

THE GLOBAL FUND HAS A PROVEN ABILITY TO DELIVER:

It is efficient, transparent and right for the 21st century.

The Global Fund was created when the world realized its failure to respond to the AIDS epidemic, as well as to TB and malaria, in developing countries. This was an unprecedented public health and human rights crisis.

In April 2001, the UN Secretary-General Kofi Annan issued a “call to action” and a few months later the world endorsed this call at the UN General Assembly Special Session on HIV/AIDS.

In January 2002, the Global Fund was established to respond to this emergency and vastly accelerate the response to the three global epidemics and thereby help achieve the Millennium Development Goals.

From its creation through December 2009, **the Global Fund Board has approved proposals totaling US\$ 19.2 billion and disbursed US\$ 10 billion for HIV, TB and malaria control efforts.**

Every dollar donated to the Global Fund goes to fund programs in country – the Global Fund has no country offices, and its operating expenses are covered by the interest earned on its contributions.

The impact of this funding is the achievement of all the partners that work together with the Global Fund – in-country partners, including governments, civil society organizations and the private sector, as well as multilateral partners. All partners should take full credit for their role in scaling up services and interventions.

The Global Fund actively contributes to global efforts to improve aid effectiveness, especially in the area of managing for results, by playing a leading role in monitoring effectiveness and sharing its experiences with performance-based funding.

The Global Fund always seeks to **learn, improve and innovate** through its operations, partnerships, evaluations and independent audits. The continuous attention to evaluation and learning helps the Global Fund maximize its responsiveness, efficiency and effectiveness.

The Global Fund continues to increase value for money at every stage, from grant negotiation to implementation. For example, the comprehensive performance review which occurs by year two of each grant allows for the reallocation of funds from poorly performing grants as well as for the identification of efficiency gains. In 2009 alone, **nearly US\$ 1 billion was freed up for funding new grants.**

Through its portfolio of grants in 144 countries, the Global Fund has developed and is strengthening data analysis of unit costs for HIV, TB and malaria services. This analysis will institute savings, reveal best practices and waste, and assist in assessing resource-need estimates in future grant applications.

The Global Fund to Fight AIDS, Tuberculosis and Malaria

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First published March 2010

ISBN: 978-92-9224-209-1

BY 2015 WE CAN:

Eliminate malaria as a public health problem in most malaria-endemic countries

Prevent millions of new HIV infections

Dramatically reduce deaths from AIDS

Virtually eliminate transmission of HIV from mother to child

Contain the threat of multidrug-resistant TB

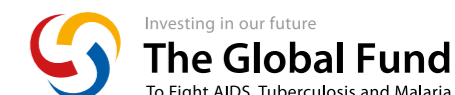
Achieve significant declines in TB prevalence and mortality

Further strengthen health systems

2010 will be decisive. This is the year we decide if we will meet the health-related Millennium Development Goals.

It can be done. If we continue to scale up at the pace set in recent years, we could come close to, reach or even exceed the health-related Millennium Development Goals.

The Global Fund to Fight AIDS, Tuberculosis and Malaria has a lead role to play in the race to meet these goals.



OVER THE PAST EIGHT YEARS, DRAMATIC PROGRESS HAS BEEN MADE IN THE FIGHT AGAINST AIDS, TUBERCULOSIS AND MALARIA.

The substantial increase in resources dedicated to health through development assistance and other sources in the last eight years is changing the trajectory of AIDS, TB and malaria and other health problems that confront low- and middle-income countries. There are many emerging signs of impact:

- Ten years ago, virtually no one living with AIDS in low- and middle-income countries was receiving lifesaving antiretroviral therapy (ART). By the end of 2008, more than 4 million people had access to ART, representing more than 40 percent of those in urgent need. AIDS mortality has since decreased in many high-burden countries. For example, in Ethiopia's capital, Addis Ababa, the rollout of ART has led to a decline of about 50 percent in adult AIDS deaths over a period of five years.
- For decades the spread of malaria was unstoppable. Today, at least ten endemic countries in Africa have reported declines in new malaria cases and an impressive decline in child mortality of 50 to 80 percent.
- In many countries with Global Fund-supported programs TB prevalence is declining, and so are mortality rates. Today, we are on track to meet the international target of halving TB prevalence by 2015.

