential to accelerate the end of the epidemics

When the Global Fund was established in 2002, it was created as an emergency response mechanism to make rapid progress in controlling AIDS, tuberculosis, and malaria with the goal of rapidly expanding coverage for key life-saving interventions. At that point in history millions needed access to HIV, TB, and malaria prevention interventions and treatment. Since then immense progress has been made in the fight against the three diseases through this innovative partnership model.

In part this progress is due to a changing world context where increased economic growth has led to decreases in absolute poverty globally. While this growth has allowed countries to contribute more to their domestic health budget, it also signifies that for the first time, the burden of HIV, TB, and malaria is concentrated in countries classified by the World Bank as middle income. What this higher income distribution masks, however, are the of often staggering inequalities that exist at country level. Available metrics such as GNI or GDP per capita provide insufficient insight into the issues of equity, access, and capacity that exist within diverse countries.

For the Global Fund, successfully engaging in this increasingly diverse landscape requires a greater ability and emphasis on differentiating each approach based on the development continuum. Adapting approaches to different contexts will allow the Global Fund to better support scale up of evidence based interventions across all contexts while focusing catalytic investments for the three diseases and for health in the countries where it invests. For example, in a challenging operating environment emerging from crisis, the Global Fund could support a country to invest in strengthening its underlying health system to be able to deliver results; while in another country, moving towards funding its three disease response through domestic resources, investments might focus on key gaps for long-term sustainability such as supply chains or investments for key populations. A differentiated approach will enable the Global Fund to increase the impact, effectiveness, and sustainability of its investments across the development continuum.

PLACE HOLDER KPI + SHORT EXPLANATION

Operational Objectives:

There are 5 operational objectives that contribute to this strategic objective. Implemented simultaneously, they will enable the Global Fund to deliver upon the objective of maximizing impact to end the three diseases.

a. Scale-up evidence-based interventions with a focus on the highest burden countries with the lowest economic capacity and on key and vulnerable populations disproportionately affected by the three diseases

To achieve greatest impact, the Global Fund will invest and promote the scale up of investments across a wide variety of contexts but focus where there is the greatest need and therefore potential for impact. To do this the Global Fund will invest the majority of its resources where the burden of disease is highest, and where countries have the least economic capacity to support health programs. For the three diseases, this means investing
a significant percentage of funds in the small number of countries that make up the majority of the global disease burden. This explicitly acknowledges that without impacting the trajectory of the epidemics in these countries, it will be impossible to make global progress.

Simultaneously, in all contexts the Global Fund will invest in epidemiologically appropriate, rights and evidence based interventions amongst key and vulnerable populations that are disproportionately affected by the three diseases. The Global Fund will maximize the impact of its investments by working with country level partners to support a comprehensive package of interventions for those who in many countries are at the highest risk, but have nevertheless been left behind.

- **b. Evolve the allocation model and processes for greater impact, including innovative approaches differentiated to country needs**

According to external and independent reviews, the Global Fund’s allocation model is delivering impact in a more predictable and effective way. However, continued refinement is needed to increase impact and successfully invest to end epidemics. The allocation model will continue to be driven by a focus on countries with the highest burden of disease and least economic capacity, and on key and vulnerable populations disproportionately affected by the three diseases. Increased flexibility in the allocation model will enable nuanced adjustments to country context. Simplifying and differentiating the current modes of accessing funding should improve country experience with such processes. More strategic engagement on critical challenges including sustainability, multi-country and regional efforts, and key barriers to success such as emerging malaria and TB drug resistance and high incidence of HIV among adolescent girls and young women will be addressed, while seeking to maintain a high-level of predictability. Together, these refinements to the model will enable better support for countries to invest to end epidemics and improve health with impactful and predictable financing.

- **c. Support grant implementation success based on impact, effectiveness, risk analysis and value-for-money**

In order to support country-level implementers and partners to maximize the use and impact of their allocation, the Global Fund will facilitate strategic collaboration between country actors, partners, and Global Fund Country Teams to allow for a differentiated grant management approach. The Global Fund will engage with countries to set robust implementation arrangements for the management of investments that optimize the delivery of programmatic results. To do this the Global Fund will use a ‘multi-track’ approach to program implementation, funding a diverse range of implementers in each specific country and disease context, with the role, operational experience and organizational capacity that match the interventions to be implemented.

The Global Fund will also collaborate closely with countries and partners to enable country level accountability and leadership in the active oversight of Global Fund investments, an essential part of good governance, dynamic grant management, and the integration of Global Fund investments within national health sector strategies and responses.

- **d. Improve effectiveness in challenging operating environments through innovation, increased flexibility and partnerships**

The Global Fund will adopt a tailored and context specific approach to grant implementation in COEs including the use of effective operating models and appropriate support for improved performance. This will provide for the innovations and flexibilities needed to be responsive within a changing context while maintaining accountability. Broader partnerships
will also be developed with those experienced in operating in challenging environments and well connected with community networks and leaders.

Challenging Operating Environments (COEs) are particularly critical to the Global Fund’s mission and objectives, as they account for a third of global disease burden for HIV, TB and malaria and 34% of Global Fund investments. For malaria particularly, half of the global burden and half of Global Fund investments are in COEs. Performance in COEs tends to be weaker than in other countries, due to major systemic and capacity gaps that greatly impact ability to implement programs.

In COEs affected by chronic instability, investment is needed to increase coverage of and access to services for the three diseases but also to build resilience through stronger community and health systems and efforts to remove human rights barriers to access and promote gender equality. In COEs affected by acute emergencies, Global Fund investments should primarily ensure continuity of treatment and essential services for people affected by HIV, TB and malaria and protect human rights.

a. **Support sustainable responses for epidemic control and successful transitions**

Greater attention to the **sustainability of investments and to successful transitions from Global Fund financing** is needed to maintain the gains of the past and ensure a strong base for future scale-up of interventions.

