GLOBAL FUND PRIVATE SECTOR DELEGATION (PSD)
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ACCENTURE DEVELOPMENT PARTNERSHIPS
Natasha Sunderji, Global Health Lead
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GLOBAL FUND PRIVATE SECTOR DELEGATION
2016 ANNUAL REPORT

A Message from the Private Sector Board Member and Alternate Board Member

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2016 was the final year of the 2014-2016 allocation period, a time to evaluate results we achieved and finalize the next six-year strategy “Investing to End Epidemics.” It was also a chance to renew our joint commitment to the Global Fund’s mission as we launched the 5th Replenishment. The Private Sector Delegation (PSD) played an active and increasingly important role in Board governance decisions helping the Fund reach its goals of expanding access to prevention, care and treatment for people impacted by HIV/AIDS, malaria and tuberculosis globally.

In April, the Board unanimously approved the Global Fund Strategy for 2017-2022. The new Strategy is ambitious and demands that we accelerate efforts to end the HIV, malaria and TB epidemics. The PSD worked tirelessly to ensure that the Key Performance Indicators (KPIs) adopted for the Strategy were good measures of the Fund’s performance and impact on the ground. Transparently demonstrating effectiveness of investments will be a key factor in sustaining support for the Fund among donor governments and attracting additional government and private donors.

The 5th Replenishment Conference hosted by the Government of Canada in September raised USD 12.9 billion for the 2017-2019 allocation period. The private sector pledge increased to USD 250 million from a combination of high net-worth individuals, companies and innovative financing initiatives—double the amount of the previous period. Beyond funding, the PSD worked to explore how the private sector could actively support transitioning countries from Global Fund grants to domestic funding for health. We will continue to assess how innovative financing mechanisms that leverage the Fund’s resources can be used to generate both public and private sector funding for country programs, as the discussion about equitable transition of countries advances.

Internally, the PSD welcomed two new members—Heineken and Nando’s—to the Advisory Group. As we work to expand and diversify the PSD membership geographically and by sector, we will prioritize the increased involvement of companies with substantial presence in highly-impacted countries and in non-health sectors.

Over the next few years, the Global Fund will face a number of challenges including maintaining donor commitments in an unsettled global political environment; demonstrating impact on the ground and return on investment to donors and stakeholders; defining equitable mechanisms to transition countries from Fund support; and increasing domestic and innovative financing mechanisms. The PSD will continue to play a key role in supporting the Fund as it overcomes these challenges.

We count on your support as we work to further engage and recognize the private sector as a key contributor to the Global Fund Board and a critical player in strengthening developing world health systems through innovative financing, supply chain management and delivery of health services.

A Message from the Private Sector Board Members

Paul Schaper
Executive Director,
Global Public Policy,
Merck, Sharp and Dohme

Erika Satterwhite
Director, European Policy and Market Access, Mylan
Companies, including members of the Global Fund Private Sector Constituency, made major contributions to Global Fund priorities in 2016. An increased number of companies brought core expertise and skills to the Global Fund Secretariat’s Innovation Hub and grant recipients. The private sector doubled the total amount of funding pledged to the 5th Replenishment from the previous period. Global Fund Private Sector Delegation (PSD) members provided ongoing input into the Fund’s policies and decisions. Members were active in discussions and decisions related to all aspects of the Fund’s governance, strategy and operations. PSD company representatives participated in constituency calls; the 35th Board Meeting in Abidjan, Côte d’Ivoire, in late April; the annual constituency retreat in London, the UK in October; and the 36th Board Meeting in Montreux, Switzerland in November.
Global Fund 2017-2022 Strategy

2016 launched the next phase in the development of the Global Fund’s 2017-2022 Strategy “Investing to End Epidemics”. In the prior year, the Fund led an extensive external and internal consultation process to inform the new strategic framework. Three partnership forums were organized in Ethiopia, Thailand and Argentina with over 330 key stakeholder groups from over 130 countries. The PSD hosted a series of four targeted consultations for the private sector to complement the partnership forum events and ensure robust engagement with a diverse cross-section of companies and business organizations in shaping the future direction of the Global Fund. The Global Fund Board’s approval of the strategic framework, the first phase of the planning process was completed in November 2015 (see Annex 2: The Global Fund Strategic Framework 2017-2022).

The new Global Fund Strategy 2017-2022 prioritized four strategic objectives:

1. Maximize impact against HIV, TB and malaria,
2. Build resilient and sustainable systems for health,
3. Promote and protect human rights and gender equality, and
4. Mobilize increased resources.

In 2016, the Global Fund Secretariat and the Board focused on defining success and key deliverables for each of the four strategic objectives supporting the 2017-2022 strategic framework. The Fund also started to define the Key Performance Indicators (KPIs) relevant to the strategic framework, to ensure that objectives were achievable and measurable.

In April, the Board unanimously approved the new Strategy 2017-2022 “Investing to End Epidemics” and the accompanying narrative that provided further insights into the strategic and operational objectives, enabling factors—innovation and differentiation along the development continuum and partnerships—and implementation planning, including the KPIs. The new strategy aligned with the partners’ Global Plans, including the UNAIDS Fast Track Strategy, the End TB Strategy, and the Global Technical Strategy for Malaria. The Strategy strived to contribute to progress in the fight against the three diseases and to the achievement of the Sustainable Development Goals. In June, the Global Fund Board adopted a new key performance indicator (KPI) framework to track the Fund’s performance against the aims of its 2017-2022 strategy.

The new strategy and implementation framework served as a key tool for the successful 5th Replenishment in September of 2016. Hosted by the government of Canada, the 5th Replenishment raised USD 12.9 billion for the Global Fund’s next funding allocation period 2017-2019. Read more on the 5th Replenishment Conference and the PSD’s role.

Private Sector Delegation (PSD) Input

As the Fund was developing its new 2017-2022 Strategy “Investing to End Epidemics,” the PSD took an active role. Having hosted private sector-targeted consultations, the PSD submitted copy edits to the strategic framework with two of the revisions being included in the Board-approved version of the document. During the Board Meetings, the PSD emphasized the importance of clarity in the scope of work led by the Fund and its impact. In 2016, the PSD prioritized monitoring of the Fund’s performance as one of its key issues. At the Board Meetings, and through electronic decision points, PSD Board Member Paul Schaper continuously drew the Board’s attention to the importance of creating strong KPIs and ongoing tracking of the Fund’s performance to ensure successful implementation of the strategy. See more on KPIs.

2017-2019 Allocation Methodology

The Fund has refined its grants allocation methodology to deliver on the objectives of the 2017-2022 Strategy and to increase the impact of programs that prevent, treat and care for people affected by HIV, TB and malaria and build resilient and sustainable systems for health. The revisions to the allocation methodology aim to further drive an increased proportion of funding to higher burden, lower income countries.

The allocation formula remains predominantly based on a country’s disease burden and its economic capacity. Country allocations are then adjusted to account for important contextual factors, including but not limited to, each program’s potential to achieve impact, prioritization of key populations, potential to absorb funds, program efficiencies and the costs associated with continuing essential programming. The refined methodology also responds to several learnings from the 2014-2016 period by directing a higher portion of overall funding to country allocations. Specifically, Country Bands, the Band 4 methodology, minimum required levels and incentive funding are no longer a part of the allocation methodology.
The refined allocation methodology includes country allocations and catalytic investments. Country allocations are the Fund’s main means to drive impact on HIV, TB and malaria and comprise almost 93% of overall resources. Catalytic investments aim to catalyze the use of country allocations to achieve the objectives of the 2017-2022 strategy. For the 2017-2019 allocation period, the Global Fund’s Board approved a total of US$ 10.3 billion for country allocations and US$ 800 million for catalytic investments.