Increased international investments have speedily and efficiently been turned into health services on the ground, benefiting hundreds of millions of people. Despite a lack of facilities, hundreds of thousands of health workers around the world have used new resources to save millions of lives.

It is rare in the field of development to see such rapid correlation between investment and desired results and impact as has been produced by the efforts of recent years to fight the three pandemics.

The efforts to provide drugs and care to millions and to prevent the further spread of the three diseases are significant beyond the health benefits they provide. They have been uniting the world around a common development agenda and have contributed to reducing inequities between rich and poor countries.

Our gains, however, are fragile. A reduction – or even stagnation – of funding would lead to reversals of recent progress and put the Millennium Development Goals out of reach.

THE GLOBAL FUND HAS PLAYED A KEY ROLE IN THE PROGRESS WE HAVE MADE.

In just eight years, the Global Fund has become the main multilateral funder in global health. It channels two-thirds of the international financing provided to fight TB and malaria and a fifth of the international financing against AIDS.

AIDS. At the end of December 2009, **programs financed by the Global Fund were providing ART to 2.5 million people.** In addition, they have provided 790,000 HIV-positive pregnant women with treatment to prevent mother-to-child transmission of HIV; 4.5 million basic care and support services to orphans and other children made vulnerable by AIDS; 105 million HIV counseling and testing sessions and 1.8 billion condoms.

TUBERCULOSIS. Through 2009, programs funded by the **Global Fund had provided treatment to 6 million people who had active TB,** and provided 1.8 million combined HIV and TB services.

MALARIA. By the end of 2009, **Global Fund-supported programs had distributed 104 million insecticide-treated nets to prevent malaria.**

They also supported indoor residual spraying of insecticides in dwellings more than 19 million times and treated 108 million cases of malaria in accordance with national treatment guidelines. Global Fund investments have played a critical role in introducing and expanding coverage of novel, effective malaria treatments in many countries where drug resistance to older treatments is high.

The Global Fund supports community-based interventions. Since 2003, these efforts have delivered 138 million community outreach prevention services for at least one of the three diseases and provided 11.3 million “person-episodes” of training for health and community workers.

These combined efforts had saved an estimated 4.9 million lives by December 2009 and helped restore hope for the 33 million people living with HIV, the hundreds of millions of people who contract malaria or who are at risk of it each year, and the 9.4 million who contract active TB annually.

Every day, programs supported by the Global Fund save at least 3,600 lives and prevent thousands of new infections. The coming years will see even more results and greater impact, given the steep increase in approved funding over 2008 and 2009 which will reach countries in 2010 and 2011, further enhancing the achievements made to date.

Global Fund investments to combat HIV, TB and malaria are also major investments in health systems – bolstering infrastructure, strengthening laboratories, expanding human resources, augmenting skills and competencies of health workers, and developing and supporting monitoring and evaluation activities. These enhancements, in turn, increase countries' ability to improve services in other health areas. Ultimately, the investments translate into a healthier population and increased productivity, enabling countries to further their development.

Global Fund investments have accelerated progress towards the Millennium Development Goals 4, 5 and 6, and indirectly to the others. The US\$ 19.2 billion of approved investment by the Global Fund is a direct contribution to MDG 6 (“Combat HIV/AIDS, malaria and other diseases”).

Major contributions have also been made to MDG 4 (“Reduce child mortality”) **and MDG 5** (“Improve maternal mortality”) by reducing the largest causes of mortality among women and children. This is particularly the case in sub-Saharan Africa, where HIV, TB and malaria are responsible for 52 percent of deaths among women of childbearing age and malaria alone accounts for 16 to 18 percent of child deaths.