To best prepare countries to transition to fully domestically funding their three disease programs, the Global Fund will engage with all implementing countries now by supporting domestic resource mobilization, strengthening key aspects of the health system, analyzing opportunities for efficiency, evaluating dynamics in key product markets, supporting efforts to remove policy, legal and human rights barriers to services for those in need, advancing gender equality, and ensuring that the barriers which impede the ability of civil society to provide services and hold their governments accountable are removed.

As countries move across the development continuum, the Global Fund will support ‘transition readiness assessments’ which can detail which areas require more intensive focus and investment in order to be deemed ‘transition ready.’ In these situations, the Global Fund will work with countries to write transition workplans to inform final ‘transition grants’ and proactively engage with partners to facilitate a coordinated approach to planning for the transition. In exceptional circumstances, where it is clear that essential interventions targeting key populations and removing human rights barriers to services will not be supported, the Global Fund might continue to provide funding through non-government entities, or assist with access to alternative sources of funding.

Finally, the Global Fund will partner with the World Bank and regional development banks, and other financing institutions, to potentially facilitate access to optional financing mechanisms aimed at alleviating issues related to transition. For example the Global Fund may consider: the possibility of using a social impact bond to incentivize governments to eventually take over funding of successful programs targeting key populations in specific countries; the use of a Global Fund grant to buy-down a loan providing significant time and funding to allow for a 'long tail' of support following transition; or the provision of credit guarantees to enable governments to access the same pricing and terms for key health products that the Global Fund enjoys.

**STRATEGIC OBJECTIVE 2: Build Resilient and Sustainable Systems for Health**

*Strengthening systems for health is critical to attain universal health coverage and to accelerate the end of the epidemics*
Global Fund investment at country level is beneficial to the malaria, TB, and HIV programs but has many, diverse benefits for health more holistically. Through the Global Fund’s investments in the three diseases, the burden that they place on country systems and financing has lessened providing the necessary space and opportunity for country level decision-makers to address other priorities.

This is particularly important because building resilient and sustainable systems for health are critical to ending HIV, TB, and malaria as epidemics and ensuring better health overall. A strong underlying health system is essential to achieving universal health coverage through services that are accessible, efficient, integrated, and achieve impact.

Historically, more than one-third of Global Fund investments have gone to building resilient and sustainable systems for health. These investments have gone to support a variety of interventions and partners to strengthen systems for health. Going forward, the Global Fund will continue to support priority areas with a better defined strategic focus. Acknowledging that health systems are composed of various, interlinking parts, the Global Fund will focus on supporting the key areas that are most closely linked to its mission.

PLACE HOLDER KPI + SHORT EXPLANATION

Operational Objectives:
There are 7 operational objectives that contribute to this strategic objective. Implemented simultaneously, they will enable the Global Fund to deliver upon the objective of building resilient and sustainable systems for health.

a) Strengthen community responses and systems

Communities are critical actors in an effective response serving a vital role to broaden service reach, engage people to facilitate better health, improve access to health care, and overcome stigma, discrimination, and other human rights abuses. Despite the encouragement and establishment of policies to facilitate and finance community involvement in service delivery as well as advocacy and accountability for Global Fund grants, systematic and sustained support to community led responses can be strengthened further.

Going forward, the Global Fund will be intentional in its support to community responses and systems seeking to ensure that they are able to deliver upon their role effectively and continue to do so even after Global Fund support country ends. To do this, the Global Fund will develop clear guidance on planning and implementing community responses as part of an effective response. The Global Fund will also provide both technical and financial support to strengthen communities and community responses including working with partners at all levels to address any policy or technical barriers that may inhibit the response.

b) Support reproductive, women’s, children’s, and adolescent health, and platforms for integrated service delivery

In order to improve reproductive, women’s, children’s and adolescent health, it is crucial to ensure access to, and receipt of effective interventions and quality health care. Integration of services is essential for efficiency and to increase access so that overlapping conditions affecting health outcomes are addressed simultaneously. In this regard, the Global Fund will work with countries to ensure that grants contribute to addressing the
comprehensive needs of women, adolescents and children in an effective, accessible and user-friendly way.

The Global Fund will work with partners to support interventions impacting women, adolescents and children in ways that foster people-centered programming, with HIV, TB and malaria services integrated with RMNCAH\(^1\) services; for instance, facilitating access to cervical cancer screening for women living with HIV, and vice versa. In this context, Global Fund support may be used for antenatal care, childbirth, postpartum care, sexual health and family planning, and preventive and curative care for newborns and children, as well as care for survivors of gender-based and intimate partner violence. Services may be delivered through clinical and community based models, to reach women, adolescents and children who most need them.

c) **Strengthen global and in-country procurement and supply chain systems**

Over the next three years, approximately 40% of Global Fund support going to countries for their HIV, tuberculosis, malaria and HSS programs will be used for procurement and supply-chain management of health products. In-country supply chains, for many drugs and health products currently face end-to-end challenges, including issues related to forecasting and quantification, storage and inventory management, distribution, quality assurance, and information management and reporting. Coupled with increasing demand, this represents a risk to investments in health and can compromise expected outcomes.

In this context, the Global Fund will focus on working with countries to improve in-country procurement capacity and supply chains to maximize impact. Strong systems in this area are necessary for countries to have consistent access to critical health products and ensure that those products reach the point of care. In addition, strong procurement and supply chain capacity is essential to ensure that the Global Fund’s current investments and domestic financing by countries in health products are leveraged effectively and efficiently. This is especially critical as countries transition from Global Fund support.

d) **Leverage critical investments in human resources for health**

Human resources for health (HRH) are a key building block of health system functioning. Sound HRH policy and implementation is vital to maintaining and scaling-up health services in countries. It is essential to train, recruit, pay and motivate staff on a regular basis, within a sound policy framework, and develop ways to increase retention due to high outflows of staff to better-paid and resourced positions.

