

Replenishing the Global Fund in 2013


Options for U.S. Diplomatic Support

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Katherine E. Bliss¹

Hopes are high for a successful outcome of the 2013 replenishment process, through which the Global Fund to Fight AIDS, Tuberculosis and Malaria seeks pledges of \$15 billion to support planned activities for 2014–2016. The Fund is at a critical juncture. Established in 2002 to be an innovative multilateral organization, the Fund was designed as a partnership of the corporate, nonprofit, and government sectors and intended to be more flexible and attuned to country needs than traditional United Nations agencies in distributing donor monies. Following reports of grant mismanagement in some key recipient countries in 2011, the Fund went through an extensive, and at times difficult, yearlong reform process that has put new leadership in place, overhauled grant administration and accounting procedures, and positioned the organization to reengage with donors in securing financial support for its activities. Yet at a time when some experts argue it is finally possible to “turn the tide” on HIV/AIDS, malaria, and tuberculosis,² it is an open question whether countries and other donors will pledge adequate funding to meet the revitalized Fund’s replenishment goal.

There are at least two reasons for this. First, political and financial crises affecting some of the Fund’s traditional government supporters may make it difficult for them to maintain existing levels of support, much less increase their pledges this year. Historically, 70 percent of the Fund’s pledged support comes from a small pool of just five major donors: France, Germany, Japan, the United Kingdom, and the United States.³ Since the launch of the Fund in 2002, the United States has been the single-largest government contributor to the Fund. A robust pledge by the United States in 2013 is already in play, thanks to bipartisan congressional support; strong outreach by nongovernmental advocacy organizations and such high-profile individuals as Bono and Bill Gates; and the fact that support for the Fund fits into a broader process of multilateralizing the U.S. response to the global HIV/AIDS, tuberculosis, and malaria epidemics. The statutory limitation imposed by Congress that the United States will provide no more than 33 percent of the Fund’s budget at any given time has served as a strong lever in encouraging others to commit at a level sufficient to guarantee the release of the full U.S. pledge. Even in a period of budget battles, austerity measures, and sequestration, Congress recently authorized an expenditure of \$1.65 billion to fulfill the U.S. 2010 three-year pledge of \$4 billion. A U.S. pledge in 2013 of \$5 billion over three years, whether formally stated at the fall replenishment or implied through an initial

¹ Katherine E. Bliss is a senior associate with the Global Health Policy Center at CSIS.

² UNAIDS, *World AIDS Day Report 2011: Faster, Smarter, Better*, http://www.unaids.org/en/media/unaids/contentassets/documents/unaidspublication/2011/jc2216_worldaidsday_report_2011_en.pdf.

³ The Global Fund, “The Global Fund to Fight AIDS, Tuberculosis and Malaria Fourth Replenishment (2014–2016): Outcome of the Global Fund’s Third Replenishment,” April 2013, http://www.google.com/url?sa=t&rct=j&q=&esrc=s&frm=1&source=web&cd=3&ved=0CD4QFjAC&url=http%3A%2F%2Fwww.theglobalfund.org%2Fdocuments%2Freplenishment%2F2013%2Freplenishment_2013PledgeConversion_Report_en%2F&ei=UcqCUeyvJYSergGWtYCgAg&usq=AFQjCNFQqj_Ekl0RoxT6aHTaV6onamtQA&sig2=ZgqE_QWYaxiad7jId-gjQQ&bvm=bv.45960087,d.aWM.

one-year commitment of \$1.65 billion, could create an incentive for other countries and donors to step up their giving and reach the \$15 billion goal.

By contrast, the prolonged financial crisis in the Eurozone, and Japan's own economic stresses, make it unlikely the G7 governments will be moved to pledge sums beyond their 2010 levels. In France, the François Hollande government faces calls to trim the budgets of overseas assistance accounts, while in Japan the new government of Prime Minister Shinzo Abe must focus on the electorate's concerns over domestic economic growth and stability. Although Germany has recently upgraded its economic forecast, the government predicts that Europe's largest economy will expand just 0.5 percent in 2013. The United Kingdom, where parliamentarians have called for the government to increase support for the Fund, may have the greatest potential among the traditional European donors to increase its pledge during this cycle, although popular support for foreign aid programs has diminished.⁴ Beyond the G7, donors, such as Spain, have scaled back foreign assistance programs in light of the country's financial crisis, while stalwarts such as the Netherlands have made overall cuts to aid budgets.⁵

