



Independent observer  
of the Global Fund

## GLOBAL HEALTH WILL REMAIN TOP PRIORITY FOR DEVELOPMENT FUNDING IN A POST-MDG WORLD: BENN

The Global Fund Secretariat's director of External Relations, Christoph Benn, sat down with Aidspan on 21 May to discuss where the Global Fund fits in the post-2015, post-Millennium Development Goals context.

The interview has been condensed.

**Aidspan:** What can you say about the current global decision-making process to identify post-2015 development priorities, and more particularly global health?

**Benn:** Everybody is talking about the post 2015 agenda. The Millennium Development Goals established in 2000 have been instrumental for the creation of the Global Fund and have been enormously important for advocacy to reach the MDG health goals over the last 14 years. Therefore the post-MDG framework will be quite critical for the Global Fund as one of the main funders for health and development. In the end, it will be the UN General Assembly that will approve the post-MDG framework. That will give some direction on the key priorities for the next 15 years.

Our UN partners are establishing targets for particular diseases and health issues which are very relevant for the Global Fund. Just this week, new targets were set for tuberculosis, aiming to eliminate tuberculosis by 2035. UNAIDS has set the target of getting down to zero: zero new infections, zero new deaths, zero discrimination. The Global Fund will play a very important role in the support for the achievement of these targets.

Aidspan: The Global Fund is not part of the UN system. What does it change in terms of its capacity to shape the agenda?

Benn: It is very important to recognize that the Global Fund is a partnership. It is not our mandate to shape the UN agenda. We are working very closely with our UN partners, with WHO, UNAIDS, UNICEF, StopTB, Roll Back Malaria. They are more directly involved in shaping the agenda, setting the targets for the diseases that we help to finance. Therefore the Global Fund is involved, is a very interested partner, but I wouldn't see the Global Fund as a driving force here.

Aidspan: What is the Global Fund's response to those who may say that there are more urgent global challenges than the global fight against AIDS, TB and malaria?

Benn: I think there is still a great recognition that HIV, TB and malaria remain big threats. There is also broad agreement that we are faced with an unfinished agenda. It's not as if we have now achieved all the MDGs therefore we can move on to the next topic. It is in a sense now different from 10 years ago when there was an emergency response and we needed to make essential services available for people living with HIV or affected by TB or malaria. Now it's more 'How can we really finish this and eliminate these diseases over time, and by doing this also prevent that they might increase again?' We have these big risks of resistance to the most common drugs in all three diseases and there will remain a very significant role for the Global Fund and its partners to prevent the spread of a much more dangerous and a much more costly treatment for resistant microbials.

Aidspan: What do we know, as of today, about the likely scale of the Global Fund resource needs beyond 2015?

Benn: It's too early to say. We are not claiming now that we would know what the countries need in 2017 or 2019. This will require very intensive dialogue between all partners. Our current replenishment stretches from 2014 to 2016. Very soon, in 2015, we will get to the question of resource needs for the following three years and where they will be most needed.

Aidspan: Do you expect Overseas Development Assistance (ODA) to decline in the next 2 to 3 years?

Benn: I don't expect that, and the OECD isn't predicting ODA to decline over the next few years. The so-called development assistance for health has increased more than five-fold over the last 20 years, which is amazing. In a sense the Global Fund benefited from an unprecedented political attention to health at all different levels. And, again, I don't see that necessarily changing. What is going to change probably is how we invest that money. It will be more concentrated over the next decade on the low-income and fragile countries and on the most marginalized and at risk populations. We need to make sure that the investments will be catalytic and promoting innovative approaches.

Aidspan: What scenarios do you envision to close the funding gap that the Global Fund will most probably face in the years to come?

Benn: First of all, the Global Fund, with its current income, receives 2 to 3% of overall ODA. So it's a significant amount of money but by no means such a big chunk of ODA that we would have to worry about competition with other important global issues. I think there is significant money to address the priorities in health but also in education, climate change and other topics although all countries that can afford it should do more. For closing the funding gap at the country level, there is no question that the main source of funding already now and even more so in the future will be domestic funding.

International funding has always been complementary and in the best cases catalytic even for the poorest countries. We know that at the moment for the low-income countries, about 25 per cent of their health

expenditure comes from international financing. For lower middle income countries, it's only 2.7%. So it's already now a moderate to small share of the health funding at the country level although extremely important for the people who were in need of these additional resources. But for the next decade, the share of domestic funding will definitely go up further.

Aidspan: We know that half of African countries will move to the category of lower middle income in the years to come. What does this mean in terms of the future of the Global Fund?

Benn: In Africa, even if a number of countries are graduating from low-income to lower middle income status, it doesn't mean that they won't require Global Fund resources in the foreseeable future.

Let's take for example a country like Zambia that has recently graduated to become a lower middle income country. Zambia has already increased its domestic resources quite significantly, but because of the very high disease burden there is still a long way to go to reach universal coverage, so that every person in Zambia can have access to the latest prevention, care and treatment on AIDS, tuberculosis and malaria. So I think the role of the Global Fund will change but it is not going to become irrelevant in the next few years for many countries in Africa and some other regions.

Aidspan: Does that mean that the overall package of funding from the Global Fund should diminish?

Benn: Not necessarily. It might just be that it will be more focused because in many countries we are still far away from reaching the universal coverage that we are aiming for. That means we will need more resources for the poorest countries because one thing has been very clear: even with the 12 billion that we mobilized end of last year, we could by far not address all the needs in the countries around the world that were indicated by them to the Global Fund.

Aidspan: What will the Global Fund offer after 2015 that it couldn't offer in its first 13 years of existence and that can renew its interest in the eyes of major donors?

Benn: I think what is most convincing is efficiency, innovation, results and impact. That is not new but I think the emphasis will only increase and that is completely justified. It's exactly how donors should prioritize their money: where they can achieve the greatest impact for the benefit of the people in need.

Aidspan: How do you evaluate at this point in time chances that current discussions could help to support the case for expanding the Global Fund's mandate towards a Global Fund for Health?

Benn: There is a great need to address the health challenges in the post MDG framework in a much more comprehensive way. This does not necessarily require an expansion of the Global Fund's mandate which is ultimately a question for the Global Fund's board. In the meantime we have already explored and implanted innovative ways to address these challenges. Our new funding model promotes opportunities for country-led partnerships to strengthen the Maternal Newborn and Child Health (MNCH) content of their support proposals. We've recently signed an MoU with UNICEF aiming to increase the impact on child health by maximizing the synergies between partners with relatively few marginal costs. We have made tremendous progress already through aligning our investments in sexual and reproductive health including for women living with HIV, in comprehensive malaria control and other key interventions, with UNICEF's mandate to address childhood diseases such as pneumonia and diarrhoea. The new global health partnership can address these health challenges together and achieve even more impressive results in the future.

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