The Global Fund to Fight AIDS, Tuberculosis and Malaria

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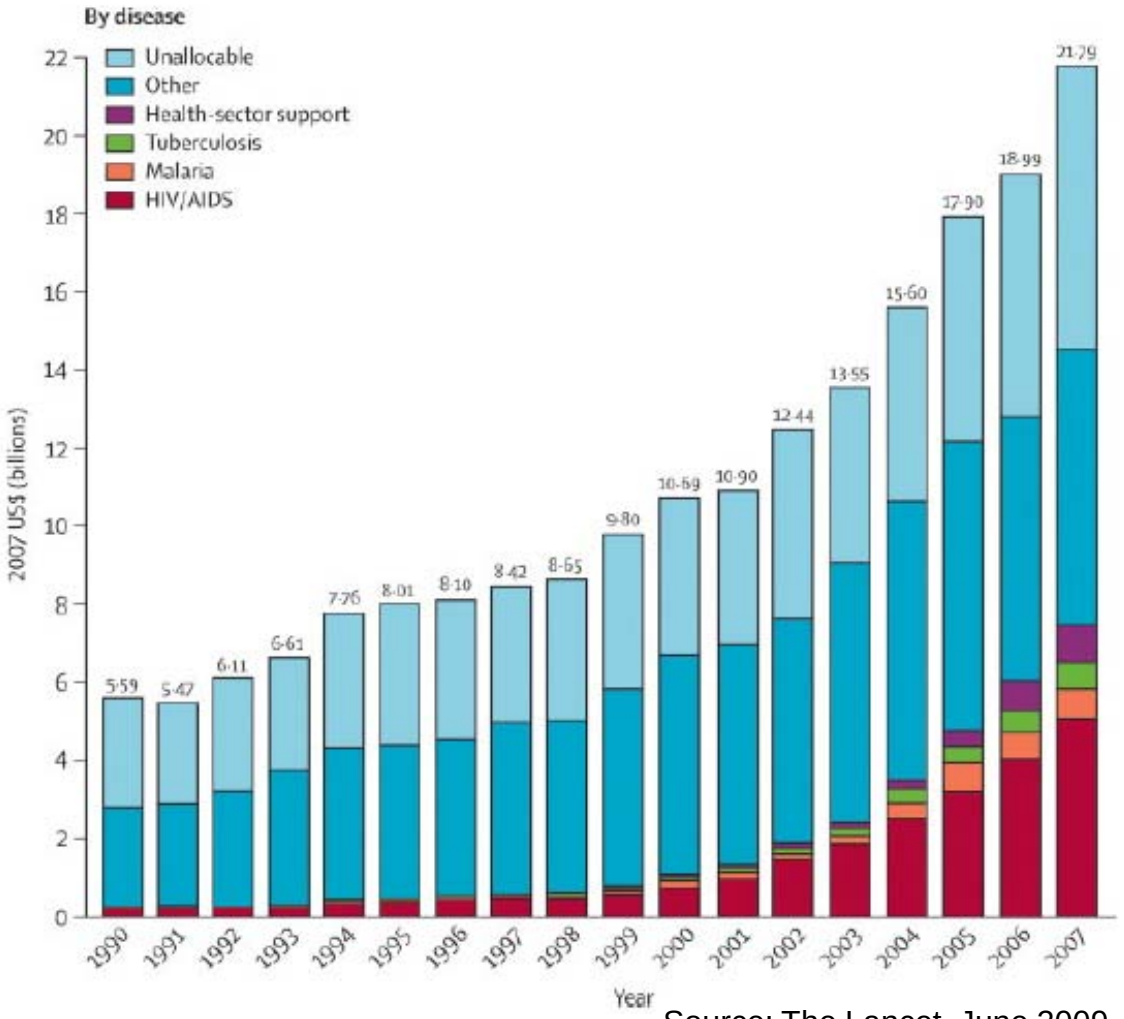
Progress made globally in ten years

- **HIV/AIDS**
  - 2000: virtually no one living with AIDS in low- and middle-income countries was receiving ART
  - At the end of 2008, over 4 million people had gained access to AIDS treatment (40% of those in need)
- **Malaria**
  - 2000: was a neglected disease.
  - Today, in 10+ endemic African countries in Africa have reported
    - declines in new malaria cases and
    - an impressive decline in child mortality of 50 to 80%
- **Tuberculosis**
  - 2000: Prevalence of TB was 220 per 100,000
  - 2008: Prevalence of TB was 170 per 100,000
  - Today: the world is on track to meet the international target of halving TB prevalence by 2015.
    - TB is being diagnosed much more effectively
    - 6 million additional people have gained access to DOTS with the support of the Global Fund.