Second, for the 2013 replenishment, at least, it seems unlikely that new contributors, such as the other G20 countries, will emerge to fill gaps left by the traditional donors. The so-called BRICS (Brazil, Russia, India, China, and South Africa), as well as some other middle-income countries such as South Korea, have begun to play a more significant role in influencing the global health agenda. However, they frequently prefer to work together or directly with partner countries in their own regions in what they term "horizontal" or South-South relationships rather than pool funds in a multilateral organization they view as strongly influenced by the Global North. Indeed, the BRICS have recently pledged to establish their own development bank, to be known as the BRICS Bank, with a proposed focus on supporting technical assistance for health, along with agriculture, energy, and telecommunications.⁶

With the pledging conference just a few months away, the United States has an essential leadership role to play in ensuring a successful replenishment in 2013. To reach that goal, the United States, through the White House, the Department of State, and other key agencies, will need to pursue a multipronged approach. An increased pledge by the United States will underscore the government's confidence in the reformed organization and encourage others to donate. However, at a time when some observers have lamented what they see as the "PEPFARization" of, or undue influence of the U.S. within, the Global Fund, the United States will also need to exercise caution in pursuing this line of reasoning and develop additional supporting arguments. The United States should target traditional donors and work to identify a few promising members of the G20 to encourage their financial support for the Global Fund replenishment. Second, the United States should encourage traditional Fund supporters, such as Canada and the United Kingdom, not only to do more but also to reach out to other partner governments and encourage their strongest possible support for the Fund in the coming months.

⁴ Mark Tran, "MP's call on UK to set example by increasing Global Fund contribution: International development committee concerned by delay in delivering funds to fight AIDS, tuberculosis and malaria," *The Guardian*, May 22, 2012, <http://www.guardian.co.uk/global-development/2012/may/22/mps-uk-global-fund-contribution>.

⁵ OECD, "Aid to poor countries slips further as governments tighten budgets," April 3, 2013, <http://www.oecd.org/newsroom/aidtopoorcountrieslipsfurtherasgovernmentstightenbudgets.htm>.

⁶ Institute of Development Studies, "What Next for the BRICS Bank?" Rapid Response Briefing, Issue 3, May 2013, <http://www.ids.ac.uk/files/dmfile/Rapid3.pdf>.

Third, and perhaps most important, the United States should engage with governments that have been key beneficiaries of Global Fund support to encourage them to share their positive program outcomes as a result of Fund resources and to appeal to the traditional and newer Fund donors to maintain or strengthen their support in 2013.

Beyond diplomatic engagement to secure pledges for the Global Fund in 2013, it will also be important for U.S. diplomats to encourage a new vision of the Global Fund replenishment process—one that maintains an emphasis on formal, multiyear pledging, but which also fosters opportunities for the Fund to seek support from new public- and private-sector, as well as individual, contributors throughout the activity cycle. This could help temper expectations about the fall pledging conference outcomes and diminish frustration if, as expected, the \$15 billion replenishment goal is not met through pledges at the meeting itself. It could also allow new donors to enter the process as their finances and political climates allow, thus permitting the Fund to be more flexible, adaptable, and attuned to regional and national realities. Framing the replenishment as an ongoing process could stoke optimism and encourage the global community to stay focused on supporting the Fund's activities in the long term.

Looking ahead, and to sustain support for the Fund well into the future, the U.S. will need to craft a diplomatic strategy to cultivate new Fund supporters, including middle-income countries and high-net-worth individuals, as well as private-sector entities, and to address some of the practices in implementing partner countries that limit the most efficient use of Fund monies, including a lack of transparency in administration practices, legal discrimination against most at-risk populations (MARPS), and failure to deploy the highest-impact interventions to help those in greatest need.

Reform and Revision

In mid-2011 the Global Fund Board, concerned over an inspector general's report revealing evidence of grant mismanagement in several recipient countries, requested that an independent panel study the "risk of fraud and misappropriation in the current Global Fund portfolio."⁷ In September of 2011 the "High-Level Independent Review Panel on Fiduciary Controls and Oversight Mechanisms of the Global Fund to Fight AIDS, Tuberculosis and Malaria" issued multiple recommendations, including enhancing oversight mechanisms; adopting a new risk management framework; reconsidering the role of the Fund Board in terms of devising strategy and risk management; creating a new grant approval process; and doing a better job of measuring results.⁸ In November of 2011 the Global Fund Board canceled funding round 11, launched a bold new five-year strategy focused on more strategic investment of its resources,⁹ and approved a

⁷ High-Level Independent Review Panel on Fiduciary Controls and Oversight Mechanisms of the Global Fund to Fight AIDS, Tuberculosis and Malaria, *Turning the Page from Emergency to Sustainability: The Final Report of the High-Level Independent Review Panel on Fiduciary Controls and Oversight Mechanisms of the Global Fund to Fight AIDS, Tuberculosis and Malaria*, September 19, 2011, 10.

