

Contribution to the preparation of the next Global Fund Replenishment Conference

Santé mondiale 2030

December 2018

The think tank "Santé mondiale 2030" has been in existence since October 2016. It brings together personalities involved in global health, such as Françoise Barré-Sinoussi, Paul Benkimoun, Michel Cot, Sana de Courcelles, François Dabis, Annabel Desgrées du Lou, Jean-François Delfraissy, Eric Fleutelot, Frédéric Goyet, Mathieu Lamiaux, Michel Kazatchkine, Marie-Paule Kieny, Lélío Marmora, Benoît Miribel, Olivier Nay, Louis Pizarro, Anna-Laura Ross. Stéphanie Tchiombiano is the coordinator.

The members of the group are individual members and not on behalf of their respective organizations. This document is the result of collective work within the group. It does not in any way commit, nor does it reflect the individual opinion of each member.

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By hosting the Global Fund to Fight AIDS, Tuberculosis and Malaria Replenishment Conference in Lyon in October 2019, the President of the French Republic, Emmanuel Macron, pledged to mobilize the international community to accelerate the fight against the three pandemics and to adopt a multilateral and supportive approach to global health. It will be able to rely on France's legitimacy in this field, and on several arguments to convince as many actors as possible to strengthen their financial commitment for the period 2020-2022.

France is legitimate and expected because it plays a central role in the history of the Global Fund.

- **A founding role.** France played a key role in the launch and development of the Fund¹ ;
- **An ongoing role in the governance² and direction of the Global Fund³ ;**
- **An essential financial role**, since France remains the second largest contributor to the Global Fund since its creation, after the United States⁴ ;
- **A political role.** The priority given to the Fund in Official Development Assistance has been confirmed by all Presidents and Governments since 2001⁵ ;
- **A technical support role**, with the creation of the 5% AIDS Malaria and Tuberculosis Initiative in 2011, to strengthen the effectiveness of Global Fund grants in countries⁶.

France also plays **an important and expected role in global health thinking**. It must continue to uphold certain principles (universal health coverage, human rights and a people-centered approach). It must thus support the Global Fund so that it can continue the transition from a philosophy of assistance to **a philosophy of shared responsibility**⁷.

The international community must increase its financial support to the Global Fund for the following seven reasons:

1. Because the Fund has made it possible to mobilise new and considerable financial resources in a coordinated and transparent way.

The Global Fund has made it possible to launch an unprecedented momentum in financial mobilization on health issues⁸, which is now being applied in other sectors such as education⁹. This momentum must continue, broadening the donor base to strengthen its capacity for action.

2. Because the Fund has played a key role in advancing the fight against AIDS, tuberculosis and malaria

With the impetus of the MDGs, impressive progress has been made in the fight against the three diseases since the early 2000s at the global level: (1) HIV: a 36% decrease in incidence (new cases) and 38% in mortality between 2000 and 2017¹⁰, (2) Tuberculosis: a 47% decrease in incidence between 1990 and 2015¹¹ and an 18% decrease in mortality between 2000 and 2015 and (3) Malaria: a 41% decrease in incidence and 62% in mortality between 2000 and 2015. Contributions from the Global Fund have been essential to achieving these results. At the end of 2017, it was estimated that 27 million¹² lives were saved through the programmes it has supported since its inception in 2002, but the fight against these three pandemics is only halfway through and progress remains reversible.

3. Because the Fund has fundamentally changed the approach and modalities of international development assistance, creating a new Global health ecosystem based on several principles:

- **Multisectoral partnership**¹³, whether at the global level, in the composition of the Fund's Board of Directors or in the countries of implementation¹⁴.
- **Community and civil society organizations** actively involved in program development and implementation, as well as in health governance more generally.
- **Country ownership**, the principle that Global Fund financing contributes to achieving objectives defined directly by implementing countries.
- **Performance-based management**, a principle on which the Global Fund pioneered the Paris Declaration on Aid Effectiveness a few years later (2005).
- **Independence of international evaluation committees**, responsible for analysing the quality of programmes submitted to the Global Fund for funding¹⁵.
- **Establishment of a position of Inspector General**¹⁶ of the Global Fund, independent of the Secretariat of the Global Fund and directly accountable to the Board of Directors.
- **The Global Fund's bulk purchasing system**, which, together with other initiatives (such as Unitaaid, the voluntary licenses of the Medicine patent pool and the WHO quality insurance system), has made it possible to significantly reduce the cost of treatment¹⁷.

