

The European Union and the Global Fund

The European Union has supported the Global Fund since its inception in 2002. As of 31 December 2012, the European Commission had contributed US\$ 1.5 billion to the Global Fund (€1.13 billion) from the common European Union budget and the European Development Fund (to which all European Union member states contribute) and has pledged to increase this amount to US\$ 1.6 billion (€1.26 billion) until 2013. It is the sixth-largest donor to the Global Fund, after the U.S., France, UK, Germany and Japan.

CONTRIBUTIONS OF THE MAJOR DONORS TO THE GLOBAL FUND AS OF 31 DECEMBER 2012

1	United States	US\$ 7,285,519,430
2	France	US\$ 3,348,463,478
3	United Kingdom	US\$ 1,874,751,836
4	Germany	US\$ 1,785,047,538
5	Japan	US\$ 1,744,921,914
6	European Commission	US\$ 1,479,270,118
7	Canada	US\$ 1,202,721,466
8	Italy	US\$ 1,008,260,873
9	The Netherlands	US\$ 739,035,557
10	Sweden	US\$ 736,851,583

Together, the European Commission and European Union member states represent approximately 50 percent of the total funding provided to the Global Fund.

At the last pledging conference, held in New York in October 2010, the European Commission pledged €330 million for the period 2011-2013, representing an increase of 10 percent compared to its previous pledge in 2007 (€300 million).

About half of the contributions to the Global Fund managed by the European Commission are coming from the European Development Fund, which is a specific fund devoted to development in African, Caribbean, and Pacific states (ACP).

Since 2002, the Global Fund has invested in 58 ACP countries. Global Fund-supported programs have been implemented in 47 African countries, seven Caribbean countries and four Pacific countries. In addition, 20 ACP countries have benefited from Global Fund regional programs.

The European Commission is represented on the Board of the Global Fund, playing a prominent oversight role, including through its presence on the Board's Finance and Operational Performance Committee. This committee is responsible for providing oversight of the financial management of Global Fund resources and for ensuring the optimal performance of the operations and corporate management of the Secretariat of the Global Fund. The European Commission is also represented in 17 Country Coordinating Mechanisms, which are meant, among other functions, to oversee the implementation of Global Fund-supported grants in the partner countries.

The European Union is deeply committed to health. Health is indeed a right for all. Health is also a prerequisite for economic development. Creating more and inclusive growth in developing countries to reach the Millennium Development Goals can simply not be achieved without a healthy population. Countries themselves must make substantial efforts to mobilize their national resources for their health systems. But the external support will remain essential in the coming years.

– **Andris Piebalgs**, European Commissioner for Development

In Indonesia: The active engagement of the Delegation of the European Union to Indonesia, Brunei Darussalam and ASEAN in the Country Coordinating Mechanism's Technical Working Group for HIV has been greatly appreciated by the Country Coordinating Mechanism and the Global Fund. Their leadership contributed to a strong technical proposal for the HIV grant resubmission in 2012, and also continues to encourage effective coordination across the four Principal Recipients and with all technical partners. The European Union has also raised and continues to address important policy issues in Indonesia related to efficient and rational investment of resources in the health sector.



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A DOCTOR CHECKS THE HEALTH of a tuberculosis patient at the Sultan Hassanudin Hospital in Central Kalimantan, Indonesia. Between 2009 and 2011, more than 160,000 new TB cases were successfully treated through health programs financed by the Global Fund.

In the Democratic Republic of Congo: The European Union plays an essential role within the Country Coordinating Mechanism. As a participant in the Country Coordinating Mechanism, the European Union ensures, as well, a complementarity of action between Global Fund financing and European Union financing, which focuses mostly on strengthening the health system in 21 health zones (including mother and child activities as well as community-level activities) and on the provision of care to victims of sexual violence. At the policy level, the European Union focuses mainly on the financing of basic health and reform of the provincial health administration as well as on the essential drug supply issue, which is also an area of work for the Global Fund.



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ONE-YEAR-OLD SUZANNE IS CHECKED by a doctor at the Hospital of Kisangani, Democratic Republic of Congo. Almost half of all hospitalizations of children under age five in DRC are because of malaria. Global Fund investments support programs that aim to reduce malaria-related mortality, with a special focus on young children and pregnant women.

Learn More About the Global Fund

The Global Fund is an international financing institution dedicated to attracting and disbursing resources to prevent and treat HIV and AIDS, TB and malaria. With the mission of investing the world's money to save lives, the Global Fund promotes partnerships between governments, civil society, the private sector, and communities as the most effective way to help societies defeat the three diseases.

While providing resources to low- and middle-income countries, the Global Fund's innovative investment approach relies on country ownership and performance-based funding. This method of investment allows people in implementing countries to develop their own programs based on their priorities.

Since its creation in 2002, the Global Fund has supported more than 1,000 programs in 151 countries, providing AIDS treatment for 4.2 million people, treating 9.7 million people for TB, and distributing 310 million insecticide-treated nets for the prevention of malaria. In effect, the Global Fund has saved more than 8.7 million lives in its 11 years of operation.

Winning the Fight Against AIDS, Tuberculosis and Malaria

A decade ago, the world was struggling to engage in the battle against HIV, TB, and malaria. Access to key interventions was limited. Only 50,000 people were receiving ARV therapy in Africa. Among the 22 countries with the highest TB burden, case detection rates were just 43 percent, and the treatment success rate was just 67 percent. In sub-Saharan Africa, fewer than five percent of households owned an insecticide-treated net. The economic and human toll from these three diseases was devastating across the world.

