THE ISSUE

Since its creation as a public/private partnership in 2002, the Global Fund to Fight AIDS, Tuberculosis (TB) and Malaria has become the main source of funding for these three diseases in developing countries. Given the success of the Global Fund and the approaching 2015 deadline for reaching the Millennium Development Goals (MDGs), researchers, global health advocates and the African Union have called for an expansion of the Global Fund's mandate to include all the health-related MDGs.

GLOBAL HEALTH IMPACT

Since 2002, the Global Fund has spent US$ 19.3 billion, funding more than 572 programs in 144 countries. [1] The Fund estimates that every day its programs "save at least 3,600 lives, prevent thousands of new infections and alleviate untold suffering."[2] Advocates hope that with an expanded mandate, the Fund would be similarly successful at improving maternal and child health outcomes.

THE ROLE OF DIPLOMACY

The G8 spearheaded the establishment of the Global Fund in 2001, and diplomacy continues to play a key role in the mandate and funding of the organization. The Fund’s Board, which discusses the scope of programming and approves grants, includes both donor and recipient countries, as well as representatives from non-governmental organizations, the private sector (including businesses and foundations) and affected communities. From 4-5 October, donors will meet in New York at a pledging conference to discuss the replenishment of the Fund. Full replenishment will be a critical prerequisite for any expanded Global Fund mandate.

INTRODUCTION

The Global Fund has significantly contributed to meeting the targets set out in MDG 6 on HIV/AIDS, malaria and other diseases. In an editorial in The Guardian Online, Jeffrey Sachs notes that the work of the Global Fund is, “arguably the most successful innovation in foreign assistance over the past decade.”[3]

Sachs argues that the Global Fund should be...
transformed into a Global Health Fund, focusing on all the health related MDGs.[3] The Lancet echoes this call: “Having proven itself these past 8 years and given the importance of coherence in global health policy making, in our view it is time for the Global Fund to [expand its mandate].[4] The African Union also urged the Global Fund to “create a new window to fund maternal, newborn and child health.”[5]

This call for an expanded mandate has prompted a number of questions. First, would a Global Health Fund be the best vehicle to achieve the health related MDGs? Second, is the success of the Global Fund linked to its clear and focused mandate? Would broadening the mandate undermine future success? And third, will donors provide more resources, or simply ask the Fund to accomplish more with constant levels of funding? The Fund is in the midst of its third replenishment round, and donors have not been forthcoming in providing resources to allow the Global Fund to reach its funding target.

The Global Fund’s Mandate

The 2015 deadline for reaching the MDGs is approaching, and the rapid progress required to meet the MDG targets remains elusive. Progress in the areas of improving maternal health (MDG 5) and reducing childhood mortality (MDG 4) has been particularly slow.[6]

Although the current mandate of the Global Fund does not explicitly include maternal and child health or health systems, it does supports health system strengthening in the context of its programs on HIV/AIDS, tuberculosis and malaria. In addition, programs supported by the Fund have also specifically contributed to improving child and maternal health.[7]

The Global Fund is also developing a joint health systems funding platform with GAVI and the World Bank, in collaboration with WHO. A recent Board decision: “affirms the critical importance of strong health systems to achieve the Global Fund’s mandate to fight AIDS, tuberculosis and malaria.”[8]

Jeffrey Sachs argues that the Global Fund could do even more. If health interventions addressed the interconnectedness of all the health MDGs, primarily through the scaling up of primary health care services, maternal and child health outcomes will improve, and developing countries will be closer to meeting MDG 4 and 5. According to Sachs, the Global Fund is the institution best placed to address this interconnectedness and fund the scaling up of health services.[3]

Others fear that expanding the Global Fund’s mandate would entail significant re-organization and re-structuring, possibly undermining the Fund’s current success. The Global Fund is not an implementing agency, but rather an instrument to channel funds to HIV/AIDS, TB and malaria programs. Partnerships with local experts, as well as multilateral and development agencies, and the provision of technical support is at the core of the Fund’s approach. The design facilitates the ‘raise it, spend it, prove it’ method, with an emphasis on specific evidence-based interventions and the delivery of tangible results. With a broader mandate, the Global Fund would need time and resources to adapt the structures and policies of the Fund to the complex task of health systems development.[7]

The agenda of the Global Fund’s April Board Meeting included the item “Optimizing Synergies with Maternal and Child Health”. [8] In preparation for this discussion, the Global Fund’s Policy and Strategy Committee assessed its current contribution to MDGs 4 and 5. The Committee’s report highlights that HIV/AIDS, TB and malaria place a heavy burden on the health of women and children, and that these three diseases indirectly cause a significant share of maternal deaths. The Committee argues that the Fund is already contributing to achieving MDGs 4 and 5 through:

- Increased health spending at the macro level;
- Support to gender equality and creating an enabling environment for women and girls;
- Support to health interventions that impact the health of women and children; and,
- Programs which strengthen health systems to improve health outcomes generally.[9]

At the April Board Meeting, members requested the Secretariat to: “review and elaborate the potential options and their implications for enhancing the contributions of the Global Fund to MCH [maternal and child health], recognizing the urgent need for additional and sufficient financing for MCH as well as for AIDS, tuberculosis and malaria, and explore how this will impact on existing Global Fund policies, partnerships, resource mobilization, procedures, and operations.”[8] The Secretariat will report
on their review at the 14th Policy and Strategy Committee meeting, which will be held 25-26 October, prior to the 22nd Board meeting in December.[8]

**Funding the Global Fund**

Replenishment of the Global Fund remains uncertain. The pledging conference for the third replenishment round is set to take place in October following the MDG Summit, and will have a significant impact on the Global Fund’s future work. The Global Fund is facing a potential resource shortfall, as many countries have not yet made pledges, or articulated their future willingness to replenish it.

G8 members are critical supporters of the Global Fund. This year’s G8 Communiqué states: “We will support country-led efforts to achieve this objective by making the third voluntary replenishment conference of the Global Fund to Fight AIDS, TB and Malaria in October 2010 a success. We encourage other national and private sector donors to provide financial support for the Global Fund.”[10] Previous G8 communiqués, such as the St. Petersburg 2006 and Heiligendamm 2007, have contained stronger language, clearly committing G8 countries to provide resources for the replenishment of the Fund.

In a speech given to the Canadian HIV/AIDS Legal Network in June of this year, Michel Kazatchkine, the Executive Director of the Global Fund, outlined what could be achieved based on three different funding scenarios. At the low end, with US$13 billion for three years (2011-2013), the Fund could continue to support program implementation, but: “we would not be able to continue scaling up programs at the same level as in recent years.” In Kazatchkine’s estimation, if US$20 billion was available: “we could come close to, reach or even exceed the health-related Millennium Development Goals.”[11]

**Next Steps**

Supporters of an expanded mandate believe that the Global Fund is well-placed to take on a larger role. However, money will determine how much the Fund can accomplish. Before further discussion about an expanded mandate, donors will have to step up and make their pledges at the third replenishment round meeting in October. Before taking the radical step of expanding the mandate of the organization, the Fund is exploring how it can contribute better to maternal and child health and health systems within the existing framework.

**REFERENCES:**