4. Because the Fund's international evaluations have consistently ranked it among the most effective development assistance instruments¹⁸.

5. Because economic and social inequalities in health are increasing, not only between countries but also and especially within countries¹⁹. International mobilization is needed to reduce this worrying divide between high-prevalence groups without access to prevention, treatment and health services and the rest of the population²⁰.

6. Because the Global Fund has a major role to play in strengthening the health systems of the poorest countries.

7. Because health issues related to the three diseases have changed profoundly and require a new cycle of mobilization.

- **In the fight against HIV**, we endorse the arguments of the July 2018 call of the Lancet Commission's expert group²¹, which fears a resumption of the HIV/AIDS epidemic if the international community's efforts are relaxed²². There are many ways to respond to these new challenges, particularly in terms of prevention. Research continues to progress, solutions are diversifying and innovations must quickly be able to benefit as many people as possible.
- **Efforts to control tuberculosis** must focus on early detection and prevention of new cases, access to care for the most vulnerable²³ and combating resistance to treatment. Research must be put at the heart of the agenda to develop new diagnostic tools, as well as drugs and vaccines needed to boost the momentum of the fight against tuberculosis²⁴.
- **In the fight against malaria**, the incidence rate is particularly high: the increase in new cases²⁵ threatens the achievement of global goals. Efforts must focus on the risks

of new outbreaks (linked to climate change) and resistance (resistance to treatments, but also resistance of mosquitoes to insecticides).

- Finally, it is essential to involve the fight against **viral hepatitis** more closely in the discussions on the Global Fund ²⁶.

The elimination of the three pandemics by 2030 must remain the general motto. Faced with the stagnation of international financing over the past five years, and insofar as national financing in the affected countries has not increased as rapidly as the evolution of needs, this new financing cycle must imperatively launch a new dynamic. Our observation is that there has been a delay in the funding needed to maintain the course towards the elimination of the three diseases as threats to public health by 2030²⁷. **The primary purpose of increasing the Global Fund's resources in 2019 is to close this gap**²⁸.

Without significant financial mobilization by the international community, the three major pandemics are likely to advance faster than our investments and fundamental health system reforms are unlikely to be undertaken. Financial mobilization must be commensurate with the challenges and allow us to refocus collectively on the path to eliminating the three diseases.

The reconstitution conference is a unique opportunity to reposition France on the international scene of Global Health

As France presides over the G7 in 2019, the Reconstitution Conference must be part of a broader movement to relaunch national, European and global mobilization for Global health, in the name of the fight against inequality and the need for multilateralism that benefits all.

We clearly call on France to increase the amount of France's contribution to the Global Fund. This strong gesture will not only enable France, the host country of the conference, to act as a catalyst for commitments but also to fully influence future strategic choices within the Global Fund, in the Global health sector and even more broadly on the Sustainable Development Goals and Official Development Assistance.

The **criteria for success** of this conference must be based on: (1) on the level of overall financial commitment (which must be as high as possible, associated with a new, more ambitious vision of the role of the Global Fund, and compatible with a trajectory to achieve the Sustainable Development Goals); (2) on the multiplicity/diversity of donors (in order to move from a Global Fund essentially financed by the G7 countries to a truly multilateral Global Fund²⁹); (3) on the effective impetus for a new French dynamic in Global Health.

Recommendations

The Global Fund embodies, more than any other organization, international solidarity and the multilateral approach. The Replenishment Conference should be an opportunity for France to reaffirm these two principles, but also to adapt the Global Fund to recent developments in Global Health and the Sustainable Development Goals.

