



Annual Report 2006



Investing in our future

The Global Fund

To Fight AIDS, Tuberculosis and Malaria

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The Global Fund was founded in 2002 on the premise that a major injection of new resources was essential to turn the tide in the fight against three deadly diseases – AIDS, tuberculosis and malaria. Nearly five years later, the billions of dollars committed by the global community have rapidly translated into essential services for millions of people around the world. In that time, the number of people in Africa with access to antiretroviral treatment has increased eight-fold. And, in some countries, the rates of new HIV, tuberculosis and malaria infections have decreased as investments in prevention and treatment have taken effect. A substantial part of the financing required to ensure this impact has been channeled through the Global Fund. The question is no longer whether more money can have an impact on health in developing countries – that has been shown to be true provided that there is strong national ownership and a functioning network of partners. Rather, it is whether the world will now act on that truth and provide sufficient money to at last get ahead of the three diseases, which, despite significant progress, continue to take such a terrible toll. The Global Fund has been proven a potent weapon in the battle against these diseases. The future of the fight will be shaped by our ability to expand its resources to a scale which matches the massive enemy that we face.

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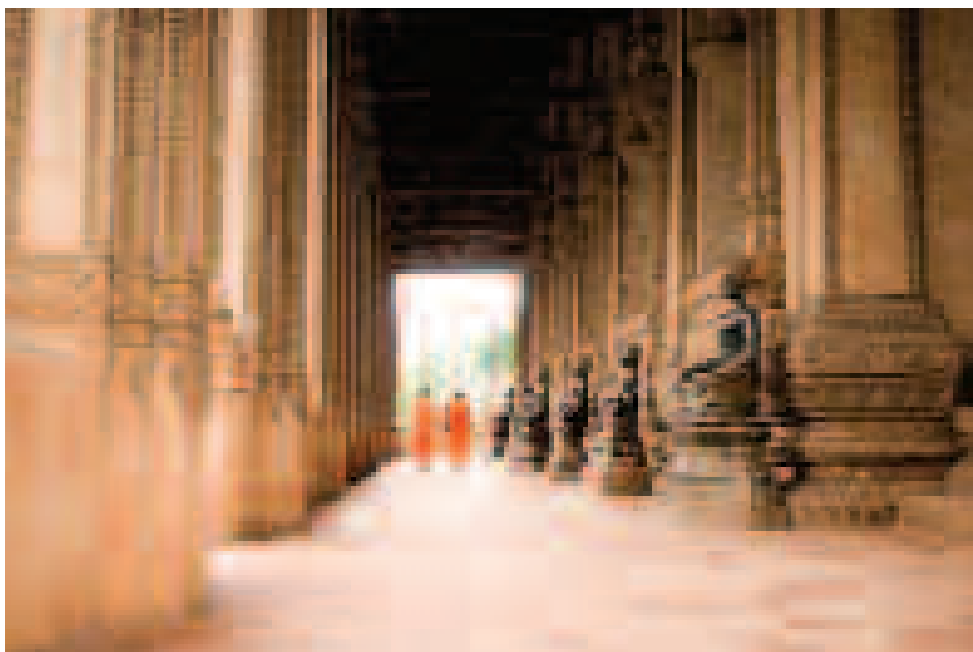
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Global Fund Portfolio at a Glance



LAOS

After facing difficulties in setting up a private organization to help stem the spread of HIV in Laos, program organizers turned to an association of Buddhist monks for help.

In temples, monks provide self-help groups and spiritual help to HIV-positive members of the community.



NIGER

In an intensive, two-week collaborative campaign more than two million bed nets were distributed to mothers of children under age five throughout Niger.

Mosquito nets treated with insecticides help to halt the spread of malaria, which kills more than one million children in Africa each year.

Message from the Chair and the Vice-Chair

The Global Fund to Fight AIDS, Tuberculosis and Malaria was created to scale up funding and efforts to halt the spread of the three diseases and save lives. After nearly five years of hard work and with billions of dollars flowing to the parts of the world hardest hit by the diseases, we are beginning to see the fruits of our common efforts.

The Global Fund model is saving lives, thanks to the people at thousands of organizations in 136 countries treating and caring for people with AIDS, TB and malaria, and preventing their spread. By the end of 2006, 1.25 million people who were facing a virtual death sentence just four years ago are now living in their communities and participating in work and family life. This would not have been possible without the programs supported by the Global Fund and without the valuable contribution of all our donors.

The delivery of key services and commodities was significantly expanded in 2006 with 770,000 people currently on antiretroviral treatment for HIV, two million people being treated for TB with the highly-effective Directly-Observed Treatment, Short Course protocol and 18 million insecticide-treated bed nets distributed to protect families from malaria. Additionally, treatment, prevention and care results show that 9.4 million people have been reached with HIV counseling and testing; 23 million malaria treatments have been delivered; 1.2 million orphans have been provided with basic care and support and 3.6 million people have been trained to deliver services.

