

Okinawa, Toyako, and Beyond: Progress on Health and Development

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The Inequitable Burden Of Infectious Disease

- 90% of the burden of infectious disease is concentrated in developing countries, whereas those countries account for only 20% of the world's wealth and only 12% of global expenditure on health
- AIDS, TB and malaria are the major infectious diseases and still kill over 4 million people a year

G8 Commitment

“We commit to...implement an ambitious plan on infectious diseases, notably HIV/AIDS, malaria and TB.”

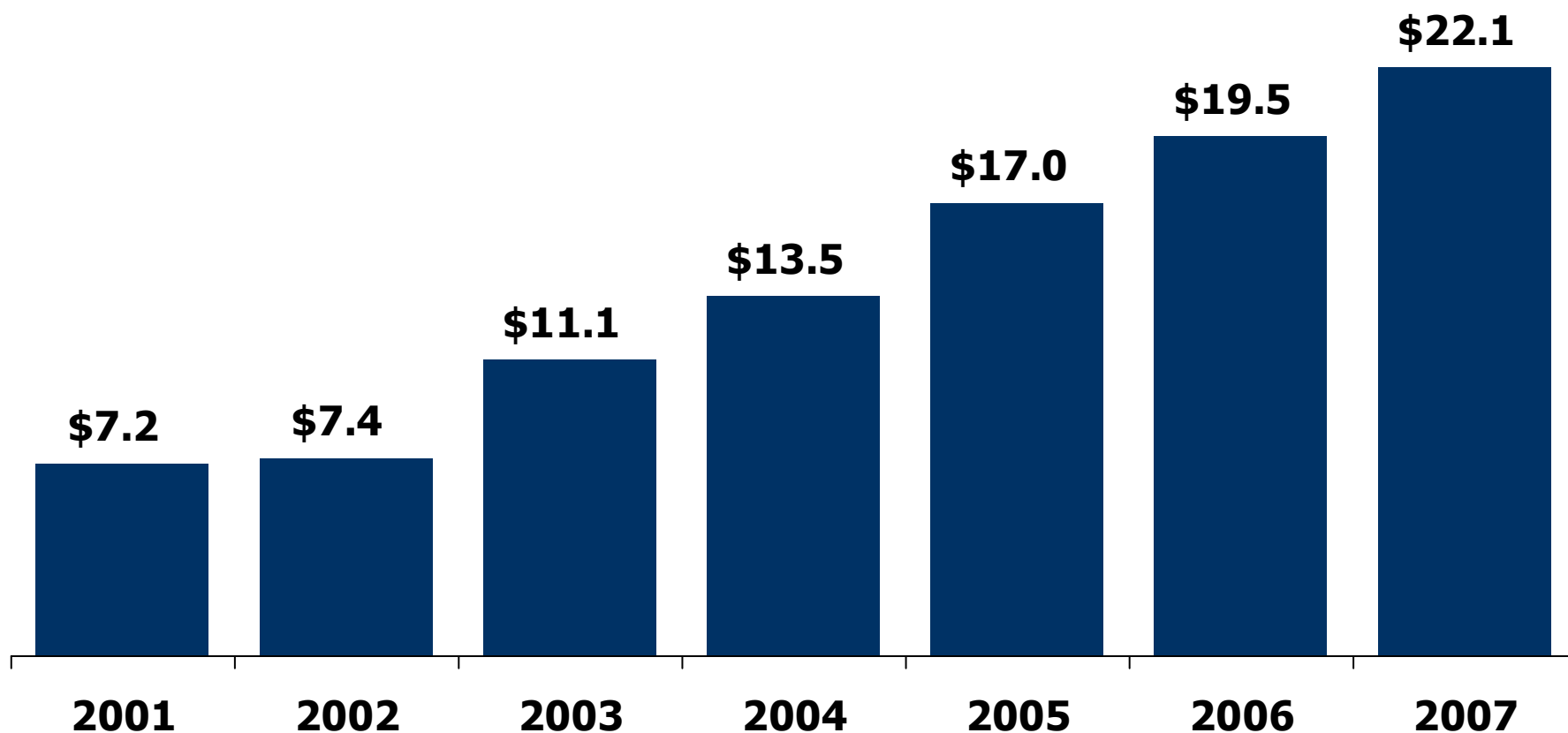
Okinawa 2000



Key Developments In Global Health (2000-2010)