France must better manage its public aid in Global health:

By **overhauling its institutional system dedicated to Global health**³⁰, in order to better articulate the various dimensions of its external intervention: (1) by consolidating the Global Fund's monitoring unit within the Ministry of Europe and Foreign Affairs (with additional

human resources allowing stronger involvement in technical committees and closer links with researchers in Global health/health policy sciences); (2) by associating the Ministry of Health more closely with national governance of Global health issues; (3) by consolidating and clarifying the priorities of the 5% Initiative in its technical assistance role; (4) by strengthening the links between the Global Fund and AFD, in a spirit of complementarity; and (5) by creating a National Global Health Council³¹.

By building stronger strategic alliances with public partners who share a common interest and vision with France, notably Germany³² and the European Commission to strengthen our capacity to influence the Board of the Global Fund, WHO and other International Health Initiatives (Gavi and Unitaid).

In this way, our health diplomacy will be more effective, more influential and will be able to carry over the longer term³³, strong messages to move the Global Fund forward:

Towards a more structured and inclusive Global Fund. While the "silo" approach (by disease) has achieved results that we never dared to imagine in the early 2000s, it is now time to move on to a new chapter in the history of the fight against the three diseases. The 10 years to 2030 must be a virtuous circle between fighting pandemics and strengthening health systems.

- Integrate interventions more fully. Programmes as currently designed are reaching their limits and the integration of services, their decentralisation or the development of interventions targeting several diseases, must be systematically encouraged as long as this integration is efficient and of course beneficial to patients. Ending the three pandemics will only be possible when the fight has become structural and integrated into the health facilities' service packages.
- Systematically seek interventions with co-benefits (for pandemic control/health systems strengthening). If the Global Fund's mandate is to remain focused on the three pandemics, ending them will only be possible with stronger health systems.
- Promote access to prevention and care for the poorest, most remote or marginalized populations. The Global Fund must become "100% UHC compatible". Ending the three pandemics is only possible if the programs leave no one "by the wayside".

Towards a more flexible Global Fund, capable of adapting more effectively to the realities on the ground in implementing countries:

- Adapt operating modalities to the needs and capacities of the weakest countries. The Fund must question itself on the low programme implementation rates, particularly by French-speaking countries in West and Central Africa.
- Extend the Fund's mandate to all basic health services in fragile environments and countries in conflict³⁴.
- Rethink the current transition logic towards middle-income countries. Early transition experiences in China or Ukraine show that some interventions such as harm reduction programmes for drug users are systematically abandoned with the end of Global Fund grants. Human rights must remain a

priority of the Fund in all circumstances, including when the Global Fund withdraws financially from a country.

Towards a Global Fund that works more closely with other partners, to respond to changing epidemics and the international context:

- Renegotiate the partnership between the Fund and the various United Nations agencies. To fully assume its role as a funding mechanism, the Global Fund needs to be able to rely on more effective technical support³⁵, particularly at the local level³⁶, as close as possible to grant implementation;
- Rethink private sector investment, in particular by encouraging it to become more involved at the level of implementing countries;
- Improve coordination and alignment of the Fund with other multilateral health initiatives (Unitaid, GFF, Gavi)³⁷ to enhance the impact of investments;
- Integrate the sustainable development agenda. The importance of the links between health and other SDGs (poverty, hunger, education, sanitation, gender inequality, peace, climate, etc.) should encourage the Global Fund to create links with international partners beyond the health sector and to adopt new rules: Global Fund interventions must be 100% compatible with the other objectives of Sustainable Development.

Keywords: maintaining the course towards the elimination of the three pandemics, a new approach towards a Global Fund that is more structured, more inclusive and more flexible, 100% UHC compatible, 100% SDG compatible.

APPENDIX 1: Presentation of Santé mondiale 2030

Santé mondiale 2030 is an independent think tank that has been bringing together personalities with a long history of involvement in global health issues since 2016. It places its reflections within the framework of the Sustainable Development Goals.

OUR COMMITMENT

France is one of the largest providers of international health funding, but its influence in international bodies and health partnership platforms remains limited.

We are convinced that France can only be heard and listened to in the international arenas of global health when its actors succeed in conveying a strong and coherent message, structured around clear and stable objectives, supported by values that are attached to the history of health in France.