These are remarkable results for an organization that is on the eve of celebrating its fifth anniversary and it would not have been possible without the outstanding partnerships that have been developed worldwide. These results really are a testimony to the power derived from increased resources, creativity, inventiveness, hard work and talent and channeling those efforts toward a very specific goal. It is through the partnerships typified in the Global Fund model that you create impact.

Although we have come a long way, our journey has just begun. There is much more to be done to fight these three diseases that kill close to six million people each year. But with this record of success, we are confident that the world will see that through a concentrated global effort we can reach universal access to AIDS treatment and prevention, roll back malaria, stop TB and save millions more lives.

It has been an honor to serve the Global Fund and the communities to which it has provided assistance over the past two years. We offer our thanks and gratitude to the staff of the Secretariat and our fellow Board members for their support and commitment.



Dr Carol Jacobs
*Chair of the Board
 Chairman of the National HIV/AIDS
 Commission in the Office of the
 Prime Minister in Barbados*



Dr Lieve Fransen
*Vice-Chair of the Board
 Head of Human and Social
 Development for the European
 Commission's Directorate General
 of Development*



INDIA

The Global Fund is assisting the world's largest HIV-positive support network, the Indian Network for People Living with HIV/AIDS (INP+). Like a giant web stretching across India, many of its 50,000 members work as volunteers alongside professionals, reaching even the most remote rural villages with condoms and prevention education, sympathy, advice and medical care.

INP+ is clawing away at social stigma. Its strategy is simple: be seen leading an active life with HIV/AIDS and the fear which feeds discrimination will eventually fade.

Message from the Executive Director

MARCH 2007

This is the fifth Annual Report of the Global Fund and it is published on the Global Fund's fifth birthday. Five years ago, the Global Fund was an idea. Today, it is a reality and, in a small way, it is changing the world.

In the words of the mantra that I adopted during my first week at the Global Fund, we have raised it, we have spent it, and we have proved it. As of March 2007, more than US\$ 10 billion had been raised for the fight against AIDS, tuberculosis and malaria. A total of over 450 high-quality programs in 136 countries have been approved through a rigorous and competitive process. In addition, 405 initial grant agreements and 172 Phase 2 renewals have been signed. US\$ 5.7 billion has been committed to these programs and US\$ 3.5 billion has been spent.

That covers the raise it and the spend it! But more important is the prove it. What are the results? What is the impact? What has been done with all this money? The answer is a great deal, and that work has benefited the lives of tens of millions of people all around the world. In March 2007, the Global Fund published a comprehensive statement of performance and impact entitled *Partners in Impact*. This document is available from the Secretariat and on our website. It provides detailed evidence of the benefits that have been brought to all parts of the world as a result of Global Fund investment. It also documents the continuing success and innovation in the Global Fund's way of doing business. I will not try to summarize this wealth of information here, but mention only that 1.6 million children, women, and men are alive in the world today who would otherwise be dead were it not for the existence and investments of the Global Fund.

However, and it is a big however, the credit should never go to the Global Fund and no one should ever think that the Global Fund does the hard part of this enormous task. The heroes in the fight against HIV/AIDS, tuberculosis and malaria are the thousands of men and women on the front line implementing programs, day after day, in the face of poverty, inadequate resources, and daunting obstacles. In some cases, these men and women must also face stigma, harassment, and outright abuse and violence. Our thoughts, our prayers, our hopes must always be with them. The Global Fund exists to help them do their work more rapidly and more effectively.

The key challenge for my successor, Professor Michel Kazatchkine, is to maintain the rate of growth of income, to maintain the rate of growth of investment, and most importantly, to maintain the rate of growth in impact. To do this will require vision, leadership and boldness, and a relentless determination to maintain and improve the successful innovations that lie at the heart of the Global Fund's unique business model. No one doubts that all this is achievable, and I have no doubt that it will be achieved. Hope of a better life for hundreds of millions of people around the world rests on the continued success of the Global Fund.



Professor Sir Richard Feachem KBE FREng DSc(Med)
Executive Director



SRI LANKA

In Sri Lanka, support from the Global Fund is enabling routine screening of children under age ten for malaria in remote districts. Prevention programs aimed at raising awareness about malaria are an important component of Sri Lanka's anti-malaria campaign. One of the target groups of the program is schoolchildren who are able to pass on prevention messages to their peers and their families.