Development assistance for health (DAH) from 1990 to 2007 by disease



Source: The Lancet, June 2009

- From $ 5.6 b. in 1990 to $ 21.8 b. in 2007

- Additionality of funding for AIDS, TB and Malaria

New Instruments In Global Health

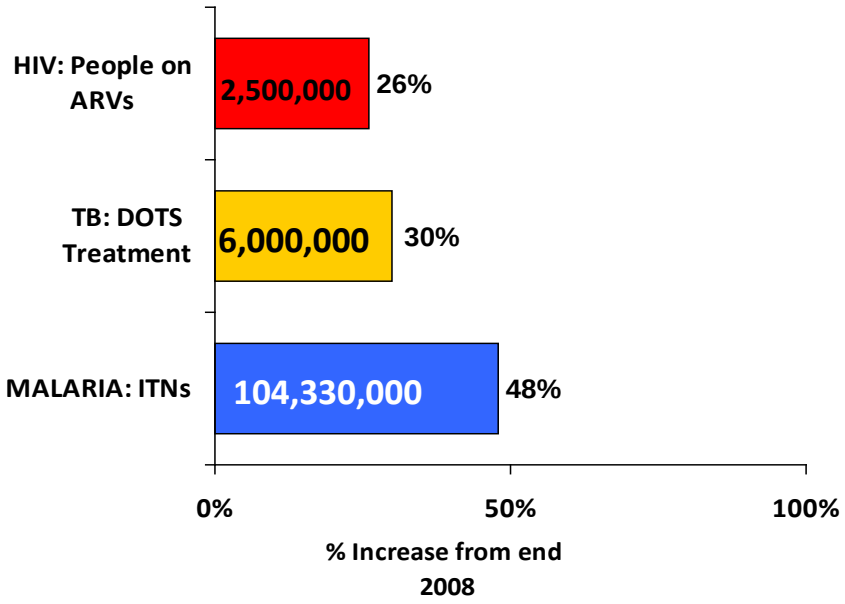
- **Global Alliance for Vaccines and Immunization (2000)**
- **World Bank**
  - Multi-country AIDS Program (2000)
  - Malaria Booster Program (2005)
- **Global Fund to Fight AIDS, TB and Malaria (2002)**
- **US President's Emergency Plan for AIDS Relief (2003)**
  - President's Malaria Initiative (2005)
- **Unitaid (2005)**

The Global Fund to fight AIDS, TB and Malaria

- Was created in 2002 as a “war chest” against the three pandemics
- To date, Board approved proposals totaling 19.2 billion for more than 600 programs in 144 countries
- Major financier for ATM programs providing about 1/4 of HIV international financing, 3/5 of Malaria and TB international financing

Increasing results towards the Health MDGs
December 2009

Three main indicators



Additional results include

- 790,000 HIV-positive pregnant women reached with **PMTCT**
- 4.5 million **orphans and vulnerable children** provided with basic care and support
- 105 million sessions of **HIV counseling and testing** to people around the world.
- 11 million « person episodes » of **training for health and community workers**

Global Fund Resource Scenarios 2011-2013

- **Scenario 1** would allow for the continuation of funding of existing programs. New programs could only be funded at a significantly lower level than in recent years. This scenario therefore does not represent an estimation of the volume of high-quality proposals expected to be submitted. Rather, it indicates the level of demand that could be met by the foreseen resources.

