

Internet consultation new Policy for the Dutch Foreign Trade and Development Cooperation – Input from the Global Fund to Fight AIDS, Tuberculosis and Malaria – 22 March 2018

The Global Fund thanks the Dutch Ministry of Foreign Trade and Development Cooperation for this opportunity to provide input.

The following paper builds on the experience and examples of the Global Fund in its partnership with the (Dutch) public and private sector, civil society and other stakeholders. Rather than formulating an answer to the individual questions of the consultation, the intention of this paper is to demonstrate the need for a continued and increased investment in Global Health in general and in a public private partnership such as the Global Fund in particular, because its model proves to be the vehicle that has the mandate, provides answers and creates impact that are relevant for most of the questions raised in the consultation.

Conflicts and instability, reception in the region and emergency aid

The fight against HIV/AIDS, tuberculosis and malaria is more important than ever in a world increasingly affected by natural disasters, conflict and economic crises. The Ebola outbreak in West Africa and the ongoing refugee and migration crisis in the Middle East have revealed unique problems in providing access to health care in challenging operating environments. War, humanitarian crises, natural disasters or the outbreak of epidemics can destroy or severely stretch fragile health sectors in affected countries or regions. Likewise, political instability, chronically fragile institutions, poor governance, corruption or weaknesses in financial management can often translate into weaker health systems and poor and inequitable access to health. Policies or laws that fail to protect and promote the human rights of people affected by the diseases also undermine the effectiveness of health programs. Ending the three epidemics by the year 2030 will not be possible unless sustained progress is achieved in challenging operating environments.

The Global Fund partnership is putting a sharper focus on challenging operating environments, with the goal of improving the effectiveness of health investments and reaching key populations. Challenging operating environments can be defined as countries or regions that experience disease outbreaks, natural disasters, armed conflicts and/or weak governance. Challenging operating environments are critical to the Global Fund's mission of ending HIV, tuberculosis and malaria as epidemics: They account for one-third of the global disease burden for HIV, TB and malaria and one third of Global Fund investments. The 2017-2022 Global Fund Strategy identifies challenging operating environments as one of the key areas of focus. It commits to improving the effectiveness of Global Fund investments for that period through increased flexibility, support to innovations and stronger partnerships. This commitment is supported by the first Global Fund policy on challenging operating environments, approved by the Global Fund Board in April 2016.

The Middle East, which is suffering the effects of conflict and is coping with an unprecedented humanitarian crisis and large numbers of internally displaced people and refugees, also necessitated a quick and innovative response to deal with a public health emergency. In cooperation with local and international partners, the Global Fund is supporting the provision of essential TB prevention, diagnosis and treatment services to Syrian refugees housed in Lebanon and Jordan - countries not eligible for Global Fund grants and where no existing grants could be

accessed or reprogrammed and where existing health programs targeting refugees did not address TB. Since the outbreak of the Syria crisis in 2011, more than 4.8 million Syrian refugees have sought shelter in neighboring countries, placing a huge burden on host countries' health systems. In refugee situations, stopping diseases from spreading not only protects already weakened refugees from falling ill, it frees up critical resources to treat other illnesses or provide other health services. The Global Fund has invested US\$4.5 million in the TB response for refugees in Lebanon and Jordan, and the success rate of TB treatment among Syrian refugees is 90 percent. Drawing on its experience and presence in the region, the program is being implemented by the IOM, in collaboration with WHO and the National Tuberculosis Programs of Jordan and Lebanon.

To reach the people we need to reach and in order to have more impact, the Global Fund is changing the way it engages in challenging operating environments, adopting tailored approaches to each context and situation. The Global Fund's policy on challenging operating environments recognizes the need to exercise flexibility, while maintaining responsible fiduciary oversight of funds and with the goals of enhancing the responsiveness and timeliness of health investments, reducing the administrative burden for partners and facilitating more effective service delivery to populations in need. The approach also attaches great importance to partnerships and the need to work with agencies with expertise and presence in emergencies to permit the greatest flexibility in unpredictable situations. In March 2015, the Global Fund joined the Global Health Cluster with observer status, which has significantly increased collaboration in acute and chronic emergencies with agencies such as the World Health Organization (WHO), the United Nations High Commissioner for Refugees (UNHCR), the International Federation of Red Cross and Red Crescent Societies (IFRC), the United Nations Children's Fund (UNICEF), the International Organization for Migration (IOM) and many international nongovernmental organizations. The Global Health Cluster is a WHO-led coordination group that brings together partners at the global, regional and country levels to improve the effectiveness, predictability and accountability of humanitarian health action.

