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**The Global Fund: The Next 5 Years**  
**Kaiser Family Foundation**  
**July 26, 2012**

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**JOHN MONAHAN:** I want to welcome everybody to this session on the Global Fund for the next five years. My name is John Monahan, I'm Special Advisor for Global Health Partnerships at the U.S. Department of State, and I'm the co-moderator, along with Rachel Ong, who is the Communications Focal Point for the communities delegation on the Global Fund board. I'm gonna leave it to have Rachel introduce our panel and begin our session. Thank you.

**RACHEL ONG:** Sure. Good afternoon, everybody. It's nice to see a good, big crowd, it means that everyone still cares for the Global Fund. We all know that the Global Fund has undergone tumultuous changes in the last year and reforms. These changes are not unique to the Global Fund, there has been a huge change as well in the entire health landscape and architecture, that has affected global responses, and impacted real lives, real communities on the ground.

This session will be focused on the directions and future hopes of the panelists seated up on the stage. The next five years are going to be crucial if you want to turn the tide and put an end to the epidemic. I'll just have a very brief introduction to our panelists.

We have Gabriel Jaramillo from Columbia, who's a General Manager of the Global Fund. We have Dr. Eric Goosby, who is the United States Global AIDS Coordinator, who directs

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the U.S. strategy for addressing HIV and AIDS. We have Mireille Guigaz from France, who is a France Ambassador for the fight against AIDS and communicable diseases.

Dr. Kemal Siregar from Indonesia, who's the newly appointed AIDS Prevention Commission National Secretary for the National AIDS Commission in Indonesia. We have Nadia Rafif from Morocco, who's the Director of the Marrakech division of the Association Against AIDS. She's also the Civil Society Action Team Coordinator for the Middle East and North African Region, and the UNAIDS Program Coordinator Board and NGO Representative for Africa.

Then we have Deputy Minister Hendrietta Zula, who's from South Africa, who is currently serving as the chair person of the Inter Parliamentary Union, advisory group on HIV and AIDS, the UNAIDS Review Committee and a co-chair, and she also serves on the U.N. agenda for women and girls on HIV and AIDS. We will start with Gabriel.

**GABRIEL JARAMILLO:** Thank you.

**JOHN MONAHAN:** You need to let your speakers speak now.

**GABRIEL JARAMILLO:** We are here today as people from around the world, particularly from developing countries who are in desperate need for a fully funded and strong global fund. Because we urgently need massive scale up in life serving service. Do you know that to turn the tide and end the epidemics of AIDS, tuberculosis, and malaria. Ending AIDS,

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take more than talk, it takes full funding, full ambition, full scale up. Gabriel, we are here with a specific message for you and for the members of the global fund. Ten years ago we fought to create the Global Fund. We fight every day to fully fund the Global Fund, by walking tirelessly to lending governments around the world to invest in saving lives, and we are fighting to ensure that the global funds principals are not compromised by a new funding model [applause].

Don't us have proposals for a new Global Fund finding model that attack the core principle that real country expressions of demand for services drive proposals. Relevant arbitrarily allocation determined this on how much money is available at a given point in time. We reject those proposals [applause], we say no to any proposal that would guide the demand driven principles of the Global Fund.

An AIDS free generation will not be achieved with a Global Fund that sets envelopes for countries and regions, arbitrary caps on country requests all creates random lists of fundable interventions. The new funding model must be demand driven and must not cap demand from our countries. If not we will be the ones to suffer, our communities, our families, ourselves [applause].

**MALE SPEAKER:** Good afternoon, everybody. In my 18 months of navigating in global health I've met a lot of people, but I have to say that you are truly the best. You're the most

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regional and you have made such a wonderful contribution to the world, that sometimes I don't think you're not even conscious of that. You have mobilized the world to be just. You mobilized the world to respond to a reality that was not being addressed, but the world has responded, and many things have happened during this ten years, because of what you have achieved, because of what you moved.

Now after 10 years we're getting ready for the next 10 years, and my view of the fund going forward for these five years requires a transformation that the board very bravely, and I think very broadly, I responded to last year, and it created a strategy and gave a mandate to prepare our fund, your fund for the next five years.

I've had the honor to have that task, the task of making those changes in a way that are truly, but absolutely truly loyal to our principles, our mission, our vision, our values, and our strategy. I will share with you a few broad ideas of the changes we are making to prepare for the next five years, and then I will share with you a personal experience of the fund that I see coming up in the next five years.

The fund has been absolutely wonderful, the results are spectacular. We have more than 140 countries engaged in the war against the three diseases that has been mobilized over the last 10 years. The results are impressive, you know them, you know them better than everybody else, but much has to be done

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here, and that's why we are transforming and in a bold way responding to what is coming in front of us. As I look at the changes we're making, I've categorized these changes in three categories.

The first one is organizing to deliver, that is getting our Geneva organization prepared for the kind of changes that are coming up. It's rather mundane work, but it has to be done, our financial reporting, our [inaudible] responsibilities and management of risk, our human resources, our systems and the use of information has to be brought up to the challenges that we're going to face. Much of that has been done, it's never done, but great people will be working on that for the years to come.

