



Independent observer  
of the Global Fund

## PERSPECTIVES ON THE MAIN ISSUES FOR THE GLOBAL FUND IN THE NEXT FIVE YEARS

This article reports on the main points made by four of the panellists at the session on 26 July on “The Global Fund: The Next 5 Years” at the International AIDS Conference in Washington, DC: Gabriel Jaramillo, General Manager, Global Fund; Eric Goosby, US AIDS Ambassador; Kamal Siregar, Member, National AIDS Commission, Indonesia; and Hendrietta Ipeleng Bogopane-Zulu, Deputy Minister of Women, Children and People with Disabilities, South Africa. Other articles in this issue contain additional coverage of this session.

Gabriel Jaramillo

Mr Jaramillo said that one of the priorities for the Global Fund for the next five years is to invest strategically. “At the beginning of this war,” he said, you could shoot in any direction and still hit the disease. “In this second phase, it’s more sophisticated, it’s more difficult,” because we are dealing with marginalised populations, some of which are difficult to reach because of discriminatory laws and cultural barriers. Mr Jaramillo said that civil society has a major role to play in breaking the barriers in many countries “of laws that make no sense and cultural barriers that don’t allow us to get the job done.”

In the next five years, Mr Jaramillo said, the Global Fund must support, and help attain, universal coverage. “Nothing less than universal coverage is acceptable.” Because of the quality of drugs available today, and because prices have come down significantly, Mr Jaramillo said, we are now in a position to say that universal coverage can be attained and sustained, something that we couldn’t say with confidence three or four years ago.

To attain the goal of universal coverage, Mr Jaramillo said, the Global Fund must support countries in their

efforts to strengthen health systems – health systems that will be capable of supporting, for the lifetimes of the patients, the delivery of treatments.

Mr Jaramillo talked about the experience of the Global Fund in Ethiopia, calling it “one of the best investment stories we have.” He said that with Global Fund support, and with the support of other donors, particularly PEPFAR, Ethiopia has built a network of 2,800 health centres, 15,000 health posts (at the village level) and 35,000 health extension workers serving rural communities. Mr Jaramillo said that the results have been impressive – for example, mortality is down 50%, 40% and 32% for HIV, malaria and TB, respectively. (GFO plans to report in more depth on the Ethiopia story in a future issue.)

Eric Goosby

Dr Goosby said that the 2012-2016 Strategy adopted by the Global Fund Board in 2011 is a critically important road map for the next five years. In addition to setting ambitious targets for lives saved, Dr Goosby said, the Strategy puts the Global Fund on a path to become a more nimble, strategic investor – employing an iterative funding model with increased emphasis on high-impact interventions, grant implementation, and actions to mitigate risk and maximise impact. “Critically, a central tenet of this strategy is improved coordination and joint planning with partners.”

Dr Goosby said that the U.S. and the Global Fund are already collaborating on many levels, and that strengthening this collaboration will be a central feature of the Global Fund’s next five years. Dr Goosby provided some examples of the existing collaboration:

- In Tanzania, Angola, and South Sudan, Global Fund grants help support the purchase of antiretroviral (ARV) drugs while PEPFAR supports training and the delivery of ARV drugs to patients.
- In Malawi, PEPFAR resources support targeted elements of the national response while local entities are supported financially by the Global Fund.
- In Rwanda, while PEPFAR funding was initially used to support the base of the HIV/AIDS response – including treatment – the government is now using Global Fund financing to pay for long-term health service costs. This shift allows PEPFAR to focus on quality assurance of services, expanding support for human resource training, and strengthening the capacity of civil society.

Kamal Siregar

Dr Siregar discussed the accomplishments of programmes supported by the Global Fund in Indonesia, and outlined the challenges facing the country in the next five years. He said that while there has been an increase in funding from domestic sources, these funds have been used primarily for treatment, especially for antiretrovirals. Prevention and coordination of the response, Dr Siregar said, are still largely dependent on external funding.

Hendrietta Bogopane-Zulu

Ms Bogopane-Zulu said that for the people of South Africa, one of the priorities for the Global Fund for the next five years is to simplify the Fund’s very complicated bureaucracy in a way that enables people to do the work of implementing the grants and not have to spend all their time writing proposals, reporting and negotiating with the Fund.

Ms Bogopane-Zulu said that what is needed are commitments that are long-term and predictable, and disbursements that are on time, so that implementers can meet their obligations. Implementers are suffering because of the delays in disbursements, she said, and they are asking the Global Fund, in the next five years, to “do it smarter, faster, and better.”

Ms Bogopane-Zulu said that the Global Fund should implement the policies it has and not change the goal posts every few minutes. As it is, she said, while people are getting their heads around a particular

process, a new process is introduced, so people have to spend time trying to understand the new process. "Please, in the next five years, let's stabilize our systems, and let's communicate better and faster what is expected, so that we can get on with the job."

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