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## **The Global Fund to Fight AIDS, Tuberculosis and Malaria**

Recent years have seen a series of major changes which have influenced the field of development cooperation. The vast spread of HIV/AIDS with its disastrous repercussions for the life of millions of people, which partly led to the collapse of entire societies and regions, poses an unprecedented challenge. At the same time it became ever more apparent, especially through the work of the *Commission on Macroeconomics and Health* of the WHO, that investment in health is not only indispensable for the life of individuals but also for the social and economic development of poorer countries. The financial resources invested for this purpose, however, have always been too scarce by far. The founding of the Global Fund to fight AIDS, Tuberculosis and Malaria does not only mean an innovation for the field of development funding, but also the first serious attempt by the global society to give all people, irrespective of their origin and financial status, access to life-saving prevention measures and treatment of the most frequent infectious diseases.

### **History**

The Global Fund to fight AIDS, Tuberculosis and Malaria was founded after the initiative of UN Secretary General Kofi Annan. The decision to establish such a fund was taken at the UN General Assembly Special Session on HIV/AIDS in New York on June 25-27 2001. The representatives of all member states of the United Nations signed a declaration of commitment, saying that 7-10 billion US-dollars would be necessary every year for the combat against AIDS and that a Global Fund was to be established as a major instrument for raising most of this amount. Originally the Global Fund was meant to be a pure anti-AIDS fund, but it soon became clear that it would be more sensible to unite the combat against the three major infectious diseases, which kill about 6 million people a year, in just one organisation.

Immediately after the special session Kofi Annan commissioned a working group in charge of elaborating the structure and the concept of the new fund. In January 2002 the secretariat and the board of the Global Fund took up work.

### **Structure**

The highest decision-making body of the Global Fund is the board. It consists of 18 members entitled to vote. Seven seats go to the governments of industrialised countries, seven to governments of development countries, two to NGOs, one to the private sector and one to private funds. The board decides about projects that are presented to it for approval. The board transfers the various tasks to the secretariat, which currently consists of approximately 80 staff. The headquarters of the secretariat are in Geneva.

Project proposals are elaborated within the respective countries by the so-called *Country Coordinating Mechanisms* which consist of representatives of governments, NGOs and the private sector. In exceptional cases NGOs have the right to table a proposal to the Global Fund directly. This exception is valid for countries in situations of war, countries without an internationally acknowledged government and countries where certain groups of the civil society are actively suppressed.

The Global Fund has created an entirely new way of close cooperation between governments and NGOs. In legal terms the Global Fund is not a UN organisation but a fund, which enables it to integrate NGOs as decision-making entities on all levels, which would be legally impossible as a UN organisation. The process from project proposal to approval is characterised by participation. The proposals are worked out in the respective country by government and NGOs, they are tested for their technical feasibility by a body of experts, which equally includes experts from the receiving country, and are finally approved by a board where not only donor and receiving countries have a vote, but also government organisations and NGOs.

The Global Fund is the only major organisation of development cooperation without a permanent presence in the application countries. It believes in the principle of *country ownership*. It should thus be left to the countries themselves to state their priorities, to elaborate project proposals and guarantee their realisation. The Global Fund does not influence the decision for which measures or for which of the three diseases the countries file a proposal for funds. The Fund does, however, commission internationally renowned auditing firms with the examination of the orderly use of these funds and so to prevent misuse. These so-called *Local Fund Agents* report to the Fund about the progress of the project in three-month intervals. Only after this check on progress will the next instalment be transferred. The Global Fund is a highly unbureaucratic and slim organisation. Only 3 % of spending are used for administrative purposes, including the *Local Fund Agents*, so that the administration

can for the most part be financed with the interest of deposited donations. About 99 % of the funds are used directly for the projects.

The mechanism for the allocation of funds is very simple, compared to other international organisations. On average there are only a few months passing between proposal, approval and payment.

In many countries the Global Fund triggers processes that are independent of money. Many countries reported that the foundation of the Country Coordinating Mechanisms had led to a new and improved cooperation between governments and civil societies.

## **Measures**

Up to date the Global Fund has been promised funds amounting to 5.4 billion US-dollars over the period of several years until 2008. From this amount roughly 3 billion have already been granted to 294 programmes in 120 countries.

Of the money allocated 60 % have been used for HIV/AIDS projects, and 20 % each for Tuberculosis and Malaria programmes. The fund attaches great importance to the fact that preventive measures as well as treatment, including ARVs are being funded. Approximately half of the funds are paid to government organisations, whereas the other half goes to NGOs and grassroot organisations on country level. Approximately 60 % of the funds are sent to Africa, but also Asian, Latin American and Eastern European countries belonging to the World Bank category *low or lower middle income countries* have the right to file proposals.

## **First results**

A preliminary analysis of the 25 programmes that had concluded their first project year by May 2004 showed impressive results. More than half of the programmes had reached their set goals or even exceeded them. Only five projects had not reached their intended aims by far. We have also observed that NGO-implemented projects tend to work more efficiently and reach their goals more quickly than others. When all 294 projects are finished, given their optimum realisation, the measures of the Global Fund will have achieved that:

- 1.6 million people gain access to antiretroviral therapy
- 52 million people gain access to examination and consultation centres

- more than a million orphans receive adequate care
- 4 million patients of Tuberculosis successfully conclude a DOTS therapy
- 141 million treatment cycles with Artemisin-based modern Malaria-medication are administered
- 168 million impregnated bed nets are supplied

These results are impressive for an only two-year-old organisation which had to build up an entirely new funding mechanism.

The Global Fund follows an innovative and promising approach which aims at closing the inequality gap in the field of health care between rich and poor countries. However, we all have to continue our great efforts to guarantee the political support which is so essential for the success of this organisation.

For further information visit the homepage of the Global Fund: [www.theglobalfund.org](http://www.theglobalfund.org)