The Global Fund contributes substantive funding for HRH to enable the scale-up of services, and to attain broader public health goals. Going forward the Global Fund will continue to contribute to strengthening human resources for health, but will narrow the focus of these investments to increase the supply, retention and quality of health workers by taking a more long-term approach that is better coordinated and aligned at country level. In this regard, the Global Fund, with partners, will support countries to develop improved long term HRH plans, providing relevant financing and technical expertise, for example, to train community health workers, provide pre-service training and improve retention strategies.

e) **Strengthen data systems for health and countries’ capacities for analysis and use**

Good data is essential for good decision-making. Systematic efforts and long-term investments in routine data systems are needed to improve the availability and quality of

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1 RMNCAH stands for “reproductive, maternal, newborn, child and adolescent health”
data for analysis and use in strategic decision-making; and to provide capacity for better targeting of programs, improving quality and providing for more efficient service delivery.

Acknowledging this, the Global Fund will continue to maximize existing efforts and resources from all global and domestic partners to improve data availability, data quality and data use at the national, local and community level through coordinated investments in national data systems. More specifically, the Global Fund will systematically invest in country-specific M&E plans to inform program design, track program implementation, and measure impact. **These investments should help ensure that countries have systems in place to provide the data needed to allow them to target and manage programs to fight the three diseases.**

In addition, Global Fund investment in country data systems and tools for assessing data quality will allow for the use of transparent data to maximize program efficiency and quality through effective policy and management decisions. This targeted effort will also include enabling communities and local providers to use and act upon this data to **alleviate issues with program quality and barriers to accessing services.**

f) **Strengthen and align to robust national health strategies and national disease-specific strategic plans**

National Health Strategies and disease specific strategic plans are necessary to ensure alignment of country supported programs with the real health needs of the population. They are essential to generate buy-in across all stakeholders within the health sector on country level priorities, and enable countries to take a longer term perspective on what they hope to achieve with the resources available for the health sector.

Additionally, in countries with significant external aid, national health policies, strategies, and plans are often used as tools to improve aid effectiveness, increase alignment, and build accountability at all levels. **Acknowledging the importance of strong national health strategies with corresponding disease specific plans to the success of programs to fight the three diseases,** the Global Fund will work with countries to strengthen these plans, including the underlying health financing components where needed. The Global Fund will continue to adhere to the principles of aid effectiveness, and work with national governments, partners and country level implementers to ensure that disease plans are appropriately costed and implemented, linked to national health strategies, and that all support is harmonized, aligned and recorded in national budgets.

g) **Strengthen financial management and oversight**

Strong public financial management (PFM) is essential for a strong health system. Systems that are transparent and well-performing allow for greater accountability and better assurance that the health system is functioning in an effective, efficient, and equitable way. Historically countries, with support from the Global Fund, have invested in PFM systems through a variety of activities which include promoting financial accountability to provide effective oversight of public financial management processes and performance; supporting training to deepen knowledge about best practices in public financial management; and developing and implementing relevant tools, regulations and processes for improvement.

Going forward the Global Fund will continue to build upon these investments, working towards integrating financial management of its investments within country systems. **This will build PFM capacity in countries and enhance the efficiency, accountability, and transparency in monitoring and reporting of health and three disease spending.** Additionally, the Global Fund will support countries to implement health financing and policy reforms including integration into national health insurance and
application of performance based financing schemes, potentially expanding access and coverage of their populations.

STRATEGIC OBJECTIVE 3: Promote and Protect Human Rights and Gender Equality

Promoting and protecting human rights and gender equality is required for progress against the three diseases

Stigma, discrimination, and violations of other human rights are major barriers to an effective response. Consequently, promoting and protecting the rights of people living with the diseases, as well as the rights of women, children and members of vulnerable and key populations is essential. This not only reduces the personal suffering that can be associated with living with the diseases, but also helps to create an enabling environment that encourages people to take up and use services. Success in such efforts requires moving from rhetoric to investing in the very practical programs that have been shown to reduce human rights barriers to access, increasing uptake of and retention in services, and ultimately increasing the efficiency of Global Fund investments.

Research shows very clearly that gender inequities are a principle driver of HIV and TB epidemics, and a determinant of impact. Understanding the gendered dimensions of the diseases, and associated gender-related barriers is critical to making targeted, strategic investments. While national strategies have improved vis-à-vis using data for decision making, the use of age and gender disaggregated data needs to be expanded and improved. Correspondingly, many national strategies do not include comprehensive investments and approaches to address gender and age related barriers to services and underlying gender inequalities which increase health risks and make programs less effective.

In many contexts women and girls disproportionately bear the socio-economic burden of HIV, TB, and malaria and may face multiple forms of stigma, discrimination, violence and other human rights violations that inhibit their access to health care and health. This includes girls or women who are part of marginalized communities such as transgender women, female prisoners, and women who use drugs. In parts of sub-Saharan Africa, rates of HIV among young women and adolescents are significantly higher than their male counterparts, adolescent girls make up as much as 80% of new infections in some high burden countries. Increased investments and scale-up of effective, innovative programs that are centered on the individual are imperative to change outcomes for women and girls.

OPERATIONAL OBJECTIVES:

There are five operational objectives that contribute to this strategic goal. Implemented simultaneously, they will enable the Global Fund to deliver upon the goal of promoting and protecting human rights and gender equality.

a) Scale-up programs to support women and girls, including programs to advance sexual and reproductive health and rights

In many contexts, particularly sub-Saharan Africa, women and girls have been disproportionately impacted by HIV. Globally, 80% of women between the ages of 15-24 who are HIV positive live in sub-Saharan Africa. In this region, a young woman is twice as likely to contract HIV as a young man, and in some countries that ratio can be 5:1. In the hardest hit countries, girls account for 80 percent of new infections among adolescents. Part of this vulnerability is driven by harmful gender norms and specific human rights issues that
women and girls face, combined with specific prevention and treatment needs that require services to be better tailored.

The Global Fund’s Gender Equality Strategy and related Action Plan written in 2014, highlighted the need for strategic, high-impact, gender-responsive investments, with a particular focus on addressing the needs of women and girls. Going forward the Global Fund will continue to build upon the gains made through implementation of this action plan to scale-up combination prevention and tailored treatment programs, while addressing the social, political and economic determinants of health. This should contribute to a **measurable decrease in HIV incidence rate in young women and girls in a subset of sub-Saharan countries**. Interventions will include peer-based comprehensive sexuality education, violence prevention and care, psycho-social support including creation of safe and age-appropriate spaces, Pre-exposure prophylaxis (PrEP) pilots in select countries, support for building on existing cash transfer programs (additional targeting, or psycho-social components), as well as expansion of HIV testing and ART coverage, and linkages to comprehensive sexual and reproductive health services.