List of Terms & Abbreviations Used

ACT	Artemisinin-based combination therapy
ARV	Antiretrovirals
CCM	Country Coordinating Mechanism
DATA	Debt, AIDS, Trade Africa
DFID	Department for International Development (UK)
DOTS	Directly Observed Treatment, Short course (referring to the internationally-approved tuberculosis treatment strategy)
EARS	Early Alert & Response System
EC	Ethics Committee
FAC	Finance & Audit Committee (of the Global Fund Board)
FBO	Faith-based organization
GIST	Global Implementation Support Team
IDU	Injecting drug user
ITN	Insecticide-treated bed net
LFA	Local Fund Agent
M&E	Monitoring & evaluation
MDGs	Millennium Development Goals
MDR-TB	Multidrug-resistant tuberculosis
MSM	Men who have sex with men
NGO	Nongovernmental organization
OGAC	Office of the U.S. Global AIDS Coordinator
PC	Portfolio Committee (of the Global Fund Board)
PEPFAR	President's Emergency Plan for AIDS Relief (U.S.)
PLWHA	Persons living with or affected by HIV/AIDS
PMTCT	Prevention of mother-to-child transmission (of the HIV virus)
PMR	Portfolio Monitoring Report
PR	Principal Recipient
PRM	Price Reporting Mechanism
PSC	Policy & Strategy Committee (of the Global Fund Board)
RCC	Rolling Continuation Channel
STI	Sexually-transmitted infection
TB	Tuberculosis
TERG	Technical Evaluation Reference Group
TRP	Technical Review Panel
UNDP	United Nations Development Programme
WHO	World Health Organization

Core Structures of the Global Fund

The Global Fund was founded to channel massive amounts of additional financing to programs around the world effectively working to reduce the impact of AIDS, tuberculosis (TB) and malaria and thereby fostering economic development and stability. To achieve this mission, the Global Fund focuses on three core areas of work: resource mobilization, portfolio management and grant performance.

THE BOARD

The Global Fund's Board approves grants and supports resource mobilization to meet the Global Fund's financial needs. In April 2005 the Board appointed the member representing Latin America and the Caribbean, Dr Carol Jacobs, Chair of the National HIV/AIDS Commission in the Office of the Prime Minister of Barbados, as Chair. Lieve Franssen, Head of Human and Social Development for the European Commission's Directorate General, was selected to serve as Vice-Chair.

The Board has 20 voting members and four non-voting members, representing donors and recipient countries, nongovernmental organizations (NGOs) and communities living with and affected by the diseases, the private sector and private foundations, as well as key operating partners.

Four standing committees drive the work of the Board: the Ethics Committee (EC), the Finance and Audit Committee (FAC), the Policy and Strategy Committee (PSC) and the Portfolio Committee (PC).

SECRETARIAT

A Secretariat, staffed by approximately 250 temporary and fixed-term professional and administrative personnel, conducts the daily operations of the Global Fund, including management and ongoing performance monitoring of grants; mobilization of resources from both public and private donors; communication of the work and impact of the organization and support for the work of the Board and Technical Review Panel. The Secretariat is based in Geneva, Switzerland.

TECHNICAL REVIEW PANEL

The Technical Review Panel (TRP) is an independent body of international health and development experts that assesses all grant proposals for technical and scientific merit based on global best practices. Members convene for two weeks in Geneva to review the proposals submitted for each funding round, and the TRP then makes recommendations to the Board on proposals that deserve funding. The TRP also provides ongoing support to any proposal clarifications following Board approval.

COUNTRY COORDINATING MECHANISM

Before a country applies to the Global Fund for a grant, it normally convenes a multisectoral Country Coordinating Mechanism (CCM), which represents both the public and private sectors, including government agencies, NGOs and faith-based organizations (FBOs), people living with and affected by the diseases, bilateral and multilateral development agencies, and academic institutions. The CCM develops and submits grant proposals to the Global Fund for financing to fill gaps in national strategies to fight the three diseases. After the Global

Fund approves a grant, the CCM oversees implementation of funded programs, ensures cross-sector coordination and makes the request for continued funding as the grant approaches the end of Phase 1 (two years). CCMs are central to the Global Fund's commitment to local ownership and participatory decision-making.

The Global Fund relies upon its partners to provide technical support and capacity-building assistance to current and potential grant recipients. Bilateral agencies, businesses and foundations, and nongovernmental and multilateral organizations work side by side within CCMs to develop high-quality proposals, strengthen local capacity to manage grants and assist in the implementation of grant-funded programs.

PRINCIPAL RECIPIENT

For each grant, at least one Principal Recipient (PR) is accountable for the resources committed and disbursed by the Global Fund. The PR, which is nominated by the CCM and approved by the Global Fund, supervises program implementation, often overseeing the work of several sub-recipients. PRs work with the Secretariat and sub-recipients to develop program goals, performance indicators and targets to be included in an initial two-year grant agreement. At intervals specified in the agreement, the PR requests disbursements from the Global Fund based on verified progress updates and the cash requirements of the program. This is the foundation for the Global Fund's system of performance-based funding.

