FRIENDS OF THE GLOBAL FIGHT AGAINST AIDS, TUBERCULOSIS AND MALARIA

POLICY BRIEF

The Global Fund & U.S. Bilateral Partners
The Global Fund is a 21st-century partnership organization designed to accelerate the end of HIV/AIDS, tuberculosis and malaria as epidemics.

Founded in 2002, the Fund raises and invests nearly $4 billion a year to support programs run by local experts in countries and communities most in need. As of September 2015, the Global Fund had disbursed $27 billion to support programs for HIV/AIDS, tuberculosis and malaria.1

The Global Fund:  
• Provides financing for lifesaving treatment, care and prevention  
• Allows for scale-up of programs  
• Helps to address gaps in funding not met by national plans or other donors  
• Works with partners to ensure that funding serves those most affected in the most positive way

As the world’s largest public health financier, the Global Fund provides support to countries in response to the three diseases, but does not implement programs on the ground. Therefore, partnerships are vital to the Fund’s success. Included in these partnerships are relationships with key U.S. bilateral global health programs: the U.S. President’s Emergency Plan for AIDS Relief (PEPFAR), the U.S. President’s Malaria Initiative (PMI) and the U.S. Agency for International Development’s (USAID) tuberculosis programs.

The Global Fund works closely with these programs to scale up and leverage investments; build in-country capacity; and jointly plan for procurement and supply chain management, with more details in the diagram below.

Working with the U.S. and other governments, civil society, the private sector and people affected by the three diseases, the Global Fund strives for maximum impact. This partnership has enabled the Global Fund to support programs that have saved more than 17
million lives since 2002. Current projections show that more than 2 million lives are being saved each year, and the Global Fund partnership is on track to have supported countries in saving more than 22 million lives by the end of 2016. Additionally, the Global Fund’s 2015 Results Report found a decline of one-third fewer deaths from HIV/AIDS, tuberculosis and malaria since 2002 in Global Fund-supported countries. The report also indicates that: 8.1 million people are receiving antiretroviral treatment for HIV through Global Fund-supported programs, a 22 percent increase since last year; 548 million mosquito nets have been distributed to protect against malaria; and 13.2 million people have received treatment and care for tuberculosis.

Though its primary function is financing, the Global Fund maintains a connection with its grants by conducting an ongoing country-level dialogue through Country Coordinating Mechanisms (CCMs). The CCM is a forum made up of representatives from both the public and private sectors, including governments, multilateral and bilateral agencies, non-governmental organizations, private businesses and representatives from affected populations. CCMs are central to the Global Fund’s commitment to collaboration, local ownership and participatory decision-making. They also provide a natural forum for engagement with key bilateral partners such as PEPFAR, PMI and USAID. The CCMs develop and submit grant proposals to the Global Fund based on priority needs at the national level. Following grant approval, CCMs oversee progress during implementation and allow further coordination between the Global Fund and its bilateral partners.

“If there is one crystal clear fact we have learned in the past decade of fighting these deadly diseases, it is that we can only win by coordinating our actions. The sum of our efforts far exceeds what we can do individually.”

- Mark Dybul, Global Fund Executive Director
Michael Johnson, Global Fund Head of Technical Advice & Partnerships:

“There are so many ways in which PEPFAR and the Global Fund can, and are, building relationships and achieving more effective and efficient programming. The technical size and might of PEPFAR (especially in-country) is a unique strength. We have a robust and capable staff on the ground, including local partners who are technically strong and also know the local situation.

On the Global Fund side, the first and obvious strength is the large financial commitment it brings to bear. Each country that contributes to the Global Fund leverages the funding of many others, so it’s a very effective mechanism to bring money to the table.

Another Global Fund strength is the CCM which facilitates important collaboration between the public sector and civil society to target resources in the best way possible in-country. This is something that is not a natural structure in a lot of places. The model has challenges, but is important to bring about an inclusive and sustainable approach to community-based care, where the users of health services have a say in how and where resources are applied.

I have had the opportunity to see firsthand that, when PEPFAR and the Global Fund coordinate, the impact of our investments is amplified.”
The Global Fund & PMI

The Global Fund provides about 50 percent of all malaria international assistance,\(^6\) and with the world’s second largest contributor (the U.S. government), accounts for about 75 percent of all funding for global malaria projects, programs and policies.\(^7\) Launched in 2005 by President George W. Bush and expanded under President Barack Obama, PMI is a historic U.S. government effort to provide global technical and financial leadership in the fight against malaria. In developing its operational plans, PMI has sought, from the beginning, to complement the Global Fund, working only in countries where the Fund has a presence, assessing available resources and filling unmet needs. This is accomplished through the rapid scale up of four proven and highly effective malaria prevention and treatment measures: insecticide-treated mosquito nets (ITNs); indoor residual spraying (IRS); diagnosis and treatment with artemisinin-based combination therapies (ACTs); and intermittent preventative treatment of pregnant women (IPTp).

Currently, all 19 PMI focus countries in Africa — as well as a regional program in the Greater Mekong sub-region of Southeast Asia — receive substantial funding from the Global Fund.\(^8\) The Global Fund and PMI are able to achieve greater results together: According to the World Health Organization’s (WHO) 2014 World Malaria Report, the malaria mortality rates in children under age 5 in Africa were reduced by an estimated 58 percent between 2000 and 2013. Furthermore, more than 155 million ITNs have been procured, and 102 million have been distributed since PMI’s inception. In addition, PMI has distributed more than 243 million lifesaving antimalarial treatments and 107 million rapid diagnostic tests.\(^9\) According to the United Nation’s 2015 Millennium Development Goals (MDGs) report, global investments to fight malaria have helped avert more than 6.2 million deaths from 2000-2015, and 98 malaria-burdened countries have reversed their incidence rates, meeting the MDG target and moving toward elimination. The U.S. government’s financial and technical contributions, as well as those of the Global Fund, have played a major role in this remarkable progress.

The collaboration between PMI and the Global Fund has facilitated great progress, yet malaria remains a serious public health problem. With the growing threat of artemisinin drug resistance and the need to replace ITNs, continuing coordination between the Global Fund and PMI is critical to achieving the shared vision of a world free from malaria.
The Global Fund & USAID Tuberculosis Programs

The Global Fund and the U.S. government work together with partner governments to identify and fill in gaps in national tuberculosis programs and strategies across the globe. The U.S. government's global tuberculosis efforts are led by USAID. USAID is currently working in 23 priority countries to prevent tuberculosis transmission, renew efforts to find unidentified cases, strengthen the capacity of national tuberculosis programs, build country capacity to use existing resources, and expand the development of new tuberculosis diagnostics, drugs and vaccines. USAID is also one of the main implementers of PEPFAR's HIV/tuberculosis co-infection programs.

The relationship between the Global Fund and USAID involves close coordination of resources to ensure funding and programs are not duplicative. The organizations work together to ensure programs are reflective of each country's national strategic plans. As a global health funder, the Global Fund's role primarily involves providing funds for tuberculosis programs in-country through Principal Recipients (PRs), organizations that lead grant management on the ground. USAID's in-country staff then partner with the Global Fund as a grant implementer by providing technical assistance to PRs.

Additionally, USAID mobilizes resources for the development of Global Fund concept notes and provides technical assistance to support countries with a high burden of HIV/tuberculosis co-infection through the development of a single, integrated funding request. The United States plays a key role in many aspects of the Global Fund decision-making process, leveraging its technical expertise and on-the-ground knowledge to help improve program design and grant performance.

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