  RESOURCES REQUIRED IN 2011-2013: US$ 13 BILLION

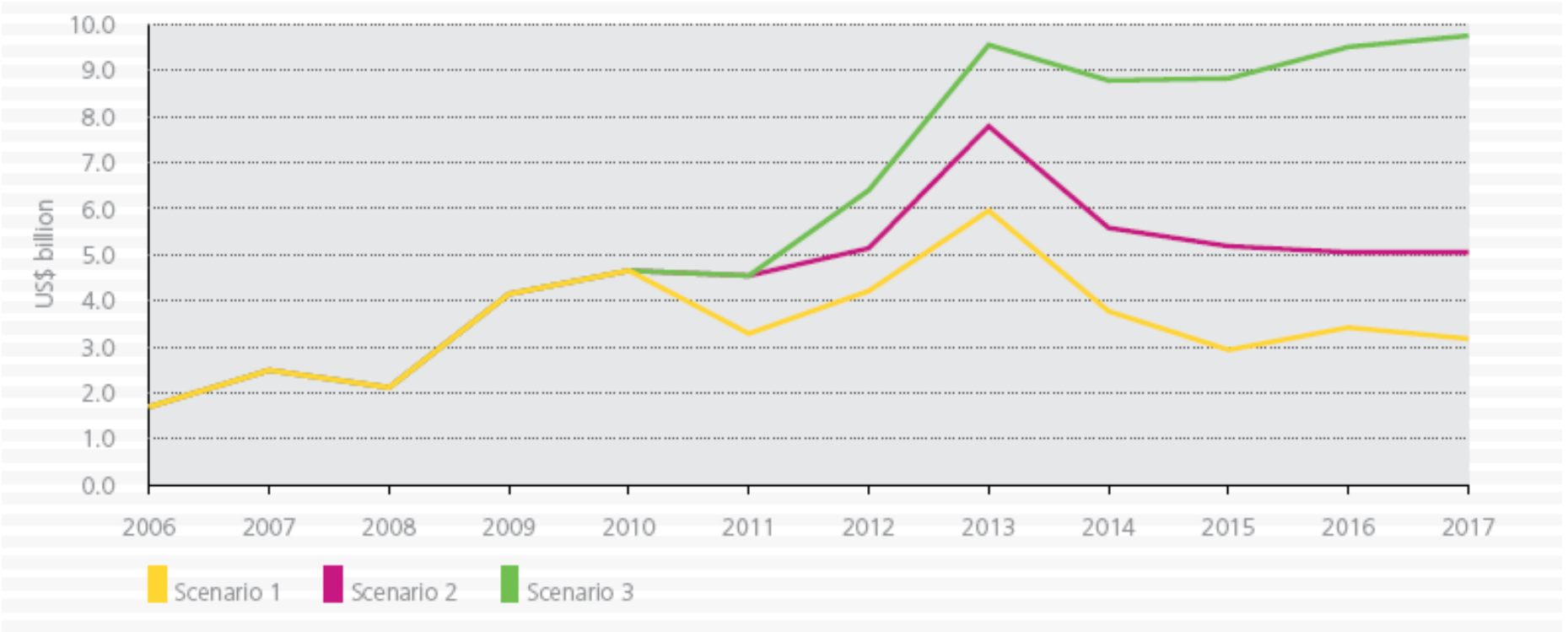
- **Scenario 2** would allow for the continuation of funding of existing programs. In addition, it would allow for funding of new proposals at a level that comes close to that of recent years. This would allow current trajectories of progress to be preserved.

  RESOURCES REQUIRED IN 2011-2013: US$ 17 BILLION

- **Scenario 3** would allow for the continuation of funding of existing programs. In addition, well-performing programs could be scaled up significantly, allowing for more rapid progress towards achievement of the health-related Millennium Development Goals.

  RESOURCES REQUIRED IN 2011-2013: US$ 20 BILLION

LEVEL OF FUNDING UNDER THE THREE SCENARIOS



ESTIMATED SERVICE DELIVERIES, TARGETS AND NEEDS IN 2015 (1)

		2015 Results				
	2009 Global Fund results	Scenario 1	Scenario 2	Scenario 3	Global target or need	Definition & source of target or need
ARV: People on ARV therapy	**2.5M**	**4.4M** (20%)	**5.8M** (27%)	**7.5M** (34%)	2015: **21.9M**	2015 target for universal access/Millennium Development Goal scenario, i.e. 80 percent of need [1], based on 2006 WHO guidelines. According to WHO's 2009 revised treatment guidelines [2], the need and target would increase by ≥50 percent
DOTS: treatment of smear-positive cases	**1.4M**	**3.9M** (100%)	**5.2M** (134%)	**6.8M** (173%)	2015: **3.9M**	Target according to targeted case detection rate for 2015 in the Global Plan to Stop TB [3], applied to WHO's 2008 estimated smear-positive cases [12] which was adjusted to 2015 by log-linear forward projection (WHO 2010)
LLIN: annual distributions (of which ~64 percent in sub-Saharan Africa)	**34M**	Global: **110M** (42%)	Global: **147M** (56%)	Global: **190M** (72%)	Global 2015: **264M**	Global Malaria Action Plan, for an effective coverage of 790 million long-lasting insecticidal nets, protecting 1.6 billion people at risk [4]
	27M	Africa: **70M** (54%)	Africa: **94M** (73%)	Africa: **121M** (94%)	Africa 2015: **129M**	Global Malaria Action Plan [4],[13], WHO GMP dept., for an effective coverage of 388 million long-lasting insecticidal nets, protecting 776 million people at risk

