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In the last decade we have witnessed remarkable progress on the health-related Millennium Development Goals, and I would like to address the critical role played by the Global Fund to Fight AIDS, Tuberculosis and Malaria in supporting this scale-up. I believe the Global Fund, and the principles of development it embodies, are essential to any strategy to accelerate our progress over the next five years and achieve the Millennium Development Goals by 2015.

In just eight short years ago, the Global Fund has supported 2.8 million people on anti-retroviral treatment, 7 million treatments for TB, the distribution of 122 million bednets to prevent malaria and some 108 million malaria treatments.

But the impact of the Fund has gone well beyond MDG 6 and extends to Goals 4 and 5 on child and maternal health by addressing some of the biggest killers of women and children. In Africa, malaria alone accounts for up to 18 percent of child death, and AIDS, TB and malaria account for over half of all deaths of women of reproductive age. There is growing recognition of the impact of AIDS on maternal mortality. Our progress on reducing maternal deaths has lagged most severely *exactly* where the AIDS crisis is most acute. Tuberculosis is the third leading killer of adult women, and TB increases the risk of death in childbirth and contributes to premature and low birthweight babies. The Global Fund can play an even greater role in addressing MDGs 4 and 5 *if* it has sufficient resources.

The Global Fund has also provided major investments in health systems: for example in expanding the health workforce in countries like Malawi. In Ethiopia, the Global Fund supported the hiring of 30,000 community health workers. The result is not just a scale up in AIDS treatment, but increases in child immunization rates, and in births attended by skilled community health workers.

The Global Fund's impact has been truly global, with investments in 144 countries that have saved 5.7 million lives.

The success of the Fund is not just what's been achieved, but in how it's been achieved. The Global Fund is on the cutting edge of a broad range of aid effectiveness principles and best practices – **transparency and inclusive governance, mutual accountability between donor and implementing countries, a focus on results, and development led by the countries and communities who are affected.**

The impact of the Global Fund to fight AIDS TB and Malaria and the model of demand-driven, country-led, performance-based financing could not and will not exist without the support of donor governments. With the Global Fund's three-year replenishment conference coming only days after the

MDG Summit, this will be a critical moment for donors to pledge their continued support and place the Global Fund firmly at the center of a plan to achieve the Millennium Development Goals on health.

The zero draft of MDG Summit document commits to “full funding” for the Global Fund, which according to Fund projections would mean a minimum of \$20 billion for 2011-2013—the Fund’s next three-year replenishment period, with additional resources needed to 2015. Funding of at least \$20 billion for the next three years will help maximize the Fund’s impact on achieving MDG 6, as well as increasing its impact on MDGs 4 and 5. Civil society represented on the board of the Global Fund strongly supports this commitment.

1) As a representative of a large constituency within civil society, I would urge that at the MDG Summit in September, the world’s leaders ensure that a centerpiece of the plan to achieve the health MDGs is full funding for the Global Fund and that they specifically commit to at least \$20B for the 2011-2013 replenishment.

2) I also strongly endorse the call by today’s speakers to include in the outcome document specific support for enactment of a Financial Transaction Tax, which could generate tens of billions of dollars annually in predictable and urgently needed financing for health and development priorities.

Not instead of but in addition to donor countries and southern countries living up to their respective financing commitments—donors to devote 0.7% of GNI for development; and countries in the south to increase domestic spending; with a priority for African leaders meeting their 15% for health commitment under the Abuja Declaration.

These requests also reflect some of the priority demands for the outcome document that were developed by a group of AIDS advocates from civil society and community-based organizations from around the world-- who met here in New York on June 10-11.

The Global Fund model has served global health well, and there is important momentum for a Global Fund for Education building on these lessons-- to expand and transform the existing Fast Track Initiative to address the challenge of 72 million children out of school. I hope this will be included in the outcomes document.

With this support, we can achieve what was unthinkable only a short time ago: the virtual elimination of pediatric AIDS; the elimination of malaria as public health threat in many endemic countries; massive reductions in TB deaths in people living with HIV. The Global Fund will also be critical to addressing new and emerging threats, such as multi-drug resistant tuberculosis which now afflicts half a million people each year, and which must be met with a much stronger response.

These outcomes, like the MDGs themselves, are audacious but absolutely achievable if we deliver the right resources through the right mechanisms.

Thank you very much.