

TECHNICAL BRIEF:



TO ACHIEVE SUSTAINABLE DEVELOPMENT GOAL 17, INVEST IN THE GLOBAL FUND TO FIGHT AIDS, TB AND MALARIA

June 2019

EXECUTIVE SUMMARY

Two of the world's most urgent health and development goals may be best achieved through concurrent action.

- **We are falling short of achieving the Sustainable Development Goals (SDGs).** Agreed upon by all member states of the United Nations in 2015, they envision a world in which “no one is left behind.” They are described in the [2030 Agenda for Sustainable Development](#) as 17 goals and 169 associated targets.
- **Neither are we on track to end the epidemics of HIV, tuberculosis and malaria.** Despite major progress, the diseases continue to outpace the response – for example, HIV infection rates remain far too high with 1.8 million people still infected each year.

Two concurrent calls to action are urging the global community to step up to the plate:

- **Sustainable Development Goal 17 calls on us to “strengthen the means of implementation and revitalize the global partnership for sustainable development.”** It's unique among the SDGs: it's the only goal focused on how to achieve the other 16 sustainable development goals.
- **At the same time, [The Global Fund to Fight AIDS, TB and Malaria](#) is seeking a funding replenishment of US\$14 billion** to support grant making over its next three-year cycle. The Global Fund is a multilateral financing institution dedicated to accelerating the end of AIDS, tuberculosis and malaria. It invests nearly US\$4 billion annually to support programs in over 100 countries.

These two pleas might appear mutually exclusive, but they are in fact deeply synergistic:

SUPPORTING A FULL REPLENISHMENT OF THE GLOBAL FUND TO FIGHT AIDS, TB AND MALARIA IS ONE OF THE MOST DIRECT AND IMPACTFUL WAYS TO MAKE PROGRESS ON ACHIEVING SDG 17 AND THE BROADER 2030 AGENDA:

- **The Global Fund is a world-class model of global partnership, and is already achieving SDG 17 targets on governance and partnership:** The Global Fund not only brings together a diverse set of stakeholders (including governments, non-governmental organizations, the private sector, philanthropies, and communities affected by the three diseases), it gives all of those groups a meaningful role in decision-making by assigning them designated seats on the global board and at national-level ‘Country Coordinating Mechanisms.’ Crucially, these seats come with the ability to cast votes. This unique model has been proven to improve governance outcomes.
- **The Global Fund has a proven track record on mobilizing donor funding, while also helping countries on the path toward sustainably financing their own programs – exactly the financing targets that SDG 17 aspires to achieve.** Though it began as an emergency response, the Global Fund soon developed strategies to support and incentivize recipient countries to work toward funding an ever-growing proportion of their own health response. The SDGs carry a hefty pricetag, and can benefit from the Global Fund's forward thinking strategies on financing

a sustainable response, including efforts to bolster domestic funding sources, innovative financing approaches, public-private partnerships and strategic collaboration with philanthropies.

- **The Global Fund’s 2017-2022 Strategy is explicitly and deliberately aligned with the 2030 Agenda for Sustainable Development.** The Global Fund’s 2017-2022 Strategy is closely aligned with the SDGs, and even explicitly details how its work will contribute to achieving SDGs 1, 3, 5, 10, 16 and 17. For example, on SDG 3 (“Ensure healthy lives and promote well-being for all at all ages”), investments by the Global Fund will be used by countries to prevent, test and treat the three diseases and to build systems for health enabling healthy lives and greater well-being for their population.
- **The Global Fund is a catalyst on the path toward achieving Universal Health Coverage (UHC), another key element of the 2030 Agenda:** The Global Fund has hard-earned experience fighting the triple epidemics of HIV, TB and malaria – including the realization that services to fight specific diseases cannot function without strong health systems. As a result, the Global Fund has long been funding

laboratories; supply chain mechanisms for medicines; data systems; health workforce; health services integration; and other elements needed for resilient and sustainable health systems. The movement for Universal Health Coverage brings much of the Global Fund’s already-existing work into clearer focus as essential contributions to the broader UHC agenda.