Today, the reality is different. Public sector and community-led health programs in low- and middle-income countries have launched an unprecedented fight against the three diseases. In 2011, 8.4 million people were receiving ARV therapy globally. In 2010, 21 countries reported more than 60 percent coverage of those in need. In that same year the tuberculosis case detection rate rose to 65 percent and the treatment success rate to 87 percent. In Africa, insecticide-treated net coverage increased to 45 percent, and 13 countries reported more than 60 percent coverage.

In addition, there were more than 700,000 fewer new HIV infections globally in 2011 than in 2001. Today, Africa has cut AIDS-related deaths by one-third in the past six years. TB incidence rates have been declining globally and in all sub-regions except in certain African countries since 2004. Progress towards eradicating malaria has occurred in every WHO region of the world with the WHO European region tipped to eradicate malaria from all of its nations in the coming five years.

These results were unthinkable a decade ago.

Value for Money

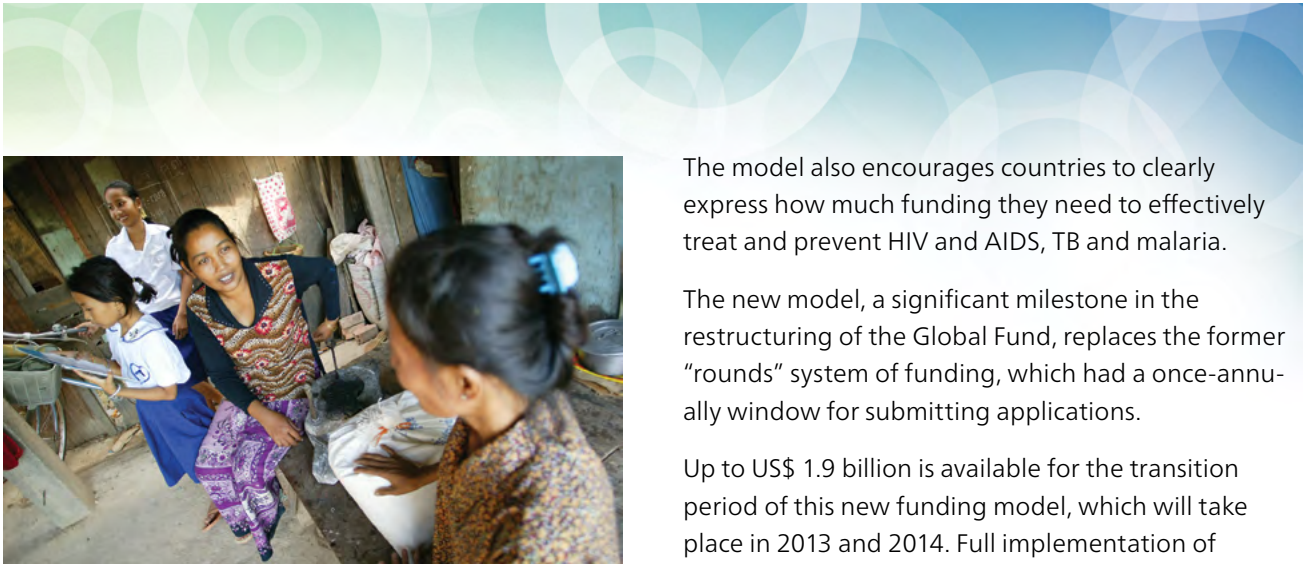
Much of the world has been struggling with a prolonged financial crisis that threatens to undermine or even reverse the progress achieved to date. While donors are fully cognizant of the risks and costs of reduced support, they are under increasing pressure to demonstrate value for money from their investments. In response, the Global Fund has been transforming itself to become more efficient, invest more strategically, maximize impact, and help fill existing programmatic gaps.

In 2012 the Global Fund completed an ambitious reorganization to improve and adapt its structure and business practices for a fast-changing world. These reforms created "high-impact" teams, which represent one-fifth of staff resources, created to better support grants in the countries where the Global Fund and partners can have the greatest impact. These countries – all 20 of them from all from Africa and Asia – account for more than 70 percent of the global burden of HIV, TB and malaria.

With the recent restructuring, the Global Fund's value for money has been boosted tremendously. With US\$ 1 million, a donor can put a 10,000 people on ARV therapy or test and detect 4,000 new smear-positive cases of TB or treat 110,000 cases of malaria.

New Funding Model

The Global Fund has recently launched a new funding model that allows it to invest more strategically, achieve greater impact, and engage implementers and partners more effectively.



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IN CAMBODIA, A COMMUNITY HEALTH WORKER brings rice to the home of an HIV patient and her two daughters. Support provided through these home visits also includes a monthly check of the patient's CD4 count.

The model also encourages countries to clearly express how much funding they need to effectively treat and prevent HIV and AIDS, TB and malaria.

The new model, a significant milestone in the restructuring of the Global Fund, replaces the former "rounds" system of funding, which had a once-annually window for submitting applications.

Up to US\$ 1.9 billion is available for the transition period of this new funding model, which will take place in 2013 and 2014. Full implementation of the model will begin in early 2014 and will provide funding for the 2014-2016 period.

Important Opportunity

We have a historic opportunity to get the three diseases under control. This will change the future of millions of lives. With the numerous advances in science witnessed in the last few years and continued commitment in investing in fighting these diseases, it is clear that we can defeat these three pandemics. If we work together with shared responsibility, with clear mission focus, and with passion and compassion as global health citizens, these three diseases can cease to be major threats to public health.

The Global Fund to Fight
AIDS, Tuberculosis and Malaria

Chemin de Blandonnet 8
1214 Vernier
Geneva, Switzerland
Tel: +41 58 791 1700
Fax: +41 58 791 1701

www.theglobalfund.org

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