⁸ *Ibid.*, 61–78.

⁹ The Global Fund, "The Global Fund Strategy 2012-2016: Investing for Impact," <http://www.theglobalfund.org/en/about/strategy/>.

“Consolidated Transformation Plan” with ambitious goals to reform nearly every aspect of the Fund’s operations.¹⁰

During 2012 the Fund carried out sweeping reforms. Following the news in January that Executive Director Michel Kazatchkine would be stepping down, an interim general manager, Gabriel Jaramillo, assumed responsibility for overseeing the reform process. The Secretariat and Board devised a new funding mechanism that replaces the older funding “rounds” and prioritizes greater alignment with country needs and goals.¹¹ The Fund headquarters was also reorganized to reflect an emphasis on realigning staff positions with grant management priorities.¹² In November of 2012 former U.S. Global AIDS Ambassador Mark Dybul was named the Global Fund’s new executive director.

The first quarter of 2013 saw considerable dynamism in Fund leadership. Dybul assumed office in January. At the end of the month, Japanese physician Osamu Kumii was named the new director of the Fund’s Division of Strategy, Investment, and Impact. In March Marjike Wijnroks, ambassador for sexual and reproductive health and rights and HIV/AIDS for Netherlands, was named chief of staff.¹³ The same month the Global Fund Board elected a new chair, Nafsiah Mboi, minister of health of Indonesia, and vice chair, Mireille Guigaz, former global AIDS ambassador of France.¹⁴ A new inspector general is expected to be announced in mid-June. By the time of the next Global Fund Board meeting, which takes place in Colombo, Sri Lanka, June 18–19, the stage should be set for moving full speed ahead with new leadership at all levels of the organization.

What’s at Stake?

The September/October 2013 replenishment will be the Fund’s fourth.¹⁵ At the first two conferences, in 2004 and 2007, countries and private-sector donors pledged ever-higher amounts. As of March 2013, the Fund had received pledges of almost \$30.5 billion, with roughly \$25.6 billion of those fulfilled.¹⁶ But, for many observers, the third replenishment cycle, culminating in 2010—and its first since the start of the global financial crisis in 2008—was disappointing. The Fund estimated a need of \$12–18 billion to cover anticipated activities requested by grant applicants but received pledges of only \$9.2 billion at the conference in New York, with an

¹⁰ The Global Fund, “Twenty-Fifth Board Meeting, Accra, Ghana, 21–22 November 2011,” Approval of the Consolidated Transformation Plan, Decision Point GF/B25/DP6.

¹¹ The Global Fund, “The New Funding Model: Key Features and Implementation,” December 10, 2012. See also, The Global Fund, “Global Fund Launches New Funding Model,” February 28, 2013, http://www.theglobalfund.org/en/mediacenter/newsreleases/2013-02-28_Global_Fund_Launches_New_Funding_Model/.

¹² PlusNews Global, “Health: A timeline of Global Fund reforms,” September 27, 2012, <http://www.irinnews.org/printreport.aspx?reportid=96405>.

¹³ The Global Fund, “Global Fund Appoints Marijke Wijnroks as Chief of Staff,” March 27, 2013, http://www.theglobalfund.org/en/mediacenter/newsreleases/2013-03-27_Global_Fund_Appoints_Marijke_Wijnroks_as_Chief_of_Staff/.

¹⁴ The Global Fund, “Global Fund Selects its Next Board Chair and Vice-Chair,” March 22, 2013, [http://www.theglobalfund.org/en/mediacenter/newsreleases/2013-03-22_Global_Fund_Selects_its_Next_Board_Chair_and_Vice-Chair/?utm_source=feedburner&utm_medium=feed&utm_campaign=Feed%3A+theglobalfund%2Fnews+\(\(DEPRECATED\)\)+News+and+Announcements+from+The+Global+Fund+to+fight+AIDS%2C+Tuberculosis+and+Malaria](http://www.theglobalfund.org/en/mediacenter/newsreleases/2013-03-22_Global_Fund_Selects_its_Next_Board_Chair_and_Vice-Chair/?utm_source=feedburner&utm_medium=feed&utm_campaign=Feed%3A+theglobalfund%2Fnews+((DEPRECATED))+News+and+Announcements+from+The+Global+Fund+to+fight+AIDS%2C+Tuberculosis+and+Malaria).