- **The Global Fund is poised to revitalize (rather than reinvent) global partnerships – precisely what is being asked by SDG 17.** The Global Fund was established in 2002, and boasts hard-won experience not just on fighting the three diseases, but on all the elements of making that effort happen, including: rallying support from major donor nations; finding innovative financing opportunities from public-private partnerships; sharing expertise between nations; learning how to take collective decisions and improve governance, participation and transparency; holding all players accountable and fighting corruption. Global partnerships are a tricky mix of shared goals, diplomacy, effective operations, and perhaps pure grit – which is why it’s essential to build upon the ones that work, rather than starting up from scratch.

As articulated above, two of the world’s most urgent health and development goals may be best achieved through concurrent action. Supporting a full replenishment of the Global Fund to Fight AIDS, TB and Malaria is one of the most direct and impactful ways to make progress on achieving SDG 17 and the broader 2030 Agenda:

THE GLOBAL FUND HAS A PROVEN ABILITY TO BRING TOGETHER A GLOBAL PARTNERSHIP OF DIVERSE STAKEHOLDERS, TO MOBILIZE BILLIONS OF DOLLARS IN RESOURCES, AND TO IMPLEMENT EFFECTIVE PROGRAMS

Saving lives and strengthening health systems

Created in 2002, The Global Fund pools together voluntary financial contributions from governments, foundations and the private sector, and invests nearly US\$4 billion per year to support health programs in over 100 countries. The Global

Fund is already the biggest multilateral financier of health systems in the world, contributing approximately US\$1 billion of its investments annually¹. The work is implemented by both public-sector and non-governmental agencies, and an estimated 27 million lives have been saved to date. In 2017 alone, the Global Fund distributed 197 million mosquito nets to prevent the spread of malaria; treated 5 million people living with TB; and supported 17.5 million people living with HIV to access antiretroviral treatment.

THE WORK OF THE GLOBAL FUND IS IN DIRECT ALIGNMENT WITH THE MOVEMENT TO ACHIEVE UNIVERSAL HEALTH COVERAGE, ENSHRINED IN SDG 3: ENSURE HEALTHY LIVES AND PROMOTE WELLBEING FOR ALL AT ALL AGES

In order to achieve these gains in combating the three diseases, the Global Fund has made major investments toward resilient and sustainable health systems, including

strengthening supply chains for medicines and other essential materials, improving laboratory facilities, and building up the human resources and funding flows required to make health accessible and affordable for all. This work is in direct alignment with the goals of Universal Health Coverage (UHC), conceptualized as ensuring all people’s access to the health services they need, with sufficient quality to be effective, while protecting against the financial risk of out-of-pocket spending. UHC was endorsed by United Nations member states in a 2012 [resolution](#), and formally adopted as [SDG Target 3.8](#) in 2015.

THE GLOBAL FUND’S UNIQUE ARCHITECTURE ENABLES MARGINALIZED GROUPS TO PARTICIPATE MEANINGFULLY IN DECISION-MAKING AND POLICY-SETTING, MAKING GOOD ON THE 2030 AGENDA’S OBJECTIVE TO “LEAVE NO ONE BEHIND”

Unique architecture has had positive impacts on governance

The Global Fund stands apart from other aid mechanisms due to its unique architecture. From its inception, the Global Fund prioritized putting people at the center of the response. This guiding principle is reflected in how it works: at global and national levels, the most vulnerable have an equal say in decision-making and policy-setting as the most powerful. For example, the grant proposal process is housed within the Country Coordinating Mechanism (CCM) - a national-level body comprised of seats for a diverse array of stakeholders, including governments, faith-based entities, affected communities, private sector, and bilaterals and technical partners, who jointly develop its concept notes to the Fund. Additional mechanisms at the Board and implementation levels are designed to improve transparency and accountability. Research has found that this unique structure is associated with improved control of corruption, government accountability and regulatory quality, among others².