There's two major aspects that are taking our attention now in the transformation and you have addressed one of them now and it's how to invest strategically. At the beginning of this war in any direction you will shoot, you will the deceased.

In the second phase it's more sophisticated, it's more difficult, it's marginalized populations, it's populations that sometimes we don't know where they are, but they're there. Sometimes we don't know where they are, because they're lost in societies and all kinds of cultural aspects that hide those populations. We have to find a way to reach those centers of burden, because it is a war against the three diseased. Then

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we'll be responding in a way that's it palpable to all in the community, but would allow us to invest strategically.

Investing strategically has to do with very high returns, and we will translate that to a concept of fairness. It's about reaching those that we have not been able to reach and those that are difficult to reach, because there are walls and barriers that we have to break to get to them.

The other aspect is about once we have made the access to funding, defined, the countries have to oblige, so we are responding with changes of facilitating the way that countries will apply for the money, to be able to carry out the programs that are important and strategically defined by the countries.

The other one is once the countries have applied, and the funds have been approved, how we process those applications, in a way that it's fast, that it's responding, so where we put the managed work fast.

Then how we monitor the grant, so we facilitate the work of those heroes in the field that are doing this fantastic work, most of you out there reaching our populations, our final customers, our patients, so that they receive the prevention or have the diagnostic that they require, and if so the treatment. This is what the reforms are about, and I think the team that you have in Geneva are in the fund is ready to deliver this, to deliver this for you, and the mandate from the board.

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I would just like to emphasize that this is not something we can do alone. We're just a few in Geneva. It's something that we do with our partners; it's something that we do with you. It's something that we do with the countries. It's something that we do with our other bilateral entities that are doing similar work to us in the countries.

It's something that we do with the development agencies of those that are providing the funding, so that we can do this fantastic work. It's all about with all that head, making life easier, so that we can save more and more, and more lives, because we are more efficient, because we are not targeted, because we are more focused, because we know very well what we're doing.

I'd like to share with you the kind of fund that I see in the next five years, and the way I see it is a fund that supports [inaudible] entertaining universal coverage, nothing less than universal coverage is acceptable. We will have intermediary milestones and goals, and so many millions by this date, and so many millions by the other, but at the end is anybody that is infected with HIV/AIDS has to have treatment, and we have to have that as our maximum goal, and that is what the Global Fund of the next five years is gearing up to.

We have to build in the countries, with the countries, systems that have the capital to reach the final communities, all the populations in the countries where we have burden of

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the three diseases. It's no use just reaching universal coverage if we're not building health systems that we support for a lifetime the delivery of these treatments. Of course we will have to assist all those who are living with HIV/AIDS, because even if you're treated and your quality of life is good just by the fact the person has HIV/AIDS, things tend to complicate more, and we have to be there through those health systems to assume that reality.

An AIDS free generation gives us a chance to organize. It is a fantastic opportunity and it's strategically important to be able to have that [inaudible] spaces, the space that will give us the opportunity of reaching universal coverage, and creating those basic health systems with capillarity all the way down to the smallest communities, so we can truly continue delivering the services.

I'll share with you an experience that I had with [inaudible] Ethiopia last week. I visited and traveled in the north of the country in the Tigray region to oversee our investments. I had a chance to visit the Aguly [misspelled?] Health Center and the Genetic Health Post [misspelled?].

As you may know, Ethiopia has done a remarkable job and is one of the best investment stories we have. They have built an impressive health delivery system that is providing fantastic pay offs. A network of 2,800 health centers, 1,200 financed by the Global Fund and many others by PEPFAR. They

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serve 25,000 people each, each one of these health centers, but they're supported by 50,000 health posts, coming right down to the capillarity, down to the last village. We have financed 1,000 of those, and they employ 35,000 health extension workers, and they're serving communities in urban areas and in the most remote rural areas.

I spoke to one of those health extension workers, she had eight years of experience and she was straining under a Global Fund grant, another health extension health worker. We were able to see how they were truly able to provide the services that are required in this country that by 2014 will have achieved universal coverage in its first definition. The level of granularity that has been built is amazing.

It gives us the guarantee that in the years to come treatment will be available to those that have commenced their new life and they're continuing treatment on HIV. The returns that we have are – we have invested the equivalent of \$2 for every citizen in this country, \$2 per citizen, and for those \$2 we have seen that ART coverage increased from six to 66-percent, 280,000 people.

We just signed a grant last week that will take us to universal coverage by 2014. Bed net coverage against malaria went up from four-percent to 100-percent, and we signed a grant last week to replace the first bed net of that universal coverage.

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The health infrastructure that I just described to you covers 92-percent of the population, a country with more than 80 million people. The impact is very impressive and this is the real story. HIV mortality is down 50-percent in Ethiopia today, the last five years. Malaria deaths are down 40-percent. TB mortality is down 32-percent. Under five mortality declined by 50-percent, and maternal mortality declined by 30-percent, and we're just reaping the benefit of having constructed this process.

