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## Replenishment Meeting Discusses Challenges of Meeting Global Fund Resource Needs

Participants at the Global Fund's Third Replenishment meeting for the period 2011-2013, held in The Hague, on 24-25 March 2010, acknowledged that continued scale-up of Global Fund programmes would be required to meet the health-related Millennium Development Goals (MDGs) by 2015, and that even the scenarios presented by the Fund would not be sufficient to meet the needs. On the other hand, participants noted that even the lowest scenario involves a significant increase in contributions at a time when national budgets were under pressure.

This information is contained in the Chair's Summary of the meeting. The meeting was attended primarily by representatives of donor countries and other large contributors to the Global Fund. The Global Fund had provided donors with three possible resource needs scenarios for the period 2011-2013:

- Resource Needs Scenario 1, which would cost \$13 billion, would allow for the continuation of funding for existing programmes. New programmes could only be funded at a significantly lower level than in recent years.
- Resource Needs Scenario 2, which would cost \$17 billion, would allow for the continuation of funding for existing programmes, and funding for new programmes at a level that comes close to that of recent years.
- Resource Needs Scenario 3, which would cost \$20 billion, would allow for the continuation of funding for existing programmes, and for well-performing programmes to be scaled up significantly, allowing in turn for more rapid progress towards achieving the health-related MDGs.

(For more information on the resource needs scenarios, see “GlobalFund Seeks \$17-20 Billion from Donors for 2011-2013” in GFO #117, at [www.aidspace.org/gfo](http://www.aidspace.org/gfo).)

The purpose of the meeting in The Hague was to review the Global Fund’s progress and discuss the resource scenarios. Most donors are expected to announce their funding commitments at the next replenishment meeting, scheduled for 4-5 October 2010 in New York City.

Participants said that the March 2010 meeting highlighted the need to widen the donor base and, in particular, “to see increased contributions from emerging economies.”

The Global Fund Secretariat presented its report, “Global Fund Results Report 2010: Innovation and Impact.” Participants praised the report, noting that it demonstrated “the transformational impact of the Global Fund on the health situation in many countries.” Participants said that these results help to make the case for increased funding, and they urged the Fund and its partners to disseminate them widely.

While welcoming the breadth of the information and the quality of the data in the report, participants encouraged the Global Fund to move beyond output indicators towards outcome and impact measurements. They also encouraged the Secretariat to continue its work to develop more effective means of measuring the impact of prevention programmes and of health systems strengthening initiatives.

Participants stressed the need to ensure the sustainability of the Global Fund’s programmes with a view, ultimately, to enabling countries to graduate from Global Fund support. For this to happen, participants said, would require: genuine country ownership, underpinned by capacity development; alignment with country priorities; harmonisation with bi- and multi-lateral development partners; the empowerment of communities; and enhanced domestic financial contributions.

Participants said that the contribution by the Global Fund in combating AIDS, TB and malaria has been “impressive,” but that the gains remain fragile. They said that effective leadership and advocacy will be essential in the lead-up to, and at, the G-8 and G-20 meetings (this month), the MDG Summit in September, and the Global Fund’s replenishment meeting in October – and that “the advocacy of implementing countries would be of particular significance in this respect.”

Other points made by participants at the March 2010 meeting include the following:

- The Global Fund could contribute further to maternal and child health based on its existing mandate.
- The Global Fund’s work in middle-income countries has a catalytic value, particularly in galvanising domestic support and targeting vulnerable communities.
- There is need to ensure rapid and flexible implementation of programmes, including the timely re-programming of funds from non-performing grants.
- The Global Fund’s strategies on gender equality, and sexual orientation and gender identities, should be implemented more rapidly, and should include greater integration of sexual and reproductive health in programmes supported by the Fund.

The “Chair’s Summary” of the March 2010 replenishment meeting is available at

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