*Our objective is to **formulate recommendations** on France's global health policy and to **mobilize all stakeholders** so that health issues become a strategic focus of French international aid.*

OUR MEMBERS

Santé mondiale 2030 brings together personalities who have long been involved in global health, such as Françoise Barré-Sinoussi, Paul Benkimoun, Michel Cot, Sana de Courcelles, François Dabis, Annabel Desgrées du Lou, Jean-François Delfraissy, Éric Fleutelot, Frédéric Goyet, Mathieu Lamiaux, Michel Kazatchkine, Marie-Paule Kieny, Lélío Marmora, Benoît Miribel, Olivier Nay, Louis Pizarro, Anna-Laura Ross. Stéphanie Tchiombiano is the coordinator.

Our vision of Global Health

Global health is a fundamental human right. It is **also a global common good**. **Universal access to health** and the construction of sustainable health systems are central to **human development**, the **economy** and the **fight against poverty**, as well as **security**. They therefore make a decisive contribution to the **inclusive development of societies** and to **peace**.

Health issues are complex and require **long-term strategic visions** to address the challenges posed by globalization, increased human trade, demographic transitions or climate change.



APPENDIX 2: Summary of the Global Fund's results

The 2018 Global Fund Results Report is particularly enlightening and reflects the Fund's contribution to reducing the three pandemics of HIV-AIDS, tuberculosis and malaria and to strengthening health systems.

In the field of HIV:

- 17.5 million people are on antiretroviral treatment worldwide
- 79.1 million screening tests were carried out during the year
- 4.3 million pregnant women have received antiretroviral drugs to prevent HIV transmission to their children
- 9.4 millions de personnes ont été touchées par des actions et services de prévention

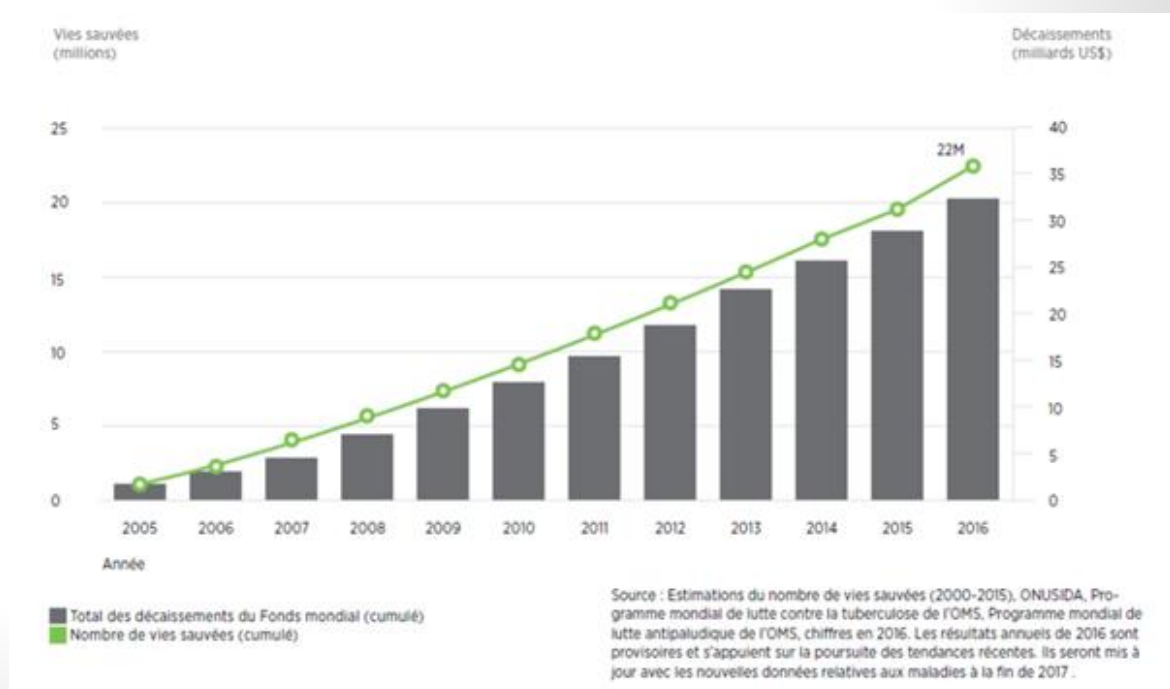
In the field of Tuberculosis:

- 5 million people with tuberculosis have received treatment
- 97,500 children in contact with tuberculosis patients were placed on preventive treatment in 2017
- 102,000 people have received treatment for multidrug-resistant tuberculosis

In the field of Malaria:

- 108 million cases of malaria have been treated
- 197 million impregnated mosquito nets distributed

An estimated 27 million lives have been saved through programs funded by the Global Fund.