Catalytic Investments

For 2017-2019, the Fund approved US$ 800 million for catalytic investments (referred to as “Special Initiatives” in the 2014-2016 allocation) in addition to country allocations. The majority of catalytic investments are intended to catalyze the use of country allocations in accordance with the priorities of the 2017-2022 Strategy. Catalytic investments were defined in partnership with WHO, UNAIDS, Stop TB and Roll Back Malaria, among others and will be rolled out as matching funds to incentivize countries to program allocations toward innovative and ambitious approaches necessary to achieve the Strategy’s objectives.

Catalytic investments will be available to support key populations, human rights and adolescent girls and young women programming in HIV; to find missing cases in TB; in malaria, to support the achievement of elimination, drug and LLIN resistance, and piloting the first malaria vaccine; in building resilient and sustainable systems for health, to support program sustainability, service delivery and health workforce, as well as to support the critical strengthening of supply chains and to improve program quality and data systems. Catalytic investments can also be tapped to support prospective country evaluations; and to continue the work of the Community Rights and Gender and Emergency Fund special initiatives from the 2014-2016 allocation period.

Private Sector Delegation (PSD) Input

The PSD, among other Board constituencies, felt oversight and reporting mechanisms could be strengthened for some of the catalytic investments, specifically, the Special Initiatives portfolio which amounted to US$ 172 million. As initially proposed to the Board, Special Initiatives implementation was entirely driven by the Secretariat. While acknowledging the Secretariat’s need for flexibility in implementation, the Board also stressed its desire for greater oversight of the Strategic Initiatives’ roll-out process and the importance of regular reporting on progress to the Board. The PSD supported the French Constituency’s recommendation to amend the proposed policy by requiring the Board’s Strategy Committee to approve any changes to be made the scope of Special Initiatives, thereby strengthening Board’s oversight of this portfolio of catalytic investments.

Global Fund Enhanced Governance Structure

In January 2016, the Board approved the bylaws for new Board committees. This decision completed a year-long review process led by the Transitional Governance Committee to evaluate and enhance the Fund’s governance mechanisms, including the Board’s structure, its composition, and its committees. The Board approved the creation of three standing committees with the following mandates:

- **Strategy Committee** (formerly Strategy, Investment and Impact Committee): to (i) provide oversight of the strategic direction of the Global Fund; and (ii) ensure the optimal impact and performance of its investments in health.

- **Audit and Finance Committee** (formerly Finance and Operational Performance Committee): to (i) provide oversight of the financial management of the Global Fund’s resources; (ii) provide oversight of the internal and external audit, as well as investigation, functions of the Global Fund; and (iii) ensure optimal performance in the corporate and financial operations of the Global Fund.

- **Ethics and Governance Committee** (formerly Audit and Ethics Committee): to oversee (i) adherence by the Global Fund and its stakeholders to appropriate standards of ethical behavior, as described in related Global Fund policies, codes and requirements; and (ii) implementation of the procedures and operations related to the Global Fund’s governance structure and its core governance functions.

The new committee structure took effect after the 35th Board Meeting in April 2016. Then PSD Alternate Board Member Erika Satterwhite from Mylan has served as a member of the Audit and Finance Committee since March 2016.
In June, the Board approved a new key performance indicator (KPI) framework to monitor the Fund’s achievement of objectives stated in its 2017-2022 Strategy. The framework consists of three tiers, including strategic KPIs, implementation KPIs and thematic reporting. As part of its June decision, the Board also approved 12 strategic KPIs supported by regular reporting of performance data, the new framework should be a useful tool to monitor and report on the Fund’s impact throughout the next six-year Strategy implementation.

The new KPI framework is seen as an improvement over the previous set of KPIs, which was only adopted halfway through the 2012-2016 Strategy. The PSD continuously expressed its concerns that the 2012-2016 KPIs were poor measures of the Fund’s performance and impact in the countries it supports.

Private Sector Delegation (PSD) Input
Throughout the new KPI development process, the PSD voiced concerns related to the previous set of measures—mainly, the unavailability of quality data, issues related to reporting frequency, and the time lag involved in being able to assess impact—to ensure new KPIs were clear and focused. The PSD emphasized the need to invest in data collection and processing systems. The Secretariat agreed with the Board but also stated the data for some KPIs—specifically, those that measure progress over a period of time—may only be available after a few years.

At the 36th Board Meeting, the PSD proposed an action plan for revising the 2017-2022 KPI targets. The proposal called for the creation of a working group comprised of both the Board’s implementer and donor constituencies to work with the Secretariat on the refinement and presentation of a revised set of KPI targets to the Board. The Board approved the plan and requested the full set of measures for the 12 KPIs to be submitted for the Board’s approval in March 2017.

Immediately after the Board Meeting, the leadership of the Strategy Committee and Audit & Finance Committee selected ten individuals to serve as an official KPI working group to support the Secretariat’s revision efforts. During Q1 of 2017, the working group reviewed written input on the KPI targets from each Board Constituency and then convened in person to update the framework. In March, the working group made its final recommendations and the Secretariat circulated the updated set of KPI targets to the Board for approval. The Board unanimously approved the new targets for the 2017-2022 KPI framework.

### 2017-2022 Strategic KPI Framework

#### Mission-level strategic targets

**KPI 1** - Performance against impact targets

**KPI 2** - Performance against service delivery targets


#### Objective 1: Maximize impact against HIV, TB, and malaria

**KPI 3** - Alignment of investment and need

**KPI 4** - Investment efficiency

**KPI 5** - Service coverage for key populations


#### Objective 2: Build resilient and sustainable systems for health

**KPI 6** - Strengthen systems for health

**KPI 7** - Fund utilization


#### Objective 3: Promote and protect human rights and gender equality

**KPI 8** - Gender and age equality

**KPI 9** - Human rights


#### Objective 4: Mobilize increased resources

**KPI 10** - Resource mobilization

**KPI 11** - Domestic investments

**KPI 12** - Availability of affordable health technologies

Sustainability, Transition and Co-Financing Policy

At the 35th Board Meeting in April, the Board...
unanimously approved the Global Fund’s first comprehensive policy on sustainability, transition and co-financing. Transitions away from Global Fund support to domestic funding for disease programs can threaten the continuity and delivery of vital health services. This threat can be especially acute for key populations, as services for criminalized and marginalized groups are often not eagerly funded by governments. In recent years, transitions often seemed hastily implemented rather than properly planned. Therefore, multiple Board constituencies have called for a clear sustainability and transitions policy.

The new policy aimed to promote early and ongoing sustainability planning at the country level so that Global Fund programs could increasingly be implemented through existing country systems. The Fund would support countries to institutionalize sustainability planning in their national health strategies, national strategic plans for the three diseases and health financing plans. The new policy was based on the idea that all countries should be doing sustainability planning in an ongoing manner, regardless of their income status, disease burden or expected timeline for transition. The policy also required the Fund to provide direct transition funding for up to one three-year allocation period, once a country became ineligible for Global Fund grants.