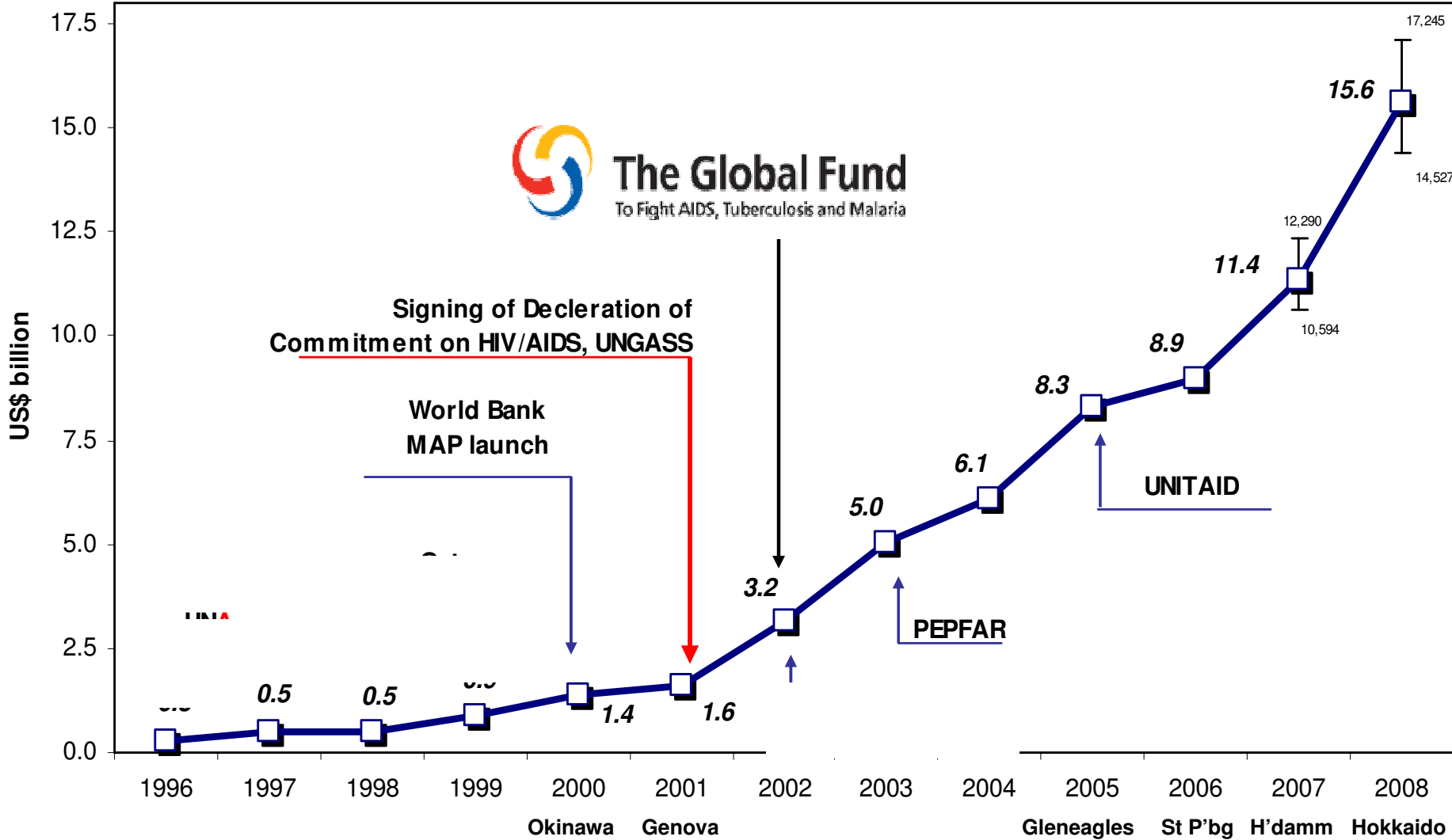
- Political commitment
- Millennium Development Goals
- Social mobilization
- New resources
- New instruments

Total Health ODA Commitments (\$billion) (2001-2007)



Source: Henry J. Kaiser Family Foundation

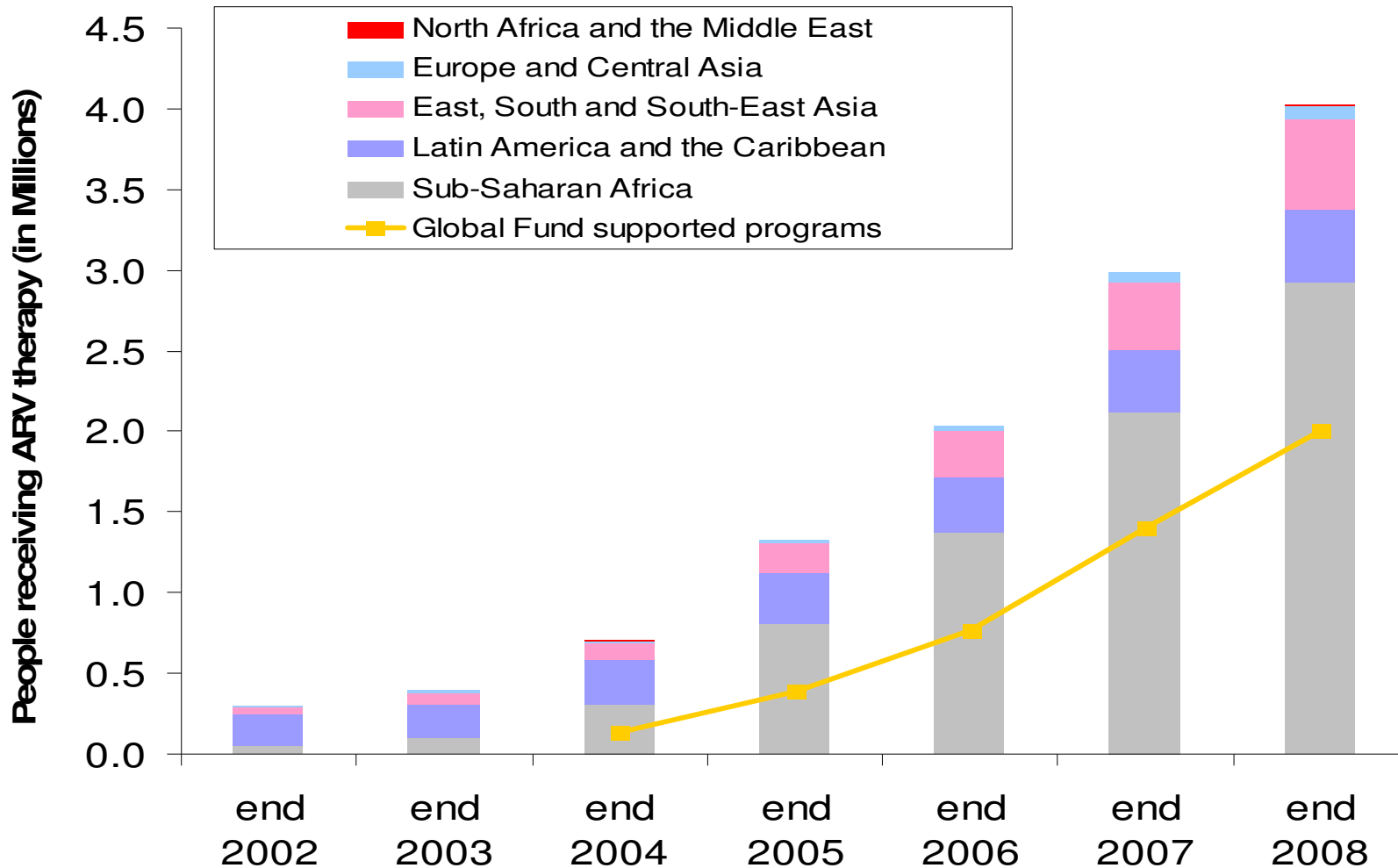
Total Resources Available For AIDS In Low- And Middle-income Countries