ESTIMATED SERVICE DELIVERIES, TARGETS AND NEEDS IN 2015 (2)

		2015 Results				
	2009 Global Fund results	Scenario 1	Scenario 2	Scenario 3	Global target or need	Definition & source of target or need
PMTCT: HIV-positive women receiving ARVs	**0.35M**	**0.61M** (44%)	**0.82M** (58%)	**1.06M** (76%)	2008: **1.4M**	Global need, 2008, defined as pregnancies in HIV-infected women [5]. Assuming constant disbursement per HIV-positive woman
Orphans and other vulnerable children supported	**1.4M**	**2.5M** (17%)	**3.4M** (23%)	**4.4M** (29%)	2007: **15M**	Orphans due to AIDS living in 2007 [7]
		13%	18%	23%	2015: **19M**	2015 UNAIDS target for universal access/ Millennium Development Goal scenario, i.e. covering 80 percent of need [1]
		1.8%	2.3%	3%	2007: **145M**	Total orphans in 2007 (UNICEF)

Purpose and Scope of a Voluntary Replenishment Mechanism

- Based on models of existing replenishment mechanisms, the primary purpose of the voluntary replenishment process is to raise sufficient resources to finance approved programs and to increase the predictability of the Global Fund's resources for its partners.

- Greater confidence that the majority of future funding is assured at any given time will have secondary benefits. Liquidity management will be more efficient to the extent that the Fund, based on synchronized replenishment pledges, will be able to back its commitments with instruments other than cash, and thereby reduce to a minimum idle cash balances.

- At the same time, the complementary availability of ad hoc resource mobilization channels, especially from non-government donors, will allow the Global Fund to seek further support for additional programs, to tap new constituencies and to respond promptly to unplanned contingencies in between structured replenishment processes.

- The replenishment mechanism is not an official body of the Global Fund. It has no decision-making role of its own, nor any mandate to question or perform due diligence on the operational results and policy decisions of the Fund.

Increased funding for health MDGs through GF Replenishment

- The Second Replenishment process, concluded in September 2007, covered the period 2008-2010. The pledges constituted the **largest single financing exercise for health ever (USD 10.2 bilion)**.
- The Third Replenishment will provide funding for the period 2011-2013
- Pledging conference will be hosted by the United Nations, in New York, on October 4-5
- Critical opportunity to ensure that the health-related MDGs are met by the 2015 deadline

Third Replenishment process - timelines

Sept 09 – March 2010

- Advocacy
- Identification & invitation of participants
- Preparation of documentation
- Liaison with stakeholders
- Logistic preparations

The Hague

March 2010

Prepatory Meeting

Vice-Chair
Richard Manning
UK, former OECD/DAC

April – September 2010

- Advocacy
- Production of additional information and data
- Logistic preparations
- Additional preparatory meeting if required