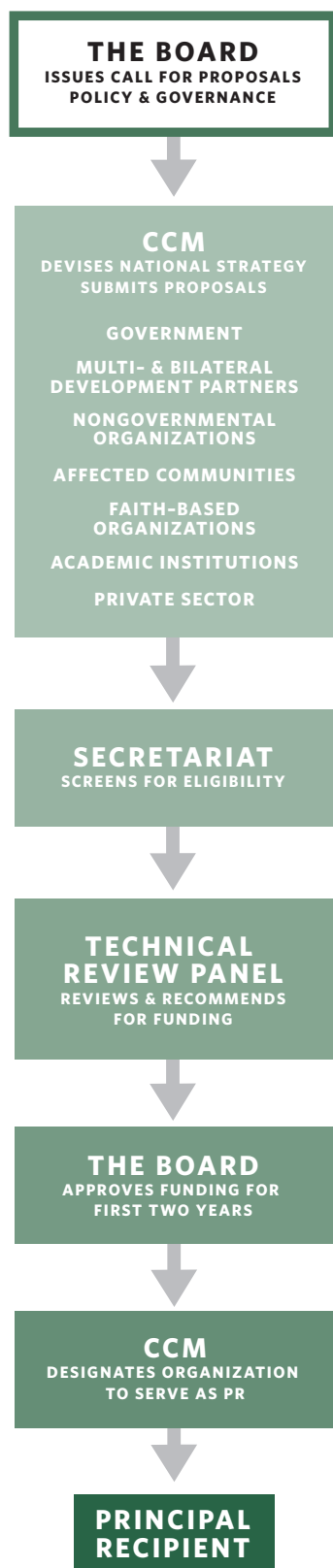
LOCAL FUND AGENT

As the Global Fund has no staff outside its Secretariat in Geneva, it contracts a Local Fund Agent (LFA) for each recipient country to provide a range of critical functions, including assessing the capacity of nominated PRs to manage and administer grants and monitoring and verifying the ongoing progress and financial reports of grant recipients.

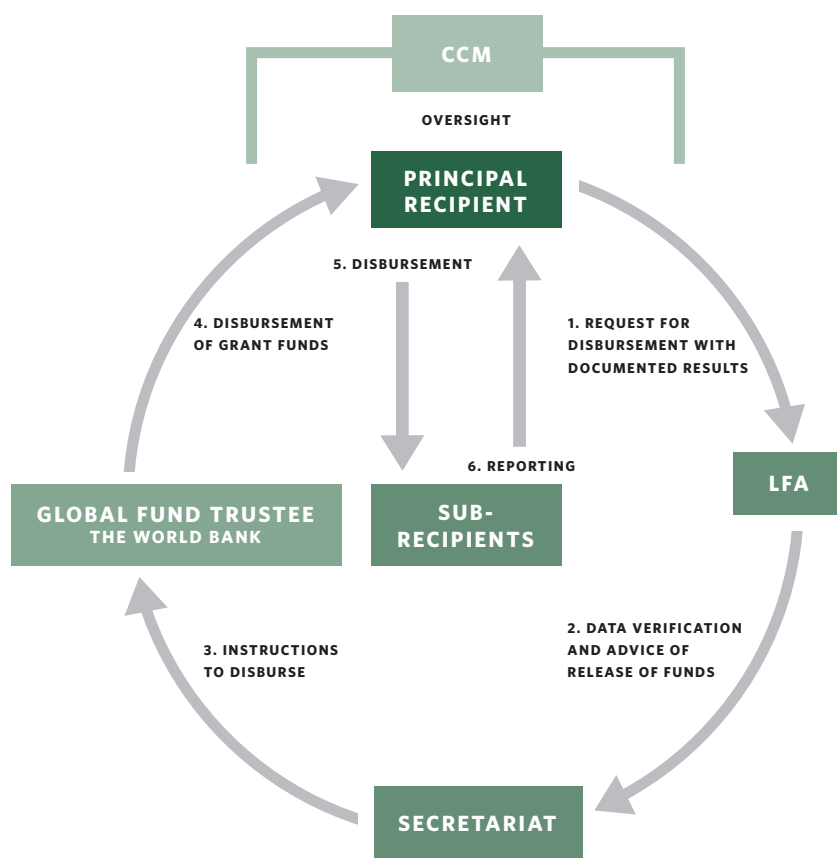
PARTNERSHIP FORUM

Every two years, the Global Fund hosts a Partnership Forum which convenes a broad group of stakeholders to discuss issues relating to Global Fund strategic direction and policies. It serves as an opportunity to inform stakeholders of progress and challenges and it also serves as an opportunity for those who may not have a direct voice on the Board to give feedback and guidance. The first Partnership Forum took place in July 2004 in Bangkok, Thailand. The second Partnership Forum was held in July 2006 in Durban, South Africa, and was preceded by an online discussion forum in four languages. The next Partnership Forum will take place in 2008.

GLOBAL FUND PROPOSALS PROCESS



GLOBAL FUND GRANT PROCESS



GUIDING PRINCIPLES

Seven principles guide the policies and operations of the Global Fund in everything it does, from governance to grant-making.