APPENDIX 3: Sources

¹ Let us recall here the central role played by France in the negotiations that led to the creation of the Fund in Brussels in 2001, followed by the announcement of its first contribution at the Genoa G7 in the same year. This leadership was then confirmed in Paris and at the G8 meeting in Evian in 2003.

² France has always held a seat on the Global Fund's Board of Directors and actively participated in the various governance committees. Two French women were also vice-chairmen of the Board of Directors (Hélène Rossert in 2005 and Mireille Guigaz from 2013 to 2015).

³ Michel Kazatchkine was the Executive Director of the Global Fund in 2007-2012, after chairing the first Grants Review Committee (TRP) from 2002 to 2005. Several French people have also been members of the management team, such as Françoise Vanni, current Director of External Relations and Jacques Le Pape, current Chief Financial Officer.

⁴ Second only to the United States, French funding represents 13% of the total contributions made to the Global Fund since its inception. France's financial commitment has not increased since 2011. It was €525 million for the period 2001-2007. It has been increased twice (900 million euros for the 2008-2010 triennium and 1,080,000,000,000 for the 2011-2013 triennium). It was then renewed at the same level for the next two triennia.

⁵ Examples include Jacques Chirac in 2003 ("There is no human development without a global response to major pandemics"), Nicolas Sarkozy in 2010 ("We will increase our contribution to the Global Fund by 20%, (...) we have no right to do less") and François Hollande in 2016 ("France has always considered it a priority to maintain its contribution at a high level").

⁶ This initiative is implemented in the form of an indirect contribution from France to the Global Fund, equivalent to 5% of the total French contribution to the Fund each year, or €18 million per year. It aims to respond to requests for technical expertise from countries receiving Global Fund grants, to support them in the design, implementation, monitoring and evaluation and impact measurement of Global Fund grants. It is based on the mobilization of French and Francophone expertise available in these fields.

⁷ Since its creation, the Global Fund has promoted the strong idea of partnership. It must take a further step in this logic and show the way towards a new conception of international cooperation based on the logic of mutual interests, shared challenges and solidarity partnerships. To carry this vision forward, the Global Fund must refocus on its original mandate: it is fundamentally and must remain a funding mechanism (and not a development agency).

⁸ The Global Fund has successfully mobilized \$4.2 billion for 2017, bringing the total financial contributions since the inception of the Global Fund in 2002 to \$38 billion.

⁹ Reference is made here to the Global Partnership for Education, established at the end of 2016.

¹⁰ Fact Sheet. WHO Key HIV Facts, updated July 2018.

¹¹ World Malaria Report, WHO, 2016

¹² HIV-related deaths have decreased by 40% since 2004, tuberculosis-related deaths by 47% since the 1990s, and malaria-related deaths by 48% since 2000 according to the 2017-2022 strategy. Global Fund website: <https://www.theglobalfund.org/fr/strategy/> accessed 10 October 2018.

¹³ Partnership based on the Global Fund's idea that "the only way to end the epidemics of HIV, tuberculosis and malaria is to work together: governments, civil society, communities affected by the disease, technical partners, the private sector, faith-based organizations and other donors. All actors involved in the disease response must be involved in decision-making processes.

¹⁴ Country Coordinating Mechanisms (CCMs), established at country level, responsible for (1) coordinating the preparation and submission of country funding applications, (2) designating the Principal Recipients responsible for implementing grants, (3) overseeing the implementation of approved grants, (4) approving reprogramming requests, and (5) ensuring linkages and coherence between Global Fund grants and other national health and development programmes.

¹⁵ Technical review Panel (TRP), multidisciplinary committees responsible for assessing the quality of countries' applications to the Global Fund.

¹⁶ Responsible for protecting the assets, investments, reputation and sustainability of the Global Fund, the Office of the Inspector General is independent of the Global Fund Secretariat and reports to the Board through its Audit and Finance Committee.