United Nations, NYC

October 2010

Pledging Conference

Chair
Ban Ki-moon
UN Secretary-General

Emerging Economies

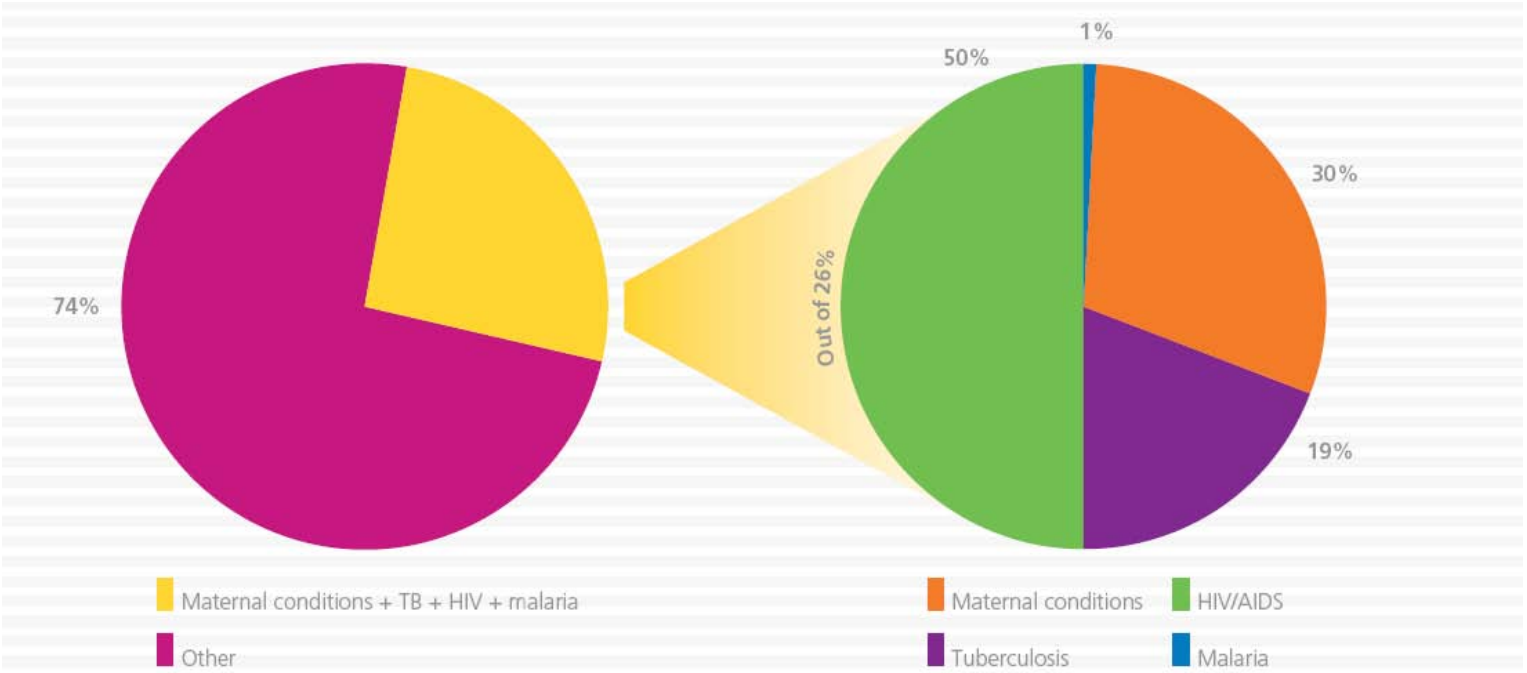
- Russia: since 2007 has been reimbursing the GF for its investment in Russia. Currently contributes USD 80 million/year
- China: GF is working with Chinese authorities to become a significant donor to the GF through the replenishment 2010
- India: Negotiations are underway to increase the contribution from India
- Brazil: already contributed through UNITAID. Focuses on South-to-South cooperation

Interconnectedness of MDGs 4, 5 and 6: Improving Access to Maternal And Child Health

Millennium Development Goals (MDGs) 4, 5, and 6 are indivisible

- HIV, TB, malaria directly cause 1.1 million deaths a year among women aged 15-59 years and 1.2 million deaths among children aged 0-14 years
- HIV is a leading cause of death among women of reproductive age (19% of all causes). In sub-Saharan Africa, HIV causes 46 % of deaths in this age group of women;
- Malaria directly causes 17% of child deaths in sub-Saharan Africa, and worsens pregnancy and birth outcomes
- HIV prevention and care are core elements of sexual and reproductive health, and gender inequities are a common underlying barrier to improving women's health

DISTRIBUTION OF CAUSES OF DEATH AMONG WOMEN AGED 15 TO 59 YEARS WORLDWIDE (2004)