¹⁵ The Global Fund, “The Second Global Fund Replenishment (2008–2010) First Meeting, Oslo, 6–7 March, 2007.”

¹⁶ The Global Fund, “Government Donors: Pledges and Contributions,” <http://www.theglobalfund.org/en/donors/public/>.

additional 13 percent to come in during the next two years.¹⁷ Former donors such as Italy and Sweden initially abstained from pledging, while other countries, such as Germany, left funding levels flat. To underscore its support for the organization, the United States pledged \$4 billion over three years. In a show of confidence for the Fund following the lackluster pledging meeting, Bill Gates announced at the 2011 World Economic Forum in Davos that the Bill and Melinda Gates Foundation would offer the Fund an additional \$750 million, some in the form of a promissory note that cushions the Fund in the event of failure by other donors to make good on their pledges.

As the reform cycle came to a close at the end of 2012, the outlook for the Fund appeared stable. In December of 2012 Japan fulfilled its pledge with a transfer of \$343 million despite considerable domestic economic stresses.¹⁸ Sweden came through with pledge increases over the previous period, and France, which had been disappointed by the departure of Executive Director Kazatchkine, a French national, fulfilled its 2010 pledge of nearly \$1.5 billion.¹⁹ In January of 2013 Germany expressed newfound confidence in the Fund, announcing a new five-year €1 billion commitment, reinstating its previous €200 million yearly allocation to the organization.²⁰

At the April 9–10, 2013, replenishment preparatory meeting in Brussels, Global Fund Executive Director Dybul estimated the organization is positioned to make good use of \$15 billion to carry out planned activities in 2014–2016.²¹ The Fund estimates that this amount, combined with bilateral assistance, domestic resources, and other multilateral organization funds, would help treat 17 million patients with tuberculosis, prevent an additional 196,000 deaths from malaria, and put more than 18 million HIV-infected people on antiretroviral therapy, thereby making a significant long-term impact on the trajectories of the three epidemics.²²

U.S. Diplomatic Options

As the fall 2013 replenishment draws near, the first order of business for the U.S. government is to get its own pledge in order. Beyond working to bolster domestic support for an initial U.S. pledge of at least \$1.65 billion, with a commitment of up to \$5 billion over the replenishment period, the United States should engage in bilateral diplomatic outreach to bolster other countries' support for the organization. This outreach, which should be carried out by President Obama, Secretary of

¹⁷ The Global Fund, "The Global Fund to Fight AIDS, Tuberculosis and Malaria Fourth Replenishment (2014–2016): Outcome of the Global Fund's Third Replenishment," April 2013, http://www.google.com/url?sa=t&rct=j&q=&esrc=s&frm=1&source=web&cd=3&ved=0CD4QFjAC&url=http%3A%2F%2Fwww.theglobalfund.org%2Fdocuments%2Fdocuments%2Fdocuments%2F2013%2FReplenishment_2013PledgeConversion_Report_en%2F&ei=UcqcUeyvJYSergGWtYCgAg&usq=AFQjCNFQqj_Ekl0RoxT66aHTaV6onamtQA&sig2=ZgqE_QWYaxiad7jId-gjQQ&bvm=bv.45960087,d.aWM.

¹⁸ The Global Fund, "Japan's 2012 Contribution to the Global Fund is the Highest it Has Ever Made," December 14, 2012, http://www.theglobalfund.org/en/mediacenter/newsreleases/2012-12-14_Japan_2012_Contribution_to_the_Global_Fund_is_the_Highest_it_Has_Ever_Made/.

¹⁹ The Global Fund, "Global Fund Third Voluntary Replenishment 2011–2013: Pledges for 2011–2013 at 5 October 2010."

²⁰ Dirk Niebel, "Why Germany Committed 1 EUR Billion to the Global Fund," January 25, 2013, <http://www.theglobalfund.org/en/blog/31278/>.

²¹ The Global Fund, "Global Fund Targets \$15 Billion to Effectively Fight AIDS, TB and Malaria," April 8, 2013, http://theglobalfund.org/en/mediacenter/newsreleases/2013-04-08_Global_Fund_Targets_USD_15_Billion_to_Effectively_Fight_AIDS_TB_and_Malaria/.

