

STEP UP THE FIGHT

FOCUS ON UNIVERSAL HEALTH COVERAGE



Without universal access to quality health care, millions of people die unnecessarily every year, and preventable diseases including AIDS, tuberculosis and malaria continue to ravage families and communities. To achieve the Sustainable Development Goal 3 of greater health and well-being for all, we must both end the epidemics and build stronger systems for health that can deliver universal health coverage.

Universal health coverage aims to ensure that everyone, everywhere can access quality health services without suffering financial hardship. It requires removing barriers to health, and improving affordability, accessibility and quality of health systems. Recognizing that universal health coverage is key to promoting equity, global health security, and development and growth, world leaders embedded it in the Sustainable Development Goals (SDGs), including financial risk protection, access to quality essential health care services and access to safe, effective, quality, and affordable essential medicines and vaccines for all.

The Global Fund's strategy for 2017-2022 commits us to supporting resilient and sustainable systems for health, and promoting and protecting human rights and gender equality – two critical foundations of universal health coverage.

1 BILLION PEOPLE

lack access to basic health care. One-third of families in Africa and Southeast Asia borrow money or sell assets to pay for essential health services.

BUILDING RESILIENT AND SUSTAINABLE SYSTEMS FOR HEALTH

Whether it's investing in health information systems in Democratic Republic of Congo, insurance in Thailand, health extension workers in Ethiopia or supply chains in Tanzania, the Global Fund is supporting key components of sustainable systems for health, which form the foundations for universal health coverage. Systems for health, distinct from health systems, do not stop at a health facility but run deep into communities and can reach those who do not always go to clinics or hospitals, particularly the most vulnerable and marginalized. Systems for health focus on people, not diseases.

The Global Fund is the largest multilateral investor in sustainable systems for health, investing US\$1 billion a year on health system strengthening, including: improving procurement and supply chains; strengthening data systems and data use; training qualified health care workers; building stronger community responses and systems; and promoting the delivery of more integrated, people-centered health services so people can receive comprehensive care throughout their lives.

A new catalytic funding mechanism will support innovative activities that amplify ongoing programs: service delivery integration, data quality and data usage, human resources for health, procurement and supply chain management and improving health sector governance.

INTEGRATED HEALTH CARE

The Global Fund supports programs through new or existing service delivery points both in primary health care facilities and in the community that provide a range of services – not just focused on HIV, TB and malaria. The aim of delivering integrated, people-centered health services is to reduce inefficiencies and improve overall health outcomes.

For example, interventions to prevent mother-to-child transmission of HIV, ensure early diagnosis of HIV in infants, screen pregnant women and children for TB, and protect pregnant mothers and infants from malaria with intermittent preventive treatment in pregnancy should be designed and implemented as components of an integrated strategy for strengthening overall antenatal and postnatal care.



Affordable laboratory systems are critical to improving disease preparedness and achieving universal health coverage. Global Fund investments support the improvement of Uganda's integrated laboratory services and the country's "hub-and-spoke" model. Hubs have been established throughout the country to service all health care facilities within 40 kms, combined with an integrated specimen transport network. The hubs have improved access to early infant diagnostic services and reduced transportation costs by 62%, and led to an impressive 47% reduction in sample-to-result delivery time. The hub-and-spoke model is now used for other diseases beyond HIV, TB and malaria.

**DR. TEDROS ADHANOM
GHEBREYESUS**

WHO DIRECTOR-GENERAL

“The key question of universal health coverage is an ethical one. Do we want our fellow citizens to die because they are poor? Or millions of families impoverished by catastrophic health expenditures because they lack financial risk protection? Universal health coverage is a human right.”

ELIMINATING BARRIERS TO HEALTH CARE

Too often, the people most vulnerable to disease are the same people who don't have access to health care because of stigma, gender inequality or discrimination. The Global Fund and our partners seek to knock down those barriers by investing in human rights and gender-responsive programs, by supporting greater involvement of communities in design, delivery and monitoring, and by making health services more financially sustainable. Through our Breaking Down Barriers initiative, we are providing intensive support, including US\$45 million in additional funds, to 20 countries to vastly scale up evidence-based programming to reduce human rights-related barriers to HIV, TB and malaria services.

To end the epidemics and achieve global health security, countries developing national health insurance plans need to include HIV, TB and malaria within affordable coverage. In Rwanda, Global Fund partners have used grants to subsidize premiums and co-payments of health insurance for 2 million of the poorest Rwandans. Thailand provides its national health insurance to documented migrant workers and is trying to extend those services to undocumented workers.

As countries transition from Global Fund support to domestically funded health systems, partners are focusing efforts so that key populations are not left behind in the progress to achieve universal health coverage. Morocco is planning to increase health insurance protection for people living with HIV, and the Dominican Republic is working on the inclusion of HIV treatment in the social health insurance package.

DOMESTIC RESOURCES

Ultimately, universal health coverage is the responsibility of national governments. National governments have significantly increased investment of domestic resources in health. Global Fund co-financing requirements have played a catalytic role: Global Fund grants typically include an obligation on the recipient government to commit additional domestic resources equivalent to 15-30% of the allocated grant. This mechanism has proved remarkably successful in incentivizing increased domestic investment in health, with co-financing commitments in the current cycle up 41% compared to 2015-2017.

However, despite the positive increase in growth of domestic resources for health, those resources are not generated equally across all countries; many low-income countries continue



With support from the Global Fund and other partners, Kenya has significantly scaled up integrated service delivery as part of the effort to achieve universal health coverage by 2022. The Global Fund has supported Kenya's integration of reproductive, maternal, newborn, child and adolescent health services, and optimized links between other programs in HIV, malaria and TB.

to require international assistance for health to supplement low levels of domestic resources. For example, most countries in Africa fail to meet the Abuja Declaration target of dedicating 15% of public spending to health.

The Global Fund is working with other health agencies including Gavi, WHO, and the Global Financing Facility as part of the Global Action Plan's "Sustainable Financing Accelerator," and with the African Union and the World Bank to accelerate the capacity of countries to raise more domestic resources, give greater priority to health spending, and improve the efficiency and equity of investments in health.

STEP UP THE FIGHT

Ending the epidemics of HIV, TB and malaria by 2030 is within reach, but not yet firmly in our grasp. But after years of remarkable progress, new threats such as stalled funding and growing drug resistance have pushed us off track. We now face a decisive moment. Do we step up the fight, or do we allow ourselves to slip back? The Global Fund's fundraising target for the next three-year cycle is at least US\$14 billion. These funds will help save 16 million lives and cut the mortality rate from HIV, TB and malaria in half by 2023, while building stronger systems for health that will enable the achievement of universal health coverage. It is time to step up the fight.



Rwanda has used investments by development partners such as the Global Fund to build the country's health infrastructure, developing fully integrated primary health care. Today, Rwanda serves as a model for other countries committed to far-reaching transformation of health provision. One key to Rwanda's success is the community health management model, which places about 58,000 trained community health workers in villages across the country.

ABOUT THE GLOBAL FUND

The Global Fund is a 21st-century organization designed to accelerate the end of AIDS, tuberculosis and malaria as epidemics. As a partnership between governments, civil society, the private sector and people affected by the diseases, the Global Fund mobilizes and invests nearly US\$4 billion a year to support programs run by local experts in more than 100 countries. By challenging barriers and embracing innovative approaches, we are working together to better serve people affected by the diseases.

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