

March 2010

“In this time of economic crisis, I say to you that spending on AIDS, TB and malaria is a smart investment. The Global Fund is helping countries to set ambitious targets. It is helping them to achieve concrete results. And it is giving affected populations a real voice in programs and policies that affect them”

– Ban Ki-moon, United Nations Secretary-General, March 2009

The Global Fund to Fight AIDS, TB and Malaria: Fighting for the Future of the Fund

Every second, someone in the world is newly infected with tuberculosis (TB). One third of the world's population, approximately 2 billion people, is thought to be infected with TB. These cases disproportionately affect populations in the developing world-where over 90 percent of TB cases occur. Globally, tuberculosis is a leading cause of death, killing more than 1.8 million people in 2008. It is also one of the leading infectious killers of women globally.

TB is a disease of poverty, afflicting individuals in their most productive years. On average, a person with TB loses 20 to 30 percent of their annual household income due to illness. TB is estimated to deplete the incomes of the world's poorest communities by a total of US\$12 billion.

Deadly on its own, when TB is combined with HIV and Malaria, the three diseases kill more than 6 million people each year and undermine efforts to raise living standards and eradicate poverty in many of the world's worst affected countries. The single largest financier in the fight against these major diseases ravaging the developing world is the Global Fund to Fight AIDS, TB and Malaria. The Fund has invested US \$19.3 billion dollars to support extensive prevention, treatment and care programs in more than 144 countries. The Global Fund represents 70% of global investments in TB control ⁱ

Global Fund Success Story: Increasing Access to TB Treatments in Pakistan

A key component of the Global Fund's success in reducing TB deaths is ensuring that disadvantaged populations have access to life-saving TB treatments. Such was the case for Muhammad Taj, who was diagnosed with TB at a private health care facility in Kashmir. Unable to afford the high cost of his medicine for the entire length of his treatment, Taj stopped his treatment, and his condition worsened. Taj was unaware that diagnosis and treatment were available for free from a hospital just down the road.ⁱⁱ

Thanks to Global Fund support, the National Tuberculosis Program (NTP) in Pakistan is able to explain to communities what TB is and where and how it is treated. Taj says that his life changed when he attended a community event organized by the NTP. He learned more about the disease he was suffering from and his questions and concerns were answered by the community health workers who were very knowledgeable about TB and its treatment. Taj is now taking his treatment regularly and wants to play his role in controlling the disease.

Taj's situation is not unique. Worldwide, Global Fund grants allow communities to understand that they are entitled to TB treatment and empower them to seek it. Recently, on a Results Canada led parliamentary delegation to Ethiopia, RCstaff and three Canadian Members of Parliament witnessed projects funded with Global Fund grants that are helping to bring TB and TB-HIV treatment to the community level. In remote rural districts, where most poor people live, Health posts are staffed by health extension workers who literally walk through their communities and offer TB and TB-HIV diagnostic and treatment services to those affected with the diseases. Since 2001, Global Fund supported programs have provided treatment to 6 million people who had active TB. In the last funding round, the Global Fund approved more TB proposals than any ever before, increasing financing for TB programs up to \$US 1.5 billion over five years, proving conclusively that an investment in the Global Fund is an investment for increased action on TB.

The Global Fund: Unparalleled Success, Increasing Demand

The Global Fund is an innovative, multi-lateral global partnership between governments, civil society, the private sector and affected communities that combines resources towards fighting AIDS, TB and malaria through grants programs. It does not implement programs directly, but rather relies on a broad network of partnerships with other developmental organizations on the ground to supply knowledge, technical assistance and project implementation. Founded on a performance-based, demand driven model to ensure that only the most effective and successful programs are funded, the Fund epitomizes efficiency in combating the three diseases. No other multilateral funding mechanism for health has yielded the incredible success and impact that the Global Fund has in the short time span it has been operational. Since 2001, the Fund has saved more than 4.9 million lives, due to contributions from donor nations, including Canada.

Canada's Contributions to the Global Fund: Investing Canadian Funds to Save Lives

The incredible success of the Global Fund has led to increased demand. Over the years, grant-recipient-countries have increased their experience and ramped up successful projects and are having impact. Now they are looking to scale up. In 2009, the Global Fund approved \$3.1 billion in funding for project proposals, more so than any other year. But as more and more solid proposals for funding from developing nations continue to stream in, donor funding must keep up. Without an infusion of support, new proposals will go unfunded and people will die needlessly. In the fall of 2010, the Global Fund will need to replenish its funds for 2011-2013 and will need an increase in financing to ensure that successful projects with the capacity to truly save lives are funded.

Canada has a long history of support to the Fund. In addition to being instrumental in the original creation of the fund, Canada has committed a total of CAD \$980 million to the Global Fund since 2001, including the most recent pledge by the Canadian International Development Agency (CIDA) of \$450 million over the three year period of 2008-2010. Additionally, CIDA identifies combating TB, as well as HIV/AIDS and malaria, as key issues that are a part of their commitment to support developing countries in their efforts to achieve the Millennium Development Goals, and the Global Fund, with its performance-driven, and transparent approach, perfectly complies with CIDA's new aid effectiveness agenda focused on greater efficiency and accountability. But while CIDA has demonstrated leadership in financing the Global Fund in the past, additional resources are needed from the Ministry of Finance.

This Fall, the Global Fund will be hosting a replenishment conference to support its operations for the coming three years. In preparation for the conference, donors like Canada are being asked to renew and increase their financial commitments. Demand from the world's poor is increasing and Canada's financial contribution should also increase to meet the need. Now is the time raise this issue with decision makers and pave the way for an increased Canadian commitment.

Take Action:

1. **Write a letter to the editor:** Use World TB Day (March 24th), International Women's Day (March 8th), and the release of the Global Fund's Results Report (March 8th), as hooks to highlight the importance of the Global Fund and the need for its replenishment.
2. **Write directly to Finance Minister Jim Flaherty** reinforcing the great leadership Canada has exhibited towards the Fund, and emphasizing the need for increased commitment to the Global Fund in 2010 to meet the increased demand.
3. **Call your MP, explain the impact of the Global Fund on saving lives.** Ask them to call on the Finance Minister to make investments in the Global Fund a foreign aid priority.
4. **Write to party leaders, Stephen Harper, Jack Layton, Gilles Duceppe, and in particular Michael Ignatieff,** explaining the impact the Global Fund has on saving lives. Ask them to stress renewed commitment and support to the Global Fund in their party platforms.

Send your letter postage-free to the above at House of Commons, Ottawa, ON K1A 0A6

