

The point of no return

When a plane is tearing down the runway at maximum speed and the wheels are just about to leave the ground, this could be considered the point of no return: take-off cannot be stopped; attempting to do so could result in a tragedy on a colossal scale. Something similar is happening with the Global Fund. From the moment of its inception, this plane has had almost every key player on board to ensure an efficient, multisectoral partnership. But it is only now about to take off, with significantly high numbers of coverage, upward curves in all the graphs, a combined investment of over 10 billion dollars, and over 5 million lives saved.

On the 24th and 25th of March, 2010, in The Hague, Holland, the Global Fund to Fight AIDS, Tuberculosis and Malaria (the Global Fund) held its first preparatory meeting of the Third Voluntary Replenishment for funding for 2011-2013. This meeting was not yet for the commitment of financial resources; instead it was a space to review [results](#) and the impact of programmes to date, and to discuss the different funding scenarios required for the short term.

The right type of investment

The Global Fund recently published a report stating that with sufficient resources, mother-to-child transmission of HIV could be completely eliminated. Along the same lines, the International AIDS Society (IAS) recently produced important data on the [relationship between treatment and prevention](#); in short, if everyone who needs treatment is able to access it, not only would this save countless lives but it would also reduce HIV transmission rates by a third. Moreover, Millennium Development Goal 6 (reducing multi-resistant tuberculosis cases by half) would become achievable.

Since 2002, the Global Fund's Board has approved progressive policies with regards to community participation in programme development, monitoring and implementation and programming in general. These policies are sensitive to the needs of multiple communities and population groups. Recent examples include the emphasis on Health Systems and Community Systems Strengthening, Dual-Track Financing, minimum requirements for CCMs, and the strategies for Gender Equality, and Sexual Orientation and Gender Identity. The policies now exist; funding their implementation is the next step.



The Global Fund has achieved impressive results:

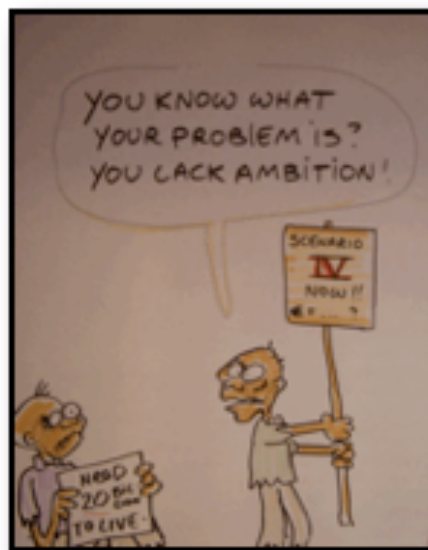
- **HIV/AIDS** – more than 2.5 million people on anti-retroviral therapy
- **Tuberculosis** – more than 6 million people treated
- **Malaria** – more than 100 million mosquito nets distributed.

However, these and other achievements are at risk. Why? Quite simply, because there is a lack of political commitment on the part of a significant number of donor governments, as well as great apathy both at governmental and civil society level in many developing countries, with regard to the discussion of international financing for health. It appears that ***the Global Fund has become a victim of its own success*** for having offered countries whatever funding was required subject only to the submission of high quality technical proposals. The capacity of many countries to articulate their demands has improved considerably in recent years; they are now better able to define their precise needs with

regards to scale-up and contributing toward meeting Millennium Development Goals 4, 5 and 6. Unfortunately, it seems that this is no longer sufficient for many donors.

According to a recent [article](#) published on the OSI blog by Shannon Kowalski, the United States Government “invested” US\$711 billion in military expenditure on the war in Iraq and Afghanistan, and a further US\$700 billion to rescue the Wall Street bankers. In Europe too, significant amounts of funding have been allocated to similar budget lines. The money exists; but so do very different priorities.