While the Global Fund is not a humanitarian organization, the approach to challenging operating environments places the Global Fund at the intersection of development and humanitarian work by providing different financial instruments and tactics to respond to different type of crises. Our Emergency Fund, established in 2014, is one of several mechanisms that has given the Global Fund flexible and rapid ways of working in unpredictable and high operational risk scenarios. While country allocations are used to support services in countries with chronic crises, the Emergency Fund provides quick and flexible financing in emergency situations to ensure the continuity of existing programs and services for HIV, TB and malaria. To date, the Emergency Fund has been used in very contrasting emergency contexts: the Ebola crisis in Liberia and Sierra Leone; the 2014 earthquake in Nepal; the conflict in Ukraine; and the Syrian refugee crisis.

Population growth in Africa and youth employment in Africa and the Middle East

Women and girls continue to be disproportionately affected by HIV, TB and malaria. HIV is the leading cause of death of women of reproductive age in low- and middle-income countries. In the hardest hit countries, girls account for more than 80 percent of all new HIV infections among adolescents. Globally, young women aged 15-24 are most vulnerable to HIV, with infection rates twice as high as those in young men. Sexual and gender-based violence increases a woman's vulnerability to HIV, and can result in additional physical, mental, sexual, reproductive and other health problems.

The Global Fund has made longstanding strategic commitments and efforts to engage communities, strengthen community responses and engagement, promote gender equality and human rights and address the needs of key and vulnerable populations in its policies and processes and in the programming that it supports. The Global Fund's 2014 Gender Equality Strategy and related Action Plan highlighted the need for strategic, high-impact, gender-responsive investments, with a particular focus on addressing the needs of women and girls.

The Global Fund Strategy 2017-22 builds upon the gains made through implementation of the 2014 Gender Strategy and ongoing efforts to integrate HIV, TB and RMNCAH services to further scale-up programs to support women and girls, including programs to advance sexual and reproductive health and rights.

The Global Fund has been steadily increasing investments in programs for women and girls, and as of 2015, the cumulative investment amounted to approximately US\$18 billion, or almost 60 percent of total spending. This investment has led to a doubling of the number of women accessing – and staying on – ARV therapy, from 21% of those in need to 53% in 2015. The Global Fund is also supporting the scale up antenatal services, particularly for women who are HIV-positive. Through 2016 more than 4.25 million women have received treatment to prevent the transmission of HIV to their babies. Other investments focus on education, which can be a powerful tool in preventing HIV among adolescent girls.

The Global Fund's funding model supports programs designed to reach women and girls with critical services. In particular, countries are encouraged to link HIV services with other reproductive health services, including those for newborns, their mothers, and adolescents. Interventions that support adolescent girls and women in gaining access to health services vary by country. The Global Fund recognizes that much more needs to be done for achieving strategic, high-impact and gender-transformative investments to prevent new infections and save more lives.

In many contexts women and girls disproportionately bear the socio-economic burden of HIV, TB, and malaria and face multiple forms of stigma, discrimination, violence and other human rights violations that inhibit their access to health. In the context of countries classified as challenging operating environments (COEs), women and girls are often excluded from health services, including sexual and reproductive health care due to their lack of autonomy in household decision-making and by discriminatory and disrespectful treatment in health care settings. Pregnant women may face greater barriers to access to the intermittent preventive treatment (IPT) for malaria that is crucial for them. Sexual and gender-based violence (GVB) are often exacerbated in COEs, particularly in acute emergencies and in the context of national or sub-national conflict.

The Global Fund is actively working with partners to ensure that these challenges are addressed. In addition to investing significantly in treatment and care for women and girls, the Global Fund also invests in prevention (PMTCT, BCC, IPT for malaria, etc.) and is actively engaging to promote more gender-responsive programs in all settings. For instance, the Global Fund, Stop TB and UNAIDS are working together to roll-out the Gender Assessment Tool for national HIV and TB programs. Where gender assessments already exist, the Global Fund and partners work together to ensure that the relevant information and tools are being integrated into health and disease strategies, relevant policies and action plans.