In addition, the Global Fund will continue to build upon investments made to increase women’s relational power, acknowledging that this is a major contributor to HIV incidence among women and girls. This includes engaging men and boys in changing harmful gender norms.

Finally, there is strong evidence that keeping adolescent girls and young women in school not only reduces their vulnerability to HIV infection but can enable them to become healthy, educated and financially independent women who make well-informed choices about their lives. Reaching adolescent girls and young women with services that span health and education will be a priority for the Global Fund. Working together, through partnerships, investments in the Global Fund will **help to enable adolescent girls and young women to have access to both better health and greater education**.

**b) Invest to reduce health inequities including gender- and age-related disparities**

For countries to make strategic investments in the right people in the right places they must understand the gender and age dimensions of the epidemics. National responses and, in turn Global Fund grants that support them, must integrate analyses and budgeted programming that differently addresses the specific needs of men and boys, women and girls, and transgender communities. Further, addressing gender inequality requires an analysis of the gendered obstacles that prevent men, women and transgender individuals from protecting themselves against health risks, and obtaining critical prevention and treatment services. Provision of age- and gender-appropriate prevention and treatment services is increasingly recognized as critical to address unmet and special needs of different age groups such as children, adolescents and older people.

In order to **support countries in advancing gender equality**, the Global Fund will continue to work in partnership to develop systems to appropriately disaggregate by sex and age data, enabling them to appropriately tailor their approaches. This will include supporting the development and implementation of gender-responsive national health strategies which proactively target gender-related barriers to services. The Global Fund will also refine its systems to analyze and use data to drive investments and adapt approaches as the epidemics shift. Simultaneously, the Global Fund will work closely with partners to monitor this work by developing and implementing gender assessment and investment tools to ensure national strategies and investments are addressing different needs.
c) Introduce and scale up programs that remove human rights barriers to accessing HIV, TB and malaria services

Human rights barriers to accessing HIV, TB and malaria services are well documented. The majority of Global Fund concept notes identify these barriers as one of the major factors that limit access to Global Fund-financed health programs.

However, despite some progress in recent years, investment in programs that help remove these barriers remains minimal, seriously reducing the impact that could have been achieved if barriers were addressed. Analysis of grants over the past 15 years shows that many grants do not contain any of the key programs to remove human rights barriers, or include only one or a couple of them. Even where country grants include some of the key programs that are needed, they are rarely scaled up, remaining available only in a few settings, reaching only a small proportion of people in need.

To reduce human rights barriers and gender inequalities, strategic investments in comprehensive, scalable programs are crucial to end the epidemics. Going forward, the Global Fund will vastly intensify efforts to introduce and scale up programs that are needed to remove human rights barriers to access, focusing on countries with particular needs and/or opportunities for introduction and scale-up of programs, and in middle-income countries, particularly those nearing transition. This will be accompanied by a major effort, undertaken with partners, to further increase the evidence of the health impact of interventions to reduce human rights barriers.

d) Support meaningful participation of key and vulnerable populations and networks in Global Fund-related processes

Since its inception, the Global Fund has promoted a rights-based approach with an emphasis on strengthening the participation of affected communities in health governance. By ensuring that human rights principles - including non-discrimination, gender equality, safety and confidentiality of participation, transparency and accountability - are integrated throughout its structures and processes, the Global Fund maximizes the critical inputs made by key and vulnerable populations, and places a high value on developing an inclusive working relationship with them.

The Global Fund will continue to champion meaningful engagement of key and vulnerable populations, as a necessary step towards increasing investments in evidence-based and rights-based programming which deliver greater impact on the responses to the three diseases and which strengthens local accountability. Additionally, specific efforts will be made to catalyze sustained engagement of key and vulnerable populations in decision making processes in transitioning country contexts.

e) Integrate human rights considerations throughout the grant cycle and in policies and policy-making processes

The Global Fund’s commitment to promoting the right to health is clearly reflected in its guiding principles. Integrating human rights considerations in all aspects of the Global Fund work and adopting rights-based policies and policy-making are part and parcel of the Global Fund’s overall mission. Integration of human rights principles ensure that each stage of the grant cycle from designing grants to their implementation, management, monitoring and evaluation are done through meaningful engagement with affected communities and without discrimination, respecting the human rights standards to which the Global Fund subscribes.

Moving forward, the Global Fund will continue to mainstream human rights principles and standards in all aspects of its work, including by conducting human
rights reviews of the policies and policy making processes. In addition, efforts will be made to strengthen human rights due diligence in risk assessment to reduce the risk of human rights violations in the grants, and to identify what can be mitigated by safeguards or practical human rights interventions that can be incorporated into the grants. Other efforts will include closer and more systematic collaboration with technical partners and other in-country partners, including communities of affected persons, to ensure participatory dialogue processes. Human rights capacity will also be strengthened at the Secretariat and in other relevant bodies - including the Local Fund Agents, Technical Review Panel, and Office of the Inspector General – to ensure that the Secretariat, its agents and independent bodies understand the human rights implications of their work and how integrating human rights principles can improve outcomes.

STRATEGIC OBJECTIVE 4: Mobilize Increased Resources

*Increased programmatic and financial resources from diverse sources are needed to accelerate the end of the epidemics*

According to its framework document, the Global Fund was established to ‘attract, manage, and disburse’ additional resources to support the fight against the three diseases. Since its inception, the Global Fund has attracted over $35 billion from new and traditional donors. This includes contributions from donor governments, foundations, and the private sector. These contributions are complemented by resources raised through innovative mechanisms such as Debt2Health.

In addition, the Global Fund, through co-financing requirements, has incentivized governments to put additional domestic resources into their health and three disease programs. Impact analysis of co-financing programs during the implementation of the Global Fund’s allocation based funding model demonstrated that additional investments of $5.9 billion were committed in domestic co-investment during the period of 2015-2017 alone.