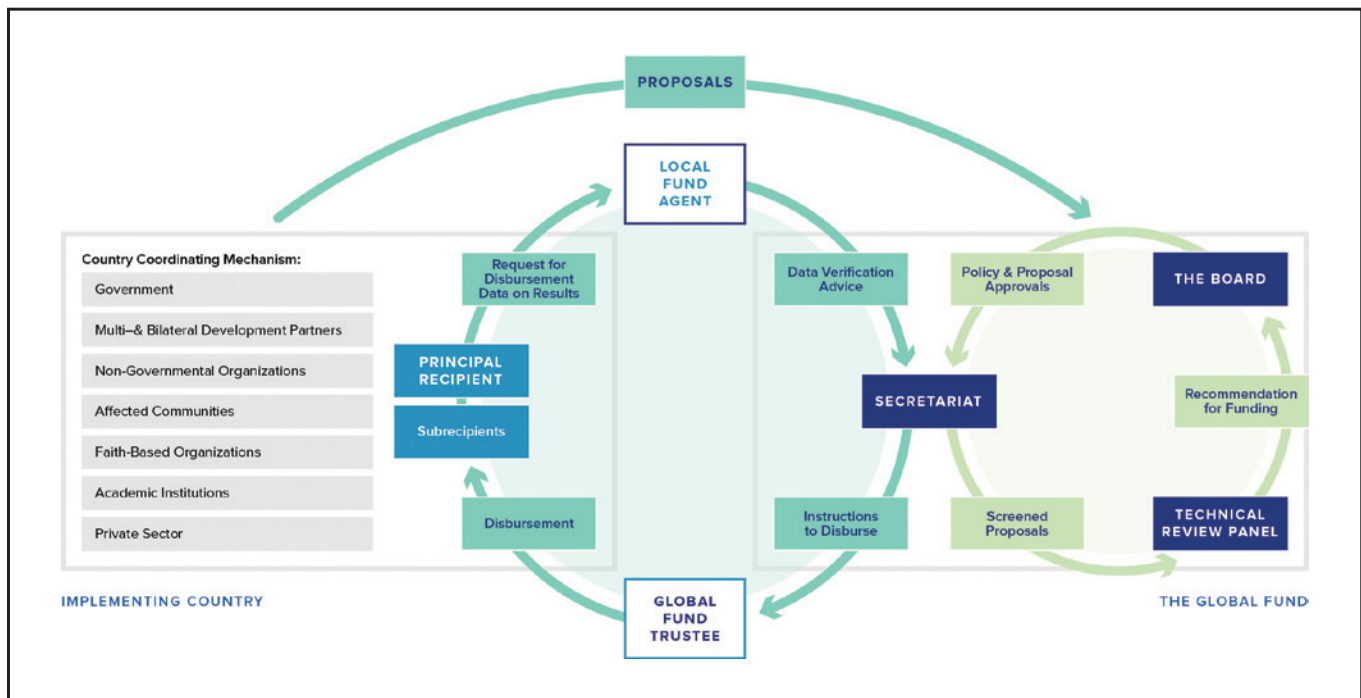


Figure 1: Global Fund Architecture

Source: Kavanaugh MM and Chen L. Governance and Health Aid from the Global Fund: Effects Beyond Fighting Disease. *Annals of Global Health*. 2019; 85(1) 69:1-9.

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RATHER THAN STARTING FROM SCRATCH, THE GLOBAL FUND'S HARD-EARNED ACHIEVEMENTS AND EXPERTISE CAN BE A SPRINGBOARD FOR ACHIEVING SDG 17

Scaling up the prevention and treatment of HIV, TB and malaria worldwide has required nothing short of transformative change. The Global Fund has spent over 15 years confronting not just the three diseases, but the financial and policy-related challenges of operationalizing its ambitious goals. The Global Fund has honed expertise on funds mobilization; on effective cross-sector partnerships (including between governments, the private sector, civil society, philanthropies, affected communities, and non-governmental organizations); on implementation science (medical supply chain management; health systems strengthening; data monitoring; results tracking; accountability and addressing corruption); governance; domestic resource mobilization and managing transitions as middle-income nations with low disease burdens transition toward increasing financial ownership of their own health systems and responses.

SUPPORTING THE GLOBAL FUND'S 2019 REPLENISHMENT PROCESS IS AN IMMEDIATE AND IMPACTFUL OPPORTUNITY FOR UN MEMBER STATES TO ADVANCE SDG 17

In 2019, the Global Fund is working to replenish its coffers for the next three-year grant making cycle. The goal is to mobilize at least US\$14 billion for 2020 – 2022 allocation and implementation phase, though global advocates are pushing for between US\$16-US\$18 billion. UN member states that contribute to the Global Fund not only share in combating the three diseases and moving the needle forward on Universal Health Coverage (SDG Target 3.8), and at the same time contribute to the advancement of SDG 17. Below, the Global Fund's explicit contribution to the relevant SDG 17 targets is explained in more detail.