I know that in the back of the minds of many people there is this fear of what kind of an entitlement and what are we signing up for. Can we really keep up this great thing that we're building? I think it's time to do the numbers on this, because the numbers are compelling, and the conclusion is don't worry about it, we can, we can, it's cheap, we can, we can have universal coverage and we can have sustainability.

We couldn't say that three or four years ago, we can say it today, because of the quality of the drugs that are available and the price at which they're being reached at, and this is a fantastic thing. Once a health system is built we can deliver life saving ARTs at an average drug price of \$125 per patient.

When I do the numbers on Ethiopia, 500,000 people will be covered, 480,000 to be precise, but let's use 500,000,

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because it's easier to multiple, and the cost will be at today's prices, \$125 per person.

Frankly we talk about the cost of delivery, but we have the health system, it's been built, it's there, we can deliver through that pipeline with very little marginal cost in addition. That should give a lot of confidence, because the total cost of sustainable will be \$65 million. Now, that's a lot of money, but for a country like Ethiopia it is perfectly absorbable. We should not worry. Ethiopia will be able to carry on for a lifetime with this fantastic ethical responsibility that we all have, and that you have shown as the way to assume it.

Civil society, you, are just beginning. You have brought us here, but in the next five years you have a long way to go, because you will have to break the walls and the barriers to get to those populations that we are not being able to even identify, and get to them. This is where you can play and you are playing a fascinating role, but don't get tired, you have a long way to go. This movement still has to break the barriers in many countries of laws that make no sense, and cultural barriers that don't allow us to get the job done. Thank you very much. It's been a pleasure being here with you [applause].

**JOHN MONAHAN:** Our next speaker is Ambassador Eric Goosby. I wanted to let you know that Ambassador Goosby will

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be leaving the stage about 3:30 for another commitment, so we wanted to let you know ahead of time. Ambassador Goosby?

**ERIC GOOSBY:** Thank you so much. We really are at a historic period for the Global Fund. There have been dramatic changes in a remarkably short period of time, under the leadership of the general manager and his team that are intended to transform how the fund provides and manage resources to fight HIV/AIDS, tuberculosis, and malaria. The United States government applauds Gabriel Jaramillo's leadership and the impressive pace of reforms.

We're heartened by the fund's commitment to crafting an organization oriented around grant management and the populations these grants ultimately serve, with enhanced focus on risk management, grant management, and financial oversight. We've turned a corner and must keep moving toward the implementation of the new Global Fund strategy for 2012 through 2016, and further reforms on the ground. We need to join together in our shared obligation to focus precious resources in order to save more lives. This is the basis of the bold statements calling for an AIDS free generation made by Secretary Clinton and President Obama.

The strategy adopted by the Global Fund Board last year is a critical road map for the next five years. In addition to setting ambitious targets for lives saved, the strategy sets out a path for the fund to become more nimble, more strategic

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in its investment portfolio, employing an iterative funding model with increased emphasis on high impact interventions, grant implementation, and actions to mitigate risk, and maximize impact.

Critically a central tenant of this strategy is improved coordination and joint planning with partners, including U.S. government health programs in all three diseases. The Global Fund will be making significant changes in the way that it provides money to recipients. The new funding model will ask partner countries to make strategic decisions, cognizant of and complimentary to existing domestic and other donor investments, while supporting the latest scientific findings and national disease specific strategic plans. Programs that reflect country ownership, national strategies and strengthening of partnered country institutions for sustainability are the critical ingredient.

In order to achieve a durable response to HIV/AIDS, TB, and malaria, both donor and recipient countries must sustain and increase their political and financial commitment to the effort. Build country capacity to lead and management a national response, and institutionalize the inclusion of diverse stakeholders in funding and policy decisions. Those who use the services, those who depend on the services are critical for both planning and implementation considerations.

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The Global Fund model is designed to support these goals through programs that evolve from national plans and priorities, disperse funds based on performance, and achieve treatment targets. The 2012 to 2016 strategy and consolidated transformation plan will facilitate this transition to greater country ownership and increase the impact of Global Fund grants. Through financial and technical collaboration with PEPFAR the Global Fund, UNAIDS, our U.N. family, and WHO, our country partners including governments and civil society, NGOs, and faith-based organizations must be supported to own and lead their national responses.

Country ownership is also about demonstrating leadership and accountability at all levels. As development partners we are committed to assisting highly affected countries with the technical assistance and capacity building collaboration they need to move a sustainable national AIDS plan and response forward. The country coordinating mechanism demonstrates this, drawing on the active participation of civil society, as well as government, the private sector, again faith-based organizations, NGOs, external partners also participate. It provides an opportunity for collaboration among all sectors involved in the fight against the three diseases in order to achieve an effective and most importantly, sustainable health response.

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To build upon the programmatic gains of the last decade joint planning by the U.S. government and the Global Fund must be critical improved. Already close collaboration between the United States and the Global Fund is happening on many levels. We need both the PEPFAR and the Global Fund to be successfully, convened by partner countries in support of country owned strategies, and with buy in from the country coordinating mechanism and civil society.

Several countries already offer impressive examples of this collaboration, but we must be vigilant and insistent on holding this accountability. The United States investment in the fund contribute significantly to the success of U.S. bilateral programs across the three diseases, which are complimentary to and deeply interdependent with Global Fund finance programs in many countries.