These principles are to

1. Operate as a financial instrument, not as an implementing entity.
2. Make available and leverage additional financial resources.
3. Support programs that evolve from national plans and priorities.
4. Operate in a balanced manner in terms of different regions, diseases and interventions.
5. Pursue an integrated and balanced approach to prevention and treatment.
6. Evaluate proposals through independent review processes.
7. Operate with transparency and accountability.

2006 Year In Review

JANUARY

- At the World Economic Forum, held in Davos, Switzerland, rock musician Bono and Bobby Shriver of DATA (Debt, Aid, Trade, AFRICA) announce a new corporate initiative to create a sustainable and profitable brand – (PRODUCT)^{RED} – which will raise funds for and awareness of the Global Fund and the fight against HIV/AIDS in Africa. The money generated by the sale of (RED) products will support Global Fund-financed programs which positively impact the lives of women and children affected by HIV/AIDS in Africa.

FEBRUARY

- The Global Fund eForum is launched to give Partnership Forum participants an additional opportunity to contribute to dialogue and debate online and to suggest broad policy recommendations to the Board of the Global Fund. The Partnership Forum process is an integral part of the Global Fund's key structures. It gathers a broad range of stakeholders to discuss Global Fund performance and to make recommendations on its strategy and effectiveness.

MARCH

- Lieve Fransen, Head of Human and Social Development for the European Commission's Directorate General of Development, is elected by a unanimous Board vote to be the new Vice-Chair of the Board of the Global Fund, replacing Michel Kazatchkine who resigned in January.
- In an intensive two-week collaborative campaign involving the Niger Ministry of Health, the International Federation of Red Cross and Red Crescent Societies and the Global Fund, more than two million mosquito nets are distributed to mothers of children under age five throughout Niger.

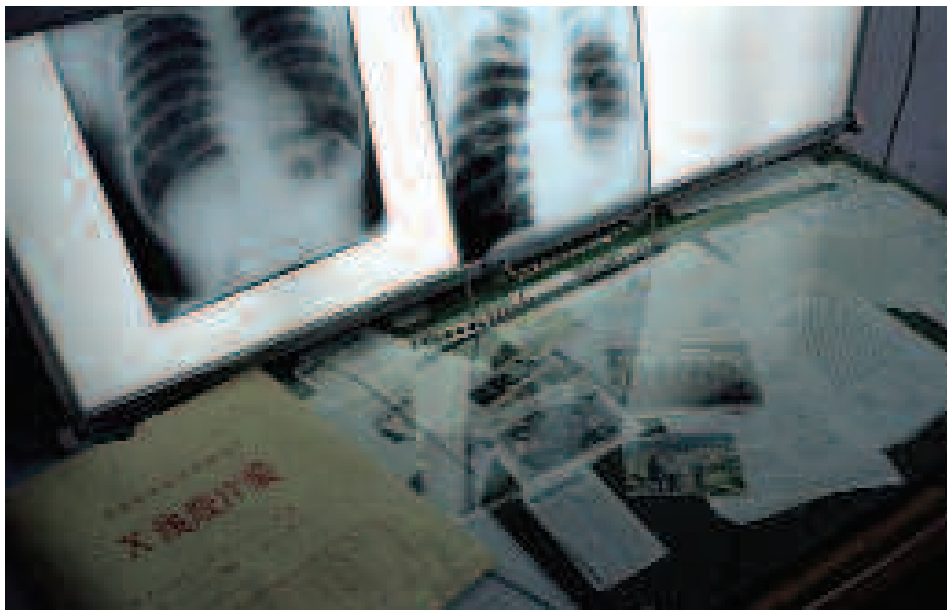
- World TB Day is held on 24 March with the theme “Actions for Life: Towards a World Free of Tuberculosis.”
- Rwanda and Swaziland are announced as the first countries in the Global Fund grant portfolio to benefit from the profits derived from the (PRODUCT)^{RED} initiative. The first (RED) product, an American Express credit card, is officially launched in the United Kingdom.
- The Global Fund’s Western and Central Africa cluster holds a joint regional meeting with the Roll Back Malaria Partnership in Senegal. Country Action Plans designed to address implementation bottlenecks specific to the Global Fund’s malaria grants are discussed along with options for scaling up and available assistance from partners.

APRIL

- At its Thirteenth Meeting, the Board of the Global Fund decides to call for a sixth round of grant proposals from countries striving to combat AIDS, TB and malaria.

MAY

- From 2 to 4 May 2006, the African Union organizes the Special Summit on HIV/AIDS, Tuberculosis and Malaria in Abuja, Nigeria, with the theme “Universal Access to HIV/AIDS, Tuberculosis and Malaria Services by 2010.” The summit gathers leaders of African nations and international organizations as well as health specialists from the region. At the summit, the idea of creating a “Friends of the Global Fund Africa” is launched and the Global Fund is presented the AIDS Watch Africa Special Award in recognition of the organization’s significant contributions to the fight against HIV/AIDS across Africa.
- The UN High-Level Meeting on AIDS is held in New York, featuring a series of panel discussions as well as roundtables covering diverse topics. The meeting concludes with a reaffirmation of and an expression of recommitment to the full implementation of the 2001 Declaration of Commitment on HIV/AIDS in the coming years.
- The first regional AIDS conference in Eastern Europe and Central Asia is held in Moscow, underscoring the growing momentum to scale up the response to AIDS in the region.
- Motorola, the United States-based multinational communications company, signs up as a (PRODUCT)^{RED} partner. With each sale of a (RED) phone, Motorola will make a direct contribution to the Global Fund.