WAYS IN WHICH THE GLOBAL FUND TO FIGHT AIDS, TB AND MALARIA CONTRIBUTES TOWARD ACHIEVING TARGETS UNDER SDG 17

17.1 - Strengthen domestic resource mobilization, including through international support to developing countries, to improve domestic capacity for tax and other revenue collection;

- **Co-financing Requirement and Incentive:** Over the long term, the Global Fund aims to support countries toward achieving fully domestically-funded health systems, as articulated in the policy on Sustainability, Transition and Co-Financing. Countries are encouraged to contribute domestic funds through a mix of requirements and incentives. The co-financing **requirement** is two pronged – recipient countries must increase government spending on health, and also increase their co-financing of Global Fund supported programs over the course of the grant implementation period. There is also a co-financing **incentive**: The Global Fund sets aside 15 percent of the total grant it allocates to a recipient country, which can only be unlocked if the country makes additional co-financing investments that exceed its previous spending levels.
- **Support to mobilize domestic funding:** The co-financing requirement comes with support, including opportunities to work on domestic resource mobilization (for example through developing financial plans, or establishing new mechanisms such as an AIDS Levy, i.e. the 3% tax that Zimbabwe applied to the income of formally employed individuals and most companies in the country).
- **Proven track record on domestic resource mobilization:** The Global Fund calculates that recipient countries increased their co-financing to health programs by 35 percent during implementation of the 2014-2016 allocation cycle. For the implementation of the 2017-2019 allocation cycle, countries have committed an additional US\$7.9 billion, which represents a 42 percent increase over the previous cycle.

17.2 - Developed countries to implement fully their official development assistance commitments, including the commitment by many developed countries to achieve the target of 0.7 per cent of ODA/GNI to developing countries and 0.15 to 0.20 per cent of ODA/GNI to least developed countries; ODA providers are encouraged to consider setting a target to provide at least 0.20 per cent of ODA/GNI to least developed countries;

- The SDGs are ambitious, and will require robust financing to be achieved. The World Health Organization (WHO) estimates that reaching the health-related targets alone will cost between US\$134 to US\$371 billion a year over current health spending (or US\$58 per person per year).
- Mobilizing a global cadre of partners to unite behind such a significant funding request is a heavy lift. Yet the global AIDS response has a long history of setting, and reaching, ambitious funding targets.
- The Global Fund has hard-earned experience in this regard, and works to replenish its grant making coffers on a three-year cycle. 2019 is one such ‘replenishment year’ in which the Fund’s donors are asked to pledge their funding commitments, this time toward a goal of at least US\$14 billion. The fundraising target is determined through a modeling exercise that examines progress to date and identifies remaining gaps toward reaching global health goals, articulated in an investment case.
- The Replenishment year is bracketed by two events, beginning with a preparatory conference that was held in New Delhi in February 2019, and culminating in a final replenishment conference in Lyon, France on October 10, 2019.
- A major benefit of the Global Fund replenishment process is the opportunity to leverage funding commitments from other partners – the collective effect of \$14 billion raised by a joint cadre of partners far outstrips the impact of a smaller bilateral aid program. Early pledges can also up the ante by encouraging other nations to follow suit, as has been the case so far for the 2019 replenishment: Luxembourg has upped their commitment by 11%; Ireland has doubled its previous commitment, while Portugal has tripled its previous commitment; and Takeda Pharmaceuticals making the first private sector pledge of JPY 1 billion over five years.

17.3 - Mobilize additional financial resources for developing countries from multiple sources;

- The private sector has a long-standing relationship at the Global Fund. In addition to a designated seat on the board, which enables private sector engagement in decision-making and policy-setting, the private sector has contributed US\$2.7 billion since the inception of the Global Fund. The 2019 Replenishment target for private sector resources is US\$1 billion.
- The Global Fund has also leveraged non-financial resources from the private sector, for example through sharing expertise in relevant areas such as supply chain management, procurement processes, and information technology (IT).
- The Global Fund has done considerable work to advance innovative financing mechanisms. The Global Fund’s work in this area has explored blended finance, debt swaps, results-based financing, philanthropic platforms, and consumer donations, including contributions through purchases made under project (RED) branding.
- Philanthropy has been a key player at the Global Fund since its inception. Again, a designated seat at the board ensures that insights and expertise from the philanthropic sector are brought to bear on shaping the policy and decisions of the Global Fund. Some philanthropies have been major donors to the Fund – the Bill & Melinda Gates Foundation has contributed over US\$2.03 billion since 2002 – while others align their investments with Global Fund priorities, utilizing the flexibility afforded by philanthropy to support pilot programs whose outcomes could set a precedent for new best practices. This alignment toward mutual goals and knowledge sharing helps fill gaps that government sources cannot always fund.