Support for AIDS programs in many countries is increasingly a mix of domestic, Global Fund, and U.S. resources. PEPFAR bilateral and Global Fund resources are often both present at the site level. A degree of interdependence and combined with country provided co-financing of health systems and services represents progress towards shared responsibility.

As a result all partners need to understand where they other is working and where their programs are going. The same is true of our investments in malaria and tuberculosis.

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In Tanzania, Angola, in South Sudan, the Global Fund grants help support the purchase of antiretroviral 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. Together PEPFAR and Global Fund finance program, provide treatment to close to 289 people, reaching about 70-percent of those in need.

In addition the government of Malawi targets Global Fund financing to deeply rural communities where 85-percent of the population resides, working through district governments and local community based organizations. PEPFAR bilateral funding is then targeted to HIV needs in more urban populations.

In Rwanda the national government is a strong partner in the management of PEPFAR programs and Global Fund resources. Indeed they play the convening role of defining unmet need, prioritizing the unmet need, and making the allocations from both their resources, Global Fund, and PEPFAR. PEPFAR funding was initially used to support the base of the HIV/AIDS response in Rwanda, including treatment. The government of Rwanda is now using Global Fund financing to pay for long term health service costs.

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This shift allows PEPFAR to focus on quality assurance of services, expanding support for human resource training, and strengthening the capacity of civil society, allow us to in concert work with the Rwandan government to allow for continuation of existing program, but at the same time position Rwanda, so they can look ahead to that three to five year trajectory to anticipate need and meet it. In several countries, health service costs are being transitioned to partner governments with Global Fund financing, an important step for us all to watch over the next five years.

This transition not only demonstrates country ownership, but allows PEPFAR to focus increasingly on technical collaboration with the government rather than direct provision of services. As we move aggressively to a sustainable response to HIV/AIDS, PEPFAR, the Global Fund, and partner countries are working more closely together ultimately producing an overall decrease in costs while saving more lives.

In this time of global financial constraint it is more important than ever that we work towards one united response to save the most lives possible. For its part, the Department of State is standing up a new office of global health diplomacy. This office will champion global health as a priority in the diplomatic arena and work to increase coordination among the United States partner countries, donors, stakeholders, including multilateral organizations.

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Based on the progress on reform, implementation to date, over the next five years we expect to see a Global Fund even more committed to safe guarding resources, impeccable grant management, and with a renewed focus on the countries with the greatest burdens of disease to save more lives. Thank you [applause].

**RACHEL ONG:** I'd like now to invite Nadia Rafif to the stage [applause].

**NADIA RAFIF:** Good afternoon, everyone. It's a privilege for me to speak with all of you today. As the only civil society speaker for this important session, I want to bring a community perspective to our discussion of the strategy direction and future of the Global Fund. I have heard a lot about this and have solicited input from many of you here and many other societies all around the world.

I try to narrow my [inaudible] into several key area of concern. First the restructuring of the Global Fund; secondly, how restructuring has negatively impacted HIV program; third, the demanding of the Global Funds structure to engage with civil society, then the new focus on high impact country; and finally the demand driven model in [inaudible].

First let me start by affirming very clearly we see society engagement is critical to achieving maximum impact at the Global Fund. Let us be clear, the Global Fund is also our fund.

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A conscious effort must be made to support [inaudible] and synergy between civil society, Global Fund, and program implementers. We think that civil society it's still not included properly in the cure and critical decision taken by the secretariat and we all feel that's a transformational place. We put as far away with a golden model of demand driven that was in [inaudible] [applause].

Having spent the last 10 years working on HIV in Morocco, and the last four years in 19 countries in the Middle East and North Africa region, I can personally attest to the positive change impacted by the Global Fund. I saw treatment waiting list of AIDS patient disappear, when previously [inaudible] have to wait until someone died.

I have seen extremely marginalized [inaudible] groups, including in the Middle East and North Africa, men having sex with men, sex worker, person who use drug, we gain that dignity and full access to the same quality health care services as any other citizens. I have seen NGO actor negotiate on equal terms with government representation of other HIV funding priority in that country and how best to manage international AIDS.

We all say that we need to invest strategically. I think that as an ultimate beneficiary of investment in health, and an effective response to epidemic, community are [inaudible] to provide unique feedback about the quality and effectiveness of programs formed by the Global Fund. In

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Eastern Europe and Central Asia, for example, civil society and key effective population are the most vocal [inaudible] of evidence based practices and measure to protect human rights.

As an ultimate beneficiary of investment to health and an effective response we are able to provide treatment feedback. As civil society, we have the daunting life saving task of ensuring that the world does not back track on [inaudible].

It's about communities to prevent this potentially [inaudible] and life of millions of people, and realizing numerous commitment made by United Nation member states for the medium goal and [inaudible] fast and [inaudible] action has to be taken, so the Global Fund is also our fund and it's the best mechanism in the world for realizing the possibility of a world without AIDS.

