Hope for Millions: Challenges ahead for the Global Fund to Fight AIDS, Tuberculosis and Malaria

Shalini Pammal

“Uncle, you are shivering and your skin seems to be hot, you must go quickly to a health clinic to get a malaria test.” This critical message travels radio waves across Papua New Guinea—a country with an extraordinarily high incidence of malaria. Financed by the Global Fund, “Lisa’s Story” is a radio soap opera that uses an accessible entertainment forum to communicate important health messages about malaria prevention and treatment centers to its listeners. This awareness program is one of many in-country initiatives supported by the Global Fund.

Since its inception, the Global Fund to Fight AIDS, TB and Malaria has approved US $22.6 billion in funding for more than 1000 programs in 150 countries, investing money in lifesaving treatment, prevention and care efforts to fight three devastating diseases. The most recent statistics indicate that 3.5 million people are receiving antiretroviral treatment for HIV, 8.6 million new cases of tuberculosis have been detected and treated, and 230 million insecticide-treated nets have been distributed for malaria prevention.

“The Global Fund has had the way as the first organization to be established on the principle of a performance-based funding model,” says Nicole Delaney, Fund Portfolio Manager at The Global Fund. In this approach, demonstrable results are rewarded with continued funding following an extensive grant proposal review. Furthermore, Delaney states that a hallmark of the Global Fund standard is its adherence to enabling sustainable programs in which “proposals are designed at the country level and the Global Fund has no on-the-ground presence, offering complete country ownership.” Fund disbursements are conditional upon the ability of a country to successfully and autonomously implement its proposed program. An independent unit of the Global Fund known as the Office of the Inspector General monitors all activities and operations, including those carried out by recipient countries, to ensure accountability and the ultimate success of funded projects.

While the Global Fund strives to provide all necessary resources for partner countries receiving funding, its success is largely reliant upon consistent transparency and mutual confidence in these new partnerships.

The Global Fund aims to bring diverse voices and powers to the decision-making table, including The World Health Organization, the Joint United Nations Programme on HIV/AIDS (UNAIDS), non-governmental organizations, private foundations, most notably the Bill and Melinda Gates Foundation, and health care deliverers, for a powerful assembly of individuals devoted to the same health issues. “For the first time ever in many countries, governments have had to work with NGOs, bi-laterals and other multi-laterals...communication channels are definitely improving,” says Delaney.

However, the magnitude of the Global Fund grant portfolio over the past decade has led to a complex system requiring greater accountability and transparency from country coordinating mechanisms—public and private sector representatives that “develop and submit grant proposals to the Global Fund based on priority needs at the national level.”

According to Grant Management Solutions, a major technical support provider to the Global Fund grantees, “the transition to single-stream-of-funding grants...has contributed to a growing complexity in Global Fund grants...as have the global economic crisis and political events in some countries.”

In addition to the growing complexity of its fund disbursement and governance, the Global Fund also faces challenges to its reputation in 2011 when its accountability and general operations were called into question. In the case of disappearing medicines in Africa, where one third of nearly $10 million worth of donated antimalarial drugs were stolen and sold for exorbitant prices instead of being distributed for free in Togolese government clinics, talk of insufficient accountability standards surfaced. Critics stated that local institutions and recipient governments were simply not equipped to responsibly manage the funds they received and that the Global Fund was not effectively addressing corruption. These reports led to reduced funding and hesitation from donor countries to continue their support.

Though it is important that such issues are brought to light, it is also essential to realize that a major funding crisis now threatens the life-saving treatment programs and flourishing partnerships enabled by the Global Fund. Prominent leaders in the global health field have continued to voice their strong support for the Fund’s activities in light of this funding crisis. Dr. Paul Farmer, Kolokotrones University Professor at Harvard University and Co-Founder of Partners in Health, wrote in the New...
York Times that “it would be a great mistake to allow one of the world’s most effective global health institutions to fail… if we allow the fund to fail, many people will die.” Similarly, Bill Gates focused his 2011 Annual Bill & Melinda Gates Foundation Letter on the importance of country investment in tackling these devastating diseases: “It is in the rich world’s enlightened self-interest to continue investing in foreign aid. If societies can’t provide for people’s basic health, if they can’t feed and educate people, then their populations and problems will grow and the world will be a less stable place.”

The Global Fund’s future impact is contingent upon the lasting support of donor nations to fuel essential treatment and prevention efforts for AIDS, TB and malaria across the world. “The Global Fund made financing global health the baseline and an expectation, which is a hugely important transformation,” says Alanna Shaikh, MPH, a 2011 senior TED fellow and international aid worker in Tajikistan. “In the end, there is too much need and not enough money. It is not realistic to expect the poorest countries to provide for diseases like MDR-TB [multidrug-resistant tuberculosis] and XDR-TB [extensive drug-resistant tuberculosis]... there is no earthly way they will ever have enough money to afford such costly treatments,” says Shaikh.

The imperative to maintain efforts to combat specific diseases and thereby strengthen entire health systems is what may drive forth greater international appeal for sustained and possibly even increased funding. While the financial crisis has certainly cast a shadow on the future of the Global Fund, there have been great strides toward effectively addressing AIDS, TB and malaria in the most affected communities. “Accountability is an important part of the Global Fund model and the global community, new donors and countries need to step up and respond even in these trying times,” says Dr. Prerna Banati, former Senior Technical Specialist at the Global Fund.

In the decade since its inception, the Global Fund has saved millions of lives and supported vital treatment programs in affected areas around the world. Though the Global Fund’s efforts are not without flaws, it has had tremendous impact in transforming disease treatment and disaster relief into a global responsibility rather than a local burden. In the coming years, the United States can be a world leader, as the largest single donor to the Global Fund, by pushing other countries to meet their commitments and ensuring that the Fund has the resources it needs to maintain and expand life-saving treatment programs. Sustained financial support from donor countries will be necessary to save millions more afflicted by AIDS/ HIV, TB and malaria.

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Banati, Prerna, interview by Shalini Pammal. (March 2, 2012).
Hinderliter, Blair. “10 Years On, Funding Crisis Threatens the Global Fund’s Efforts to End AIDS.” Results; The Power to End Poverty. n.d. http://www.results.org/newsroom/10_years_on_funding_crisis_threatens_the_global_funds_efforts_end_aids/ (accessed March 9, 2012).