17.6 - Enhance North-South, South-South and triangular regional and international cooperation on and access to science, technology and innovation and enhance knowledge sharing on mutually agreed terms, including through improved coordination among existing mechanisms, in particular at the United Nations level, and through a global technology facilitation mechanism;

- The structure of the Global Fund Partnership – a large cross-section of partners united under one common strategy – creates many opportunities for creative collaboration. Data collection and analysis is a top priority for the Global Fund’s work toward building resilient and sustainable systems for health. The Global Fund has adopted a [Strategic Framework](#) on data use that articulates priorities, but that also calls for broad partnerships in achieving the objectives (which include technical coordination, harmonization and alignment on identifying data gaps, and investments in M&E systems, among others”).
- Technical Assistance (TA) opportunities through the Global Fund are well-established. The [Community, Rights and Gender](#) team pairs countries with expert non-governmental organizations (including key population networks, universities and civil society organizations) in topic areas including program design; oversight and monitoring of grant implementation; and situational analysis and planning.
- [Country Coordinating Mechanisms \(CCMs\)](#) can also request Technical Assistance in areas including governance; elections; and monitoring (including Global Fund “dashboard” tools). [American](#), [French](#) and [German](#) bilateral funding initiatives are in place to provide technical assistance in carrying out mandatory annual CCM eligibility and performance evaluations.

** External partners explicitly named as contributors to this effort include the World Health Organization (WHO); UNAIDS; The U.S. President’s Emergency Plan for AIDS Relief (PEPFAR); GAVI; The Bill & Melinda Gates Foundation (BMGF); the World Bank; UNICEF; the University of Oslo, recipient countries and regional and local academic institutions.*

17.14 - Enhance policy coherence for sustainable development;

- There are many lessons to be learned about sustainable development from the movement for global health, but particularly so through the history and evolution of the global response to HIV and AIDS. When it comes to the 2030 Agenda’s commitment to ensuring that “no one is left behind,” there is no better case study than the global response to HIV: originally a groundswell for the dignity and rights of millions who were being left behind, it ultimately came to represent a global-scale expansion of needed health services with a strong focus on human rights.
- In terms of policy coherence, the history of the AIDS movement again offers many lessons. The early years of the response were rooted in rapid responses to an unprecedented global health emergency, and the global policy priorities were a reflection of that: the Millennium Development Goals (the precursor to the SDGs) contained disease-specific targets, including ‘halt and reverse the spread of HIV.’ But it quickly became apparent that scaling up HIV services went beyond providing doctors and medicine – it required financial investments in health workforce, the pharmaceutical supply chain, laboratory facilities, and in short, strengthening weak health systems overall³. Recognition of these increasingly integrated objectives helped lead, in part, to the movement for **Universal Health Coverage**.
- The Global Fund explicitly recognizes the policy coherence between combating HIV, TB and malaria and the movement for Universal Health Coverage⁴. In particular, strengthening health systems and protecting human rights and gender equality – two fundamental elements of UHC – are two of the four primary objectives of the Global Fund’s 2017-2022 Strategy.
- Expert analysis has revealed many common goals between the UHC and the AIDS response, including: inclusive governance and broad partnerships; resource mobilization and resource alignment; holistic and integrated approaches to health; social determinants of health, including human rights and gender equality; and enhanced accountability⁵.

17.17 - Encourage and promote effective public, public-private and civil society partnerships, building on the experience and resourcing strategies of partnerships.