I would like to convey the key concept and by civil society regarding the Global Fund. You say that we don't have to worry, but we are confused and we worry. We are all confused, not on the civil society, but governments, CCM, beneficiary of the fund, and the community we all see all around the world [applause]. Everybody is confused. We hear about the 50-percent rule, the 10-percent rule, the priority country, the high impacting intervention, we hear about [inaudible] of civil society department, departure from people from Geneva we were working with.

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From my part I received so many telephone from civil society from Middle East for asking me question that I was unable to answer until now. When we ask question, we have got to wait, but time is running, and I would like to highlight several specific issue area of concern.

If the Global Fund scale back now the negative impact on [inaudible] and community will be devastating. In fact this negative effect are already being upsetting in many country. I won't talk too much, but you know that first program interruption with the cancellation of fund level, and now in many country it's a source of problem with ground [inaudible] leading human resource without salary, for example, in Malawi, in Burundi, Nepal.

The transitional funding mechanism is also problematic. The principle behind the [inaudible] was supposed to be the combination of the funding for essential services, but we cannot [inaudible] passions, and when we hear that only essential service can be funded.

At the same time found that new patients are not being enrolled. It sounds like treating new patient is not initial task for the Global Fund and it's truly unacceptable [applause]. In [inaudible] for example, the combination of a complex bureaucratic coupled with confusion made by the recent Global Fund change lead to a late disbursement of the Global Fund money.

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Also, [inaudible] at the last minute that they could apply to [inaudible], prepare an application, but late disbursements still will lead to a stock out of [inaudible] very soon and no new additional patient.

The two last points. The Global Fund structure to engage with civil society. We use to work with civil society within the Global Fund. We are also worried that some of the recent change to the structure will weaken civil society communication and [inaudible] with the secretariat, and that this will end the Global Fund effectiveness, risk management and stability of program.

Before the civil society environment was facilitated through the civil society partnership team. Now we know that it's supposed to be integrated through the different [inaudible], but some of which may all know [inaudible] the capacity or the commitment to [inaudible] of maximizing energy with civil society.

We also understand that within the new structure of the fully functional CCM tier will be diminished to a far smaller CCM hub, and from on the main responsibility of [inaudible] partnership will be with [inaudible] manager. [Inaudible] the CCM function will be [inaudible] into grant management, but the [inaudible] are too vague or to be meaningful. If the Global Fund program are detected from Geneva the program priority will

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be wrong and there will be no country ownership or bad implementation [applause].

If you don't ensure the system works properly and you will have a lot of huge conflict of interest with [inaudible]. This was why the Global Fund was dedicated to staff necessary [inaudible] to ensure that all members fully understand and respect the later and the spirit of the CCM guideline. Our system will listen to the Global Fund.

We feel also coming from the Middle East and North Africa country, and we are particularly concerned about the Global Fund [inaudible] on high impact country. You are talking about impact, but what is the difference between a person in Morocco, in Argentina, or in Zimbabwe receiving treatment.

How will we be able to merger this change and the change aren't working? We want to save as many lives as possible, but what's going to happen to middle income country with low prevalence, but with concentrate epidemic among key population like men who have sex with men, sex workers, [inaudible], and injection drug users.

In this new structure [inaudible] epidemic are exploding, especially Eastern Europe, Central Asia, and the Middle East, North Africa region will go unfunded. Many country are transitional from low to middle income, but production in middle income country you remain very high. For

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example 60-percent of the world poor people live in five middle income country, Pakistan, India, Nigeria, China, and Indonesia.

Finally I want to come to my final point, we see the demand driven model in [inaudible]. Ensuring that the principle that can call the global fund are left intact. Here I'm talking again about our fear that many government are proposing a new global funding model that happened on the demand driving principal of the global fund and embraces [inaudible] allocation on what country or region could receive.

We believe this will be a disastrous mistake, because at the moment where science is telling us that we can [inaudible] to realize the end of AIDS, if we have enough funding, the right policy, and the right intervention. [Inaudible] country or restricting demand completely contradict our share goal or [inaudible].

Are we doing the thing right, rather than doing the right thing? We say no to this approach. As people are waiting in line for services. The Global Fund [inaudible] to support, we say no. Therefore we are asking cheerleaders, such as you on the panel to commit yourself where we are calling on you to stand with us. I'm asking one of the colleague to come here [applause].

As a world, prepare to embark on the course to end AIDS and as a Global Fund review, it's ground making model that I will defend the demand driven Global Fund and oppose any

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measure that undermines scale up, [inaudible] mobilization or universal access. In particular I will oppose [inaudible] to create ceilings or envelopes that cap country ambition when applying to global fund [applause]. [Shouting]

**RACHEL ONG:** I've been informed that Eric would need to leave now, but before that I have something to share. I think just a short summary of what we talked about just now when Rosary [misspelled?] came onto stage, there was this really strong will not to undermine the demand and undercut commitments for truly exclusive Global Fund and not become a low income countries or selected interventions Global Fund for AIDS, TB, and Malaria.

We need global coherence, Eric, and [inaudible] donors, and we need that to be truly, truly inclusive of civil society, so thank you for your time, Eric. I'd like to introduce our next speaker, Ambassador Mireille Guigaz [applause].