CHINA

Reinvigorated government commitments to public health coupled with a much-needed infusion of additional resources from the Global Fund and other donors has resulted in evidence of a significant decrease in the prevalence and incidence of TB in China.

JUNE

- The Global Fund releases *Investing in Impact: Mid-Year Results Report 2006*, which shows that in most countries where money is invested, treatment and prevention efforts are working.
- The Global Fund's West and Central Africa cluster holds a second regional meeting in Cameroon focused on accelerating implementation of AIDS control programs. Participants at the meeting, in joint collaboration with GIP ESTHER and the World Health Organization (WHO), aim to identify bottlenecks for the implementation of HIV/AIDS grants in selected countries of the region, discuss and develop solutions including identification of technical support available and develop country-specific action plans.

JULY

- In an effort to reduce the burden of malaria (the largest killer of children in Kenya) the government of Kenya launches the first phase of a two-part campaign to massively increase the number of young children sleeping under long-lasting insecticide-treated bed nets (ITNs). The campaign plans to distribute 3.4 million bed nets by the end of August with partial funding from the Global Fund.
- The Global Fund convenes its second Partnership Forum from 1 to 3 July 2006 in Durban, South Africa. The Partnership Forum meets every two years to give a broad range of global stakeholders the opportunity to provide feedback about the Global Fund's performance and to make recommendations to improve effectiveness and inform strategy. A total of 414 people from 118 countries participate in moderated discussions about ensuring impact, working more effectively with local and global partners and guaranteeing financial sustainability for the Global Fund.
- Also in Durban, South Africa, following the Partnership Forum, the Global Fund holds a Mid-Term Review of its Replenishment Mechanism.
- At the G8 Summit, held in St. Petersburg, Russia, the G8 reaffirms its support for the Global Fund and stresses the need to secure adequate financing in order to achieve its targets on disease control. The Russian Federation commits US\$ 217 million through 2010 to reimburse the cost of all the Global Fund's projects in the country to date.
- The Bill & Melinda Gates Foundation announces a US\$ 500 million grant to the Global Fund, which will be provided over five years.

AUGUST

- The International AIDS Conference is held in Toronto, Canada. It is convened every other year by the International AIDS Society, and gathers more than 20,000 scientists, activists and health workers from all around the world. In their keynote speech at the opening ceremony, Bill and Melinda Gates describe the Global Fund as “one of the best and kindest things people have ever done for one another. It is a fantastic vehicle for scaling up the treatments and preventive tools we have today – to make sure they reach the people who need them.”
- Following the call for proposals announced in April, 97 countries submit proposals for the new round of grants, seeking an additional US\$ 5.8 billion over five years.
- “Hope Spreads Faster than AIDS,” a global communications campaign to engage citizens, corporations and civil society in taking action to support the fight against AIDS, is pilot-tested in the United States. Its core message that this pandemic can be overcome will travel through a number of communications channels, including postage and metered mail, packages, text messages, web and traditional media.

SEPTEMBER

- The TRP meets to review eligible Round 6 grant proposals. The panel of 26 independent experts, chaired by Dr Jonathan Broomberg (South Africa), classifies all eligible grant proposals according to their technical merit and recommends the best proposals to the Board for funding.
- UNITAID, an international drug purchase facility financed largely by air ticket levies, is launched with a mission to expand long-term access to low-priced, quality treatments for HIV/AIDS, tuberculosis and malaria to those in urgent need.
- The Global Fund’s South and West Asia cluster holds a regional meeting in Thailand. The meeting focuses on improving performance-based grant management skills. For two days country participants heard presentations on topics such as procurement, finance and monitoring and evaluation to help them better manage their grants. The meeting ends with each participant presenting a country-specific action plan designed to help guide the future work of the country teams.
- The Global Fund’s East Asia and the Pacific cluster holds a regional meeting in Beijing, China. The meeting explores the themes of regional initiatives and cross-border collaboration among program implementers, harm reduction strategies for injecting drug users and access to technical assistance. In addition, challenges and solutions to program implementation are discussed.

OCTOBER

- At a press conference in New York hosted by Bono, Bobby Shriver, and Richard Feachem, (PRODUCT)^{RED} officially launches in the United States. At the same time, (RED) is also featured on the Oprah Winfrey show, with Bono introducing the partner companies and their products. During the show, Oprah, Bono and Bobby Shriver, with a few other celebrity friends, shop for (RED) merchandise on Michigan Avenue in downtown Chicago.