In addition to mobilizing resources, the Global Fund also strives to ensure that those resources are used efficiently. The scale of procurement financed by Global Fund grants, allows it to help countries access better pricing for essential drugs and commodities. By providing guidance on how best to use health technology assessments, it supports implementers to determine what type of data and decision analysis might be useful prior to adopting a new approach or technology. To support the identification of potential allocative or technical efficiency savings the Global Fund works with a diverse group of experts in academia and technical agencies to complete the needed analysis. And finally, the Global Fund engages the private sector to innovate, strengthen health systems, and support program implementation.

PLACE HOLDER KPI + SHORT EXPLANATION

Operational Sub-Objectives:

There are 4 operational objectives that contribute to this strategic goal. Implemented simultaneously, they will enable the Global Fund to deliver upon the goal of mobilizing increased resources.

a) Attract additional financial and programmatic resources for health from current and new public and private sources

The Global Fund will continue to deliver on this mission to mobilize resources for HIV, TB, malaria, and health overall. Past and current commitments have come in
large part from donor governments but also increasingly from private sector donors including foundations, corporations and High Net Worth Individuals (HNWIs), all of whom are convened regularly through an established replenishment mechanism. Additionally a major gifts strategy is guiding efforts to engage trusts, foundations and high-net-worth individuals. It aims to mobilize significant funds for the Global Fund, engage public and private actors to help countries achieve impact against the three diseases, and establish country-led vehicles for sustainable health financing.

Beyond financial resources, the Global Fund will also continue its efforts to mobilize partners’ expertise, solutions and approaches to enhance program effectiveness and to solve common program implementation challenges, thus increasing the value for money of Global Fund investments.

b) Support countries to use existing resources more efficiently and to increase domestic resource mobilization

Increased domestic investments in health are a pathway to real sustainability of programs. Historically, the Fund has incentivized this financial commitment through co-financing requirements. The Global Fund will continue to evolve its strategy to best leverage domestic resources for health and the fight against the three diseases through a co-financing policy tailored to support countries as they move along the development continuum.

The Global Fund will complement these requirements by continuing to strengthen the other components of the Global Fund’s domestic resource mobilization strategy, including supporting country led advocacy efforts, providing both technical support and funding to advocates including civil society and communities. The Global Fund will continue to work with partners to stimulate discussions with key decision-makers at country-level such as Ministers of Health and Finance, Parliamentarians, and other political leaders who are influential in allocating funding to health. The Global Fund will also continue to support and coordinate the provision of technical assistance with partners to ensure that countries have robust and comprehensive national health financing strategies underlying their strategic plans.

To further incentivize domestic financing for health, as also noted under Strategic Objective 1, the Global Fund will continue to support partner and country engagement in innovative financing mechanisms such as Debt-to-Health, and explore the possibility of social impact bonds and blended financing models.

Finally, across all contexts the Global Fund, working with technical and academic partners, will support countries to maximize the allocative, programmatic, and technical efficiency of their programs to enable greater impact utilizing the same level of resources while not compromising program quality.

c) Implement and partner on market shaping efforts that increase access to affordable, quality-assured key medicines and technologies

In 2013, approximately 45% of the USD $3.9 billion disbursed by the Global Fund was used to finance the procurement of health products. As a large financing institution that also negotiates procurement terms through its Pooled Procurement Mechanism (PPM) and sets policies related to procurement, supply management, quality assurance and product selection, the Global Fund impacts markets both on the supply and demand side. The Global Fund also helps to ensure market transparency through its Price and Quality Reporting mechanism and other resources, such as its Viral Load and Early Infant Diagnosis Selection and Procurement tool.
Going forward the Global Fund will proactively and deliberately leverage its market position to facilitate healthier global markets for health products, now and in the future. It will implement the principles and initiatives outlined in its Market Shaping Strategy, many of which focus on the availability, affordability and quality of key health products. Among other areas, this includes facilitating market transparency by strengthening the PQR and other data-sharing mechanisms, and supporting global forecasting efforts.

The Global Fund will simultaneously deploy strategic procurement practices through the PPM to encourage competition and ensure product availability, as well as leveraging the Expert Review Panel mechanism to accelerate the entry of multiple quality-assured suppliers in key product categories. At a fundamental level, it will continue to require that health products financed by the Global Fund meet quality assurance standards, while strengthening its policies for diagnostics and other non-pharmaceutical health products.

Finally, the Global Fund will ensure that the benefits of market shaping interventions are extended to all recipient countries by developing resources to inform product selection, disseminating information about references prices and other procurement data, and extending framework agreements negotiated through the PPM to countries seeking to access them, including those procuring with domestic funds.

d) Support efforts to stimulate innovation and facilitate the rapid introduction and scale-up of cost effective health technologies and implementation models

In addition to optimizing the Global Fund’s spend on mature products, it is critical to scale up new products that may provide new clinical benefits or be more cost effective than current treatments. **This ensures that the Global Fund’s resources are used effectively and efficiently** and enables countries to use savings on other priority interventions or to expand coverage. Furthermore, given its role as a financing institution of country programs, the Global Fund can make its most significant contribution to supporting innovative technologies, with partners such as UNITAID, to facilitate smooth product introduction and scale-up, reducing the risk of investing in product development.

Using its Market Shaping Strategy, the Global Fund will work with partners to develop and implement strategic “roadmaps” for scale up of key products. Tools to do this include strategic procurement practices, the Expert Review Panel, and its revolving fund for advance commitments which the Global Fund will expand with the goal of reducing the risk of market entry. This will result in **lower prices and will stimulate more sustainable demand for new products**. The Global Fund will serve to both promote innovation, by reducing the risk of market entry, and will facilitate smoother product introduction, as well as accelerating product scale-up.

Finally, the Global Fund will coordinate with technical partners to provide clear guidance incorporating health technology assessment into country decision-making. It will maintain relationships with experts in the field of cost effectiveness modelling and connect recipients with these resources to inform country-driven health technology assessment. Through individual grants and at a central level, the Global Fund will also fund cost effectiveness studies to inform country decisions about resource allocation and product selection.

