



The Global Fund

To Fight AIDS, Tuberculosis and Malaria

**Who we are.
What we do.**

Why AIDS, tuberculosis and malaria?

The world's three major pandemics cause an enormous amount of death and disability, generally striking those in the most productive years of their lives as well as those who are the most vulnerable. For a time, a fatalistic view prevailed that nothing could be done to stem the tide. But in recent years, scientific and technical advances have led to highly effective interventions which have become affordable.

These diseases can now be treated and prevented on a massive scale. All that's needed are the finances to pay for these interventions – and the determination to make it happen. Investments in health pay off.

A malaria patient is monitored at a health post in Central Kalimantan, Indonesia. This health post coordinates around 40 local health workers who receive text messages about people who might be ill and then visit them at their residence. Most of the patients in this region are miners, who are particularly vulnerable because they are a transient population and because they live in tents, which makes it difficult to protect themselves from the mosquitoes that transmit the disease.





Who we are

The Global Fund to Fight AIDS, Tuberculosis and Malaria is an international financing institution that supports countries in their fight against three of the world's most devastating diseases.

Created in 2002, the Global Fund is a unique partnership between governments, civil society, the private sector and affected communities. The Global Fund channels approximately US\$ 3 billion a year to health professionals to treat and prevent AIDS, tuberculosis and malaria in their countries. The Global Fund does not implement or manage programs on the ground, relying instead on local experts to select and administer the programs that save the most lives.

The success of the Global Fund relies on the financial pledges of donors, the technical guidance of multilateral partners, and particularly on the devotion and hard work of implementers at the country level.

Because we believe that together with our partners we can do great things.

Who decides what to fund?

The Global Fund model is an innovative approach, based on the principle of country ownership.

Health professionals in each country know best how to meet their challenges, but may need support and appropriate tools. Country ownership allows people to determine their own priorities – and also makes sure they are responsible for ensuring the implementation of their country's programs. The Global Fund does not pre-allocate funding to specific countries or diseases but instead responds to genuine demand.

To participate, each country establishes a national commission known as a Country Coordinating Mechanism. It includes all stakeholders involved in the fight – faith-based organizations, government ministries, the private sector, the academic community, multilateral agencies, nongovernmental organizations and, in particular, the communities living with the diseases.

Any organization seeking financial support should contact their Country Coordinating Mechanism for information about how to submit a request. Contact details for the Country Coordinating Mechanism in each country are available on the Global Fund website.



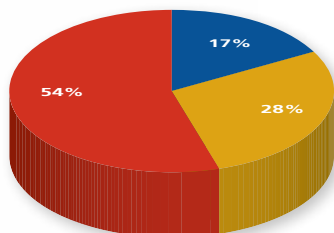


Where does Global Fund money go?

The Global Fund had approved US\$ 22.9 billion for programs in 151 countries around the world as of end 2011. These diagrams illustrate how that money has been invested.

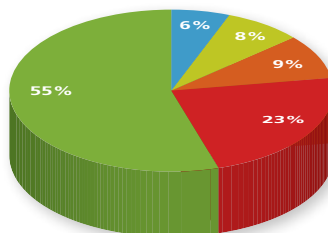
All programs are expected to meet a high standard of scientific and technical quality and be appropriate to the culture, context, and epidemiological profile of that country.

Breakdown of investment by disease



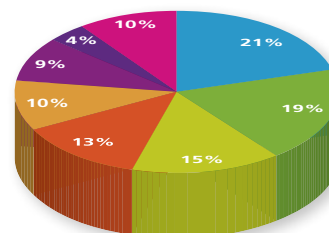
- AIDS
- Malaria
- Tuberculosis

Breakdown of investment by region



- Asia
- Eastern Europe and Central Asia
- Latin America and Caribbean
- Middle East and North Africa
- Sub-Saharan Africa

Breakdown of investment by type of expenditure



- Health products and health equipment
- Medicines
- Human resources
- Program management
- Training
- Infrastructure and other equipment
- Monitoring and evaluation
- Other

Every dollar invested goes to delivering interventions that save lives.

In Djibouti, a women's association, *Femmes d'Arta*, organizes workshops on HIV and AIDS prevention and reducing stigma. Prejudice against people living with HIV is high in the region but thanks to organizations like these, which are supported by the Global Fund, more people are being educated about the disease, which helps to reduce stigma.

What are the results?

As of mid-2012, programs financed by the Global Fund:

- support 3.6 million on antiretroviral treatment for AIDS;
- have diagnosed and treated 9.3 million new cases of tuberculosis; and
- have distributed 270 million insecticide-treated nets to prevent the spread of malaria.

It all began with a dream – to establish a “war chest” to fight these three diseases. Today, that dream has saved the lives of more than 7.9 million people.

A reversal in the pandemics is under way, thanks to programs supported by the Global Fund and the work of other partners. In 2001, these three diseases were claiming 6 million lives a year. Today, the number of new HIV infections has decreased worldwide from 3.1 million in 2001 to 2.7 million in 2010. TB case detection rates have increased from 43 percent in 2000 to 65 percent in 2010. And for malaria, the number of households in sub-Saharan Africa with an insecticide-treated net has risen from 3 percent in 2000 to 45 percent in 2010.