NOVEMBER

- The Board of the Global Fund holds its Fourteenth Board Meeting in Guatemala City. At this meeting, the Board makes a number of important decisions for the future direction of the Global Fund and the fight against the three diseases, adopts the first elements of the Global Fund's four-year Strategic Framework, and approves a sixth round of grant funding worth US\$ 846 million.
- Also at this meeting, the Board fails to reach a consensus on selecting a new Executive Director and decides to continue its search.
- The Global Fund temporarily suspends two grants in Chad after receiving evidence that a limited amount of Global Fund grant funds had been misused by the PR and sub-recipients. There was also evidence that the PR and sub-recipients did not have satisfactory capacity to manage the Global Fund's resources.
- The Global Fund's Eastern Europe and Central Asia cluster, in close partnership with financial partner the United Nations Development Programme (UNDP), holds a regional meeting in the Kyrgyz Republic. The meeting focuses on accelerating implementation of HIV/AIDS, TB and malaria programs in Central Asia.

DECEMBER

- The Global Fund reveals that programs it supports have delivered more than 18 million ITNs, an increase of 135 percent over the past year. It is estimated that those nets will save the lives of 371,000 children over the next three years by protecting them from malaria infection. In addition, Global Fund-financed programs have provided antiretroviral (ARV) treatment to 770,000 people infected with HIV and have treated two million people for TB under the Directly-Observed Treatment, Short Course (DOTS) protocol.
- The Global Fund holds its regional meeting for the Middle East and North Africa in Sana'a, Yemen. Items on the agenda include the role of civil society and the private sector, the grant management cycle and the Phase 2 process. The meeting was preceded by an advocacy day involving potential regional donors aimed at improving awareness and appreciation of the Global Fund's contribution in the region.



RWANDA

At the beginning of 2006, (PRODUCT)RED, a large corporate initiative to raise funds for and awareness of the Global Fund and the fight against HIV/AIDS in Africa, was launched.

A portion of the profits made from the sale of (RED) products goes to the Global Fund, which then disburses the money to programs it already finances that positively impact the lives of women and children affected by HIV/AIDS in Rwanda and Swaziland.

Operations and Results



THAILAND

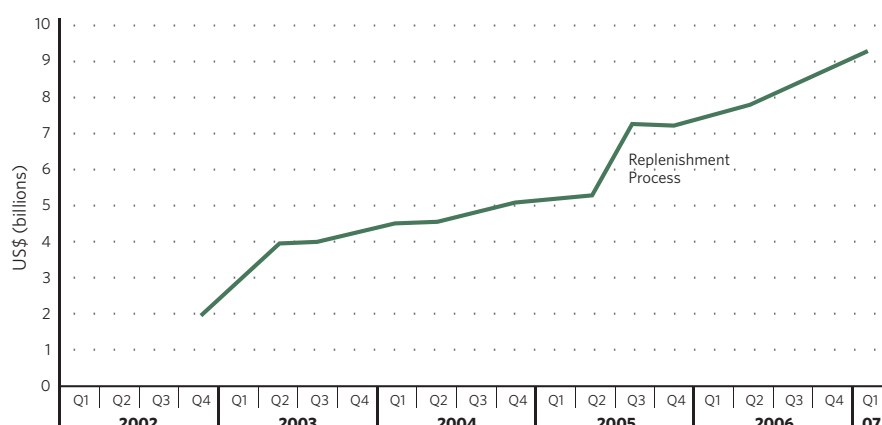
Thanks to people at thousands of organizations in 136 countries treating and caring for people with AIDS, TB and malaria, and preventing the spread of the diseases, the Global Fund model is saving lives.

By the end of 2006, 1.25 million people who were facing a virtual death sentence just four years ago are now living in their communities and participating in work and family life.

Resource Mobilization and Advocacy

If poverty is to be overcome, it is essential that the health of people living in developing countries be improved. Healthy populations live longer, are more productive and save more. Today, more than anything else, three diseases – HIV/AIDS, tuberculosis and malaria – drain the life and resources from people living in the poorest nations, leaving them with no chance of creating sustainable economies. The Global Fund was founded to channel large amounts of additional financing to programs around the world that work to reduce the impact of AIDS, tuberculosis and malaria and foster economic and social development. To achieve this mission, the Global Fund focuses on three core areas of work: raising resources, making the money work and proving the effectiveness of the model.

To finance the fight against the three pandemics, the Global Fund relies on financial contributions from public and private donors, including governments, foundations, corporations and individuals. Developing effective fundraising strategies has become a core part of the Global Fund's work. Whether it is convincing high-level officials from the world's wealthiest nations to continue and increase the level of support they give to the Global Fund, supporting the advocacy efforts of communities affected by the diseases or working with celebrities and other high-profile individuals to raise awareness of the need to continue funding the fight against the three diseases, the Secretariat is responsible for building relationships with donors and producing and executing effective and efficient strategies to keep the money flowing in.