[1] 1986-2000 figures are for international funds only
 [2] Domestic funds are included after 2001
 [3] Contributions to UNITAID included from 2008

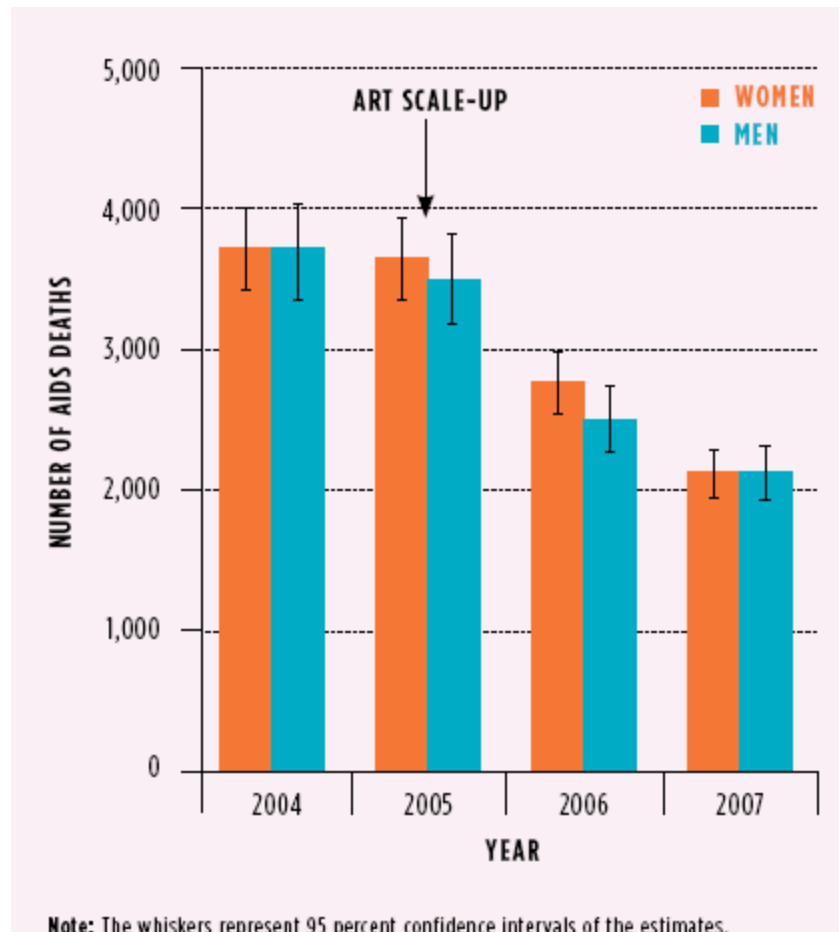
[i] 1996-2006 data: Extracted from 2008 Report on the Global AIDS Epidemic (UNAIDS, 2008)
 [ii] 2007-2008 data: UNAIDS, 2008; Global Philanthropic tracking working group; Kaiser Family Foundation

Number Of People Receiving ARV Therapy In Low- And Middle-income Countries (2002-2008)