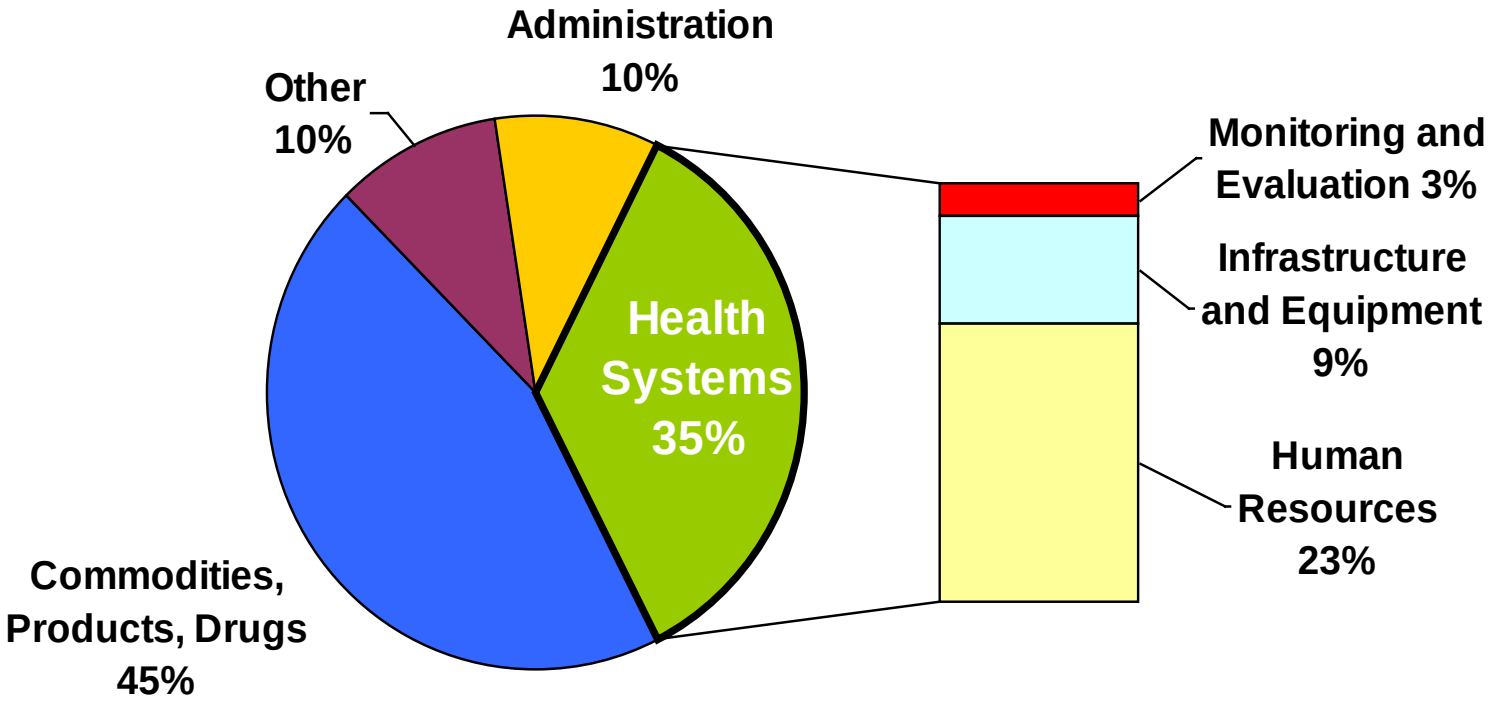


Source: Calculated from statistical annexes of the report Global Burden of Disease, 2004 Update, WHO 2008.

COVERAGE OF KEY INTERVENTIONS – GLOBAL AND GLOBAL FUND-SUPPORTED RESULTS

Intervention	Global Fund-supported service deliveries		Global coverage available data for 2008 or 2009
	Cumulative as of Dec 2009	2009 alone	
ARV therapy	**2.5 million** people on ARV therapy, around 60 percent women*	**0.5 million** more people on ARV therapy in Dec 2009 as compared with Dec 2008	**4.03 million** people on ARV therapy Dec 2008
PMTCT	**790,000** HIV-positive women given ARV prophylaxis	**340,000** HIV-positive women given ARV prophylaxis	**628,000** HIV-positive women given ARV prophylaxis 2008
Insectide-treated net	**104 million** insectide-treated nets distributed[33]	**34 million** insectide-treated nets distributed	**95 million** insectide-treated nets distributed 2009

