



Independent observer  
of the Global Fund

## Recently published peer reviewed articles that support Aidspan's work

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Aidspan is pleased to share three recently published peer-reviewed articles that support our work as monitors of the Global Fund. All conclusions drawn within these academic papers remain the purview of their authors and do not reflect the opinions of Aidspan.

Regional and temporal trends in malaria commodity costs: an analysis of Global Fund data for 79 countries

When a market functions well, commodity prices are determined by the forces of supply and demand, with competition driving prices lower for consumers. Health care markets, however, do not often work this way. Asymmetrical information means that supply of commodities can be interrupted, creating an artificial monopoly that keeps prices high.

[In a paper published in the Malaria Journal](#), authors Frank Wafula, Ambrose Agweyu and Kate Macintyre analyse trends in commodity purchases by the Global Fund for malaria between 2005 and 2012. Procurement data from 79 countries for three malaria-related commodities are analysed to observe time and regional pricing trends.

The authors conclude that global procurement costs vary by region and have declined over time overall, suggesting that at the global level, a mature market for malaria-related commodities is operating. Regional variation, however, requires further attention with routine analysis to identify and correct market insufficiencies.

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# Does global procurement and price negotiation through the Global Fund reduce HIV commodity costs?

The Global Fund spends between 40-60% of its annual budget on procurement of commodities for HIV, TB and malaria, necessitating complete, accurate and timely data about price changes over space and time. In a study published in the Journal of Acquired Immune Deficiency Syndrome (abstract can be found [here](#)) authors Frank Wafula, Ambrose Agweyu and Kate Macintyre analysed pricing data for three widely used commodities in HIV programmes: male condoms, anti-retroviral drugs (ARVs) and HIV rapid test kits.

Comparing costs over seven years from 2005-2012, across regions and between national and a pooled procurement programme run by the Global Fund, the authors observed a generally flat line for pricing of HIV tests and condoms, with price drops noted for ARVs. The commodity price data have been available online through the Global Fund's price and quality reporting (PQR) system since 2005 but this is the first external analysis.

To ensure that global pricing for these life-saving commodities continues to decline to ensure greater access over time and across regions, the authors conclude with the need for regular and comprehensive analysis to identify and correct market insufficiencies.

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## Responding to health challenges: the role of domestic resource mobilisation

The gap in unmet needs for AIDS and TB is vast and cannot be filled by international donors alone. More domestic investment, either through taxes or levies or more efficient spending of existing resources, is needed to tackle the two diseases.

Governments and donors must collaborate to promote a greater investment at the national level in health programming. If a proposal is sound and attracts external financing, it should be equally sound for domestic investment. What must follow the 2015 conclusion of the work towards the Millennium Development Goals must be a new era of Domestic Resource Mobilization.

In a paper written by Alan Whiteside and Gavin Surgey, ten recommendations for countries to improve domestic financing to lead to better health are offered by the authors, including for governments to address rigid budgeting practices that make it hard to reallocate revenues toward health.

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