

DATA FACT SHEET

THE GLOBAL FUND TO FIGHT AIDS, TB AND MALARIA

Replenishment Conference, Berlin, 26-27 September 2007

What is the Global Fund?

The Global Fund, created in 2002, raises and distributes significant resources to combat HIV/AIDS, tuberculosis and malaria, which together kill 6 million people a year. Through innovative partnerships with governments, civil society, the private sector and affected communities, the Global Fund channels resources to country-driven programs with demonstrated results in delivering essential treatment, prevention and care services. Since its inception, Global Fund programs have saved an estimated 2 million lives.

Unique Attributes of the Global Fund

The Global Fund's pioneering approach allows resources to be delivered to locally-owned programs in a cost-effective, participatory and accountable manner. Several unique attributes of the Global Fund make this possible:

- **Performance-based funding:** Funding is released incrementally based on demonstrated results against agreed targets (e.g. delivering tangible services such as bed nets or anti-AIDS drugs). The Fund stops, reduces or accelerates grants based on their demonstrated performance against these targets
- **Country Ownership:** Country-level structures allow recipient nations to design programs and allocate funds in accordance with their national health priorities. Applications and implementation are carried out by local partnerships among governments, health experts, civil society, faith-based organizations and the private sector.
- **Technical Expertise:** A Technical Review Panel of international experts in health and development reviews all grant proposals to ensure that only the most technically viable proposals for scaling up prevention, treatment and care are funded.
- **Low Overhead:** Exceptionally low overhead costs mean that virtually all funds are delivered to the people who need them. The Fund estimates that 97 cents of every dollar raised goes directly to grants.
- **Transparency:** All proposals, applications, grant agreements and progress reports are published on the Global Fund's website.

Real Results

Since 2001, the Fund has signed agreements worth \$7.6 billion for 450 grants in 136 countries. Of this total, \$3.7 billion has been disbursed. To date, the Global Fund has achieved the following results globally:

- Antiretroviral treatment for 1.1 million people with HIV
- DOTS treatment for 2.8 million patients with TB
- 30 million insecticide-treated bed nets to protect families from malaria
- 28 million treatments for people with malaria
- HIV counseling and testing for 17.8 million people
- Basic care and support for 1.7 million orphans
- Training for 4.7 million people to deliver health services

Early Signs of Impact

It is still too early to fully assess the Global Fund's full impact on global health (the average grant is only 23 months old), however, the evidence so far indicates the Global Fund is making a substantial contribution towards the achievement of the Millennium Development Goals. In several countries, Global Fund programs are already having a real impact on peoples' lives. Below are some country examples:

- In **Rwanda**, a \$130.2 million grant allowed the Global Fund and its partners to provide ARVs for 29,946 Rwandans and voluntary counseling and testing services for 494,433 Rwandans. As a result of these efforts and others, there are indications that Rwanda's HIV prevalence rate is declining from 5 to 3.1 % nationally and that HIV prevalence among pregnant women in Kigali is falling.

- In **Kenya**, a Global Fund grant of \$17 million allowed the government to distribute 3.4 million bed nets free of charge to children under-five in Kenya's most endemic regions. In the targeted districts, malarial mortality for children under five has declined by 44% between 2004 and 2006.
- In the Lubombo region of **Southern Africa** (which includes the border regions of South Africa, Swaziland and Mozambique), a grant of \$42.7 million has funded an increase of insecticide-treated bed net coverage (ITN) by 67% and initiated the rollout of highly effective malaria treatment (known as artemisinin-based combination therapy or ACT) in 2007. These interventions have contributed to a 70% decline in malaria cases since 2001 and a decrease in malaria mortality and morbidity by 64 % and 57%.
- In **Zanzibar**, the Global Fund and its partners used a grant of \$9.6 billion to achieve 90% coverage with ITNs and indoor residual spraying (IRS) and to oversee the roll-out of ACT. These successful prevention efforts have led to an 86% decline of reported malaria cases since 2004 and a decline in under-five malaria prevalence by 63-94%.

Global Fund Financing Needs

In 2008, the Global Fund needs a total of \$4 billion to maintain its support for effective programs and finance new programs. By 2010, its financing needs will grow to \$6-8 billion. In order to turn its investment into impact in the next three years, the Global Fund needs a sustainable flow of financing from public and private donors. The Global Fund currently supplies two-thirds of the international financing for malaria and TB activities and one-fifth of global financing for HIV/AIDS services. Meeting the Global Fund's financing needs in 2008 and beyond is critical to achieving the Millennium Development Goals by 2015.

Resources Raised

In US\$ millions	Total Pledges 2001-07		Pledges 2007		Fair Share of 2008 Resource Need*	
	Pledges	As % of total pledges	Pledges	As % of total pledges	Pledges	As % of Need
United States	\$2732	30%	\$724	29%	\$1300	33%
United Kingdom	\$668	7%	\$201	8%	\$300	7.2%
Germany	\$410	4%	\$124	5%	\$400	9.4%
Japan	\$662	7%	\$186	8%	\$700	17.5%
France	\$1186	13%	\$407	16%	\$270	6.7%
Canada	\$431	5%	\$111	4%	\$128	3.2%
Italy	\$801	9%	\$178	7%	\$216	5.4%

*Fair shares based on each country's share of total OECD GNI. The US share has been capped at 33%

Total needs for the Global Fund will reach \$4 billion in 2008 and \$6 billion in 2010.

These resources will allow the Fund to maintain its support for effective programs and finance new ones.

Renewal of Previous Grants \$2.4 billion

For EXISTING grants: In 2008, the Fund will need \$2.4 billion to continue current programs that have made demonstrated progress. These funds will finance the renewal of 90 programs, including highly successful programs that have completed their 5 year cycle. Without these resources, many effective programs will be forced to shut down or scale back operations.

PLUS

Launch of New Grants \$1.5 billion

For NEW grants: A minimum of \$1.5 billion in 2008 is needed to fund new programs proposed in Round 8. These resources could provide 253,000 people with ARVs and deliver 14 million bed nets and 1.8 million TB treatments.