

How does the Global Fund help prevent TB deaths in Pakistan?

Tuberculosis (TB) is a major public health problem in Pakistan; the country has the fifth-highest burden of TB in the world. To date, investments from *Global Fund to Fight AIDS, TB and Malaria* in Pakistan have helped the country detect and treat 829,000 new cases of TB. The [Indus Hospital](#) provides high-quality health care completely free to all patients and since 2011 has been a Principal Recipient of Pakistan's Global Fund grant for TB control. At the end of September 2016, the Indus Hospital received US\$479,704 toward its part in achieving the targets of the National Strategic Plan for reducing the burden of TB and multi-drug-resistant TB (MDR-TB) in Pakistan. This is the latest instalment in a US\$39m grant under which the Indus Hospital will contribute to:

- Reducing TB prevalence by 50% in the general population by 2020 (on 2011 levels)
- Reducing MDR-TB among TB patients by 5% per year from 2020



A patient takes his TB medication in India (Stop TB Partnership/David Rochkind)

Replenishment is over, now what? How does the Global Fund decide who gets funded?

The Global Fund describes itself as '*a financial instrument, not an implementing entity*' - it raises funds from investors and disburses them to implementing countries. One of the Global Fund's core principles is country ownership, so it provides grants only at national or regional level. These grants are meant to add to, rather than replace, existing health investments, and the Global Fund aims to support programmes that are based on national health strategies.

For a country to request and receive money from the Global Fund, the process goes like this:

- *Determination of funding level:* working out what countries are eligible for funding, based on income level and disease burden. A country may be eligible for funding for one, two, or all three of the diseases.
- *Country dialogue:* a process that identifies country needs and prioritises actions and areas for intervention.
- *Development of National Strategic Plan:* for each disease, developed in consultation with all stakeholders.
- *Concept note:* developed by the *Country Co-ordinating Mechanism*, based on the strategic plan, covering why funds are needed, what they will be spent on, who spends it, and how risk will be minimised.
- *Technical review:* review of the submitted concept note, to get it to a point where the grant can be approved, bearing in mind the goal of supporting high-quality, high-impact programmes.
- *Grant approval:* the Grant Approvals Committee, a group of senior managers from the Global Fund, technical and bilateral partners decide whether a grant will be given and how big the grant can be.
- *Grant-making:* the Global Fund now works with the organisation nominated to implement the grant (the *Principal Recipient*) to plan exactly how the grant will be spent and where supplies will be sourced from.
- *Board approval:* after this final review, the grant is considered ready for disbursement. It is sent to the Global Fund Board for final approval before sign-off.

Some factors that complicate progress in the Global Fund achieving its goals include:

- *Exchange rates:* the total value of the Fund depends on whether pledges in non-US currencies are calculated based on the five-year moving average (US\$12.9bn), or the latest market exchange rate (US\$11.5bn).
- *Transition:* in line with the idea of encouraging self-reliance and domestic investment in health, countries receive progressively less Global Fund money as they get wealthier. However some 'wealthier' countries may have a high disease burden, or apparent 'wealth' may mask inequality. RESULTS and [ACTION](#) partners are researching the impact of these policies on the Asia-Pacific, and hope to positively influence these policies.
- *Measuring progress:* many of the countries that receive disbursements from the Global Fund have fragile or still-developing health systems, with various levels of capacity – including for data collection – which makes measuring progress difficult.
- *Corruption:* the Global Fund has zero tolerance for corruption or fraud in its programmes, and builds risk management into the process for disbursing grants. It conducts its own audits and evaluations and publishes all findings. If funds are misspent, they must be paid back. More on this in the next section...

The Global Fund is a worthwhile investment of Australian aid, and an important step to end epidemics.

Among those opposed to the very idea of aid, the notion that vast amounts of it is ‘wasted’ or ‘disappears’ somewhere other than into the projects it’s supposed to fund is a favourite theme. The Global Fund’s *Country Coordinating Mechanisms* (CCMs) are intended to oversee how the money is spent in-country and trace any funds that are unaccounted for. The CCM is a multi-stakeholder group (including representatives from the public and private sectors: government, NGOs, academic institutions and people infected with and affected by the diseases) that develops and submits a country’s grant proposal to the Global Fund and, after approval, supervises the grant’s implementation as well as ensuring that the Global Fund grants are consistent with and linked to the country’s other health and development programmes. The evaluation and outcomes of grants are all available on the Global Fund’s website.

The 2016-19 Global Fund replenishment is the first since the Sustainable Development Goals were introduced; there are another four between now and 2030, which is the end-date for the SDGs. This process is like running a marathon – and this Global Fund replenishment is like the first water station. It’s only part of the work; there is a much bigger purpose here: ending the global epidemics of AIDS, TB and malaria. So while we’ve done well to get to this first marker – let’s stop and take that drink – the job isn’t done yet. We need to keep up our efforts with continued focus on these epidemics and on other aspects of extreme poverty, using the Global Fund as a springboard. While Australia pledged AU\$220m – and we know that our advocacy work was instrumental in the 10% increase over the previous pledge – our aid budget is now just too small. A necessary next step will be to build momentum around regional health security and Australia’s aid budget more broadly.

Take action: Write an opinion piece (or a letter to the editor if an opinion piece is unrealistic for you)

In the aftermath of the Global Fund replenishment, and as we near some globally significant moments, we have the opportunity to draw attention to the role of Australian aid in ending epidemics, ensuring health security and ultimately ending extreme poverty by 2030. Starting to work on opinion pieces now gives you plenty of lead time to write something for these upcoming dates, and figure out your unique angle:

- World Kindness Day on November 13 (E.g. Ending poverty will be the kindest thing we do for each other)
- Universal Children’s Day on November 20 (E.g. An epidemic-free world vital for our children)
- World AIDS Day on December 1 (E.g. AIDS epidemic [over in Australia](#), but rest of world not so lucky)
- Human Rights Day on December 10 (E.g. Everyone has the right to access testing and treatment)
- Christmas Day on December 25 (E.g. The best Christmas gift we can give: a world free from poverty)

If you wish to write about World AIDS Day, you can point out HIV and AIDS are [still very much a global reality](#):

- In 2015 there were an estimated 36.7 million people living with HIV
- 2.1 million were newly-infected and 1.1 million people died from AIDS-related illnesses
- In December last year, 17 million people living with HIV were accessing antiretroviral therapy, up from 15.8 million in June last year and 7.5 million in 2010
- Although tuberculosis-related deaths among people living with HIV have fallen by a third (32%) since 2004, TB is still the leading cause of death for people living with HIV (one in three AIDS-related deaths)
- For an example opinion piece printed on World AIDS Day in 2015, see [our website](#).

Some key tips for writing [letters](#) and [opinion pieces](#):

- Use the EPIC format – Engage your reader, state the Problem, Inform about solutions, Call to action
- Keep it short (180 words for letters, usually about 500-700 for opinion pieces) and stick to one main point
- If you get published tell us by emailing info@results.org.au and send a copy to your MP
- You can find previous Fact & Action Sheets at www.results.org.au/category/actions

Don’t forget to tell us about your success or challenges – email info@results.org.au or call 1300 713 037