**MIREILLE GUIGAZ:** [Applause]. Hello, everybody. I'm so glad to be here with you talking about the fund or beloved fund. We really care for the fund. The question we have to address today is a very challenging one, but it is also limited in scope, because what are five years, it trends, the time is running so fast.

When thinking about the new future of the fund I asked myself and with me France asked three questions. First, what could have a positive or negative impact for the fund as a

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global mechanism, as a vertical financing mechanism? This is the Global Fund.

Second, what could potentially strengthen or impede the performance and legitimacy of the secretariat, so the fund and now the secretariat. Soon what could be the consequences of the new grant model for the patients, because we want the best for them.

Look at this, this is not such a complicated slide. This is my roadmap. On the green side, potential it is, opportunities, positivity, on the red side, some risks we have to avoid. I am not going to comment every point. I just want to let you read and to comment a few points.

Among these few points, money, for the fund even if we do reduce costs and so on, we need more money, we know that [applause]. To have seven million people, 15 million people under ARV, to have a large scale up against TB, and against [inaudible].

We need some money, so I think that on the right side, the green one, we really have to think about to commit on new and innovative financing. I'm not going to once again repeat what My president said about the new financing, but in our view [inaudible] will not be sufficient to fulfill all the gaps of poverty, so we really need to work together for these new innovative financing.

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The same thing for market dynamic and intellectual property barriers alleviation. If we want to save people, we shall be ambitious about intellectual property. We must share the knowledge. Of course we have to reiterate their research, but we have also to alleviate the barriers of intellectual property [applause].

On the red side we have a huge challenge, this is not only the funding responsibility, this is a global community and political community responsibility. One of this is not to de-prioritize global health. Here is a true risk, as far as we know that we are not going to fulfill the [inaudible] goals, everybody is running everywhere.

[Inaudible] nutrition, food, education, and so on and so on, but here our task, our responsibility is to try and to obtain that global health is not de-prioritized. We have also the risk of a competition with other diseases, and especially non communicable diseases.

What does it mean? It doesn't mean that we shall not take care of people having cancer for example, but it means that it's not time now to stop our commitment for our three diseases. Impact of negative communication, this is so important, we have to defend, defend.

Now potentially and risks for the secretariat, I think that Gabriel is doing a great job, but since maybe he doesn't tell us, but sometimes he could feel a little bit alone,

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because the board of the fund is weak, you know that, you have to know that. The board of the fund is weak. We have to have a courageous governance reform [applause].

I would be glad to answer your questions. We have to have in this reform an effective and balanced dialogue, between implementers and donors, and much more ownership. This is not a negative way to express it. This is a potentiality, this is my roadmap within the world of the fund and within the different communities.

Now what the risks for the secretariat is a Global Fund, no more Global. I'm not going to commit too much, you see what I mean [applause]. Also a risk is maybe going now on harsh power struggles between donors to dominate the fund. You see we have some political strategy behind our head.

I think that the fund is our common good, so take care of this point. We have to take care of this point. And not have a [inaudible] or a second [inaudible], or the third [inaudible], wanting to dominate the fund. The fund belongs to all of us, this is a risk [applause].

The last risk and this risk is in our roadmap, not to make [inaudible]. We have to choose a new [inaudible]. France was prepared to continue with the previous one, I shouldn't say that, but the previous one decided to leave us, so now we have to recruit another one, preferably a lady from the south, any south, but we are discussing a lot about what is the best ED

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for this fund, and I shall tell you that we do not only need a bright manager, we do not only need a bright communicator, we need a visionary [applause].

What does it mean to have vision? It's a lot like Martin Luther King, peace to Martin. It's not I have a dream of a Global Fund [laughter] going to the moon, no. The vision is to be a goal to understand the signals around the fund, the signals coming from the world. This is what vision means, if you [applause] – it's not a religious world of telling each and every bright leader in every industry has a vision. We have to have one with a vision.

This is good for the secretariat to have such an ED. Now my [inaudible] question was about the patient, because our ultimate goal is the patient, as I said, these are true people, they have a face, a smile, despair, hope, face, we have to take care of them and what could be good for them or maybe not good, what are the risks and opportunities? First we want fund that can be able to differentiate its approach and have more flexibility.

We want a fund able to make quick disbursement. We want this [inaudible] progress and cost effectiveness. This is not a shame to talk about cost, and in front we want the fund to be a front runner. We do not want a fund that role is only to fill the gap. I don't believe in that. During these 10 years the fund wouldn't have been a front runner, or wouldn't

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have had such a support, such a collective and global support, we need a front runner. It seems to us that the fund can be the front runner.

What are the risks? The risk is a [inaudible] model, this is typically French [inaudible] model, or big head full of brain, full of gray matter, and poor hands and legs, and broken legs, we don't want that [applause]. We don't want to see this risk of unintelligible and [inaudible] model with persistent like and rare activity, and blockage.

We would like also a fund that is really able to put incentive for collaborative work. At the end the risk is to have a kind of reform fatigue at all level, so let's develop this strategy, let's have the new model, and then let's work and let's not change every five minutes with a world wanting to make micromanagement and deciding whatever, I don't know.