²² *Ibid.*

State Kerry, and other cabinet-level officials, along with the U.S. global AIDS coordinator ambassador, PMI director, and country-level ambassadors, should target several key groups.

The first donors to target are the group of traditional Fund supporters—France, Germany, Japan, and the United Kingdom. Key arguments to share with this group include reminders about the success of the 2012 reform process; optimism about the new funding mechanism and the intensified consultation with countries on funding needs and management; and the potential for significant progress on HIV/AIDS, malaria, and tuberculosis if the right investments are made now. The potential of new malaria initiatives in the Mekong Delta and in Mesoamerica could also be emphasized. The argument that failing to generate adequate funds could jeopardize existing and future U.S. commitments, because of the 33 percent statutory limitation, should be used cautiously to avoid raising concerns about excessive U.S. influence within the organization. Germany has already announced a flat-level funding pledge but could be prodded to raise its contribution as future economic circumstances allow. The United Kingdom, which hosts the G8 this year, has remained a stalwart supporter of the Fund, but Prime Minister Cameron has not yet signaled that the United Kingdom will make global health a signature issue in its G8 presidency.²³ The United States should encourage the United Kingdom to make the Fund replenishment a Summit topic, with a goal of encouraging the United Kingdom to increase its pledge at the June Board meeting. Switzerland has recently announced a 43 percent increase in its pledge.²⁴ The United States should also consider weighing in with Norway, which has increased its aid spending, and with Sweden, which has been a strong supporter of the Fund in the past.

A second set of targets should be select G20 countries that have made clear signals they intend to become more engaged in foreign assistance and global health processes. Australia has indicated plans to expand its foreign assistance programs, including in global health, to 0.5 percent of GDP, and upped its most recent Global Fund pledge from US\$62 million to US\$104 million. South Korea has also expanded its global health assistance through its Korea International Cooperation Agency (KOICA) and other government programs, although its pledges to the Fund have remained very modest (\$19 million to date).²⁵ Indonesia, whose health minister is the incoming Global Fund Board chair, might also be approached for a fall 2013 contribution to demonstrate confidence in the organization. Key arguments for these three countries could include maximizing the impact of limited foreign assistance monies when pooling them with those of other countries, and a chance to demonstrate leadership on global health issues from the Asia-Pacific region.

A third approach would be to appeal to other donors to engage their own diplomatic influence in generating support from traditional and, where possible, newer donors. For example, U.S. diplomats could engage counterparts in the United Kingdom and Canada, encouraging them to advocate to other donors that they continue to support the Global Fund, even in a period of financial hardship. This approach would have the benefit of diversifying the diplomatic outreach

²³ United Kingdom, “Prime Minister David Cameron’s speech to the World Economic Forum in Davos,” January 24, 2013, <http://www.number10.gov.uk/news/prime-minister-david-camersons-speech-to-the-world-economic-forum-in-davos/>.

²⁴ David Garmaise, “Switzerland Announces Large Increase in Its 2013 Pledge to the Global Fund,” *aidspan*, May 8, 2013, http://www.aidspan.org/gfo_article/switzerland-announces-large-increase-its-2013-pledge-global-fund.

²⁵ See the analysis by Carolyn Marie DuMond and Victor Cha, “South Korea and Global Health Diplomacy,” in *The Changing Landscape of Global Health Diplomacy*, ed. Katherine E. Bliss (Lanham, MD: Rowman and Littlefield / CSIS, April 2013), http://csis.org/files/publication/130423_Bliss_TheChangingLandscape_web.pdf.

in favor of sustained or increased pledges for the Fund in 2013 and underscore that there is strong backing for the organization in multiple regions.

A fourth and significant element of the strategy should be to target countries that have been the beneficiaries of Global Fund programs—the implementing partners. It is essential that the “voices” of the people served by Global Fund programs convey their experience with the Global Fund and share the results of programs to date. Rwanda, South Africa, and Tanzania are three countries with ample Global Fund experience. U.S. diplomats could engage with their counterparts in embassies and ministries of health to encourage the governments to appeal to other governments to support the 2013 replenishment process. President Obama’s reported travel to South Africa, Tanzania, and Senegal this June would offer an excellent opportunity for engagement on the Global Fund with Presidents Zuma, Kikwete, and Sall.