**STRATEGIC ENABLERS:**

Finally, the success of the Global Fund strategy is dependent upon two fundamental elements, termed the strategic enablers. They include:
1. **Innovate and Differentiate along the Development Continuum**

To maximize the impact of all investments whether in disease programs, resilient and sustainable systems for health, gender or human rights specific interventions, the Global Fund will differentiate its approach. The approach will be tailored not only to the disease burden and income level of a country, but take into account many factors, including: epidemiologic and other socio-political contextual factors, financing gaps, fiscal space, absorptive capacity, risk and where and how the Global Fund with partners can have the most catalytic impact.

Simultaneously the Global Fund will evolve the way it operates to respond more effectively to the diverse range of contexts where its grants are implemented. Team structures and processes will be altered so that rather than one size fits all engagement with countries, the Global Fund can adopt a more nuanced approach to its responses. Countries will be classified into categories within the portfolio with differing levels of associated requirements.

2. **Support Mutually Accountable Partnerships**

The Global Fund operates as an innovative partnership between governments, international development partners working on the three diseases and in the broader health and development, civil society, the private sector, and communities living with or affected by the diseases. Each of these partners brings to the table unique expertise and reach which are essential to the success of the Global Fund partnership. As the Global Fund is a financing mechanism, without an in-country presence, partnership is essential to the success of many aspects of its model.

The Global Fund’s Partnership Strategy, adopted in 2009, details the six areas where this partnership is absolutely essential beyond grant implementation. They include: Ensuring good governance, representation and oversight through Global Fund supported bodies such as the CCM; Providing technical assistance for varied aspects of the grant application and implementation process; Facilitating greater harmonization and alignment in accordance with the Aid effectiveness agenda; Mobilizing resources to support programs for health and the three diseases; Engaging in policy discussions and successful advocacy; and facilitating effective communication and information sharing.

Since the last strategy period, the Global Fund has partnered with a number of entities to achieve specific outcomes in some of these areas. These include, for example, the World Health Organization (WHO) to provide technical support during concept note development; and the Implementation through Partnership Initiative (ITP) to support key countries to effectively utilize their Global Fund grants. During the 2017-2022 strategy period, the Global Fund will continue to proactively evaluate opportunities for targeted partnerships such as these.
How We Got Here

Over the past 15 years, based upon its model of inclusive partnership, the Global Fund has contributed to immense progress in the fight against HIV, TB, and malaria. Through a collective effort, combining the strong contributions by governments, civil society, the private sector and affected communities, the Global Fund is disbursing approximately $4 billion per year to prevent the premature deaths of 17 million people globally\(^2\) from HIV, TB, or malaria; putting the partnership on track to save 22 million lives by the end of 2016. This represents a decline of one-third in the number of people dying from AIDS-related illnesses, TB and malaria since 2002 in countries where the Global Fund invests.

Lives Saved

Investments through Global Fund programs have not only fought the three diseases but built and strengthened systems so that they are better able to deal with health challenges. Hospital beds that used to be filled with HIV, TB and malaria patients are now available for other priority health needs. These same programs have reduced stigma and discrimination, mobilized communities, and built the service and advocacy capacity essential to the establishment of sustainable, nationally supported programs.

In southern and eastern Africa, where women and girls are heavily and disproportionately affected by HIV, AIDS-related deaths among women aged 15 years and above declined by 58 percent from 2005-2014 in 13 key African countries where the Global Fund invests. And in regions and countries with concentrated epidemics where key populations have traditionally been highly stigmatized and excluded from services, the Global Fund has supported focused prevention and treatment efforts, programs to reduce human rights and legal barriers to health services, and increased participation of key populations in national and local public health decision-making.

\(^2\) Cumulative by the end of 2014
The success of the Global Fund is possible, in part, because of its unique model. The work of the Global Fund is driven by 4 principles enshrined in its framework document—partnership, country-ownership, performance based financing, and transparency—which have empowered and built capacity among implementers globally to take on the fight against the three diseases, while ensuring that their work is supported by the diverse range of partners within the health sector.

Driven by these principles, the Global Fund partnership delivers global health financing for impact and can rapidly adapt and respond to the changing health and development landscape. During implementation of the 2012-2016 Strategy, the Fund refined its model to increase the impact and predictability of this financing for countries. Greater focus was put on supporting national health strategies to increase alignment and improve the sustainability of country-owned health programs. Support for grant implementation success was scaled-up, using a more iterative process to engage with countries to ensure strong technical approaches to the three diseases were funded where they are needed most.

Overcoming human rights barriers became a key objective of the Fund, with strengthened internal capacity and grant funding for communities, rights and gender. And the Global Fund partnership continued its critical role raising additional resources for the fight against the three diseases and for global health, including expanding innovative financing approaches, assisting countries to leverage new domestic resources, and bringing in new private sector donors to the fight.

The Global Fund’s Priorities
The Global Fund has a significant and catalytic role to play in the global response to HIV, TB, and malaria. Through its model of inclusive partnership, the Global Fund serves as a galvanizing force, rallying external and domestic champions and funders to the cause of fighting the three diseases and improving global health.

This partnership continues to evolve within a changing world context. This context is one where more than 50% of the burden of each of the three diseases and the majority of the world’s poor now live in countries classified by the World Bank as middle income. Simultaneously concentrations of disease and people living in poverty remain in low income fragile states, where too many have been left behind the progress of the last decade. The priorities of the global health agenda are expanding beyond the focused priorities of the MDGs to include critical issues such as health and communities systems strengthening, Universal Health Coverage, anti-microbial resistance, non-communicable diseases, and global health security. And global health progress is increasingly linked to progress in other areas of development and human rights. Efforts to end the three diseases are intimately connected to efforts to eliminate extreme poverty, empower women, enable greater access to education, reduce hunger, combat climate change and encourage inclusive economic growth.