There are encouraging signs. For instance, there is evidence of the use of legislation to address gender equality in Burkina Faso. The Gender Assessment in Gabon resulted in (i) the creation of the Ministry of Human Rights and Equal Opportunity; (ii) the declaration of the Decennium of Women (2015-2025) and (iii) the implementation of the ITS TYME program for Young people (including young women) who want to have their own businesses.

In several countries programs to address GBV, including sexual violence, are being implemented or developed with financial support from the Global Fund and under the leadership of the respective health ministries. In the previous funding cycle (2014-16), the Global Fund invested in GBV programs in Burkina Faso, Chad and Niger. In COEs and GBV in emergency settings, the Global Fund is planning to contribute more to crucial supplies and activities of the Minimum Initial Services Package (MISP) for reproductive health in emergency settings. In this regard, engagement with protection specialists in UN agencies (UNFPA, UNHCR and UNICEF) and organizations with expertise in legal, policy and implementation of such programs has already started.

Work is also ongoing with multilateral and bilateral partners on strengthening data systems and improving the quality of data, including gender disaggregation, in part through the introduction of the Gender Assessment Tool. The Global Fund also encourages steps to promote more women and girls to take part in design and implementation of programs in their communities. For instance, together with UNICEF, the Global Fund is encouraging countries to ensure AGYW engagement is prioritized in strategic planning of targeted interventions for education and school retention. The Global Fund also participates in policy discussions on Adolescent Girls and Young Women (AGYW), for example on the age of consent for HIV testing and on eliminating barriers to girls' access to integrated HIV, sexual and reproductive health services.

While there is a mounting body of evidence on what needs to be done, the world will need more funding to deliver on the urgent needs of adolescent girls and women. The incredible progress the Global Fund partnership has made in the past 15 years – including saving more than 22 million lives – shows that when global solidarity, political will, modern science and grant implementation come together, the world can achieve transformative impact. The world needs to seize the momentum to protect the gains that have been made thus far, and to step up the fight in the communities and key populations where AIDS, TB and malaria continue to devastate lives.

Priority areas

In 1998, the “Dutch Response to HIV” based on consensus and pragmatism was considered as a model to address the epidemic. Twenty years later, in sync with the SDG Agenda that formalises the crucial role of the private sector and the scope for multi-stakeholder partnerships as the result of a changing era in development cooperation, the Dutch community of actors is still showing the way.

The Dutch Government is a major donor to the Global Fund and a driving force on its Board in promoting key issues related to the needs of key and vulnerable populations. The Ministry of Foreign Trade and Development Cooperation, is constantly looking for opportunities to bridge the two components of its mandate. The Global Fund is a public-private partnership vehicle that has proved to be catalytic in building such bridge. The Dutch private sector recently joined the partnership through Heineken and UNILEVER, with the aim of, respectively, improving the Global Fund's supply chain management, and increasing the focus on women and girls.

CORDAID, a Dutch faith-based organization that implements Global Fund supported programs in the Democratic Republic of Congo, is currently in advanced discussions to launch a collaborative grassroots campaign. HIVOS is another example of a Dutch organization that implements Global Fund supported programmes. Dutch civil society advocates are equally active in this innovative integrated response. The civil society advocacy community for increased funding towards HIV/AIDS and tuberculosis is vibrant at the national level and some of them also have a leading role globally.

The gains this unique Dutch-Global Fund partnership contributed to, are impressive and need to be sustained by keeping Global Health and in particular the fight against HIV/AIDS, tuberculosis and malaria high on the Dutch development cooperation agenda.

In 2000, AIDS, tuberculosis and malaria appeared to be unstoppable. In many countries, AIDS devastated an entire generation, leaving countless orphans and shattered communities. Malaria killed young children and pregnant women unable to protect themselves from mosquitoes or access lifesaving medicine. Tuberculosis unfairly afflicted the poor, as it had for millennia. The world fought back. As a partnership of governments, the private sector, civil society and people affected by the diseases, the Global Fund pooled the world's resources to invest strategically in programs to end AIDS, TB and malaria as epidemics. It is working. It is a collective effort, combining the strong contributions made by governments, civil society, the private sector and people affected by HIV, TB and malaria. Here are the cumulative highlights:

- 22 million lives saved
- A decline of one-third in the number of people dying from HIV, TB and malaria since 2002, in countries where the Global Fund invests
- 11 million people on antiretroviral therapy for HIV – more than half the global total
- 17.4 million people have received TB treatment
- 795 million mosquito nets distributed through programs for malaria.

