

The Future of the Global AIDS Response

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Social mobilization and political commitment



Durban 2000 – Breaking the Silence

Justice Edwin Cameron:

"I stand before you because I am able to purchase health."

I am here because I can pay for life itself.

To me this seems a shocking and monstrous inequity - that, simply because of relative affluence, I should be living when others have died.

Our overriding and immediate commitment should be to find ways to make accessible for the poor what is within reach of the affluent."

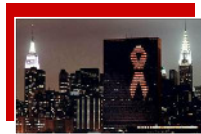


2001 – Global Commitment

Kofi Annan, UN Secretary General:

Call for 7 – 10 billion war chest against AIDS and the creation of the Global Fund (launched Jan 2002)

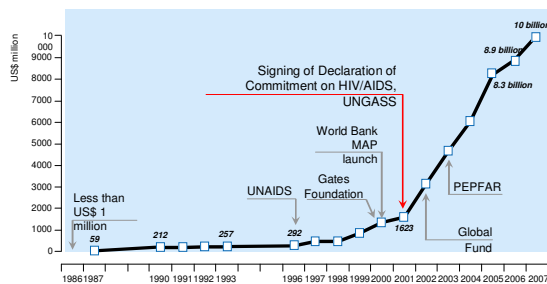
"... we must put care and treatment within everyone's reach".



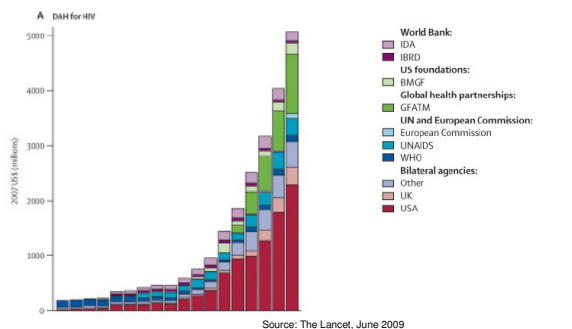
UNGASS AIDS, June 2001
 Declaration of Commitment:

"... make every effort to provide progressively and in a sustainable manner the highest attainable standard of treatment for HIV/AIDS, including ... the effective use of quality-controlled anti-retroviral therapy..."

Total annual resources available for AIDS 1986–2007

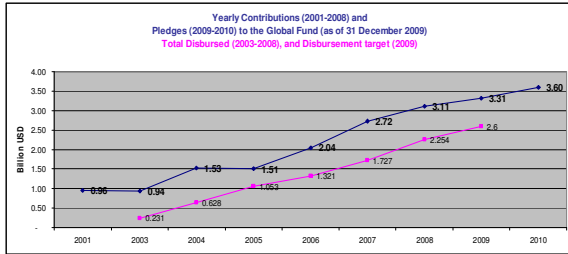


Development assistance for health (DAH) for HIV/AIDS by channels of assistance, 1990–2007



Source: The Lancet, June 2009

Global Fund: Annual Contributions and Disbursements



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Global Fund-Supported Programs

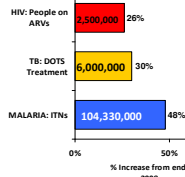
- Through December 2009, the Global Fund Board approved proposals totaling **US\$ 19.2 billion**, and disbursed **US\$ 10 billion** for HIV, tuberculosis (TB) and malaria efforts in 144 countries.
- Daily, at least **3,600 lives** are saved, thousands of new infections are prevented and untold suffering is alleviated.

* Estimated

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Global Fund Results December 2009

Three main indicators

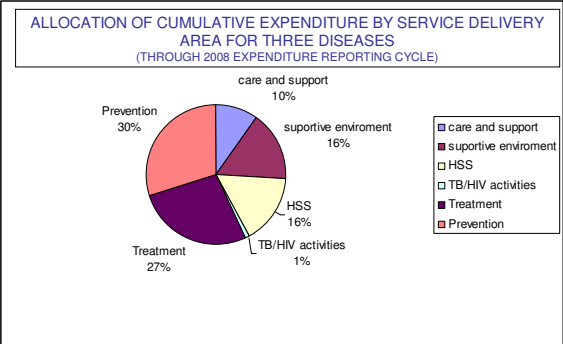


Additional HIV/AIDS results include

- 105 million HIV counseling and testing sessions were carried out (103% of target*)
- prophylactic treatment to 790,000 HIV-positive pregnant women to prevent mother-to-child transmission of HIV (96% of target*)
- 4.5 million basic care and support services to orphans and other children made vulnerable by AIDS (118% of target*)
- 1.8 million TB/HIV services (113% of target*)

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Funding of Treatment and Prevention



