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MORE INVESTMENT IN HEALTH SYSTEMS NEEDED, GLOBAL FUND BOARD CHAIR SAYS

The progress we have made in the fight against AIDS, TB and malaria has had a significant positive impact on our efforts to build strong health systems and improve maternal and child health. However, we need to invest significantly more in this integrated health system strengthening approach if we are to meet the health-related Millennium Development Goals (MDGs).

This was a central message in an address by Dr Tedros Adhanom Ghebreyesus, Minister of Health for Ethiopia, and Chair of the Global Fund Board, to the opening session of the first conference of the Global Fund Third Replenishment, held on 24-25 March 2010 in The Hague.

“The international community’s investment in health over the past decade has been one of the most positive stories in international development, and the Global Fund has been central to this success,” Dr Tedros said. In his own country of Ethiopia, Dr Tedros said, Global Fund investments have had a dramatic effect. For example:

- More than 177,000 Ethiopians are receiving antiretroviral therapy (ART) today (up from 1,000 in 2005) – with nine out of 10 patients surviving and thriving on treatment.
- The distribution of over 20 million bed nets, improved access to effective anti-malaria drugs, and the training and deployment of over 30,000 health extension workers has slashed the number of deaths caused by malaria by half in just three years.

In addition, Dr Tedros said, the Ethiopian Government's accelerated initiative to build up its health infrastructure with a view to putting in place 15,000 health posts and 3,200 health centres around the country has also been fuelled by Global Fund resources.

However, despite our successes, Dr Tedros said, “the lives of millions across the world are still being lost to the three diseases, and to poor public health in general.... AIDS, TB and malaria are still responsible for more than half the deaths of women of childbearing age in sub-Saharan Africa.” For this reason, Dr. Tedros said, “a decisive shift to invest more in the integrated approach to the health MDGs which the Global Fund’s flexible business model has allowed us, is vital, especially at this critical juncture.”

Dr Tedros said that while people in developing countries understand that the global economic slowdown presents a genuine challenge to donor governments, it is nevertheless true that in times of economic crisis, the biggest impact is felt by the world’s poorest countries. “We must not allow the economic crisis to disrupt the momentum gained by the Global Fund in addressing the dire challenges facing the world’s most vulnerable communities.”

Dr Tedros said that “the projections of the number of lives that can be saved [through further investment] are astounding – as are the number of lives that would be lost if we fail to do what needs to be done.”

Dr Tedros presented a comparison of estimated lives saved under two different resource needs scenarios. (The Global Fund recently presented donors with three resource needs scenarios for the period 2011-2013. Scenario 1, at \$13 billion, would allow for the continuation of funding for existing programmes, but new programmes could only be funded at a significantly lower level than in recent years. Scenario 2, at \$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. Scenario 3, at \$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.)

Dr Tedros said that comparing Scenarios 1 and 2 reveals that millions of lives are at stake in sub-Saharan Africa alone. For example:

- if we fund ARV treatment under Scenario 1 instead of Scenario 2, we lose the chance to save an extra half-million years worth of African lives by 2017.
- if we fund PMCT programs under Scenario 1 instead of Scenario 2, we lose the chance to save an additional 700,000 years worth of African lives in 2015 alone.
- If we fund insecticide treated bed net programs under Scenario 1 instead of Scenario 2, we lose the chance to save an extra five million years worth of African lives in 2015.

Because so much is at stake, Dr. Tedros said, “the year 2010 finds us at a critical juncture in our joint efforts to improve the health and the lives of the world’s most vulnerable people.”

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