- The Global Fund’s architecture is set up to facilitate collaboration across multi-sectoral partners. The Board consists of 20 seats, with equal representation for donors and implementers. There are designated seats at the board for communities affected by HIV, TB and malaria; non-governmental organizations (from both the global north and global south); private foundations; and the private sector. This brings a range of perspectives and expertise to bear on the collective decision-making of the board, as well as an opportunity for a diverse set of actors to work toward mutual goals.
- At a country level, the Country Coordinating Mechanism (CCM) is the main body that writes proposals to the Global Fund. Again, there are designated seats for government, civil society, implementing groups, faith-based groups, and affected communities, and others enable broad participation in setting priorities. In several countries, the CCM has been recognized as such an effective instrument in policy setting and implementation, that other funders and development players have begun utilizing the CCM for their own work.
- What is unique about these structures is the opportunity for partnerships that go beyond just “consultation by many, but decision-making by few.” By establishing seats that

carry decision-making authority (i.e. votes), the Global Fund enables meaningful participation for a wide range of players across power differentials. There are precious few other arenas where the voices and perspectives of traditionally excluded groups carry the same weight as those of the world’s wealthiest donor nations, the private sector, and philanthropies. Recalling SDG 17’s goal of “revitalizing” global partnerships, the Global Fund model is a real-life, working instrument that puts its money where its mouth is (or rather, gives many mouths an opportunity to have a say over where the money goes).

- In fact, new research indicates the Global Fund’s unique architecture has had benefits beyond combating the three diseases, including improved control of corruption, government accountability, political freedoms, regulatory quality and rule of law⁶.

In these uncertain and somewhat troubling times, it’s worth celebrating – and making effective use of – innovative, global partnerships that have a proven track record of success. The Global Fund to Fight AIDS, TB and Malaria is poised to carry forward not only progress on SDG 17, but on the broader 2030 Agenda for Sustainable Development as a whole.

REPLENISH THE GLOBAL FUND NOW!

REFERENCES

- 1 The Global Fund. “Focus on Universal Health Coverage”. The Global Fund to Fight AIDS, TB and Malaria, May 2019. https://www.theglobalfund.org/media/5913/publication_universalhealthcoverage_focuson_en.pdf
- 2 Kavanaugh MM and Chen L. Governance and Health Aid from the Global Fund: Effects Beyond Fighting Disease. *Annals of Global Health*. 2019; 85(1): 69, 1-9. DOI: <https://doi.org/10.5334/aogh.2505>
- 3 Plot P, Karim SA, Hecht R, Legido-Quigley H, Buse K, Stover J et al. Defeating AIDS – advancing global health. *The Lancet* 2015; 386: 171-218. DOI: 10.1016/S0140-6736(15)60658-4 PMID: 26117719
- 4 The Global Fund. “Focus on Universal Health Coverage.” The Global Fund to Fight AIDS, TB and Malaria. May 2019. https://www.theglobalfund.org/media/5913/publication_universalhealthcoverage_focuson_en.pdf
- 5 Buse K, Jay J and Odetojinbo M. AIDS and universal health coverage – stronger together. *The Lancet*. November 30, 2015: [http://dx.doi.org/10.1016/S2214-109X\(15\)00273-9](http://dx.doi.org/10.1016/S2214-109X(15)00273-9)
- 6 Kavanaugh MM and Chen L. Governance and Health Aid from the Global Fund: Effects Beyond Fighting Disease. *Annals of Global Health*. 2019; 85(1): 69, 1-9. DOI: <https://doi.org/10.5334/aogh.2505>



ABOUT MPACT (www.mpactglobal.org)

MPact Global Action for Gay Men's Health and Rights (formerly known as MSMGF or The Global Forum on MSM & HIV) was founded in 2006 by a group of activists concerned about the disproportionate HIV disease burden shouldered by men who have sex with men. MPact works at the intersection of sexual health and human rights, and is linked to more than 120 community-based organizations in 62 countries who are fighting for the sexual health and human rights of gay and bisexual men around the world.

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FREE SPACE PROCESS

ABOUT FREE SPACE PROCESS (<http://icssupport.org/what-we-do/free-space-process/>)

The Free Space Process (FSP) partnership brings together 11 international civil society, key population networks, and network organizations in an effort to proactively coordinate and collaborate on joint advocacy. FSP provides a “free space” for partners to discuss and work on common strategic policy and aims to maximize dynamic, experienced, and well-connected advocacy for greater effect and combined policy impact.



ABOUT GFAN AP (<https://gfanasiapacific.org/>)

Global Fund Advocates Network Asia-Pacific (GFAN AP) aims to mobilize community and civil society advocates and activist across Asia Pacific region to advocate for a fully funded Global Fund to Fight AIDS, Tuberculosis and Malaria. GFAN AP actively engages with national, regional and global community and civil society advocates and activists to advocate for increased and sustainable domestic financing for health, Universal Health Coverage and to enable policy frame works on health financing that are people and human rights centred.

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