The Global Fund is founded upon 4 Principles:

**Partnership**—Governments, civil society, communities affected by the diseases, technical partners, the private sector, faith-based organizations, and other funders work together to achieve impact. All those involved in the response to the diseases are involved in the decision-making process.

**Country-ownership**—Countries design, lead, and manage their programs.

**Performance based financing**—Ongoing financing depends upon performance and proven results.

**Transparency**—A high degree of transparency is adhered to in all Global Fund work including applications for funding, funding decisions, grant performance, results, governance, and oversight.

Investing to End Epidemics
Through the Global Fund’s Strategy for 2017-2022 the Fund will leverage its unique role and partnership model to increase effectiveness and maximize impact on the path to ending HIV, TB, and malaria as public health threats. There has been immense progress, but further success has been affected by implementation and scale up challenges.

**HIV**

Major challenges remain to continued progress and creating an equitable response to the HIV epidemic. Incredibly alarmingly, women in sub-Saharan Africa are twice as likely as their male counterparts to contract HIV. In some areas young women and girls are up to five times more likely to acquire HIV than their male peers. In every country in the world key populations are at substantially higher risk of acquiring HIV and are not benefiting equally from the scale-up of programs. For example, approximately 50% of countries report that fewer than half of men who have sex with men know their HIV status, and most don’t have access to the services they need. Women sex workers are 14 times more likely to be living with HIV than other women, and transgender women 50 times more likely than the general population. Too many countries fail to provide opioid substitution therapy or access to sterile needles and syringes for people who inject drugs. And even where services for key populations exist, human rights barriers limit access to these services and often remain unaddressed.

This is in the context of an unprecedented response to HIV over the last 15 years. In 2000 a global public health response to the HIV epidemic didn’t exist. In 2015 almost every country is implementing prevention and treatment programs which are driving major progress against the disease. The number of adults and children newly infected with HIV globally declined by 35% during 2000–2014; and the number of people dying from HIV-related illnesses has declined by 24% during that same time period and by over 40% since 2004. By mid-2015 almost 16 million people were accessing treatment, the majority of whom are in the Global South. Since the dawn of the new millennium, the progress, which the sceptics of the time said was unachievable, has become the reality for millions of people.

**TB**

For further progress in TB, substantial investment is still required, particularly with the existing and future threat of MDR-TB and XMDR-TB, and its co-morbidity with HIV. Recent TB prevalence surveys in a number of countries led to substantial upward revision of estimated new TB cases (9.6 million in 2014; 12% co-infected by HIV), and over a third were not diagnosed, registered, or treated. In 2014, TB killed 1.5 million people making TB a leading cause of death worldwide. Drug resistant TB constitutes a serious threat with only a quarter of the estimated half a million drug resistant TB cases treated globally and only half of those who initiated treatment were successfully treated.

Additionally, TB is the leading cause of death among people living with HIV and globally, people living with HIV are approximately 26 times more likely to develop active TB than those without HIV. Progress has been made to integrate TB/HIV activities over the past 15 years but much more remains to be done. For example, in many places screening for active TB is still not routinely offered to those living with HIV, and individuals diagnosed with TB are not routinely offered HIV testing.

Progress in the fight against TB has been significant. TB associated mortality and TB prevalence have fallen by 47% and 42% since 1990 respectively, with much of the
decrease taking place since 2000. Effective diagnosis and treatment of TB is estimated to have saved 43 million lives between 2000 and 2014. Globally, TB incidence has fallen by an average of 1.5% per year since 2000 with a cumulative reduction of 18% until 2014. So, while there are challenges as outlined above, there are significant successes to build upon.

**Malaria**

The fight against malaria still requires significant investments. Over 3 billion people remained at risk of malaria infection in 2013. *P. falciparum* resistance to artemisinins has now been detected in five countries in the Greater Mekong sub-region (GMS). Despite the observed changes in parasite sensitivity, which manifest in the form of delayed parasite clearance, patients continue to respond to combination treatment, provided the partner drug remains effective. If resistance develops to the partner drug, treatment failures with ACT are likely to increase, as has already been observed in some areas. In addition, failure to rapidly clear parasites could compromise the use of artemisinin for the treatment of severe malaria.

New drugs may become available but they are likely to be more costly and less accessible than those that are already used, disproportionately affecting the poor. There is emerging insecticide resistance among the major malaria vectors and against all four recommended classes of insecticides. Together resistance to drugs and insecticides represent a significant threat to gains made in the fight against malaria.

Successes against malaria have been dramatic. Since 2000, global malaria mortality rates have declined by 47% in all age groups and by 53% in children under 5. Additionally, as of 2014, two countries reported zero indigenous malaria cases for the first time, 12 countries maintained zero cases, and four reported fewer than 10 annually. These incredible results are due to the scale up and expansion of interventions such as artemisinin-based combination therapy, long-lasting insecticide treated nets and reintroduction of indoor residual spraying.

Despite the enormous challenges that remain, through partnership, major progress is possible in the fight against HIV, TB, and malaria during the 2017-2022 strategy period. The Millennium Development Goal target of reversing the spread of HIV, TB and malaria was met in 2015, and exceeded in most countries where the Global Fund invests. Analysis performed with partners, based on their global plans, demonstrates that because of these remarkable gains, the global response to the three diseases can now be “fast-tracked” to significantly reduce new infections and deaths. By aligning with these plans, the world can make greater headway and reach historically low levels of HIV, TB and malaria.

Success in this ever changing context requires an acknowledgement that there are a number of priorities which will significantly influence the potential for impact within responses to the three diseases. For the Global Fund, these include four critical areas where efforts will be focused during the next strategy period:

**Building resilient and sustainable health systems** are crucial to ensuring that people have access to effective, efficient, and accessible services through well-functioning and responsive health and community systems. Health systems should be built on and responsive to: strong data systems; trained and motivated health workers who can interpret and deliver upon that data; strong and systematic community engagement; reliable supply of drugs and commodities; good infrastructure and accountability at all levels. This must be

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3 See Annex 1
backed by significant political will and with funding which is based on evidenced-based plans and policies.