Direct funding of health systems through Global Fund grants



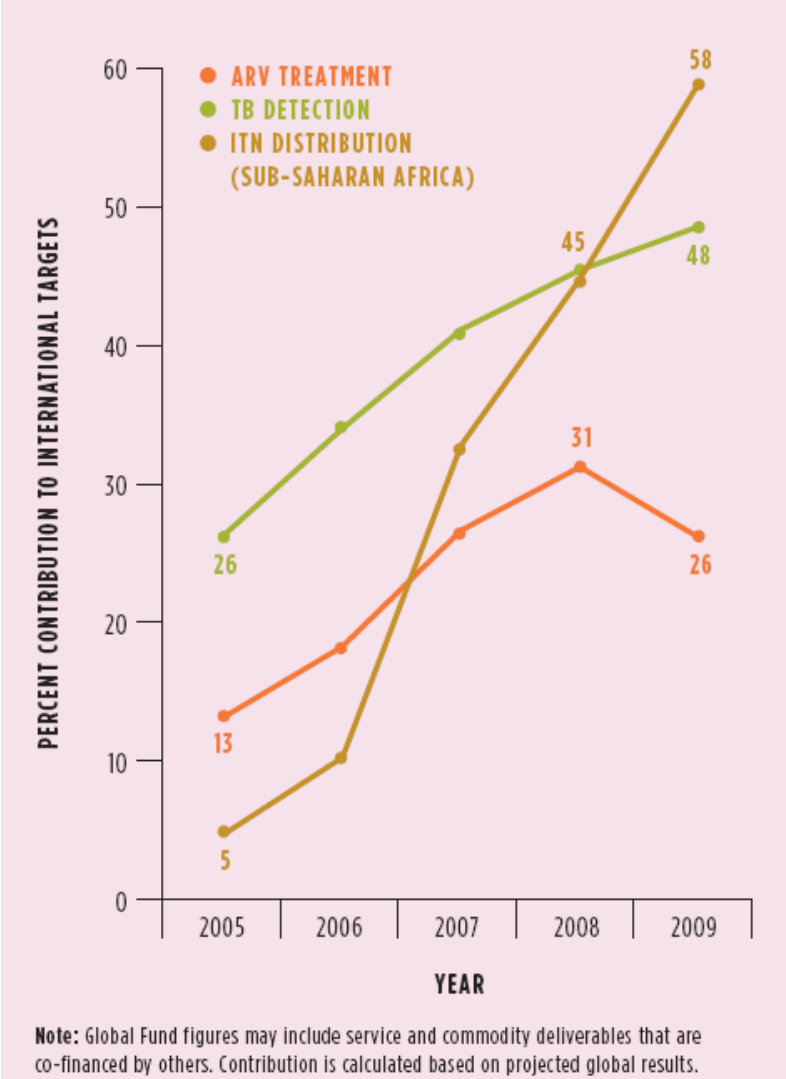
Global Fund as Leverage instrument to the GHI

- The Global Fund pools resources from more than 40 countries, the private sector, foundations and innovative funding mechanisms.
- Has a unique partnership with civil society and affected communities
- Can ensure broad support for this important initiative in both donor and implementing countries.
- “Return on investment” of US contribution to the GF: as provided for in US legislation, every $1 from the US allows for $2 more from other contributors

US GLOBAL HEALTH INITIATIVE TARGETS, 2014, AND CONTRIBUTION TO 2015 INTERNATIONAL TARGET OR NEED,
IN ISOLATION OR IN COMBINATION WITH GLOBAL FUND FINANCING SCENARIOS

Service	2014 Target	Contribution to global target				Definition / calculation
	U.S. GHI	U.S. GHI	U.S. GHI + GF Scenario 1	U.S. GHI + GF Scenario 2	U.S. GHI + GF Scenario 3	
ARV Therapy	4M	18%	38%	45%	53%	
DOTS	2.6M	66%	167%	200%	239%	
LLINs	75M	28%	70% (global)	84%	100% (global)	"Reduce the burden of malaria by 50 percent for 450 million people", which could be realized by an annual 75 million long-lasting insecticidal net distribution, assuming three-year long-lasting insecticidal net lifespan and two people protected per insecticide-treated net
PMTCT	480,000	34%	78%	93%	110%	Contributions as percentage of 2008 HIV-positive pregnancies
Orphans and other vulnerable children	5M	26%	40%	44%	49%	Contributions as percentage of 2015 UNAIDS universal access target

Global Fund Contribution to International Targets



Note: Global Fund figures may include service and commodity deliverables that are co-financed by others. Contribution is calculated based on projected global results.