Private Sector Delegation (PSD) Input

The PSD supported the policy, but highlighted the need for a progressive increase in domestic financing of programs over time. Given the ease with which countries have met the minimum co-financing threshold requirement over the 2014-2016 allocation period, the PSD stressed that each country should be encouraged to work towards a concrete target increase in co-financing. The absence of such a target could deter countries from gradually increasing their contributions from one period to the next. The United Kingdom, Private Foundations and PSD constituencies expressed an interest in seeing a KPI or other reporting measure that tracks the pace of increases in domestic financing. A clear KPI would evaluate the percentage increase in domestic co-financing commitments to programs supported by the Fund, as well as the portion of that percentage that is realized as Government expenditure.

Wambo.org

At the end of May 2016, the Global Fund formally announced the launch of wambo.org, an online marketplace where implementers of Global Fund grants would be able to check prices and place orders for HIV, TB and malaria drugs, other health products and non-health commodities. Since the introduction of wambo.org, the PSD has had concerns about its potential to support the Fund’s restated Market Shaping Strategy approved by the Board in 2015. The PSD communicated two key considerations: (1) lack of oversight by the Board of the potential progression of wambo.org beyond its original operational mandate and (2) wambo.org’s rapid application in the absence of any external evaluation on the impact and effectiveness of its initial roll-out phase. Without external analysis, there could be the risk of underestimating the willingness of countries to relinquish their decision-making power as it relates to choosing suppliers to fulfill orders.

The Fund subsequently commissioned an assessment of the first phase of wambo.org. The PSD also recommended that wambo.org be assessed in the context of the Market Shaping Strategy as a whole.

Risk Management

The Fund’s risk management activities represented a new priority area for the PSD in 2016. The risk management landscape has changed significantly over the previous two years. The Fund hired a Chief Risk Officer, developed a framework and introduced regular reporting on risk management to the Board. Fiduciary and programmatic risk management was a critical issue discussed during the 35th Board Meeting and continued to be a key focus for the Fund throughout the year and in 2017.

During the Meeting, the PSD requested that the Secretariat provide a tactical, time-bound action plan to the Board committees capturing the strategies to address the issues raised within the 2015 Risk Management Report and 2015 Annual Opinion of the Office of the Inspector General. The PSD was convinced that in order to effectively monitor risk, the Board needed enhanced access to program effectiveness data. A lack of data parity across countries made it difficult to draw meaningful impact comparisons or conclusions. Furthermore, availability of quality country-level data would enable the Fund to continue improving its business model and to ensure that the Fund is able to successfully deliver on its impact goals. Throughout the year, PSD member feedback enhanced the Fund’s ability to deliver on its strategic priorities and get results.
SECTION II
Private Sector Delegation-hosted Events

The PSD hosted a number of private sector-focused events in 2016 to continue expanding the network of companies contributing skills and expertise to support the Global Fund’s mission. In March, the PSD invited the Equitable Access Initiative’s co-conveners to report on the recommendations and implications of the Initiative’s research into alternatives to using a country’s income as an eligibility criterion for external financing for health. In September, the PSD organized two high-level meetings as part of the Global Fund’s 5th Replenishment Conference in Quebec, Canada. The events provided a platform for the Global Fund’s corporate partners—Ecobank, Coca-Cola, Goodbye Malaria, Fullerton Foundation and Standard Bank—to share the motivations and experience of working with the Fund and inspire other private sector companies to contribute to the Fund’s goals. The private sector’s pledge to the 5th Replenishment doubled compared to the previous period.
Private Sector Consultation on the Equitable Access Initiative
3 March, Geneva, Switzerland

The PSD collaborated with the Global Fund Secretariat to host a private sector-focused round-table conversation on the final report of the Equitable Access Initiative (EAI). The event provided a forum for the private sector to gain privileged access to the EAI’s final report.

The PSD hosted the March consultation as a follow up to the September 2015 EAI event. The previous meeting gathered corporate representatives to inform the development of the Initiative’s final recommendations; while the follow-up event in March provided participants with insights into the implications of those final recommendations on the decision-making processes of several multilateral donor organizations.

Participants from ten companies representing the pharmaceutical, consulting and food & beverage industries attended the event and had the chance to pose questions directly to the EAI’s co-conveners on the final report’s implications. Experts from the Global Fund, World Health Organization, the World Bank, and Gavi responded to questions and shared their institution-specific views on the EAI’s final set of recommendations. Participants left the event with a better understanding of the types of changes in development funding assistance that the global health community could expect to see moving forward. Participants and co-convener representatives agreed that the first step had to be the establishment of more robust data collection systems. Absent the ability to collect nuanced, disaggregated data in areas such as patient access, the EAI’s final recommendations would be nearly impossible to implement.

The co-conveners also highlighted that there were larger, philosophical questions for the global health community to tackle in the context of development assistance eligibility. For instance, some of the co-conveners saw a binary decision to be made: should development assistance primarily target the poor in poor countries or should it endeavor to target the poor, wherever the poor live?

Throughout the remainder of the year, the PSD continued to monitor the impact of the EAI’s recommendations on the Global Fund’s policies, as the group examined revisions to the funding allocation methodology, eligibility framework, and sustainability, transition and co-financing policy.

Side Event at the Asia Pacific Leaders’ Malaria Alliance Summit
10 May, Bangkok, Thailand

PSD members Sanofi and Sumitomo Chemical joined GBHealth, the Asia Pacific Leaders’ Malaria Alliance (APLMA) and the Myanmar Health and Development Consortium (MHDC) to co-host The Healthy People, Healthy Region: Driving Corporate Action to Eliminate Malaria in Asia-Pacific private sector meeting as part of the Joint Malaria Week, 10-13 May. The meeting brought together private sector partners, as well as government officials and members of civil society organizations, in a robust conversation around regional malaria elimination efforts.

Through this discussion-driven meeting, stakeholders across sectors were able to identify roadblocks to and opportunities for further corporate sector engagement in regional malaria elimination agendas, with emphasis on creating concrete ideas for action. Clear consensus was reached that innovation was essential at every level. From a private sector perspective, companies agreed that the focus should be on the development of innovative health tools to defeat drug and insecticide

THE EQUITABLE ACCESS INITIATIVE

Convened by nine health and development organizations, the EAI aimed to build a new framework to better understand the health needs and constraints that countries experience, particularly as they move along the development continuum from low- to middle-income status. Historically, donor organizations have relied on income classification to determine a country’s eligibility for development assistance. Responding to a growing consensus amongst the global health community that income classification alone does not adequately capture a government’s true capacity or willingness to provide equitable access to health for all, the EAI attempted to develop a more nuanced health framework that could classify countries by components of equitable access to health.
resistance. Many believe that resistance is the number one threat to malaria gains made so far, not just in the Asia Pacific region but globally.

The forum reconfirmed an important role the private sector plays in malaria elimination efforts in the region and a commitment to partnerships across key stakeholders, if a shared goal of ending malaria by 2030 were to be reached.

Private Sector Events at the Global Fund 5th Replenishment Conference

16 September, Montreal, Canada

The government of Canada hosted the Global Fund 5th Replenishment Conference that raised a total of US$ 12.9 billion for 2017-2019. A number of inaugural commitments were made during the pledging conference, including a US$ 10 million from Qatar, US$ 5 million each from Kenya and South Africa, and US$ 10 million for 2017 from Nigeria (and up to US$ 30 million for 2017-2019).