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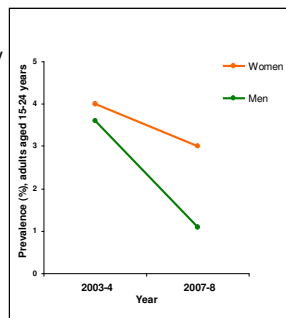
HIV Prevalence Trends men and women aged 15 to 24, Tanzania (2003–2008)

Between 2003 and 2009,

- 103,000 HIV-positive pregnant mothers received complete ARV prophylaxis for PMTCT*1;
- 5.4 million people were counseled and tested for HIV;

At the end of 2009,

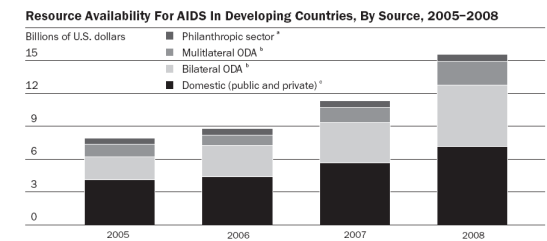
- 202,845 adults and children (46% of those eligible) were receiving ART*2.



*1 Up from 1,800 in 2003
*2 Up from 1,500 in 2003

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Growing share of Domestic Funding

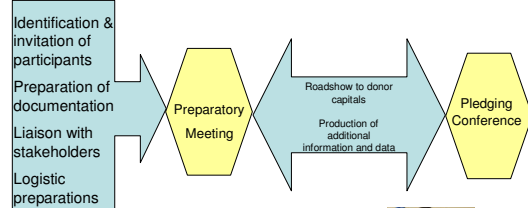


SOURCES: See below.
NOTE: ODA is official development assistance.
* Combination of reports from Funders Concerned about AIDS (2008) and the European HIV/AIDS Funders Group (2008).
* Organization for Economic Cooperation and Development (OECD) Development Assistance Committee (2005–2007); Kaiser Family Foundation/UNAIDS (2008).
* UNAIDS (2008).

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The GF Replenishment Process

September March April – September October



Chair: United Nations Secretary-General Ban Ki-moon.

Vice-chair: Richard Manning from the UK.



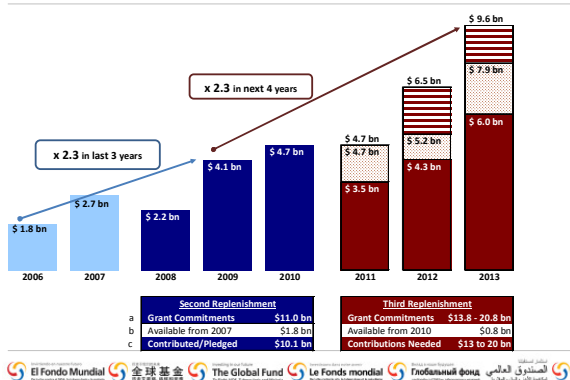
Global Fund Resource Scenarios 2011-2013

- Scenario 1** would allow for the continuation of funding of existing programs. New programs could only be funded at a significantly lower level than in recent years. This scenario therefore does not represent an estimation of the volume of high-quality proposals expected to be submitted. Rather, it indicates the level of demand that could be met by the foreseen resources.
RESOURCES REQUIRED IN 2011-2013: US\$ 13 BILLION

- Scenario 2** would allow for the continuation of funding of existing programs. In addition, it would allow for funding of new proposals at a level that comes close to that of recent years. This would allow current trajectories of progress to be preserved.
RESOURCES REQUIRED IN 2011-2013: US\$ 17 BILLION

- Scenario 3** would allow for the continuation of funding of existing programs. In addition, well-performing programs could be scaled up significantly, allowing for more rapid progress towards achievement of the health-related Millennium Development Goals.
RESOURCES REQUIRED IN 2011-2013: US\$ 20 BILLION

The Scenarios

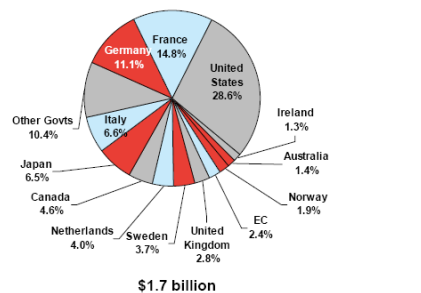


ESTIMATED SERVICE DELIVERIES, TARGETS AND NEEDS IN 2015 (1)