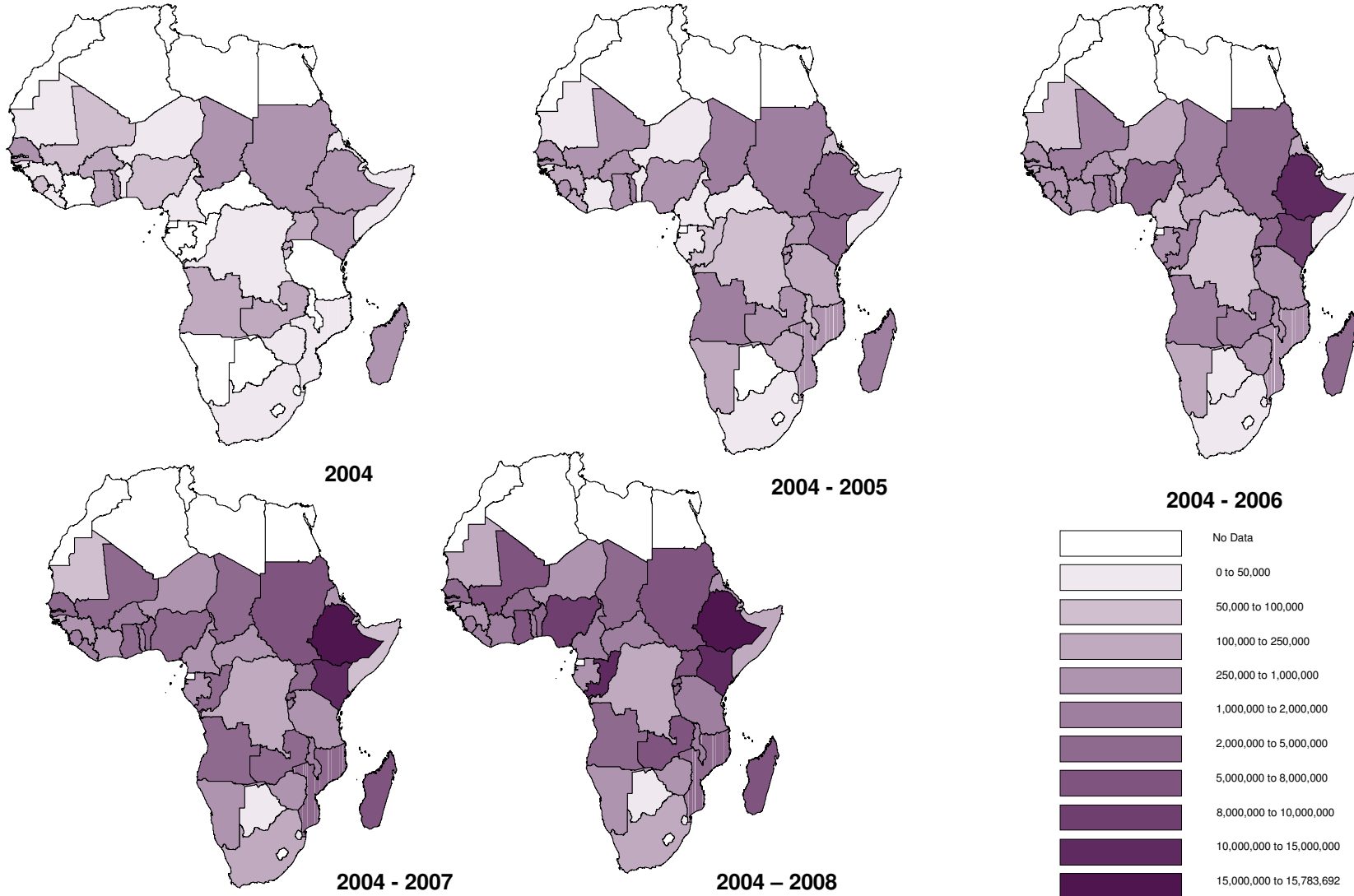
WHO / UNAIDS / UNICEF September 2009

Estimated Number Of AIDS Deaths Addis Ababa, Ethiopia, (2004–2007)



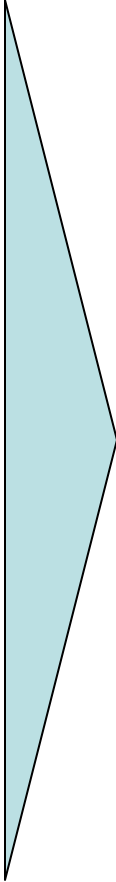
The Global Fund, Results Report, 2010

Progression Of LLIN Deliveries In Africa (2004-2008)

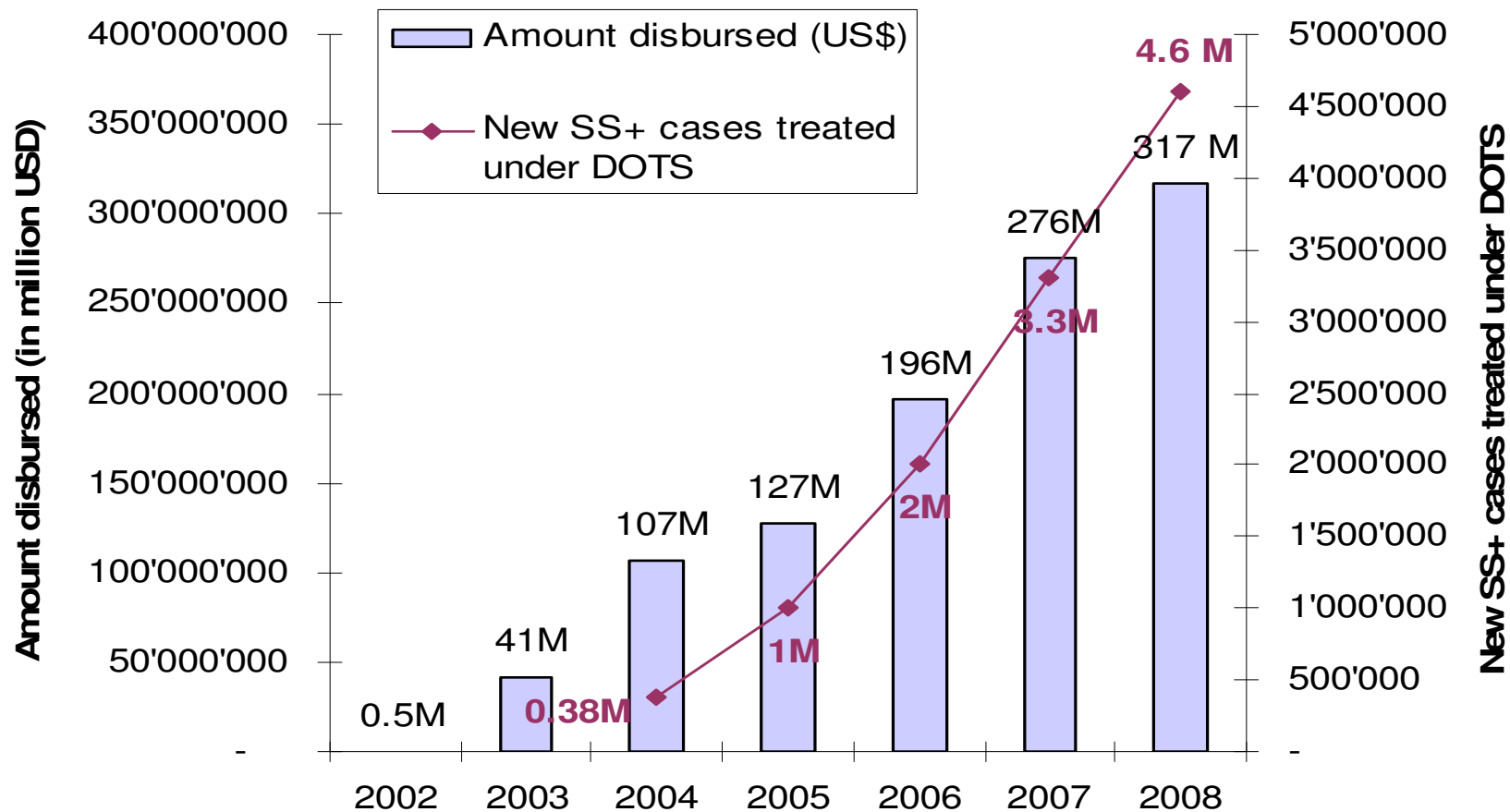


The Global Fund, Results Report, 2009

Population Level Impact Of Prevention And Treatment Of Malaria

- An increasing number of countries reporting a reduction in malaria deaths of more than 50%
 - At least ten of the most endemic countries in Africa have reported declines in new malaria cases and an impressive decline in child mortality of 50% to 80%
 - “In Zambia the community burden of malaria has declined... we have seen a reduction in the people who are coming to seek medication. This has given us a chance to intensify health promotion services.”
 - Health Officer, Momba Health Centre, Zambia
- 
- Universal coverage of vulnerable populations in endemic countries: an achievable goal by 2012
 - If we maintain the momentum and continue to scale up programs at the current rate, malaria may be eliminated as a public health problem in most endemic countries
 - We can hope for a world without malaria deaths by 2015

TB Financing And New Sputum Positive Cases Detected And Treated (2002-2008)



- 5.4 million people have been put on TB treatment through Global Fund-supported programs as of mid-2009 and over 1.3 billion USD has been disbursed by Global Fund to TB programs as of September 2009.
- Financial figures exclude disbursements to HIV/TB grants.