We can't stop now. We need to accelerate our efforts to build on this amazing progress and prevent a resurgence of the diseases. Our partnership has set performance targets for the Global Fund Strategy 2017-2022. Programs supported by the Global Fund will save 14 million lives in the three-year period beginning in 2017, bringing the total lives saved by the Global Fund partnership to 36 million by the end of 2019. Those programs will also avert up to 194 million new infections or cases of HIV, TB and malaria.

The Global Fund makes sure its investments are country needs-based, coordinated and harmonized on the ground to lead to greater effectiveness of aid and efficiency of programmes to deliver results/impact. While these multilateral investments are complementary to the Netherlands' bilateral investments in health, they present comparative advantages compared to the bilateral channel in that they represent economies of scale, for example in terms of procurement and risk management.

The Global Fund ranked amongst the best performers in the consecutive Dutch Multilateral Scorecards and is one of the main vehicles for financing the fight against AIDS, tuberculosis and malaria. A continued investment in the Global Fund represents excellent value for money for the Dutch tax payer.

Social progress and achievement of SDGs through an innovative Public-Private Partnership approach

By challenging barriers and embracing innovative approaches, the Global Fund partnership strives for maximum impact. Working together, we have saved millions of lives and provided

prevention, treatment and care services to hundreds of millions of people, helping to revitalize entire communities, strengthen local health systems and improve economies.

Only through partnership and constant evolution can the Global Fund achieve the collective vision of a world free of the burden of HIV, TB and malaria. Partnership means continual growth, driven by mutual respect, shared responsibility and a strong commitment by all.

A 21st-century partnership takes a modern approach to global health: to be effective, it must be agile, responsive and committed to serving communities affected by HIV, TB and malaria. It must also reach beyond the mind-set of paternalistic aid that sometimes created obstacles in the past. With a more modern outlook, countries take the lead in determining where and how best to fight diseases, how to respond to broader development challenges, and how to coordinate work with international partners in global health. They also plan on how to use their increased domestic finances to leverage external resources to build resilient and sustainable systems for health.

With implementing countries in the lead, partners can take a differentiated approach to investment. That means the partnership's investments are informed by the specific needs and characteristics of each country, as well as the divergent needs of communities most affected by diseases. Working together, partnership can deliver healthier and more productive and stable families, communities and nations.

The only way to end AIDS, TB and malaria as epidemics is by working together: Governments, civil society, communities affected by the diseases, technical partners, the private sector, faith-based organizations, and other funders. All those involved in the response to the diseases should be involved in the decision-making process.

In January 2018, the Global Fund and Heineken announced a new partnership, joining forces to further advance the goal of ending HIV, tuberculosis and malaria as epidemics in Africa. In this partnership, Heineken's supply chain experts will work with Global Fund logistics planners to improve supply chain, to better deliver medicines and health supplies to people who need them. The partnership is starting in Democratic Republic of Congo, South Africa and Nigeria – countries where supply chain has special challenges and where expertise in demand-forecasting and quality control during shipment can make a significant difference in overall on-time delivery of medicines and health supplies.

Lombard Odier and the Global Fund also launched a strategic partnership in January 2018 to create ways to help the private sector contribute to the Global Fund's work, while addressing investors' need to meet their financial goals. The partnership will look, for example, at structures that allow investors to share a proportion of the gains they receive from putting their capital to work. As Patrick Odier, Senior Managing Partner, Lombard Odier Group noted: "Investors no longer need to choose between doing well and doing good. It is becoming easier to meet both goals at the same time."

Unilever and the Global Fund combined forces to improve health program effectiveness, reduce infections and save lives fighting HIV and malaria in key geographies in Africa, such as South Africa and Nigeria, and in Asia, with a focus on India and Bangladesh. The partnership will support work in the following areas: HIV prevention programs that focus on adolescent girls and young women; water, sanitation and hygiene programs in malaria case management, particularly for children under 5; supply chain-strengthening initiatives to build in-country capacity and more effective distribution networks; and designing more patient-centric

programs. Unilever and the Global Fund have agreed to invest US\$5 million each to support these activities over the next three years.