PSD Board Member Paul Schaper (Merck Sharp & Dohme) made the final pledge of the conference, announcing a total of US$ 250 million from private donors, companies and innovative financing initiatives. The private sector pledge to the 5th Replenishment doubled the amount of private sector contributions made in the previous period. Mr. Schaper also indicated that the engagement of the private sector will be critical in ensuring the successful implementation of the Global Fund’s 2017-2022 Strategy:

“We need private sector engagement in each of the four pillars that the Global Fund’s 2017-2022 strategy is built on, if we are to succeed in a fundamental way in countries. To build sustainable health systems, we need to leverage the knowledge and capacity of the private sector in countries. To mobilize increased resources, we need to think of new ways to bring in the resources of the private sector both to the work of the Fund and to providing health services in countries more generally in a truly sustainable way. Private sector know-how will be critical to increasing the efficiency of our service delivery, including financial management and IT systems and supply chain. This will be crucial if we are to reach more people with prevention services in a world of constrained resources. Finally, the private sector can be an engine for increasing human rights and advocating for and implementing inclusive human resource and non-discrimination practices.”

Outside of the replenishment conference, the PSD hosted two high-level events. On 16 September, the constituency welcomed representatives from Ecobank, Coca-Cola, Goodbye Malaria, and Fullerton Foundation International to share the diverse ways in which their companies had been working with the Fund to ensure the provision of HIV, TB, and malaria prevention and care services to people all over the world. Patrik Silborn, then Director of the Global Fund’s Private Sector Engagement and Innovative Finance team, also spoke about the importance of private sector engagement to the overall mission of the Fund. On 17 September, the PSD hosted a networking breakfast, where Mr. Schaper and Mr. Silborn made opening remarks and Greg Davis, CFO of Standard Bank, pledged Standard Bank’s support to the Fund in ending the epidemics.

PSD Annual Retreat

20-21 October, London, United Kingdom

PSD Member Ecobank hosted the group’s 6th annual Retreat in their London offices. The Retreat gathered representatives from sixteen PSD members, including Accenture Development Partnerships, Anglo American, BD, Ecobank, Gilead, Heineken, Hetero Labs, Johnson & Johnson|Janssen, Merck Sharp & Dohme, Mylan, Nando’s, Novartis, The Palladium Group, Sanofi, Sumitomo, and Vestergaard. The main objectives for the retreat were two-fold: to define the PSD’s 2016-2017 agenda, and to continue dialogues with partners on how to expand and deepen private sector engagement with the Fund.
Representatives from the Global Fund Secretariat, the then Roll Back Malaria’s Private Sector Members Council (PSMC) and Imperial Health Sciences joined the group. External presentations included:

- Private Sector Engagement and Innovative Financing (by Patrik Silborn, The Global Fund)
- PSMC Collaboration Opportunities (by PSMC Co-Chairs Caroline Desrousseaux, Vestergaards and Sherwin Charles, Nando’s)
- Supply Chain Strengthening in Public Health (by Ian Barton, Imperial Health Sciences)

The PSD used the presentations to inform the development of its positions on the related Global Fund priorities, such as the 2017-2019 allocation methodology, catalytic investments, the mid-term results for the 2016 KPIs and the approval of the 2017 targets.

Finally, the PSD reviewed its internal task force structure that drives and shapes the group’s thinking on priority issues. The participants agreed that there still was a critical need for the task forces linked to the Global Fund Board Committees—Strategy Committee and Audit & Finance Committee. Regarding the topic-driven task forces, the PSD concluded that in 2017 the group should prioritize:

- Procurement & Supply Chain Management
- Health Financing
- Global Fund Grants Performance

Post-Retreat, the PSD Focal Point team launched a call of interest for new task force leads and members to deliver on the group’s priorities in the next term.

### 2017 PSD TASK FORCE STRUCTURE

**Strategy Committee Task Force**  
Paul Schaper, Merck Sharp & Dohme (Lead)

**Audit & Finance Committee Task Force**  
Erika Satterwhite, Mylan (Committee Member)

**Procurement and Supply Chain Management Task Force**  
Caroline Desrousseaux, Vestergaard (Lead)

**Health Financing Task Force**  
Sherwin Charles, Nando’s (Lead)

**Grants Performance Task Force**  
Julie Essiam, Ecobank and Paul Schaper, Merck Sharp & Dohme (Co-Leads)
In addition to the PSD’s contributions to the Global Fund governance through a seat on the Fund’s Board, PSD member companies implemented and led a variety of initiatives and partnerships to fight HIV, TB and malaria. The examples highlighted in this section illustrate the depth of work that companies undertake to address some of today’s most pressing social issues. Their efforts are addressing the growing challenge of insecticide resistance, streamlining internal Global Fund processes, improving financial management capacities at the Secretariat and country level, expanding access to affordable and high quality health products, and much more.
In Africa today, malaria accounts for one fifth of all child deaths. Besides the unquantifiable loss of human lives, the disease costs the African continent USD 12 billion annually in productivity losses.

In Nigeria, malaria represents one of the biggest public health and developmental challenges. On April 25, 2016 (World Malaria Day), Access Bank unveiled the Malaria to Zero Initiative, an innovative financing platform to galvanize private sector resources and capabilities for sustained support towards averting at least 1 million malaria cases and deaths by 2020. The initiative complements the Nigerian government’s efforts in achieving the malaria pre-elimination goals by 2020.

Malaria to Zero was launched at a Corporate Alliance on Malaria in Africa CEO Roundtable led by Access Bank CEO Herbert Wigwe, in partnership with the Private Sector Health Alliance of Nigeria (PHN) and HACEY Health Initiative (HACEY). Over 30 CEOs and 60 top managers in attendance pledged to work together to pool influence, assets and resources—through a shared platform—to achieve impact at a scale that is greater than individual corporate initiatives against malaria.

The initiative focuses on five key interventions: distribution of long-lasting insecticide-treated nets (LLINs), implementation of Larval Source Management (LSM) programs, delivery of Intermittent Preventive Treatment in Pregnancy (IPTp), provision of Rapid Diagnostic Tests (RDT), and distribution of Business for Malaria Elimination Toolkits. Having started in the South-west region, Access Bank expanded program implementation across Nigeria, impacting numerous lives and communities since the initiative’s inception.

Emphasis on partnerships and stakeholder engagement has been critical to the success of the initiative to date. Access Bank invites other private sector champions and high net-worth individuals to join the Malaria to Zero initiative to help achieve the government’s goals of malaria elimination in Nigeria. For more information on the initiative, visit [www.malariatozero.org](http://www.malariatozero.org).
Since the early days of the HIV epidemic, Anglo American has experienced first-hand the impact that HIV and tuberculosis (TB) have had on its employees, their families and their communities. For the past three decades, Anglo American has been at the forefront of developing a comprehensive business sector response to HIV and TB. Today, it has a world-class workplace programme offering free HIV testing, counselling and antiretroviral therapy for its employees and their dependents. Anglo American encourages all employees to know their HIV status.

Empowering company’s employees is important, but Anglo American’s commitment to health expands to national and global levels. The company’s approach to HIV and AIDS is based primarily on a moral imperative and recognition of the profound importance of human rights in shaping society’s response to HIV and AIDS, and for that matter, to any disease. In 2016, Anglo American and UNAIDS signed a public–private sector partnership to promote HIV testing worldwide.