The work is in front of us, we are at the age of the razor, this is what I'm trying to tell you. We can't fall on the right side, the press, or on the left side, anywhere we will go, sometimes here and there, but we have to keep our roadmap on the green side, and this is what I'm trying to do on behalf of my country and in the highest interest in the fund and the patients. Thank you [applause].

**JOHN MONAHAN:** Thank you very much, Ambassador. I want to introduce our next speaker, Dr. Siregar.

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**KEMAL SIREGAR:** Good afternoon, everyone. Indeed it is an honor to me to present in this panel. The case of Indonesia is an example of high impact countries in Asia. Global Fund started in 2003 in Indonesia that followed by around four. In 2006 the government intensified the AIDS Control Program into a comprehensive prevention we described in the nation [inaudible]. This became the basis for Global Fund proposal development, for around '08, then for around '09, that later known as a single stream funding for the period until 2015.

The Global Fund played important role, providing [inaudible] countries like Indonesia. To implement the comprehensive prevent and strategy as described in the national strategy plan. The single stream funding support the implementation of comprehensive prevention, focusing on most at risk population in 137 [inaudible] across the country.

This origin implemented from one proposal that conducted by three municipal recipients. First the role of PR from Ministry of Health is to strengthen the [inaudible] including the proficient of STI, [inaudible] including ARV treatment, PR Information AIDS Commission is responsible for capacity building within the network of AIDS commissions, as well as scaling up [inaudible] reduction, and management of condom distribution.

I would like to highlight that there is a responsibility of PR from civil society, which is responsible

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for community system strengthening. The services infrastructure, as well as community system establish could identify the HIV cases early.

After round four started, the number of HIV reported becoming more than twice than the AIDS cases. The Global Fund funded comprehensive program in [inaudible] multi-sectoral approach was actually just started in 2009, with showing significant [inaudible] in 2010.

Here the HIV reported becoming almost four times than the AIDS cases. This situation allowed a treatment become more effective to prevent AIDS related death. The [inaudible] drop from 19 to four by 2010. Only 5-percent people living with HIV have known their status in 2006 and the figure increased to more than 50-percent in 2011.

Now in relation to the [inaudible] six, the equation is, is HIV epidemic under control. The reason that I refuse the changes [inaudible] during the period 2006, 2011, and it becomes apparent when it is projected until 2013. This indicates that our mechanism that work to begin to control the epidemic.

However to stop the epidemic what are the challenges? The 2007 and 2011 IBBS shows the HIV prevalence among IDU decreased from 52 to 42, when IDUs have consistently high access to more than 80-percent [inaudible] program, the consistent safe behavior increased. The scale up of NSP

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program apparently affected decrease of HIV prevalence among abuse.

However the same IBBS shows HIV prevalence only slightly decreased among female sex worker, among transgender, the situation is worsening among MSM. The remaining low cost condom use and continuing low access to STI surfaces may expand the remaining high HIV prevalence among sex workers. The projection shows that the decrease of HIV prevalence is actually inside, however the concept of effort [inaudible] functioning.

This has to be working for a long time until and even beyond 2015. The challenges include integrating key population basic needs into primary healthcare service delivery. For instance in areas where there are less numbers of IDUs, the IDUs with full community support should access quality NSP, and also integrated with STI surfaces, entry point to further continuum of care.

The integration process should be functioning in all aspect, including between community and continuum of care. Now I turn to the future of what would be the future role of Global Fund. The national spending assessment feels that the domestic role increased from 27-percent in 2006 to 42-percent in 2010. The figure would continue to increase, however it may not achieve more than 60-percent, by 2015. Indonesia as high impact country will continue to suffer insufficient funding.

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The same situation would happen in [inaudible], Cambodia, [inaudible], the Philippines, [inaudible], and Vietnam.

When 2006 data compared to 2010, the increased domestic fund apparently has been used for treatment, and this especially for ARV. The question is, what about prevention? The country feels the challenges that the funds needed for preventions and management are still largely depend on external sources.

The proposition to the Global Fund includes concentrating attention to high impact countries which has immense number of key population, such as Indonesia. The current support provided which based up a national strategy plan should be continued, until the epidemic is fully under control, to generate country ownership to further sustain for both the health and community system.

Furthermore when the [inaudible] will be granted to cover the gap, for the case of Indonesia, with concentrated epidemic, keep focusing on key populations. The focus be different to the prevention program that targeted to key population, involves civil society as well as management activities, we are more likely to conceive joint planning and monitoring from various stakeholders. Thank you [applause]. I invite the Deputy Minister to come up for our final speaker.

**HENDRIETTA BOGOPANE-ZULU:** I was waiting for the introduction. Thank you very much. My sincere apologies I was

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waiting for the Program Director to do the honors of telling you who I am, at least my name, rather than the next speaker, but let me introduce myself since I'm not introduced [applause]. My name is Hendrietta Bogopane-Zulu and I'm the Deputy Administrator responsible for women, children, and persons with disabilities from the Republic of South Africa [applause].

