



Independent observer
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POVERTY ACTIVIST CALLS ON U.S. GOVERNMENT TO CONTRIBUTE ITS FAIR SHARE TO THE GLOBAL FUND

Editor's Note: This article contains extracts from a presentation made by Dr Joanne Carter, Executive Director of RESULTS, when she testified on 11 March 2010 before the Sub-Committee on Africa and Global Health, Committee on Foreign Affairs, U.S. House of Representatives.

We have a tremendous opportunity to accelerate our global health efforts by increasing our support for the Global Fund to Fight AIDS, TB and Malaria. I am honored to serve as the Northern Civil Society Delegate to the Global Fund Board, and proud of the annual Results Report released by the Fund just this week. This report should be required reading for any policy maker involved in shaping our global health strategy. I believe the Global Fund is the most effective tool we have in the fight against HIV/AIDS, TB and malaria....

The impact of the Fund has gone well beyond Millennium Development Goal 6 to reverse AIDS, TB and malaria, and extends to Goals 4 and 5 on child and maternal health by addressing the biggest killers of women and children. In Africa, AIDS, TB and malaria account for over half of all deaths of women of reproductive age, and malaria alone accounts for up to 18 percent of child deaths....

The Global Fund's impact has been truly global, with investments in programs and efforts catalyzed in 144 countries. These efforts have saved 4.9 million lives – and this is only the beginning. The coming years will bring more results more quickly as half of total disbursements by the Global Fund have been made within the last two years. The full return on our investment has yet to be realized.

The success of the Fund is not just what's been achieved, but in how it's been achieved. On a broad range of best practices – transparency, accountability, performance-based financing, country-led

development – the Global Fund is on the cutting edge of translating aid effectiveness theory into practice...

By relentlessly focusing on value for money at all levels – management, implementation, and procurement – the Global Fund has identified \$1 billion in efficiency savings. Here's one example. Global Fund programs are required to procure commodities through a competitive process, and then report price information on key products like anti-retroviral drugs and bed nets to a publicly accessible database. This information facilitates cost comparisons, and gives leverage to other programs to negotiate lower prices.

Responding to country demand, the Global Fund has provided resources to strengthen national health systems as countries respond to AIDS, TB and malaria. Sixteen percent of Global Fund financing has gone to health system strengthening priorities like improving supply chain management and increasing the capacity for monitoring and evaluation.

In an effort to strengthen primary health care through investments in HIV/AIDS and malaria, Ethiopia has trained and deployed over 30,000 community health workers. The result is not only an astounding scale of up AIDS treatment, but rapid improvements in broader maternal and child health indicators. Between 2005 and 2008 – just three years – measles immunization rates have increased from 61 to 77 percent, and births attended by a health professional have jumped from 13 to 25 percent.

The Global Fund's flexible but targeted support for Ethiopia is enabled by a country-led approach. For the Fund, "country" means much more than just the central government. In fact, diverse civil society participation in proposal development is a prerequisite for Global Fund grant approval. This process results in funding disbursements that strengthens civil society voices and seeks to reflect who's actually delivering health services on the ground. Thirty-six percent of Global Fund grants are distributed to non-governmental organizations who are using these funds to take community based programs to a massive scale. For example, the Churches Health Association of Zambia (CHAZ), a network of faith-based organizations and a primary recipient of Global Fund financing, provides half of all rural health care services in Zambia.

2010 will be critical in determining if the Global Fund will be allowed to accelerate its successful efforts, or be forced to curb its growth – with dire consequences for AIDS, and TB and malaria. This year, other donors will make three-year funding commitments as part of the Global Fund's once-every- three-year replenishment conference. While the U.S. has not historically made a formal multi-year replenishment pledge, as the largest contributor to the Global Fund, our [fiscal year 2011] allocation will send an important signal to other donors. Flat or reduced funding will exert no leverage on other countries to increase their contributions, and might even trigger a downward spiral. Increased funding from the U.S. could change the course of the replenishment. The President's proposed \$50 million cut is alarming in light of its potential multi-year impact on other donor countries' commitments, and would leave the U.S. well behind the \$1.75 billion that constitutes our fair share this fiscal year.

RESULTS is a U.S.-based NGO that endeavours to create long-term solutions to poverty by supporting programmes that address its root causes – e.g., lack of access to medical care, education, or opportunity to move up the economic ladder. For more information, see www.results.org. The full text of Dr Carter's presentation is available at www.results.org/newsroom/dr._joanne_carter_testifies_before_congress/.

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