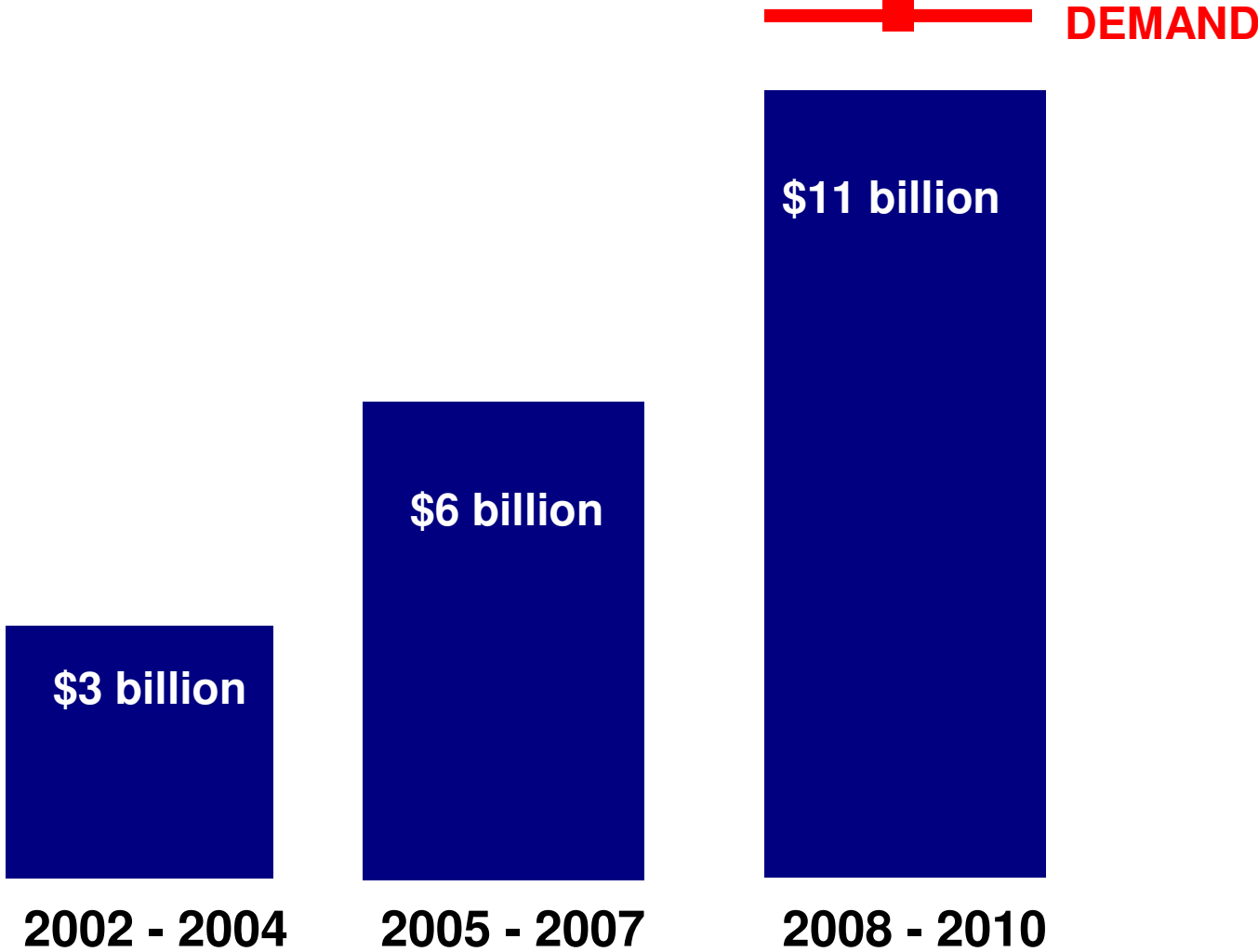
New Instruments In Global Health

- **Global Alliance for Vaccines and Immunization (2000)**
 - International Finance Facility for Immunization (2006)
 - Advanced Market Commitments (2008)
- **World Bank**
 - Multi-country AIDS Program (2000)
 - Malaria Booster Program (2005)
- **Global Fund to Fight AIDS, TB and Malaria (2002)**
 - Product RED(2005)
 - Debt2Health (2007)
 - Affordable Medicines Facility for Malaria (2009)
- **US President's Emergency Plan for AIDS Relief (2003)**
 - President's Malaria Initiative (2005)
- **Unitaid (2005)**

The Global Fund: an innovative instrument in health and development

- A financial instrument, not an implementing entity
- Supports programs that reflect country ownership
- Evidence-based
- Performance-based
- An inclusive partnership
- Balanced portfolio across regions, diseases, prevention, and treatment

Global Fund Evolution



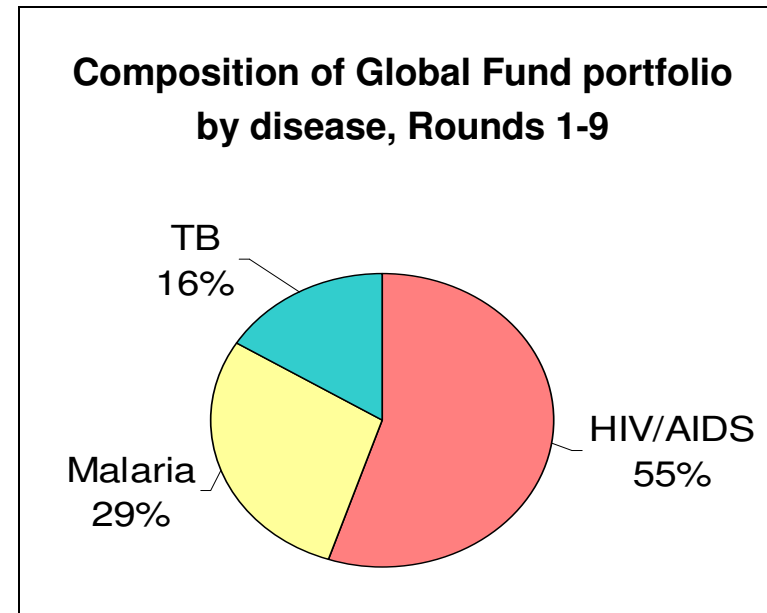
Multilateral Trends

- +/- 30% multilateral share of ODA
- 2008, 83% ML aid to IDA, EC, UN, Global Fund
- 17% of multilateral aid goes to over 150 agencies
- Concentration rises when multi-bi included

