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FINANCING THE GLOBAL GOALS: WHY THE GLOBAL FUND REPLENISHMENT MATTERS FOR THE SDGS

Now that member-states have adopted the 2030 Agenda for Sustainable Development, the global community is turning to how the [seventeen goals](#) can be achieved. The ambitious targets – 169 of them in total – were set through what some have called the most inclusive consultative process in the history of the United Nations. The same collective effort will no doubt be needed to translate global dialogue into local impact.

The Sustainable Development Goals (SDGs) – or Global Goals – were officially adopted at the UN's Sustainable Development Summit in New York from 25-27 September 2015. The Global Goals have a 15-year lifespan from 2015-2030, replacing the previous Millennium Development Goals (MDGs) of the 2000-2015 era. The MDGs had three goals dedicated to health, with one specifically for combating HIV/AIDS, malaria, and other diseases ([MDG 6](#)). As the MDGs expire this year, [UNAIDS](#) and [WHO](#) have declared that the targets for both AIDS and malaria have been achieved.

Against the backdrop of these successes, there are no longer specific goals for HIV, malaria or other diseases in the SDGs. Instead, there is one goal for good health and well-being (SDG 3) which includes nine sub-targets. One of these sub-targets (3.3) is to end the AIDS, TB and malaria epidemics by 2030.

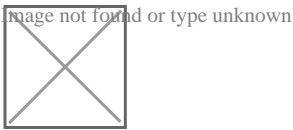
This is a lofty goal, as well as an expensive one. In total, the [UN working group](#) on financing for sustainable development estimates the SDGs will cost \$17 trillion, though [others](#) calculate resources needs of up to \$45 trillion (\$2-3 trillion annually). While an [SDG fund](#) has been established, there are large gaps between available funding and the levels of investment required to achieve the targets. For example, the estimated price tag for achieving the target of ending AIDS by 2030 is \$36 billion a year, almost twice the current funding level of \$19 billion. Similarly, global investments in malaria will need to triple by 2030

to reach the SDG elimination target. These gaps lead [some](#) to surmise that targets for getting to zero may not be cost-effective or affordable investments in most of the poorer countries where the three diseases are prevalent.

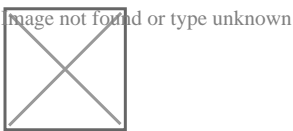
Towards filling these funding gaps for SDG 3.3, the Global Fund's [upcoming replenishment](#) is a crucial linchpin. Indeed, [some say](#) that the most important aspect of the health-related MDG-to-SDG transition will be the reactions of major donors. A coalition of civil society organizations is [calling for](#) a higher Global Fund replenishment aim than the \$15 billion for 2014-2016.

Even if the replenishment target increases, many are still left wondering where the money will come from. To answer such questions, the Global Fund Advocates Network (GFAN) hosted a [Twitter conversation](#) on 28 September 2015, where Maurine Murenga (Communities Delegation on the Global Fund Board) and Linda Mafu (Head of Political and Civil Society Advocacy at the Global Fund) discussed how strong financial commitments to health and the Global Fund are needed to reach SDG targets.

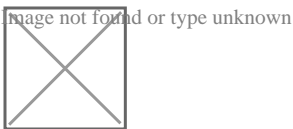
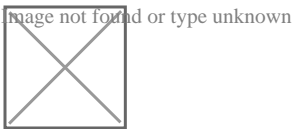
Mafu emphasized that increasing domestic funding would be a key strategy for the fifth Global Fund replenishment and a vital part of financing the Global Goals. The Global Fund [has indicated](#) that priority countries for increased domestic financing include: Côte d'Ivoire, Ethiopia, Kenya, Nigeria, Pakistan, Senegal, and Tanzania.



Some participants asked what role the Global Fund has in promoting domestic financing for health. Mafu and Murenga indicated the Global Fund builds economic cases, has strict rules on counterpart financing and promotes the involvement of civil society in budgeting. Mafu also noted that the Global Fund works directly with governments on this issue:



The replenishment also has important implications for SDG targets on achieving universal health coverage (UHC) (target 3.8) and gender equality (SDG 5). During the Twitter conversation, Mafu and Murenga assured participants that the Global Fund replenishment matters for these targets, too.



Following the high-level side event at the UN Sustainable Development Summit, the Global Fund's replenishment and its link to the SDGs will kick into high gear in December in Tokyo. The Fund will be hosting a high level conference on UHC on the 16th, followed by a Preparatory Meeting for the Fifth Replenishment on the 17th.

While having enough money is important, it is also not the entire picture of what sustainability means in the fight against the three diseases. In [an article](#) published in the Lancet's Global Health Blog, Suzanne

Ehlers (CEO of Population Action International) and Rosemary Mburu (Executive Director of World AIDS Campaign International) say that the SDGs are a unique opportunity to closely examine what works and what doesn't.

Similarly, in [a piece](#) published in the New England Journal of Medicine, Christopher Murray suggests that the new SDG health targets are largely inconsistent with the rapid epidemiologic transition that is under way in many middle-income countries. This likely means reflecting carefully about what the new targets will mean in different contexts with different disease profiles – looking beyond the financial considerations of the SDGs.

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