**Greater efforts to promote and protect human rights** are essential to end the three diseases by 2030. Currently, human rights barriers are preventing millions of people from being able to access prevention, treatment and care. People living with HIV and TB still experience stigma and discrimination because of their health status; sex workers, men who have sex with men, transgender people, people who use drugs, prisoners, migrants and refugees are being driven away from health care and marginalized by harsh legal and social environments. Because of human rights barriers, the people most affected by HIV, TB and malaria are often the ones with the poorest access to health services.

**Gender inequality** drives increases in infection rates, and contributes to differential access to health services for men, women and transgender people. Gender inequality reduces the ability of women and girls to protect and keep themselves healthy, and access social services like education. Intimate partner violence, and other forms of violence, significantly exacerbate the risk of HIV transmission for women and transgender people across all contexts, and women and girls face barriers to the negotiation of safer sex because of unequal power dynamics with men.

**Mobilizing increased resources** is required for successful scale-up of the response to the three diseases. The global technical strategies against HIV, TB and malaria note the requirement to front-load investments during the next strategy period to maintain the gains made to date and accelerate progress. Increased financing for the Global Fund is critical, but equally important is strong and continued bilateral investment. The private sector, foundations and high-net worth individuals are strengthening their efforts, increasingly through innovative partnerships with the Global Fund and others. Market shaping with partners including UNITAID can increase access to and affordability of medicines while ensuring healthy markets for new and essential health products. Most critical is the increased investment of domestic resources for health, the sustainable future of health financing for most countries.

**Global Fund Contribution to International Financing**
Total Resources in the Fight against the Three Diseases

The Potential for Impact
While progress made over the past 15 years represents a remarkable achievement in Global Health and the fight against the three diseases, there is still significant work to be done. To accelerate to achieve the SDGs, investment in global health and the three diseases is imperative now more than ever.

Sustainable Development Goals
This Strategy links particularly to the following SDGs:

GOAL 1 End poverty in all its forms everywhere
GOAL 3 Ensure healthy lives and promote well-being for all at all ages
GOAL 4 Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all
GOAL 5 Achieve gender equality and empower all women and girls
GOAL 10 Reduce inequality within and among countries
GOAL 16 Peace, justice and strong institutions

A September 2015 statement by the Lancet Commission on Investing in Health states that ‘this generation has a historic opportunity to achieve a grand convergence in global health, reducing preventable maternal, child, and infectious disease deaths to universally low levels by 2035.” The global community is on the right side of the tipping point, and it is essential to take advantage of this historic opportunity and work, in partnership, to end AIDS, TB, and malaria as public health threats. The last 15 years saw the achievement of targets set by MDG 6, now it is imperative to deliver even greater results and reach the SDG targets. These targets highlight the importance of mitigating the impact of the three diseases on individuals, communities, and countries, paving the way for advances in reducing inequality, alleviating poverty, expanding access to education, empowering women, and contributing to greater economic progress, well-being and social justice for all.

In 2014 and as the world moved towards these Sustainable Development Goals, the Global Fund Board launched the most inclusive and consultative strategy process in its history. Under the leadership of the Strategy, Impact and Investment Committee, three regional Partnership Forums were held with over 300 participants from 128 countries. A twelve week
E-consultation was held on specific aspects of the next strategy, with over 1,200 participants from 143 countries. Dozens of smaller meetings and consultations sought to bring the best expertise and feedback into the Global Fund strategy process.

This effort was designed for three main purposes. First, to assess joint progress and to take stock of how best to adapt to a changing health and development landscape. Second, to consult widely within the Global Fund community about priorities for the future, what is working well and what can be improved. And finally, to chart a path for the new 2017-2022 Strategy towards an improved, focused, accountable and impactful Global Fund for the future.

This [draft] Strategy is the result of these extensive consultations, evidence gathering and analysis. Through it, the Global Fund will support countries to maximize impact against the three diseases through more focused engagement on high burden countries, key and vulnerable populations, and across the development continuum. It will support countries to strengthen and build resilient and sustainable systems for health, while proactively working with them to address human rights and gender related barriers to health. The Global Fund will differentiate its approach to engagement, ensuring that support is given in a way that is tailored to country contexts and needs. It will continue to serve as a catalyst for change, mobilizing resources to fight the three diseases. And it will do all of this through its unique model of inclusive partnership.
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<tr>
<th><strong>Global Plans - Targets</strong></th>
<th><strong>HIV</strong></th>
<th><strong>By 2020:</strong></th>
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<tbody>
<tr>
<td>Fast Track / UNAIDS Strategy</td>
<td></td>
<td>• Fewer than 500,000 new infections and 500,000 AIDS related deaths</td>
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<tr>
<td></td>
<td></td>
<td>• 90% of people living with HIV know their status</td>
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<td></td>
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<td>• 90% of those people tested will be on treatment</td>
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<td></td>
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<td>• 90% of those on treatment will be virally suppressed</td>
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<th><strong>TB</strong></th>
<th><strong>By 2020:</strong></th>
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<tr>
<td>End TB Strategy/Global Plan to End TB</td>
<td>• 20% and 35% decline in TB incidence rate and TB deaths respectively, compared with 2015</td>
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<tr>
<th><strong>By 2025:</strong></th>
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<tr>
<td>• At least 90% of all people with TB diagnosed and all placed on appropriate treatment</td>
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<tr>
<td>• As part of this approach, at least 90% of key populations reached</td>
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<tr>
<td>• At least 90% of all people diagnosed with TB treated successfully</td>
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<tr>
<th><strong>MALARIA</strong></th>
<th><strong>By 2020:</strong></th>
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<tr>
<td>Global Technical Strategy for Malaria</td>
<td>• At least 40% reduction in malaria mortality and malaria case incidence, compared with 2015</td>
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<td></td>
<td>• Elimination in at least 10 countries</td>
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<td>• Malaria re-establishment prevented in all malaria free countries</td>
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<th><strong>By 2025:</strong></th>
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<tr>
<td>• At least 75% reduction in malaria mortality and case incidence, compared with 2015</td>
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<tr>
<td>• Elimination in at least 20 countries</td>
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<td>• Re-establishment prevented</td>
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