Source: OECD

The Global Fund: Overall Portfolio December 2009

- \$19.1 billion approved
- \$10.1 billion disbursed (53%)
- >500 grants in 144 countries
- 25% of international financing for AIDS
- 60% of international financing for TB and 70% for malaria



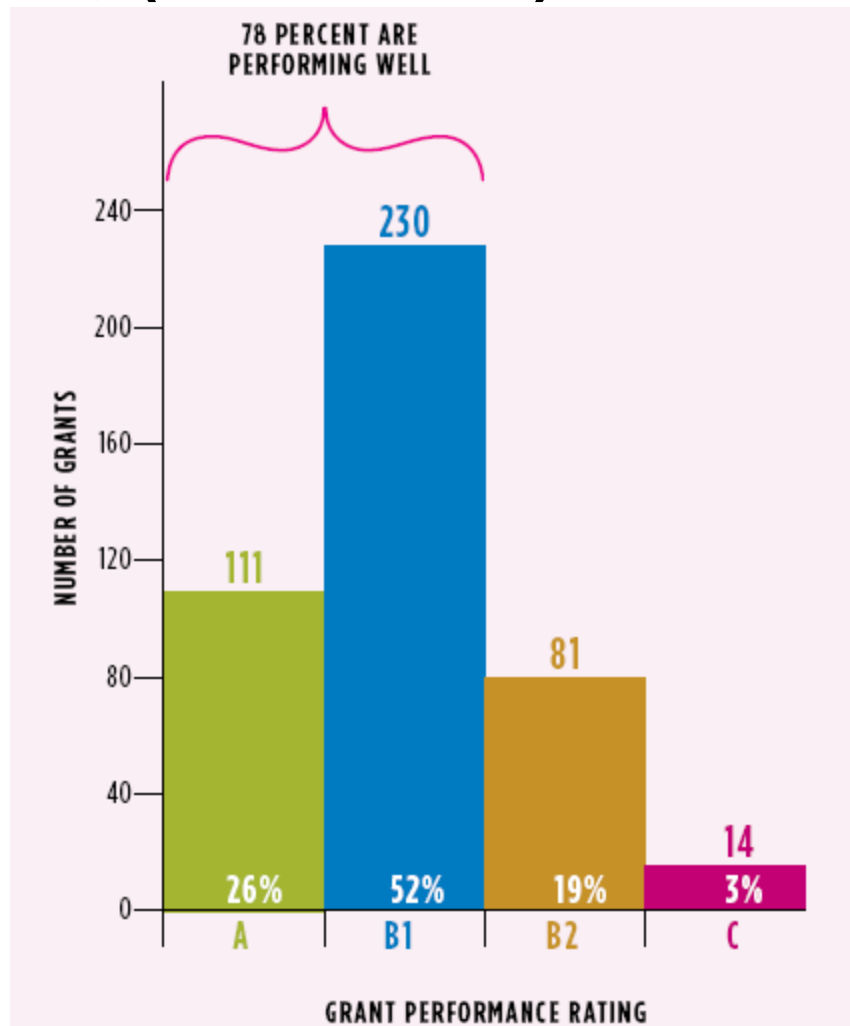
The Global Fund, Results Report, 2010

Cumulative Global Fund Disbursements By Region & Disease (2002-2009)

DISBURSEMENT TO DATE (END 2009)	HIV (IN US\$ MILLIONS)	TB (IN US\$ MILLIONS)	MALARIA (IN US\$ MILLIONS)
SUB-SAHARAN AFRICA	3,104	375	1,976
ASIA	1,093	582	491
LATIN AMERICA AND THE CARIBBEAN	603	129	90
MIDDLE EAST AND NORTH AFRICA	258	120	214
EASTERN EUROPE AND CENTRAL ASIA	669	245	20
TOTAL	5,727	1,451	2,791

The Global Fund, Results Report, 2010

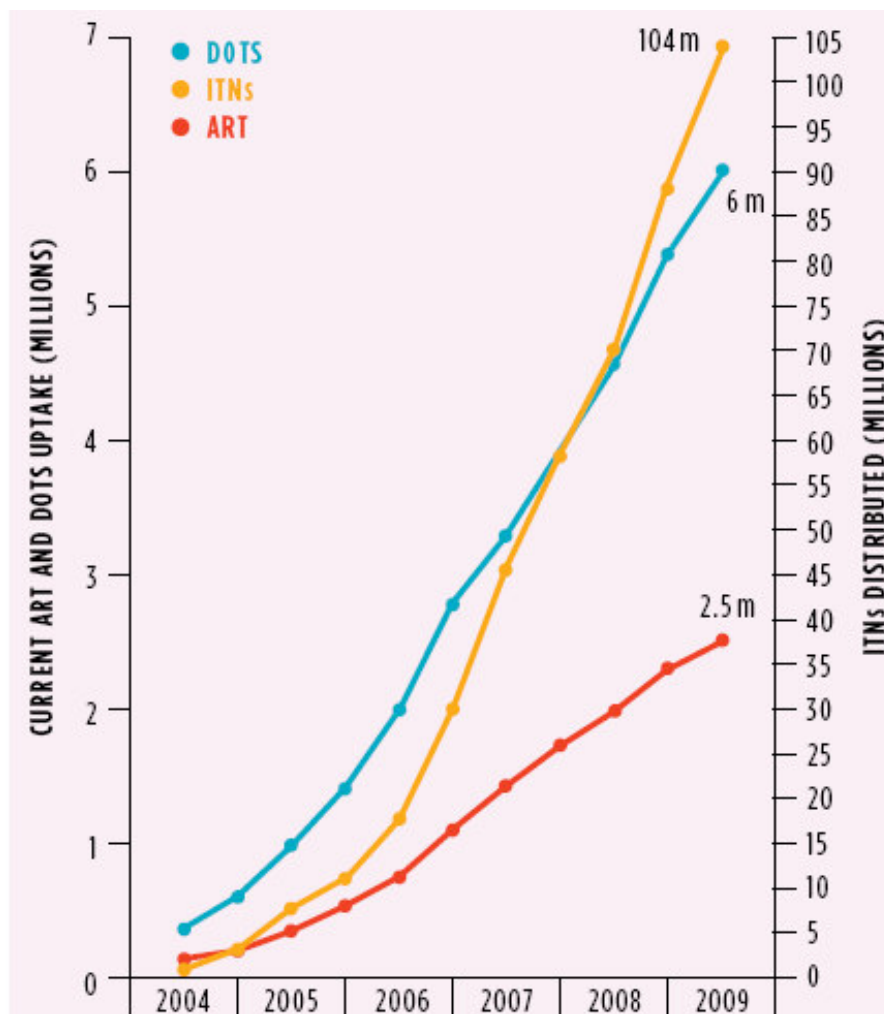
Cumulative Distribution Of Program Performance, (2005–2009)



