

Michel Kazatchkine remarks – final

New York

ECOSOC

“Coordinating efforts for achieving the health-related MDGs”

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TALKING POINTS

Dear Vice-President, friends and colleagues:

- Thank you for the opportunity to participate in this important panel.
- In my brief introductory remarks, I would like to make 4 points.
- The **first** relates to the broader context in which we are operating today:
 - **Health is *the one* area of development where we have made considerable progress in the last decade.**
 - There has been unprecedented societal mobilization around health both in the North and in the South, political commitment, and increased financial resources.
 - The results achieved have truly been remarkable.

- In 2002, when the Global Fund was established, virtually no-one with AIDS was receiving life-saving antiretroviral therapy in developing countries. Today, about 5 million people have gained access to AIDS treatment. As a result, AIDS mortality has decreased in many high-burden countries. The number of new HIV infections has also decreased, particularly in sub-Saharan Africa.
- In 2002, malaria was a neglected disease. Today, at least 10 of the most endemic countries in Africa have reported declines in new malaria cases and an impressive decline in malaria mortality.
- Since 2002, TB has been diagnosed much more effectively. 7 million additional people have gained access to DOTS treatment with Global Fund support.
- Overall, the programs the Global Fund supports have saved an estimated 5.7 million lives in the last 6 years. Every day, an additional 4,000 lives are saved, and thousands of new infections are prevented.

- Global Fund investments have contributed not only to MDG 6, but also to the other health-related MDGs. In particular, they benefit the health of mothers and children.
- **My second point is that the Global Fund is also – and has always been – a major investor in health systems.**
- About 36% of our total portfolio, representing about USD 7 billion of approved funding, is dedicated to funding of health systems strengthening (HSS) activities. This makes us one of the biggest funders of health systems in the world today.
- Approximately 1/3 of the HSS support is dedicated to training & planning and another 1/3 to human resources.
- It is important to note here that the Fund supports programs that evolve from national plans and priorities. Countries decide their priorities, translate them into requests for funding and submit proposals to the Global Fund. And many of these proposals contain major HSS components.
- For example, Ethiopia, has decided to use the AIDS, health systems and malaria Global Fund grants to expand primary health care access in the country by recruiting and training thousands of health extension workers and building hundreds

of health posts. Ethiopia now provides integrated health services and has combined the distribution of AIDS, TB, and malaria treatment and prevention services with sexual and reproductive health and poverty reduction strategies.

- **Third – and Julian has already started talking about this – the key objective of the Health Systems Funding Platform (the platform) is to make this HSS support more effective – be it in the context of existing or of new funds for HSS.**

- There will be two key benefits for countries:
 1. ***Simplification:*** Instead of writing two applications to GAVI and the Global Fund, countries will write one. Financial management, M&E and procurement procedures during the implementation of grants will be much simplified. Transaction costs will be reduced and unnecessary duplication avoided.
 2. ***Further alignment with national health plans:*** Funding accessed through the platform will be directly aligned with national priorities, timelines and

indicators, as expressed in countries' national health plans.

- Let me explain in a bit more detail how this will work in practice:
 - Julian has already mentioned some country examples. Similar work is now taking place in other countries.
 - We are continuing the *rapid implementation* of harmonization of HSS support based on existing national programs.
 - A first joint country mission to Cambodia (with GAVI, WB and WHO representatives) took place in early June.
 - A first tangible result is that partners, for the purpose of the reporting of results, have agreed on a joint set of national indicators which are directly aligned with the national indicators of Cambodia's health sector plan. The Global Fund has incorporated these indicators into the Round 9 grant that was signed during the mission. This is simplification in action.
 - Similar work is planned in other countries, including in DRC, Benin and Sierra Leone.

- As Julian mentioned, we also continue the development of a *joint proposal* form with GAVI for HSS. This will enable countries to formulate joint funding requests for HSS support to both agencies.
- These joint requests will be jointly reviewed by members of the Global Fund's Technical Review Panel and GAVI's Independent Review Committee.
- This will significantly reduce the transaction cost in development of a proposal.
- It will also ensure that funding requests (and later implementation of derived grants) are fully harmonized between the two agencies.
- At the Global Fund, we hope to use the joint proposal form for Round 11, which I anticipate will be launched in 2011.
- We are also rolling out a *pilot in 4-5 countries* to enable applicants to submit funding requests *based on jointly assessed national health plans*.

- Using national health plans – which must be developed through an inclusive process that allows for meaningful civil society engagement – for the funding requests will enable donors to co-invest and ensure alignment with national priorities and timelines.
- Following invitations from countries, the Global Fund has recently participated in joint assessments of national health strategies (so-called “JANS”) in Uganda and in Ethiopia. We have used this experience in the design of the HSS pilot.
- **Fourth and finally, let me emphasize that it is wrong to pitch financing of health systems strengthening against financing of targeted disease programs.**
- The Global Fund is a major investor in health system strengthening and a key partner of the Health Systems Funding Platform. This is within the mandate of the Global Fund to fight HIV/AIDS, malaria and tuberculosis.

- In order to efficiently address the three epidemics we need strong health systems (i.e. efficient service delivery, well equipped laboratories, human resources, etc.).
- Evidence shows that interventions targeting specific diseases also have positive “spill-over” effects into the health system and other health areas.
- In this spirit I am looking forward to our continuing cooperation with partners in implementing the Health System Funding Platform.