But there is still much work needed in order to achieve our vision of a world free of the burden of AIDS, tuberculosis and malaria.

Where does the money come from?

The Global Fund is primarily supported by donor countries, led by the United States, France, the United Kingdom, Japan and Germany. We also seek funding from private sector companies, private foundations, and individuals. A full list of donors and amounts pledged or contributed can be found on the Global Fund website.

Global Fund financing is intended to be in addition to – and not in replacement of – national health budgets. We insist that middle-income countries contribute a portion of program costs. In this way, available funding can be directed to those most in need and those who can make the most effective use of it and those decisions take into account a country’s ability to contribute.

At the Persahabatan Hospital in Jakarta, 15-year-old Anbiya is close to completing her two-year treatment for multidrug-resistant TB. The treatment has been difficult but, thanks to her and her mother’s dedication, Anbiya can now start thinking about catching up with school and seeing her friends again. Global Fund financing has made MDR-TB treatment available in Indonesia since 2009.





Who does the work on the ground?

Global Fund grants are implemented by local organizations in each country known as Principal Recipients. Principal Recipients are nominated by the Country Coordinating Mechanism and can be any type of organization, government ministry, nongovernmental organization, or private sector entity. In fact, the Global Fund encourages countries to divide the work between two or more Principal Recipients, governmental and nongovernmental.

Principal Recipients accept programmatic responsibility for the implementation of the grants. Before they sign the grant agreement, they must submit a detailed workplan, budget, procurement plan, and evaluation framework, which are then approved by the Global Fund. In most cases, Principal Recipients also further disburse funds to other, smaller organizations referred to as sub-recipients.

The Global Fund emphasizes performance-based funding. In other words, initial funding is approved based on the strength of the initial proposal, as reviewed by an independent Technical Review Panel. But additional funding is dependent on recipients demonstrating measurable and effective results from the money they receive. Performance-based funding allows the Global Fund to make the most effective use of resources, and to channel those resources to areas of greatest need.





In Rwanda, Global Fund financing allows children from impoverished families affected by HIV to get an education. George (left), who studies computer science, lives with his grandparents and HIV-positive mother.

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The role of civil society ...

Civil society is at the heart of the Global Fund's work. Civil society organizations played a key role in the creation of the Global Fund, helped conceive the business model that exists today, and are critical to the realization of our goals.

There are four levels of civil society involvement. On the international level, civil society holds three seats on the Board, where they contribute to funding decisions and policy-making. At the country level, the Country Coordinating Mechanism includes representatives from various elements of civil society. And civil society implementers carry out programs and are often particularly effective at serving populations that government infrastructures might not reach. As advocates, members of civil society also spread awareness of the contribution of the Global Fund to the fight against the diseases.

... and the private sector

As a public-private partnership, the Global Fund seeks the active participation of the private sector.

Private sector organizations, especially those directly affected by the spread of these three diseases, also play a role on the Global Fund Board and on the Country Coordinating Mechanism of the countries they operate in, as program implementers, or in advocacy. In addition, the private sector often serves as local expert, sharing knowledge and skills to build the capacity of implementers. Many private sector companies support the fight against the diseases through financial contributions as well.

How is the Global Fund governed?

The Global Fund was created as a private foundation, independent of the United Nations system of agencies, although we work very closely with these agencies as our partners.

The Global Fund is governed by a 28-member Board. Of these seats, eight are non-voting and the remaining 20 seats are equally divided between donor and recipient constituencies. These constituencies represent all stakeholders, including governments, nongovernmental organizations and, in particular, the communities living with the diseases. A full list of Board constituencies and representatives is available on the Global Fund website.

The Board sets policies, oversees the work of the Secretariat, and makes all funding decisions. The Board of the Global Fund meets at least twice a year, with ongoing work coordinated by committees.


The Global Fund also created a Partnership Forum as an additional channel to involve stakeholders.

Accountability and transparency

The Global Fund is conscious of its responsibility not only to donors but also to the people that it serves. A number of mechanisms are in place to prove that monies are invested in services that reach the men, women and children who most need treatment and prevention. The Global Fund relies on independent organizations, known as Local Fund Agents, to ensure that an organization has the skills and resources necessary to serve as a Principal Recipient.

The Global Fund has zero tolerance for fraud. To ensure that any mismanagement of funds is uncovered and investigated, the Global Fund has a robust and independent Office of the Inspector General, which conducts audits and investigations.

The Global Fund is highly transparent. It publishes extensive information about its grant portfolio on its website. The Global Fund is also a charter member of the International Aid Transparency Initiative, which aims to make information about aid spending easier to find, use and compare.



The Global Fund to Fight AIDS, Tuberculosis and Malaria is a reliable partner, effectively and efficiently channeling funding to save lives. We will continue to invest strategically – the right interventions for the right populations delivered in the right countries at the right time and ensuring value for money. We need all of our partners committed to the fight, so that our role in preventing and treating disease can reduce the need for future funding.

In Gambia, an elderly lady gets tested for HIV. Every month, health workers from the Sanunding outreach clinic visit the community to provide basic information about HIV transmission and offer services for those who want to be tested.

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Investing the world's money to save lives.

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