¹⁷ The Global Fund's latest annual report, for example, estimates savings of \$205 million for 2017.

¹⁸ The Global Fund has received positive evaluations from multilateral organizations, such as the Multilateral Organizations Performance Assessment Network (MOPAN) or the Aid Transparency Index, as well as from governments such as Australia, England and France itself.

¹⁹ 800 million people live in the world on less than \$1.25 a day. According to Oxfam's report, "Ending extreme inequality" (2014), nearly half of the world's wealth is in the hands of the richest 1%, while 99% of the world's population shares the other half. In addition, 7 out of 10 people live in a country where inequalities have increased over the past 30 years.

²⁰ In the fight against AIDS, for example, programmes are still struggling to reach certain geographical areas or marginalized populations (men who have sex with men, sex workers, transgender people, drug users, migrants, etc.).

²¹ Bekker, L-G, et al. Advancing global health and strengthening the HIV response in the era of the Sustainable Development Goals: the International AIDS Society, Lancet Commission. *The Lancet*, July 2018

²² The false sense of having effectively stemmed the spread of the HIV epidemic is reflected in a dangerous decrease in funding, by 20% between 2013 and 2016, even though the incidence of new HIV infections increased by 60% between 2010 and 2016 in Eastern Europe and Central Asia, for example.

²³ Health and safety risks are all the more worrying as tuberculosis overwhelms already vulnerable people (precarious, malnourished, HIV-infected, etc.) on the margins of quality health services. The exclusion of these populations prevents the systematic detection of new cases and promotes the development of outbreaks of the epidemic.

²⁴ World Health 2030. Breathing new life into the fight against tuberculosis, July 2018. <http://santemondiale2030.fr/wp-content/uploads/2018/09/Redonner-du-souffle-à-la-lutte-contre-la-tuberculose.pdf>.

²⁵ 5 million additional cases in 2016 compared to 2015, according to the World Malaria Report 2017, WHO.

²⁶ Despite the fact that they represent 1.34 million deaths per year in 2017 (source WHO), hepatitis is under-detected, under-treated and under-prevented, either through vaccination or through risk reduction strategies adapted to the specificities of injecting drug users, for example.

²⁷ It should be recalled here that the third target of the third sustainable development goal (ensure healthy lives and promote well-being for all at all ages) is to put an end to the AIDS epidemic, tuberculosis and malaria as threats to public health by 2030.

²⁸ The Global Fund is currently working on assessing the resources needed to return to the desired trajectory in the 2019-2021 period.

²⁹ Let us recall, for example, that the States recently integrated into the European Union have committed themselves to devoting 0.3% of their GNP to development aid, and that many of them do not have a bilateral cooperation agency. A call for better European solidarity around the objectives of health solidarity can be an effective argument, for example.

³⁰ At the beginning of 2019, we will produce a technical note presenting recommendations to make the French institutional framework for global health more effective, readable and coherent.

³¹ This council would bring together policy makers, public agencies, administrations, universities, research organizations, companies, foundations, NGOs and community networks involved in global health.

³² There are many points of convergence with Germany, including the principle of universal health coverage and the central role of social sectors in Africa.

³³ It should be recalled that the replenishment conference will not be the venue for a formal discussion on the Global Fund's strategy.

³⁴ The Global Fund's intervention modalities can be valuable in times of crisis, when systems are unstructured and without resources. The Fund's mandate could validly be expanded in some particularly fragile countries (natural disasters, extreme poverty, political instability, violence and security problems). Chad, the Democratic Republic of Congo (DRC) or the Central African Republic (CAR) for example.

³⁵ The terms of the Global Fund's initial contract with the various UN agencies, which defined their role in supporting the effectiveness of Global Fund grants, now seem to us to have been forgotten by the various UN agencies, which in our view no longer really set out their action plans in a way that complements the Global Fund's approaches.

³⁶ It should be recalled that the Global Fund has decided not to be represented in implementing countries.

³⁷ It is important to welcome here the creation of a "Global Action Plan for the Health and Welfare of All" bringing together the 11 major international Global Health organizations, at the initiative of Germany and Ghana.