In July 2016, Anglo American was one of the main sponsors of the International AIDS Conference in Durban, South Africa. During that conference, a UNAIDS and Anglo American initiative to promote HIV testing reached over 6 million people via social media channels and got over 100 000 “protests” on the ProTest HIV website—www.protesthiv.org. In November, in the run up to last year’s World AIDS Day, Anglo American encouraged all its employees to get tested for HIV and to engage in activities that could help to raise awareness on HIV testing worldwide. At the end of the year 88% of the employees knew their status.

Anglo American’s new partnership with UNAIDS is also symbolic of the company’s desire to help de-stigmatize HIV/AIDS through public partnership and engagement. Anglo American strives to encourage people to know their status and prevent new infections, and also to assist people in getting access to quality treatment and care for HIV/AIDS. Through such efforts, over the years more than 620,000 employee tests, and a similar number of tests of contractors, have been performed and those who are positive have been referred into disease-management programmes.

Companies, like Anglo American, have already demonstrated success in addressing some of the major challenges raised by HIV and TB through ventures that are impactful, scalable, measurable, replicable and go beyond “business as usual”. Ending AIDS as a public health threat by 2030 will only be achieved by working together. This new partnership demonstrates the power of collective action in mobilizing people around the world.

“We recognize the profound importance of human rights in shaping our response to HIV, and, for that matter, to any disease. Our approach to HIV is based primarily on a moral imperative: the need for business to realize right to health for all of our employees. Anglo American has been a pioneer in the AIDS response for over 30 years. In our efforts to achieve an HIV-free generation, collaboration is vital and we are proud to partner with UNAIDS in this effort.”

-Mark Cutifani, Chief Executive, Anglo American
In April 2016, leaders from PEPFAR, CDC and BD officially published results of the “Labs for Life” partnership in the Journal of Infectious Diseases supplement, showcasing the positive impact of the collaboration in transforming diagnostics and treatment of HIV/AIDS and tuberculosis (TB) across four countries in Africa. This program is one successful example of a public-private partnership in the health space; its success has spurred a trend in cross-sector collaboration.

Phase I of the Labs for Life program (2007-2011) aimed to improve laboratory skills and systems in partnership with the Ministries of Health in four African countries with high HIV burdens—Ethiopia, Kenya, Mozambique and Uganda. In Phase I, US $18 million was invested to enhance technical skills, streamline testing and treatment for HIV and other diseases, increase diagnostic accuracy and improve laboratory safety and quality. Building on the successes of Phase I, the partnership launched Phase II (2012-2017), which is continuing to improve laboratory infrastructure in Africa and expanding those efforts to India.

“The BD-PEPFAR partnership is a great example of the private sector leveraging its core competencies in collaboration with the public sector. This program offers a unique opportunity for BD Global Health Fellows to work hand-in-hand with the local laboratory professionals to improve laboratory systems and enable sustainable improvements with measurable outcomes,” said Renuka Gadde, Vice President, BD Global Health.

BD efforts are spearheaded by their Global Health team.

Highlights from Phase I of the partnership include:

In Ethiopia, a streamlined specimen logistics system utilizing the Ethiopian Postal Service Enterprise was established to transport laboratory specimens from remote sites to specialized laboratories, reducing turnaround time by 50 percent in the Amhara region, and by 71 percent in Addis Ababa. Laboratory staff and postal workers were trained to ensure their safety and specimen integrity for accurate diagnosis.

In Uganda, to meet the need for rapid and reliable drug-susceptibility testing for TB patients, the partnership used GIS technology to map 93 percent of health facilities and streamlined specimen delivery by identifying the nearest local post office or tiered TB unit. To increase the speed and accuracy of diagnostic evaluation, 724 healthcare and postal staff were trained, resulting in a 10-fold increase in referrals of patients with presumptive MDR-TB and reduced specimen turnaround time.

In Kenya, an evaluation of the quality of phlebotomy procedures in eight healthcare facilities across four regions identified significant quality issues. To ensure patient and health worker safety, as well as specimen quality, 91 healthcare workers received training in phlebotomy procedures and safety.

In Mozambique, the partnership supported the Ministry of Health in establishing a quality assurance program to improve the accuracy of laboratory testing. The partnership trained 18 qualified auditors and 28 quality officers to manage laboratory improvement.
Ecobank and its Foundation have been a key partner of the Global Fund to expand financial services to, and help build financial management capacity for, grant recipients and implementing entities.

In September 2016, Ecobank Foundation and the Global Fund renewed their three-year innovative financing partnership. The partnership agreement was signed at the Global Fund’s 5th Replenishment conference in Montreal at an event which also saw the re-launch of Ecobank Foundation. Ecobank Foundation’s CEO, Julie Essiam and international panelists discussed the role of public-private partnerships in Africa’s transformation agenda and the Group CEO, Ade Ayeyemi, addressed the main conference assembly on financial inclusion and the benefits of digitalization.

As in the first three years of the partnership, the agreement to collaborate over the period 2017-2019 encompasses a number of pillars, namely—(i) to contribute cash and in-kind services, (ii) to help strengthen the financial management capabilities of Global Fund implementing partners; (iii) to support the Global Fund’s Treasury function with cash and risk management solutions; (iv) to contribute to the establishment of digital Mobile Money services for implementing partners; and (v) to provide ongoing advocacy for the Global Fund by leveraging Ecobank’s network. The partnership work on mobile money has helped the Global Fund to be in a position to issue requests for proposals for mobile money and mobile device solutions in Q1 2017.

Ecobank’s cash contribution was earmarked for Nigeria over the three years of the partnership that ended in December 2016. Working with the Global Fund, Ecobank invested in life saving treatment for women and children under 5, as well as the distribution of long-lasting insecticidal nets.

Ecobank’s Foundation used the last semester of 2016 to work with the Global Fund and MANGO, an NGO supporting the strengthening of financial management across the world, to set new standards for financial management capabilities based on feedback from implementing entities. A rigorous process followed to ensure that countries selected for the 2017 program receive targeted interventions based on Global Fund risk assessment framework, thus making a direct connection between interventions supported by Ecobank Foundation and programmatic results. Unlocking the funding is a critical part of Ecobank’s intervention.

Ecobank’s work with the Global Fund was recognized by Euromoney which awarded Ecobank the ‘Best CSR Bank in Africa’ for its contribution to the Global Fund. The award is an important recognition, as it provides an impetus for public-private partnerships to deliver solutions to African communities. Furthermore, Ecobank continues to be an active member of the Global Fund Private Sector Delegation (PSD), hosting the annual retreat in London and supporting a number of the PSD initiatives and task forces.
In recent years, epidemiologic research has demonstrated that a growing co-epidemic of diabetes and tuberculosis—two of the leading causes of death and disability worldwide—poses an imminent public health threat.

Each of these diseases claim a staggering toll on people around the world. Diabetes along with other so-called non-communicable diseases (NCDs) are rising dramatically even in countries where their incidence was meager two decades ago. In WHO’s Tuberculosis annual report, tuberculosis continues to top the list of global causes of death. But the combination of these ailments complicates global health efforts even more, because type 2 diabetes can weaken immune systems and lessen a person’s ability to fight TB infections.

For people at risk of TB, type 2 diabetes may substantially increase their risk of developing active TB, prolong the period when people with TB are contagious, and increase the likelihood of TB recurrence or death. A coordinated response to both diseases is needed to protect recent progress against TB, especially in LMICs.