In the Longer Term

Given that it is unlikely the BRICS and other middle-income/emerging economies will escalate their pledging to organizations such as the Global Fund in 2013 in the near term, the United States should support other modes of engagement for these emerging actors. One idea proposed is that the emerging economies might be encouraged to undertake co-investments, that is, to support, on a bilateral basis, Fund-approved projects that would complement Global Fund efforts in key implementing partner countries. This approach could allow countries interested in supporting global health causes to provide parallel programs to fill gaps in services that the Global Fund itself cannot support. However, it could also remove incentives for those countries to ever become Fund supporters and lead them instead to advocate an earmarking process by which they support only the countries, regions, or issues that are politically advantageous for them (something that other public sector donors to the Fund are already restricted from doing).

To ensure co-investment schemes contribute to Global Fund goals and activities, the United States should play a leading role in developing policy to ensure projects fill gaps countries have already identified to the Fund in order to “count” as Global Fund contributions. The United States should also help ensure co-investment projects have the same standards of sustainability, transparency, and accountability as regular Global Fund projects.

Another potential avenue is the Debt2Health process, through which “the Global Fund identifies and negotiates debt conversion opportunities and then facilitates a three-party agreement among a creditor, the beneficiary country, and the Global Fund.”²⁶ Debt2Health was originally proposed at the International AIDS Conference in Barcelona in 2002 and launched in September of 2007.²⁷ It allows creditors to forgive a portion of their outstanding loans in exchange for the debtor country investing a portion of the funds in a Global Fund-approved program.²⁸ Creditors Germany and Australia have taken advantage of this, working with countries such as Côte d’Ivoire, Indonesia, and Pakistan to encourage those governments to invest in their own countries’ HIV/AIDS, tuberculosis, and malaria programs. In 2011 Germany tried a trilateral adaptation of

²⁶ The Global Fund, “Factsheet: Debt2Health,” February 2011.

²⁷ Brookings Global Health Financing Initiative, “Debt2Health: Debt Conversion for the Global Fund to Fight AIDS, Tuberculosis, and Malaria,” <http://www.brookings.edu/~media/Projects/global%20health/debtconversion.PDF>.

²⁸ The Global Fund, Factsheet Debt2Health, February 2011.

Debt2Health, agreeing to write off €6.6 million of Egypt's debt in return for Egypt agreeing to contribute half that amount to Global Fund-approved malaria programs in Ethiopia. Participating in Debt2Health is more difficult for the United States because Congress must approve any debt-swap schemes, and only to create incentives for the preservation of tropical hardwoods. However, the United States can and should encourage other creditors and debtor nations to carefully consider ways they might restructure their debt to support Fund programs, either domestically or in a third country.

While encouraging new forms of donor government support is important, the Global Fund has to be realistic about the potential for significant future funding increases from public coffers. To help the Fund broaden its donor base, the United States should consider how it might engage diplomatically to encourage greater contributions to the Fund from high-net-worth individuals, corporations, and private foundations. It should also keep pressing to ensure the Fund's monies are used with the greatest efficiency possible, including supporting proposals to "graduate" countries such as India, Thailand, and South Africa that have been receiving support but that are now more capable of fully funding their HIV/AIDS, malaria, and tuberculosis programs. The United States should support the Fund in continuing to identify where grant management challenges are greatest and where gains in terms of cost-effectiveness may be made, offering bilateral technical support to help countries improve their administration of Fund-supported programs. At the same time, the United States should continue to identify ways in which countries' legal or *de facto* discrimination against populations most vulnerable to HIV/AIDS, tuberculosis, and malaria undermines effective use of Fund monies and craft appropriate diplomatic strategies and messages to address this persistent challenge.

The 2013 replenishment process offers an opportunity for the international community to demonstrate its renewed confidence in the Global Fund's ability to make real progress against HIV/AIDS, tuberculosis, and malaria at a critical moment in the trajectory of the three epidemics. The Fund estimates it needs an unprecedented \$15 billion pledge to carry out its activities during the next three years, but with many of the Fund's historic government supporters facing financial stresses, it is unrealistic to expect that the traditional donors will increase their pledging and unlikely that a large group of new public-sector donors will step in to fill the gap. The United States has an essential leadership role to play in helping ensure a successful 2013 replenishment outcome. In the short term it must come through with a strong pledge of its own and engage diplomatically with a range of donor and beneficiary countries to shore up their support for the organization—while it works over the longer term to identify new ways for public- and private-sector entities, as well as individuals, to engage with the Global Fund.



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Cover photo: Global Fund Executive Director Mark Dybul speaks at an event during World Economic Forum 2013 in Davos. © The Global Fund