Japan And The Global Fund

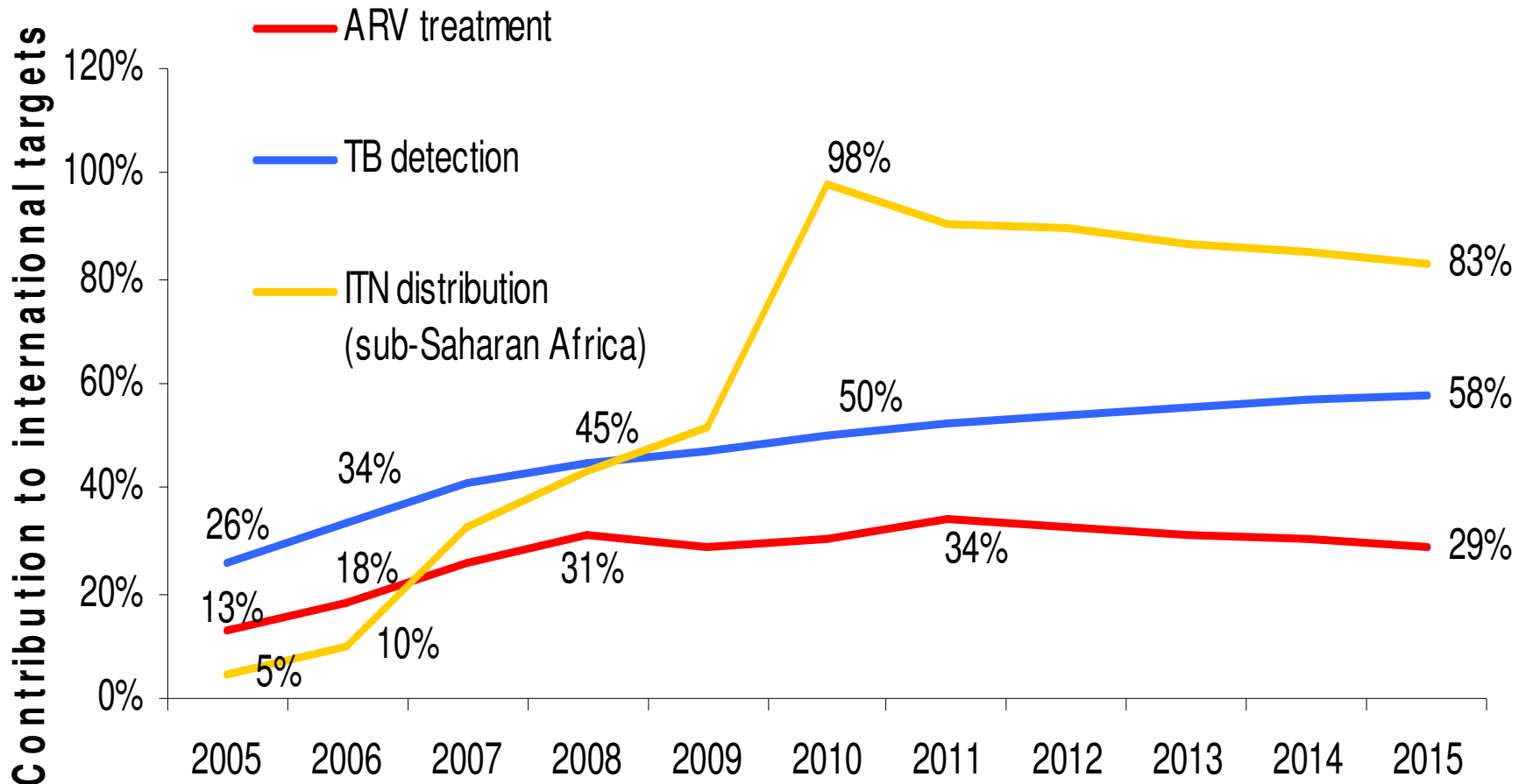
- **Political commitment:** Leadership on G8's global health agenda (Okinawa, 2000 + Hokkaido, 2008)
- **Pledges and contributions:** Contributions to date of US\$1.4 billion; provides 1.96% of ODA; fifth largest to the Global Fund
- **Governance:** Board member, member of Policy and Strategy as well as Finance and Audit Committees, member of CCM in 10 countries in Africa and Asia
- **In-country cooperation:** increasing collaboration of JICA through provision of direct support to programs financed by Global Fund
- **Advocacy:** Friends of the Fund Japan

Cumulative Results For Top 3 Indicators For HIV, TB, Malaria



Note: Results reported in a year do not necessarily correspond to actual services provided during that year, since grant reporting cycles do not always follow calendar years. Global Fund results may include service and commodity deliverables co-financed by others. Source: Global Fund, grant data, 2009 (theglobalfund.org).

