

CSIS Task Force on HIV/AIDS Conference June 7, 2005

Luncheon Address presented by
Dr Carol Jacobs, B.C.H
Chair of the Board
Global Fund against AIDS Tuberculosis and Malaria

- ... “there is a pandemic which we must address now, before it is too late” – President Bush, 2003
- “AIDS is simply the largest human catastrophe” – Richard Feacham, C.E.O Global Fund
- AIDS is a threat to national security – President Clinton
- “We are not powerless in the face of this epidemic” – President Obasanjo, Nigeria

C.S.I.S Task Force on strengthening U.S Leadership on HIV / AIDS

- Created to meet “unprecedented, highly fluid challenges”
- Emphasize the centrality of U.S leadership in strengthening country-level capacities in Africa **and elsewhere to enhance prevention, care and treatment**
- Phase II ends in August 2005
- Focusing on a second wave strategy which will strengthen the voice of key U.S interests and elite networks in Second Wave countries

Global Fund

- Unique public-private sector engine to channel funding to countries
- Not an implementing body
- Performance-based funding
- 22 member Board – composition balances donor, recipients and NGOs to include newest member Communities

Distribution of funding globally

- GFATM - 126 countries
- U.S largest single country contribution
- Under Section 595 of U.S Leadership Act- prostitution and sex trafficking limitation in section 301f does not apply to GFATM

Global Fund Grants

- Largest share goes to the five “ second wave” countries
- Frontline is now in second wave countries - China, Ethiopia, India, Nigeria, Russian Federation
- Combined five year value is 1.2 b out of total \$4.9b
- Flexible grant process to allow country - lead
- Importance of CCM

Commonality in 5 Second Wave countries

- Large land mass
- Large populations – “scale issues”
- High absolute numbers of people infected
- Relative low prevalence rates relative to numbers
- Complex cultures

Disease Response Cycle

- Ignorance
- Denial
- Stigmatization
- Panic
- Action

Population

Second Wave Countries

- China.....1.3 billion
- Ethiopia..... 77 million
- India..... 1.1 billion
- Nigeria..... 131 million
- Russian Federation..... 143 million

Prevalence of HIV/AIDS

- China0.1%
- Ethiopia..... 4.4%
- India..... 0.9%
- Nigeria..... 5.4%
- Russian Federation..... 0.7%

Information taken from "2004 Report on the Global AIDS Epidemics: 4th Global Report" UNAIDS, 2004

Second Wave Countries

Countries	Adult (15-49) Living with HIV, end 2003	Adult and Children (0-49) living with HIV, end 2003	Women (15-49) living with HIV	AIDS death in adult and children end 2003
China	830,000	840,000	190,000	44,000
Ethiopia	1,400,000	1,500,000	<u>770,000</u>	120,000
India	5,000,000	5,100,000	<u>1,900,000</u>	-
Nigeria	3,600,000	3,600,000	<u>1,900,000</u>	310,000
Russian Federation	860,000	860,000	290,000	-

Common objectives in grants

- Improve access to treatment
- Provide access to ARVs in four of five countries with emphasis on PMTCT
- Inclusion of civil society
- Strengthen country capacity – scaling up models

Challenges at country level

- Commitment by political leadership
- Challenge of data collection in complex macro-scale societies
- Limited involvement of civil society
- Absorptive capacity

Disbursement by Country

Country	Round	Total Funding US \$	Amount Disbursed
China	3	97M	13.9M
Ethiopia	2	139M	40M
India	2	100M	4M
Nigeria	1	27M	2M
Russian Federation	3	88M	22M

Gaps in some countries

- Advocacy – mobilizing political leaders-
affects rate of movement of grants
- Monitoring and evaluation and research
- Degree of involvement of civil society

Making the Money Work

High Level meeting, March 9, 2005

- Countries with the highest disease burden of HIV /AIDS often have the least capacity to respond
- Missed the first wave
- Focus on second wave countries and rapidly build capacity at country level
- Importance of Three Ones reiterating the importance and full involvement of national coordinating authorities being fully representative (govt, civil society including private sector and vulnerable groups)

Critical partners of GFATM at country level

- Bi /multi lateral donors
- UNAIDS – Three Ones – making the money work at country level - harmonization
- World Health Organization – 3 x 5
- World Bank – Trustee
- assist meeting pre-financing conditions / utilization of funds / buy expertise

Harmonization

- Global Task Team established by UNAIDS
- “Focus on how the multilateral system can streamline, simplify and harmonise procedures and practices to improve the effectiveness of national and regional – led responses and REDUCE THE BURDEN PUT ON COUNTRIES.”

Advantages of GFATM money

- Grant process is flexible
- Local knowledge / buy expertise
- Flexible use of funds and country-driven
- Suitable for multi-sectoral mobilization (CCMs and P.Rs)
- Reducing stigmatization by involvement of marginalized groups
- Catalyzing domestic co-financing

Successes

- Good collaboration with Government
- Mobilizing civil society
- Enhanced management systems
- Opportunity to scale-up responses

Behaviour Change communications

- New wave if treatment is pursued.
- Country specific based on local research
- Needed to address gaps

Latin America and Caribbean countries

- Diverse
- Middle income countries
- High levels of tourism intra and extra regional
- Limited in country capacity
- High prevalence rates in vulnerable groups

H.E Kofi Anan
U.N Secretary General
UNGASS 2005

“AIDS is spreading faster than ever...only 12% of those living with AIDS are on antiretrovirals”