The Lilly Global Health Partnership, which has led two widespread partnership efforts to address MDR-TB and NCDs for many years, is well-positioned to tackle the TB-diabetes threat. Taking learnings from both partnerships, Lilly is turning to integrated care to address the needs of the growing number of people with infectious and chronic diseases. Lilly Global Health Partnership has a goal to develop patient-centered models to expand access to care and improve outcomes closer to primary care level in resource-limited settings.

Treatment silos have long derided as barriers to health-care access. Breaking down these silos and identifying opportunities to integrate care for people with TB or HIV plus diabetes, hypertension or other NCDs was the objective of a Lilly-hosted symposium at the 2016 International AIDS Conference in Durban. Drawing a multidisciplinary audience, the session highlighted challenges as well as several opportunities derived from various health initiatives to adopt more holistic, cross-disease approaches to care.

By tackling basic questions presented by this acute-chronic disease combination, the Lilly Global Health Partnership is attempting to break down treatment walls through evidence-based work, partnership, and engagement with a multitude of interested global health players.
In 2016, Gilead’s HIV access program marked an important milestone. By year end, it was estimated that the company’s HIV medicines were reaching 10 million people living in low- and middle-income countries. This represents nearly two-thirds of people currently on HIV treatment in the developing world.

Gilead has been at the forefront of advancing the care of people living with HIV for more than 25 years, helping transform HIV infection from an often fatal and debilitating disease into a chronic, manageable condition for many. While the discovery of new drugs has helped millions of people, ensuring that people around the world have access to the latest treatments is just as important, and the company operates a dedicated business unit focused on expanding access to its medicines for people living in developing countries.

Gilead enables access to its medicines in developing countries through various strategies that have evolved over the years. These strategies include:

- Transparent and timely regulatory submissions of drug dossiers;
- No-profit and steeply discounted prices on branded medicines — the company recently extended its no-profit HIV drug prices to 22 middle-income countries for the first time;
- Licensing agreements with generic manufacturers that have led to an 80 percent reduction in the cost of Gilead HIV medicines over the last ten years;
- Demonstration projects and pilot programs;
- Trainings for nurses, doctors and community health workers;
- Supply chain management;
- Grants for prevention and care programs;
- Strategic partnerships and donation programs designed to reach vulnerable populations.
For more than 80 years, Merck Sharp & Dohme has contributed to the discovery and development of novel medicines and vaccines to combat infectious diseases. In addition to a portfolio of vaccines, antibiotic and antifungal medicines, and medicines for HIV and HCV, MSD has multiple programs that span discovery through late-stage development.

Every year, there are more than 6 million deaths worldwide caused by infectious and/or parasitic diseases. MSD has been engaged in both in-house research and engagement with external partners to address infectious diseases, and continues to seek new ways in which it can contribute expertise and resources to these disease areas.

MSD is one of eight pharmaceutical companies collaborating on the TB Drug Accelerator Program (TBDA). The TBDA program was designed by the Bill & Melinda Gates Foundation, providing a collaborative platform for eight research institutions, eight pharmaceutical companies and a product development partnership to facilitate TB drug discovery. MSD, along with the other companies, shares targeted information from their compound libraries and data with each other and the participating research institutions, in order to develop the best TB drug prospects. The goal of TBDA is to create clinical proof for a regimen that can cure a patient with TB within one month, by 2024.

Mylan has a strong global commitment to stemming the tide of HIV/AIDS by ensuring access to treatment.

As the world’s largest producer of antiretroviral (ARV) medications, Mylan has invested more than USD 250 million to expand ARV-production capacity. About 60% of company’s active pharmaceutical ingredient (API) manufacturing capacity is devoted to ARVs. Mylan also works closely with nonprofit and civil-society organizations to shape market policy, and with local governments to help implement HIV-treatment guidelines swiftly.

Patients in developing countries have different needs than patients elsewhere, which is why Mylan constantly strives to find new processes and formulations to make medications more patient-friendly and cost-effective.

For instance, Mylan provided the study drug for, and was first to market with, a reduced-dose version of the world’s most commonly used ARV regimen. The version is designed to be just as effective as the original, but it requires less API in each tablet, reducing production costs and saving money for governments and donors.

In addition, to expand treatment options for children and infants, Mylan has developed taste-masked tablets that are easily incorporated into their food, as well as liquid-dissolvable sachets that can be mixed into fluids for newborns.

Other examples of Mylan’s innovative work include the creation of generic heat-stable ARVs, which improve treatment options for those living in areas without access to refrigeration.

A focal point of Mylan’s HIV/AIDS work is India, which is home to about half of Mylan’s workforce. In its efforts to give back to the community there, Mylan has donated equipment, such as CD4 testing kits and cold-storage chests, and associated support to local health centers. Moreover, the company is leveraging its experience in treating HIV/AIDS to help people with Hepatitis C as well; Mylan currently sponsors awareness campaigns and provides free testing and treatment referrals.

Mylan is proud to participate in the fight against HIV/AIDS, and looks to further leverage its investments and expertise to combat other infectious diseases, such as malaria and tuberculosis.
Children are the primary victims of malaria and must be informed about how to stop transmission of the disease. Sanofi believes that educating school children about malaria is an essential part of the fight against the disease. The Schoolchildren against Malaria program is an awareness raising and behavior change initiative that focuses on the needs of children in malaria-endemic countries, including prevention, treatment and control of malaria.

Since 2008, seventeen Sub-Saharan African countries have adopted the program, including Burkina Faso, Burundi, Cameroon, Côte d’Ivoire, Democratic Republic of the Congo, Gabon, Ghana, Guinea, Kenya, Madagascar, Mozambique, Niger, Nigeria, Senegal, Tanzania, Togo and Uganda. Sanofi partners with National Malaria Control Programs, Ministries of Education and NGOs to adapt educational programs to local contexts and ensure availability of materials to local health authorities and schools.

The Schoolchildren against Malaria program aims to empower primary school children as change agents to drive individual, family and community-wide awareness and behavior change to prevent transmission of malaria. The program is based on the MOSKI KIT that provides essential information about malaria, its dangers, and its prevention in a fun and interactive way. Shaped as a school carrying case, the kit contains several complementary tools: the MOSKI IMAGES, a flipchart that a teacher can use to explain key messages; the game and cards through which the students practice and recreate key messages; a teacher’s handbook that clarifies the different elements and rules of the game; and illustrative posters for the classroom that help students remember main messages.

In March 2016, the MOSKI KIT was the winner in the category of ‘Most Valuable Patient Initiative or Service’ at eyeforpharma Barcelona Awards.

Sumitomo Chemical has granted a gift of USD 175,000 to the Asia Pacific Malaria Elimination Network (APMEN) to continue and expand the network’s vector control activities in 2017 in the Asia Pacific region. The funding will increase the capacity of the APMEN Vector Control Working Group to relieve bottlenecks in capacity and implementation of entomology and vector control programs and build learning, collaboration and skills in the region. APMEN will work with private sector partners to leverage the benefits of this donation with additional corporate support to further increase capacity in the region. The University of California San Francisco (UCSF) Global Health Group Malaria Elimination Initiative worked with Sumitomo Chemical in 2014 and 2016 to secure support for the network. The funding complements support from the Bill & Melinda Gates Foundation for the APMEN Working Groups (Surveillance and Response, Vector Control, and Vivax).
During the past year, Accenture Development Partnerships has continued its longstanding support to the Global Fund and the Fund’s broader mission to overcome HIV/AIDS, malaria and TB. In direct collaboration with the Global Fund, Accenture continued to engage across two major initiatives:

1. Implementation through Partnerships (ITP), which aims to drive Global Fund collaboration with partners and strengthen capacity to alleviate bottlenecks in program implementation, and

2. Differentiation for Impact (D4I), which strives to improve the impact of Global Fund investments by tailoring engagement approaches to specific characteristics of a country portfolio or program.