Since we have five minutes left before the session ends, allow me to – I'm not sure I'm gonna be scrambling, but to just say that we have time issues and I would have to try and see how best I say what needs to be said in the remaining four minutes. But first allow me to send my deepest gratitude on behalf of the people of South Africa and the government of South Africa for the Global Fund having taken the decision to continue to fund South Africa.

Our Minister of Health says, if HIV was a snake the head will be in South Africa, and if we can kill the head there is hope for everybody else. We are committed and with your help we believe we can walk this road together, and we thank you every so much through the Global Fund, that's to all the countries that contributed to it for saving the many, many lives and improving our health systems. We are most appreciating [applause].

Allow me to also say that in the ministry that I represent we like to advocate in government and allow me to

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advocate for those that I'm elected to serve. As you'd be aware HIV and AIDS remains identified with the face of an African woman, that is how you look at HIV, you see the face of not just an African woman, but a black one too. Even in the United States, everywhere you go, in every country, black woman still carry the biggest burden. Their dream for the Global Fund, the next five years, they have asked me to say the following.

Number one that they very, very much appreciate the opportunity for the Global Fund to have kept them alive, and have serviced, and provided services even in some of the deepest rural areas. However their dream in the next five years is that the Global Fund simplifies it's very complicated bureaucracy that enables them to be able to get work done and not spend time writing proposals, writing reporting, negotiating the funds, that we get those systems simplified and save lives [applause].

They've also asked me to say that it will really be an honor and a privilege if we could make it a little bit long term commitment that are predictable, dispersed on time, so that they are able to meet all their obligations. Our grantees are struggling, because there is some delay and they are saying, please in the next five years let's do it smarter, faster, and better [applause].

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What they also ask me to convey, their dream of a Global Fund for the next five years is that the Global Fund implements the policies that they have and that the goal post must not change. While people are getting their heads around this part, the new part comes in, and then the old part goes, so they spend time trying to understand which policy is applicable when, so they are saying, please in the next five years let's stabilize our systems, let's communicate better, faster, what is expected, so we are able to get on with the job. They are also saying, let's get our CCMs functioning, active, let sectors be represented and let our CCMs have a say in the structure that they should be, so that it's not a one size fit all.

They've also asked me to say that it will be very good in the next five years, if the roles of parliament can be increased in the next five years. It is the parliament of the world that have delayed the replenishing of the Global Fund, and some of them said we don't interact alone, even though we are required to perform oversight, we don't perform oversight on the Global Fund program, so can we get the authority as parliament, so that we don't only meet the Global Fund when it's time to disperse or to replenish, but we actually become a fundamental part of how the Global Fund does business.

And that relationship will improve and actually ensure that when the time comes for the replenishing of the Global

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Fund that parliaments are on their feet and they get it done faster. Because at the end of the day the majority of our country's government going to actually allocate budgets, but parliament do, and when they do we need to extralily [misspelled?] lesson the stress of civil society and make sure that parliament are empowered to do what they are supposed to do, and we make sure that they extralily create an enabling environment, so that when you fund a program of men who have sex with men in another country in Africa that the parliaments are there to extalily create an enabling environment through proper legislation to enable whatever program that the Global Fund is funding that it not be criminalized.

What they are also asking me to say is that they would appreciate if sectoral funding could be explored and understood. Where you allocate resources for women's organizations, or specifically for children, or for people with disabilities. I've had an [inaudible] privilege to interact with the Global Fund in my work for many, many years, since its establishment.

One of the challenges that we had as a member of the CCM also in my country was when our country proposal had a strong disability element and it became a program for the board members, so that we had to fight for, defend, and I can say that was the beginning of disability making sense in the Global Fund work. We're proud that we can say disabled people in

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their organizations, in South Africa have been funded by the Global Fund, and they have found solutions that are relevant to their disabilities, and the end is indeed here.

Let me conclude by just saying a few things. We're very grateful to those that [inaudible] and established the Global Fund. We also are very grateful for the manner in which it was managed. We have hope that in the next five years the Global Fund will make steady steps to correct whatever that did not work, and put in place what works, because the forecast is that we cannot stop now.

Acceleration is what we need. The end is onsite to mend as prevention does wonders. If we can make sure that we keep at it at the same steam, at the same authority we will be able to see in our lifetime an AIDS free generation. Let's get at it, let's make the Global Fund work. In South Africa we say, together we can do more. Thank you so much [applause].

**JOHN MONAHAN:** As everybody knows we're over the time limit and the screen that we have here indicates there's no time for questions, but I do want to just reflect on the fact that we've had an extraordinary panel with a wide range of perspectives that were incredibly helpful in understanding where the Global Fund is and most importantly where it's going. I want to thank the panelists, I want to thank my co-moderator. Rachel, do you want to say anything to close?

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RACHEL ONG: Just to summarize, I think we've had a huge range of ideas, opportunities, gaps, that were identified that we need global coherence from the donors and implementers. For a fully funded Global Fund, we know the [inaudible], it's clearly present, yet we also recognize the discord between the [inaudible] and implementation. I'd just like to thank our speakers again and please come up to the speakers if you have any other further questions. Thank you for your time [applause].

[END RECORDING]

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