	2009 Global Fund results	2015 Results			Global target or need	Definition & source of target or need
		Scenario 1	Scenario 2	Scenario 3		
ARV: People on ARV therapy	2.5M (20%)	4.4M (27%)	5.8M (27%)	7.5M (34%)	21.9M	2015: 2015 target for universal access/Millennium Development Goal scenario, i.e. 80 percent of need [1], based on 2006 WHO guidelines. According to WHO's 2009 revised treatment guidelines [2], the need and target would increase by >50 percent.
DOTS: treatment of smear-positive cases	1.4M (100%)	3.9M (134%)	5.2M (134%)	6.8M (173%)	3.9M	2015: Target according to targeted case detection rate for 2015 in the Global Plan to Stop TB [3], applied to WHO's 2008 estimated smear-positive cases [12] which was adjusted to 2015 by log-linear forward projection (WHO 2010)
LLIN: annual distributions (of which ~64 percent in sub-Saharan Africa)	34M / 27M	Global: 110M (42%)	Global: 147M (56%)	Global: 190M (72%)	Global: 2015: 264M	Global Malaria Action Plan, for an effective coverage of 790 million long-lasting insecticidal nets, protecting 1.6 billion people at risk [4]
		Africa: 70M (54%)	Africa: 94M (73%)	Africa: 121M (94%)	Africa: 129M	Global Malaria Action Plan [4][13], WHO GMP dept., for an effective coverage of 388 million long-lasting insecticidal nets, protecting 776 million people at risk

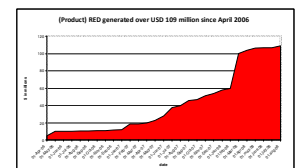
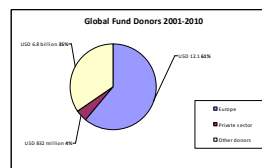
International AIDS Assistance: G8/EC & Other Donor Governments as Share of Global Fund Contributions for AIDS from DAC* Donor Governments, 2008

USD billions



Funding to the Global Fund

- Total pledges available through 2010 = **US\$ 21.1 billion**
- Approximately US\$ 15 billion has been paid in
- Traditional Donors (OECD DAC) are the main investors
- Increasing investment by Private Sector and Innovative Financing



Progress on Innovative Financing at the Global Fund

- **D2H:** US\$ **96.5 million** in pledges (2008-2012), US\$ **22 million** paid in to date;
- **UNITAID:** US\$ **730 mobilized** (**39 million** contributed to the GF)
- **ETF:**
 - March 2010: non-binding MOU signed with Dow Jones
 - April 13: The National Bank of Abu Dhabi (NBAD) and The Global Fund signed a memorandum of understanding (MoU) to launch an Exchange-Traded Fund (ETF) and list it on the Abu Dhabi Securities Exchange (ADX).
 - financial institutions would use the Dow Jones Global Fund index family to structure ETFs and share fees with the Global Fund;
 - expected resources for Global Fund: **US\$ 2m – US\$ 10m** per year

Financial Transaction Tax

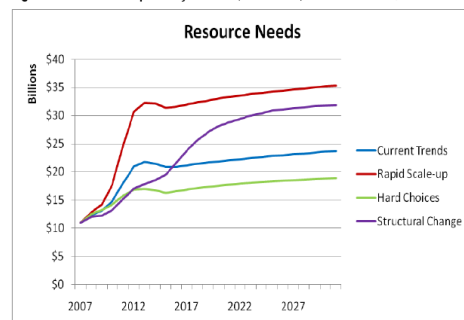
- The **Robin Hood tax** is a proposed tax on financial transactions. Conceptually similar to the **Tobin tax**, it would affect a wider range of asset classes including the purchase and sale of stocks, bonds, commodities, unit trusts, mutual funds, and derivatives such as futures and options
- **0.05%** levied on all currency transactions could raise in excess of **\$700 billion** a year.

Has the Funding of Health Systems and MDG 4 and 5 Affected AIDS Funding?

- Yes, but not in a negative way
- HSS has been necessary to successfully implement large scale AIDS programs
- Currently there is a lot of political momentum to support maternal and child health
- Lancet Editorial: “Maternal, newborn, and child health offer a unique opportunity to give the Global Fund a fresh and expanded mandate”
April 12, 2010

Resources Needed to achieve UA AIDS 2031 Estimates

Figure 6. Resources required by scenario, 2007-2031, in billions of US\$



The future paradigm for global health funding

- Universal Access for AIDS and other diseases can only be financed if there will be a continued paradigm shift in the understanding of global health and transnational responsibilities
- AIDS has shifted the paradigm from charitable giving for humanitarian causes to seriously considering health as a human right
- This human right applies to everybody according to need and to luck (e.g. by being born in a wealthy country)
- Gorik Ooms calls the right to equal access to prevention and treatment a transnational entitlement
- AIDS has been spearheading this movement
- The expansion of this concept beyond TB and Malaria to other diseases and health problems such as maternal mortality will not dilute the movement but strengthen it

Thank You