Both programs have been successfully rolled out and enable the Global Fund to take adaptive engagement approaches with countries and partners to improve the effectiveness of grants. These programs have also helped the Global Fund to clarify the roles and focus of many staff. These programs have been seen internally as bringing evidence on how the Global Fund can change and adapt to new situations and contexts.

In addition to these two important initiatives, Accenture helped the Global Fund to facilitate a consultation on the Global Fund country presence. Accenture Development Partnerships also supported the Global Fund Nigeria country team by helping them to apply the newly-defined Risk Management Framework in Nigeria.

Beyond its direct support to the Global Fund, Accenture has supported work to strengthen healthcare systems and address specific challenges related to HIV/AIDS, TB and malaria in Global Fund recipient countries. In 2016, Accenture Development Partnerships conducted a market assessment to help Population Services International (PSI) build the global evidence for HIV self-testing (HIVST) and its potential to contribute to the UN 90-90-90 target. This project focused on evaluating the global market for HIVST, including potential demand, supply barriers, and enabling environmental factors in nine priority countries. The findings of this research were presented at the International AIDS Conference 2016 in Durban, South Africa, and the recommendations made through the assessment are driving program design in several African countries.

Additionally, Accenture has continued its collaboration with Amref Health Africa on a digital health education tool called Leap. Leap is a mHealth platform designed to provide accessible, digital education and support on topics including HIV/AIDS, TB, and malaria to health workers across Africa. Through supporting strategic design, technical development, program implementation, and scaling of the Leap model, Accenture has helped thousands of community health volunteers to strengthen their understanding and treatment of these diseases. In 2016, 3,000 community health workers successfully completed the Leap mLearning training program in Kenya and to date, 20,000 health workers have been enrolled in the platform.
Since inception of the Global Fund in 2002, Palladium (formerly Futures Group) has worked directly and through donor-supported programs to assist the Fund and country grantees in efficient, effective implementation of grants and delivery of services. We build partners’ capacity to estimate HIV resource needs, make the investment case for HIV, and allocate resources to achieve priority goals. We also empower people living with HIV (PLHIV), key populations, and civil society throughout the process. Further, we support generation, analysis, and use of data, from national planning down to the facility level, for evidence-driven, adaptive HIV responses.

Our largest platform is the Health Policy Plus (HP+) project, a new five-year program funded by USAID and PEPFAR. It builds on successive Palladium-led global projects, including the Health Policy Project (HPP) and Health Policy Initiative. Through HP+, Palladium and its partners improve the enabling environment for equitable and sustainable health services, supplies, and delivery systems through policy, financing, governance, and advocacy. Realization of global and national HIV goals, as enshrined in the UNAIDS 90-90-90 targets, will require adequate and predictable financing, as well as policies that eliminate stigma and discrimination, strengthen supply chains and service delivery, and engender accountable health systems.

Highlights of our work include:

• **Support to health system strengthening objectives of the Global Fund:** HPP received Global Fund resources, which supplemented USAID/Ethiopia funding, to provide technical assistance to Ethiopia’s Federal Ministry of Health to finalize a OneHealth tool analysis of the national health strategy.

• **Support to prepare Global Fund proposals (rounds-based funding) and concept notes (New Funding Model):** HP+/HPP have supported countries, such as Ghana, Kenya, Mozambique, Tanzania, and others, to conduct costing, financial gap, and impact analyses to inform proposal processes. We have also supported mathematical modeling, stakeholder engagement, and activity-based costing templates to assist countries to cost and finalize HIV and health system strengthening strategies for this purpose.

• **Support to identify the optimal mix of interventions and financing for HIV responses:** Palladium has assisted a dozen or more African and Asian countries to model the cost and cost-effectiveness of prevention, care, and treatment strategies.

• **Support to map data for a more effective, localized response to HIV epidemic:** HPP used subnational spatial analysis to assist seven high-impact, Global Fund countries to inform New Funding Model concept notes and requests to support targeted resource mobilization.

• **Support to empower PLHIV and civil society:** In Jamaica, Palladium works closely with PLHIV and key populations to promote positive health, dignity, and prevention in the national HIV response. PLHIV and key populations now make-up one-third of Jamaica’s Country Coordination Mechanism.
ANNEXES

Annex 1: Private Sector Delegation Task Force Structure
• Strategy, Investment and Impact Committee
• Finance and Operational Performance Committee
• Procurement and Quality Assurance
• Health Systems Strengthening and Business Engagement
• Performance-Based Grants


Annex 3: The Global Fund’s Fifth Replenishment Pledges

Annex 4: PSD Calendar of Events 2017
2016 Private Sector Delegation Task Force Structure

PSD Task Forces provide in-depth, on-going input on priority policy and strategy issues for the PSD through the review of background documents and participation in calls on an on-going basis between in-person meetings.

Strategy, Investment and Impact Committee task force
Paul Schaper, Merck Sharp & Dohme (Lead)
Renuka Gadde, BD
Amy Israel, Eli Lilly
François Desbrandes, Sanofi
Lisa Goldman-Van Nostrand, Sumitomo Chemical

Finance and Operational Performance Committee task force
Erika Satterwhite, Mylan (Lead)
Claudia Caravetta, AbbVie
Sally Canfield, AbbVie
Omobolanle Victor-Laniyan, Access Bank
Gerhard Hesse, Bayer
Renuka Gadde, BD
David Pitts, Ecobank
Jirair Ratevosian, Gilead Sciences
Paul Schaper, Merck Sharp & Dohme

Procurement and Quality Assurance task force
Renuka Gadde, BD (Lead)
Claudia Caravetta, AbbVie
Sally Canfield, AbbVie
Gerhard Hesse, Bayer
Amy Israel, Eli Lilly
Jirair Ratevosian, Gilead Sciences
Vanessa Racloz, Novartis
Erika Satterwhite, Mylan
François Desbrandes, Sanofi
Ian Boulton, TropMed Pharma Consulting
Caroline Desrousseaux, Vestergaard
Adam Flynn, Sumitomo Chemical

Health Systems Strengthening and Business Engagement task force
Jami Taylor, Johnson & Johnson (Lead)
Claudia Caravetta, AbbVie
Sally Canfield, AbbVie
Natasha Sunderji, Accenture Development Partnerships
Paul Schaper, Merck Sharp & Dohme
Heloisa Jardim, Vale
Nadia Rahmoune, Ecobank

Performance-Based Grants task force
Paul Schaper, Merck Sharp & Dohme (Co-Lead)
Erika Satterwhite, Mylan (Co-Lead)
Nuphar Rozen-Adler and team, BD
Jirair Ratevosian, Gilead Sciences
François Desbrandes, Sanofi
Ian Boulton, TropMed Pharma Consulting
Caroline Desrousseaux, Vestergaard
Adam Flynn, Sumitomo Chemical
The Global Fund Strategic Framework 2017-2022

Building on the vision of a world free of the burden of AIDS, tuberculosis and malaria with better health for all, the Global Fund Strategy 2017-2022, *Investing to End Epidemics*, is a multi-year roadmap for the partnership’s future. The strategy sets out priorities for how the Global Fund partnership can accelerate progress against HIV, TB and malaria and improve global health. It also includes ambitious goals and targets to measure progress. In April 2016, the Board of the Global Fund unanimously approved the organization’s strategy for the period 2017 to 2022.