The Global Fund needs over 20 billion in the next three years in order to continue significantly contributing to the responses to AIDS, TB and Malaria. **This is the only feasible funding scenario.** The next replenishment meeting will take place in October, in New York. What we all want to know now is: when it comes down to making those concrete funding commitments for 2011-13, will the donors be able to make the right decision? Evidence from the last few days suggests that this is unlikely.



Penalising domestic financing:

The Global Fund secretariat recently produced a paper on domestic financing for health in Africa and in non-African lower-middle-income and upper-middle-income (LMIC/UMIC) countries. In African countries, the Abuja Meeting agreement (whereby countries committed to increasing their health budget by 15%) was used as a defining indicator. To date, no African country is close to meeting the target: the regional average ranges between a 7-10% increase, with a number of countries achieving an increase of no more than 5%. However, with regards to LMIC/UMIC countries, the conclusion is clear: ***national health expenditure is for the most part domestically financed*** and contributions from external sources are complementary or marginal.

These findings gave rise to different interpretations during the meeting this week. There were those who highlighted the importance of the role of the Global Fund to act as a catalyst for specific interventions in LMIC/UMIC countries, which would not be covered by domestic sources; and there were those who suggested increasing pressure on African countries to make better progress toward meeting their commitments. However, donors’ voices could also be heard, arguing that, in light of the scarcity of global resources, the Global Fund should no longer finance LMIC/UMIC countries,

Michel Kazatchkine, Executive Director of the Global Fund, closed the discussion by saying, “We should understand that LMIC/UMIC countries represent only 15% of the Global Fund’s portfolio. This should clarify which countries have been prioritised to date”. He added, “The Fund is a mechanism which funds the fight against these epidemics, and does this based on evidence and public health criteria. The Fund cannot choose to invest in some countries, while ignoring others. We should continue fulfilling our role as a catalyst in those countries with concentrated epidemics”.

This year, the Global Fund’s Board will approve a new prioritisation model (see Position Paper on Prioritisation¹ published by Friends of the Global Fund, Latin America and the Caribbean) and country

¹ <http://dl.dropbox.com/u/3099411/ENG%20-%20Prioritisation%20-%20Friends%20LAC.pdf>

eligibility criteria will be reviewed. Unless we speak out loudly and clearly, those countries (much of Asia and Latin America) that are locally investing in health will once again be penalised.

The point of no return:

The Global Fund has reached a turning point: either it continues scaling up operations in an ascending, sustainable and predictable manner, contributing to reducing the impact of the three diseases; or, it can stabilise its investment. The latter alternative would mean it is unable to offer resources to guarantee treatment and prevention for so many who have still not gained access.

Together with implementing countries and civil society, donors have actively participated in the development and governance of the Global Fund, promoting progressive policies and an innovative architecture. Sufficient financial resources **do** exist, but they are being spent on other areas far removed from issues related to global health. **Will there be enough political will to do the right thing?**



Over the next six months, governments of implementing countries, together with civil society, face an enormous challenge to influence and advocate against this negative tendency which could put an end to the Global Fund. **Are we ready to face this challenge?** The battle must be fought by all of us.

The Global Fund is a multisectoral mechanism that promotes a new democratic paradigm for Public Health. Global Fund grants are both evidence- and performance-based. It has managed to mobilise and implement billions of dollars and, as a result, saved millions of lives. It is an initiative that is just about to take off. If we cut back now or stop, it could generate a humanitarian disaster of massive proportions - the worst of all scenarios.

What can your organisation do to change this situation?

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For more information on the Global Fund, visit:
<http://www.theglobalfund.org>

Friends of the Global Fund - Latin America & the Caribbean (Friends - LAC) is a regional initiative which works to mobilise strategic political and financial support for the fight against AIDS, TB and malaria. Friends LAC will contribute to increasing the understanding of and support for the Global Fund through awareness-raising and educational campaigns, advocacy activities at the country and regional levels and documenting Global Fund stories and lessons learned. This initiative aims to promote the meaningful participation of governments, the private sector, academia and civil society in all of the Global Fund's structures whether at the national, regional or international levels.

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