Global Fund: Investing to end epidemics

Dr. Viviana Mangiaterra, Co-Chair MiP WG
Malaria in Pregnancy Working Group Annual Meeting
Global Priorities for MiP
Nairobi, Kenya
July 12, 2016
Prevention and treatment of malaria in pregnancy as a Global Fund priority

• Key disease-specific components of MiP programming
  • IPTp
  • LLINs
  • Case management

• Key HSS components of strengthening ANC
  • Ensuring non-HIV, TB and malaria commodities (e.g., iron, folic acid) use the same supply chains
  • Ensuring information systems capture service delivery and health outcomes beyond HIV, TB and malaria
  • Ensuring health workforce capacity to deliver integrated services at ANC (e.g., MiP, PMCTC, family planning, TB screening, etc.)
  • Supporting high quality service delivery, including laboratory strengthening
  • Addressing demand-side barriers through community empowerment and engagement
Investments in RMNCAH through the NFM

$662 million (16% of the total allocation) requested for selected RMNCAH-focused interventions in Windows 1-9

RMNCAH INVESTMENTS

- Continuous distribution of LLINs through ANC: 46%
- PMTCT: 22%
- iCCM: 13%
- IPTp: 3%
- Prevention programs for adolescents and youths in and out of school: 12%
- OVC: 2%
- RMNCAH linkages and GBV: 2%
- Collaborative activities with other sectors and programs: 1%
Global Fund investments in HSS

**Strengthening the platform of ANC for the MiP programming**

- **38% of total investments**
  - Cost groupings of disease investments with effects on systems for health
  - Pre New Funding Model (before 2014)
  - 32%
  - Since New Funding Model (after 2014)
  - 27.62%

- **40.12% of total investments**
  - Cross-cutting HSS investments
  - 6%
  - 12.50%
Proportion of HSS allocations into components
Using Drama for a Drama-Free Pregnancy

At Chirundu Mission Hospital in Zambia, a drama performance vividly illustrates the dangers of malaria to mother and child. This antenatal education program also stresses the importance of sleeping under a mosquito net to prevent infection. The women are also offered other health services at no cost, including HIV testing, treatment and home-based care.
Global Fund’s Strategic Framework
2017-2022
Maximize Impact Against HIV, TB and Malaria

Build Resilient & Sustainable Systems for Health

Promote and Protect Human Rights & Gender Equality

Mobilize Increased Resources

Strengthening systems for health is critical to attain universal health coverage and to accelerate the end of the epidemics

1. Strengthen community responses and systems
2. Support reproductive, women’s, children’s, and adolescent health, and platforms for integrated service delivery
3. Strengthen global and in-country procurement and supply chain systems
4. Leverage critical investments in human resources for health
5. Strengthen data systems for health and countries’ capacities for analysis and use
6. Strengthen and align to robust national health strategies and national disease-specific strategic plans
7. Strengthen financial management and oversight

Promote and protect human rights and gender quality

1. Scale-up programs to support women and girls, including programs to advance sexual and reproductive health and rights.
2. Invest to reduce health inequities including gender- and age-related disparities.
3. Introduce and scale up programs that remove human rights barriers to accessing HIV, TB, and malaria services.
4. Integrate human rights considerations throughout the grant cycle and in policies and policy-making processes.
5. Support meaningful engagement of key and vulnerable populations and networks in Global Fund-related processes.
7. Strengthen financial management and oversight
Integrated service delivery:
New strategy supports reproductive, women’s, children’s and adolescent health (RMNCAH) and platforms for integrated service delivery

Priority Efforts/Initiatives

i. Ensure RMNCAH integration approaches are firmly part of application materials, guidance and tools.

ii. Strengthen knowledge of Secretariat and GF guidance on RMNCAH and integrated platforms during development of applications, grant negotiation and implementation.

iii. Scale up integrated approaches, including advocacy with governments, by leveraging RMNCAH-related technical partners' expertise and resources, including UNICEF, UNFPA and Global Financing Facility.

iv. Develop a program quality initiative in collaboration with academic institutions to improve quality of integration of HIV, TB and malaria into ante-natal and post-natal care at primary care.
Innovative partnerships are necessary to align investments for RMNCAH

**MoU with UNICEF (signed April 2014)**

**Aim:** To maximize availability of essential medicines and commodities

- Strengthen:
  - diagnosis and treatment for pneumonia, diarrhea to complement GF malaria inputs
  - ANC platform to complement GF inputs in HIV and malaria
- Jointly identify countries and integrate packages of care
- Support governments to revise national strategies to strengthen alignment and donor support

**MoU with UNFPA (signed August 2014)**

**Aim:** To improve sexual and reproductive health through universal and integrated SRH services, including HIV services

- Jointly identify countries to increase access to SRH commodities
- Mobilize additional funding to target barriers to delivery, including human resources; forecasting, procurement and supply chain management
- Establish joint M&E tools and modalities

**World Bank RBF Collaboration**

Multi-donor trust fund that supports Results Based Financing (RBF) approaches in the health sector for achievement of the health-related focus on MDGs 4&5

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**ALL IN**

#EndAdolescentAIDS

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Key opportunities to engage

• 5th Replenishment Meeting in Montreal, Canada (September 2016)

• December 2016: Countries are informed about their allocation for 2017-2019

• At country level:
  • Reach out to Country Coordinating Mechanism (CCM) to learn about planning
  • Engage in discussions about national health sector plan and disease strategies
  • Advocate for the integration of MiP and RMNCAH policies
  • Promote the continued coordination between NMCP and RMNCAH