The strategy is based on a framework of four clear objectives:

- Maximize impact against HIV, TB and malaria
- Build Resilient & sustainable systems for health
- Promote and protect human rights & gender equality
- Mobilize increased resources

Successfully implementing the strategy depends on two additional and fundamental elements: innovating and differentiating along the development continuum, and supporting mutually accountable partnerships.

Progress on implementation of this strategy will be measured through key performance indicators and undertaken at all levels of the Global Fund partnership.

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<th>Strategic Objectives</th>
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<td><strong>Maximize impact against HIV, TB and malaria</strong></td>
<td>Invest funds to maximize portfolio impact</td>
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<td><strong>Build resilient &amp; sustainable systems for health</strong></td>
<td>Improve the performance of strategically important components of national systems for health</td>
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<td><strong>Promote and protect human rights &amp; gender equality</strong></td>
<td>Reduce human rights barriers to service access; &amp; Reduce gender and age disparities in health</td>
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<tr>
<td><strong>Mobilize increased resources</strong></td>
<td>Increase available resources for HIV, TB &amp; malaria; &amp; Ensure availability of affordable quality-assured health technologies</td>
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<th>Strategic KPIs</th>
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<td>(3) Alignment of investment &amp; need</td>
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<td>(4) Investment efficiency</td>
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<td>(5) Service coverage for key populations</td>
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<td>(9) Human rights</td>
<td>(10) Resource mobilization</td>
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<td>(11) Domestic investments</td>
<td>(12) Availability of affordable health technologies</td>
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Global Fund Fifth Replenishment Pledges (2017-2019)

The 5th Replenishment mobilized US$12.9 billion for 2017-2019, enabling Global Fund-supported programs to:

- Save up to 14 million lives, for a total of 36 million lives saved by 2020
- Build on the results achieved and prevent the resurgence of the diseases
- Avert up to 194 million new infections
- Support partners in domestic investment of US$35 billion toward the three diseases
- Deliver US$230 billion in economic gains

The amount raised in the replenishment is the basis for determining the allocation of funding to countries for 2017 to 2019. A list of pledges and contributions is available below.

<table>
<thead>
<tr>
<th>Donor Governments</th>
<th>USD (Millions)</th>
<th>Thailand</th>
<th>Togo</th>
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<tbody>
<tr>
<td>Australia</td>
<td>197.09</td>
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<tr>
<td>Belgium</td>
<td>71.12</td>
<td>United Kingdom</td>
<td>1,710.82</td>
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<td>Benin</td>
<td>2.00</td>
<td>United States of America</td>
<td>4,300.00</td>
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<td>Canada</td>
<td>720.96</td>
<td>Zambia</td>
<td>3.00</td>
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<tr>
<td>China</td>
<td>18.00</td>
<td>Zimbabwe</td>
<td>1.00</td>
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<tr>
<td>Cote d’Ivoire</td>
<td>1.00</td>
<td>Debt2Health</td>
<td>37.43</td>
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<tr>
<td>Denmark</td>
<td>50.23</td>
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<table>
<thead>
<tr>
<th>Donor Governments</th>
<th>USD (Millions)</th>
<th>Private Donors</th>
<th>USD (Millions)</th>
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</thead>
<tbody>
<tr>
<td>European Commission</td>
<td>592.63</td>
<td>Bill &amp; Melinda Gates Foundation</td>
<td>600.00</td>
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<td>France</td>
<td>1,347.45</td>
<td>Catholic Relief Services</td>
<td>5.00</td>
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<td>Germany</td>
<td>998.11</td>
<td>Comic Relief</td>
<td>12.75</td>
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<tr>
<td>India</td>
<td>20.00</td>
<td>Duet Group</td>
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<tr>
<td>Ireland</td>
<td>37.43</td>
<td>Ecobank</td>
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<td>Italy</td>
<td>174.67</td>
<td>Fullerton Health Foundation</td>
<td>5.79</td>
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<td>Japan</td>
<td>800.00</td>
<td>Goodbye Malaria</td>
<td>4.00</td>
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<td>Kenya</td>
<td>5.00</td>
<td>Munich RE</td>
<td>0.75</td>
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<tr>
<td>Korea (Rebullic of)</td>
<td>11.75</td>
<td>(RED)</td>
<td>100.00</td>
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<tr>
<td>Kuwait</td>
<td>5.00</td>
<td>Standard Bank</td>
<td>4.00</td>
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<td>Luxembourg</td>
<td>10.11</td>
<td>Tahir Foundation</td>
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<td>Namibia</td>
<td>1.50</td>
<td>Takeda Pharmaceutical Corp</td>
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<td>Netherlands</td>
<td>194.63</td>
<td>United Methodist Church</td>
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<td>New Zealand</td>
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<td>Other</td>
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<tr>
<td>Norway</td>
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<td>Qatar</td>
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<td>TOTAL AMOUNT</td>
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<td>Saudi Arabia</td>
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<td>Senegal</td>
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<td>South Africa</td>
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<td>Sweden</td>
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<tr>
<td>February 6</td>
<td>Quarterly PSD Teleconference</td>
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<tr>
<td>February 27-28</td>
<td>Global Fund Board Retreat</td>
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<tr>
<td>March 7</td>
<td>PSD History &amp; Overview Webinar</td>
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<tr>
<td>March 20-31</td>
<td>Meetings of the Global Fund Board Standing Committees</td>
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<tr>
<td>April 14</td>
<td>New PSD Board and Alternate Board Member Announced</td>
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<td>April 26</td>
<td>Quarterly PSD Teleconference</td>
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<td>April 30</td>
<td>PSD Pre-Board Meeting (Kigali, Rwanda)</td>
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<td>May 1-2</td>
<td>Global Fund Pre-Board Briefings (Kigali, Rwanda)</td>
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<td>May 3-4</td>
<td>37th Global Fund Board Meeting (Kigali, Rwanda)</td>
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<td>June 21-23</td>
<td>Meetings of the Global Fund Strategy Committee</td>
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<td>July 18-19</td>
<td>Meetings of the Global Fund Audit &amp; Finance Committee</td>
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<td>July 19</td>
<td>Quarterly PSD Teleconference</td>
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<td>July 27-28</td>
<td>PSD Annual Retreat (Richmond, UK)</td>
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<td>September 19-25</td>
<td>PSD Events at United Nations General Assembly (New York, USA)</td>
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<td>October 13-14</td>
<td>Meetings of the Global Fund Board Standing Committees</td>
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<td>November 13</td>
<td>PSD Pre-Board Meeting (Geneva, Switzerland)</td>
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<td>November 14-15</td>
<td>Global Fund Briefings and 38th Board Meeting (Geneva, Switzerland)</td>
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<td>December</td>
<td>Quarterly PSD Teleconference</td>
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