Contribution Of Global Fund-supported Programs To International Targets



International targets

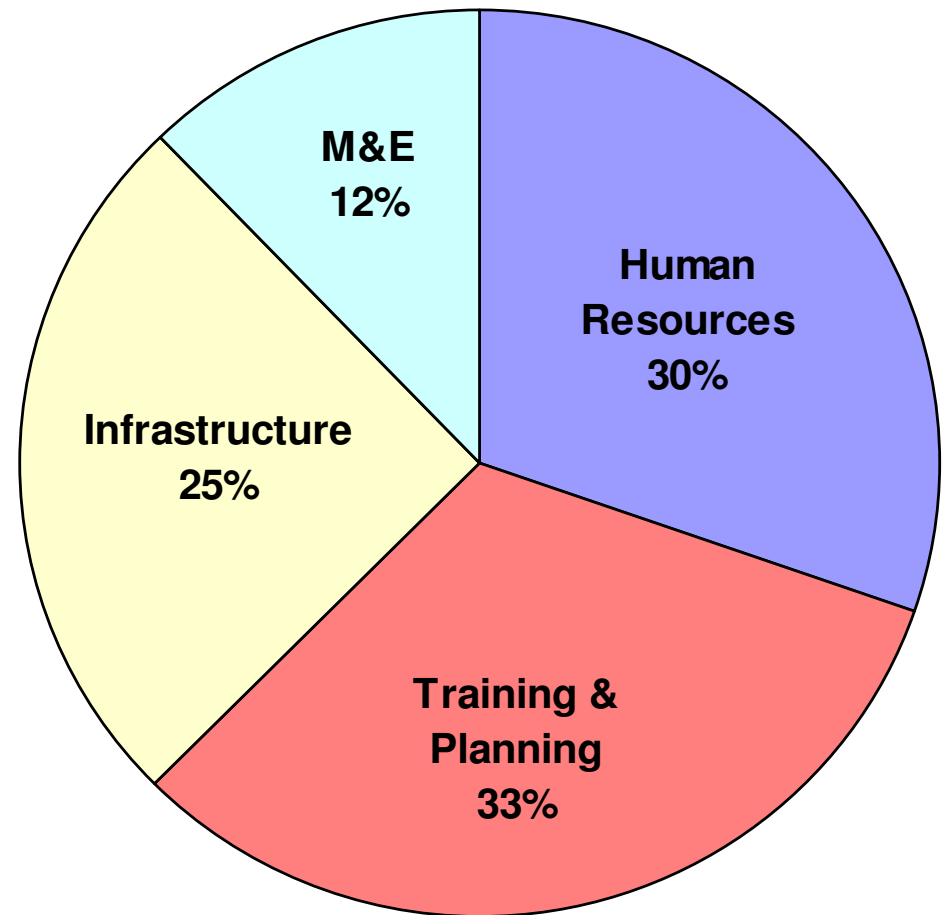
ARV: 2005-2010 universal access targets by 2010, 2011-2015 universal access targets by 2015

TB detection: The Global Plan to Stop TB 2006-2015

ITN: 80% coverage of children under 5 and pregnant women in malaria endemic areas in sub-Saharan Africa

Breakdown of HSS Categories In Disease Specific Grants

- 35% of total amount approved (\$19.2 billion USD), or \$6.72 billion
- HSS categories :
 - 33% - training and planning costs
 - 30% - human resources
 - 25% - infrastructure
 - 12% - monitoring and evaluation (M&E)



Global Fund Investments In Support Of MDGs 4 and 5: Maternal And Child Health

- **Millennium Development Goals (MDGs) 4, 5, and 6 are indivisible**
 - HIV, TB, malaria directly cause 1.1 million deaths a year among women aged 15-59 years and 1.2 million deaths among children aged 0-14 years
 - HIV is a leading cause of death among women of reproductive age
 - HIV and malaria are among the most common indirect causes of maternal deaths
 - Malaria directly causes 17% of child deaths in sub-Saharan Africa, and worsens pregnancy and birth outcomes
 - HIV prevention and care are core elements of sexual and reproductive health, and gender inequities are a common underlying barrier to improving women's health

The Global Fund Has Been Investing In The Health Of Women And Children Since Inception

- Address maternal and child health by:
 - Accelerating PMTCT scale-up in collaboration with multilateral and bilateral partners
 - Supporting integration of AIDS programs with sexual and reproductive health services (e.g., targeted services to protect women against gender-based violence)
 - Strengthening health and community systems to increase capacity for delivering primary health services
- Outcomes and impact on maternal and child health:
 - 2.5 million people received ART through Global Fund support programs – approximately 60% estimated to be women
 - Cumulative 790,000 HIV positive pregnant women have received ART to prevent mother-to-child transmission – averting 82,000 HIV infections in children
 - 104 million insecticide-treated bednets have been distributed – saving 170,000 children

The Global Fund's Impact

- **At least 5 million lives have been saved worldwide in 6 years**
- **3,600 deaths averted every day (conservative estimate)**

Challenges 2010-15

(1)

- Maintain **political commitment and financing** from G8 and other donors in context of financial crisis and “competing” priorities
- Increase available **resources**: domestic, new donors (G20), innovative financing
- Sustain and further build **demand** from countries

Challenges 2010-15

(2)

- **Sustainability is not just about resources**
 - Address health systems challenges and better integrate services (e.g. TB/HIV; PMTCT/MCH/SRH; range of interventions for IDU)
 - Ensure that interventions are evidence-based and effectively targeted to those in need
 - Implement an enabling social and policy environment, including protection of human rights
 - Strengthen partnerships, especially at country and regional levels

Progress Made In Global Health

- Health is the one area of development where we have made considerable progress in recent years
- The Global Fund has played a key role in the progress achieved
- 2010 is a decisive year – donors will decide if the health-related MDGs can be met

By 2015, We Can...

- Eliminate malaria as a public health problem in most malaria endemic countries
- Prevent millions of new HIV infections
- Dramatically reduce deaths from AIDS
- Virtually eliminate transmission of HIV from mother to child
- Contain the threat of multi-drug resistant TB
- Achieve significant declines in TB prevalence and mortality
- Further strengthen health systems

Thank you
有り難うございます

