



## **United States Support for the Global Fund, A Key Vehicle for Meeting Shared Responsibility**

**Global health, including infectious disease, is a global, shared responsibility. It is not the purview of governments alone, but also the private sector, civil society, faith-based organizations, and communities who together contribute to the fabric that is needed to establish country-owned, responsive and sustainable health care delivery systems that meets the needs of people.**

*The Global Fund to Fight AIDS, Tuberculosis and Malaria* represents a critical multilateral vehicle for donors to contribute to the shared global responsibility and support country leadership on the three diseases. The U.S. is working with partner countries to ensure that each dollar invested achieves the greatest possible health impact. With U.S. support, the Fund is now reforming its work to increase the impact of its investments. In addition, the U.S. and the Global Fund are strengthening their collaboration under the leadership of partner countries. We need both the PEPFAR and the Global Fund to be successful, convened by partner countries in support of country-owned strategies.

### **Funding**

In addition to maintaining its large bilateral global health programs, the United States is the largest contributor to the Global Fund, providing \$7.1 billion to date. Recognizing that PEPFAR and Global Fund programs are complementary and interdependent, in October 2010, the U.S. pledged to seek \$4 billion over three years (FY 2011-2013) for the Global Fund, tied to reforms to increase the impact of grants. By law, the U.S. cannot provide more than 33 percent of Fund contributions, so the money we provide leverages resources from other donors, multiplying impact beyond what U.S. dollars could do alone.

Working through mechanisms such as the G20, the U.S. is encouraging nations with emerging economies and natural resource wealth to shoulder an increasing share of domestic HIV financing and to fund international efforts, including through the Global Fund. President Obama has written to leaders of nations that have exhibited notable leadership on AIDS, praising their efforts and expressing the desire to work together to meet the shared global responsibility goal.

### **Global Fund Reform**

Part of shared responsibility is to ensure that all resources are used as efficiently and effectively as possible. The U.S. has been a leader in supporting reform of the Global Fund. With U.S. encouragement, the Fund has taken a number of actions in recent months to recommit itself to this goal. The Fund's new General Manager, Gabriel Jaramillo, has dramatically reoriented the Fund to assume a role as an active investor. Resulting increases in efficiency, effectiveness, and accountability will increase the impact of Fund resources on the ground.

## Country Collaboration on AIDS

Support for AIDS programs in many countries is increasingly a mix of domestic, Global Fund, and U.S. and other donor resources, with the government playing the orchestrating role. This mix of resources is often present at the site level – a degree of interdependence and co-financing of health systems and services that represents progress toward shared responsibility.

Below are some specifics on the ways in which PEPFAR is partnering with the Global Fund to support country health systems to get better results. When PEPFAR and Global Fund stakeholders coordinate in support of country ownership, investments against AIDS are expanded both geographically and programmatically.

- In **Rwanda**, the national government is a strong partner in the management of PEPFAR programs and Global Fund resources. While PEPFAR funding was initially used to support the base of the HIV/AIDS response in Rwanda - including treatment - the Government of Rwanda is now using Global Fund financing to pay for long-term health service costs. This shift allows PEPFAR to focus on quality assurance of services, expanding support for human resource training, and strengthening the capacity of civil society.

- In **Angola and South Sudan**, Global Fund grants support the purchase of ARVs while PEPFAR supports training and systems for delivery of ARVs to patients.

- In **Tanzania**, the Government used Global Fund resources to supply first-line ARVs and PEPFAR provided second-line ARVs. By the end of 2013, Global Fund resources will fund all required ARVs, while PEPFAR focuses its efforts on technical assistance, capacity building, monitoring and evaluation, and voluntary counseling and testing services.

- In **Haiti**, the Global Fund Secretariat initiated a donor mapping process to ensure that PEPFAR and Global Fund financed programs are collaborative, not duplicative. Both organizations have shared information on grantees at headquarters level to identify co-funded organizations and facilitate future planning.

- In **Malawi**, PEPFAR and the Global Fund CCM and the MOH (the GF PR) engage in joint programming and joint financing. Together, PEPFAR and Global Fund financed programs provide treatment to close to 280,000 people, reaching about 70% of those in need. In addition, the government targets Global Fund financing to deeply rural communities, where 85% of the population lives, working through district governments and local organizations. PEPFAR bilateral funding is then targeted to HIV need in more urban populations. Finally, PEPFAR and UNICEF, which uses Global Fund dollars, partner to address prevention of mother-to-child transmission. UNICEF purchases the drugs, while PEPFAR supports the supply chain, training, laboratory, and quality assurance needed for the program.