FIGURE 1**TOTAL VALUE OF PLEDGES TO THE GLOBAL FUND BY YEAR****Results: Public Sector Funds Raised**

As in previous years, a limited number of donor governments continued to provide the bulk of the Global Fund's resources in 2006. In total, public sector donors pledged US\$ 2.2 billion for 2006, a 46 percent increase over pledges for 2005. These funds enabled the Global Fund to renew well-performing programs which had reached their two-year performance review (Phase 2), and to fully fund a sixth round of grant proposals with a financial commitment of US\$ 846 million approved by the Board in November. This income was achieved through continued increases in both the number and size of government contributions.

At the G8 Summit in July, Russia moved from being predominantly a recipient to becoming a significant donor by pledging US\$ 217 million through 2010 to reimburse the cost of all the Global Fund's projects in Russia. This was a major development in that it brought full circle the Global Fund's goal of helping recipient countries to become self-sustaining in fighting the three diseases in the long term. It was also a serious indication of Russia's commitment to halting the growing public health threat of HIV and TB within its own borders and around the world. The Russian experience is an important model for other large, middle-income countries who could gradually become less reliant on Global Fund support.

A number of governments – including Canada, France, Ireland, the Netherlands, Spain, Sweden and the United States – significantly increased pledges made in previous years. Additionally, some donors resumed their contributions in 2006, such as Brazil and Nigeria, while new donors responded positively to the fundraising



ZANZIBAR

A village health clinic in Zanzibar has used Global Fund support to scale up HIV testing and counseling, general medicine and maternal testing and support in the community

efforts of the Global Fund, such as Finland, India and the Generalitat of Catalonia, one of the 17 Autonomous Communities of Spain.

In July 2006, the mid-term review of the Global Fund's first voluntary replenishment was held in Durban, South Africa. The Chair of the Replenishment is Kofi Annan, who was UN Secretary-General until December 2006 and who continues in his private capacity, and the Vice-Chair is Sven Sandström, former managing director of the World Bank and chairman of the Tenth Replenishment of the African Development Fund. The voluntary replenishment mechanism brings donors together periodically to discuss progress and expectations of the Global Fund and to help donors better plan their financial commitments on a multi-year basis. The goal of the replenishment process is to ensure predictable and sustainable funding on a significant scale for the Global Fund.

The Role of Civil Society in the Global Fight

Civil society¹ has played a fundamental role in the design and development of the Global Fund as well as a critical part in advocating the necessity for multi-stakeholder participation throughout the Global Fund architecture. Throughout the development and evolution of the Global Fund, civil society has encouraged governments to commit more resources and provided support for program implementation. Representatives from civil society organizations have been valuable voices on the Global Fund Board, where they hold equal voting rights alongside donor and recipient governments; on CCMs, representing the needs of vulnerable and marginalized groups infected with and affected by the three diseases and in program implementation. Civil society has a proven and effective role in targeting hard-to-reach communities and in improving prevention and treatment literacy.

In 2006, the Global Fund evaluated the performance of civil society groups as implementers of its grants. The results confirmed the necessity of involving civil society in all levels of its processes. Civil society organizations performed equally as well, if not better, than all other types of implementing agencies. Year-end figures show that 83 percent of grants to civil society organizations were A or B1-rated, with only two percent C-rated. In addition, civil society as an entity received the largest percentage of high performance ratings (28 percent were A-rated – meeting or exceeding expectations — and 55 percent were B1-rated – showing adequate performance) in comparison to other entities involved in grant implementation. These results and initiatives demonstrate the importance of civil society organizations in improving the financial absorptive capacity and implementation speed of prevention and treatment programs supported by the Global Fund.

Civil society was also fundamental in ensuring a successful Partnership Forum in Durban in 2006, where more than 414 people from 118 countries participated. The attendees included representatives of affected communities, NGOs and FBOs, donors, multilateral development cooperation agencies,

technical and research agencies, foundations and the private sector. The Partnership Forum is a unique governance structure within the Global Fund by-laws and was designed to permit the Global Fund to receive feedback into its processes and performance from its key stakeholders every two years. In 2006, the Partnership Forum sought feedback from its stakeholders regarding the development of the Global Fund Five-Year Strategy. In addition, countries made presentations on a range of topics to share experiences and lessons learned from working with the Global Fund. It also served as a key opportunity for countries and partners to network and exchange ideas. Participants worked collectively during the Partnership Forum to develop a set of recommendations to the Global Fund. These recommendations were directed to the Board and Secretariat for their consideration and response.

The year 2006 also saw the launch of Friends of the Global Fund Africa in Abuja, Nigeria. The launch brought together a range of key stakeholders, not only from civil society but also from African governments and private sector and multilateral partners. Friends of the Global Fund Africa was established to galvanize multi-stakeholder support for the purpose of bringing about sustainable and effective methods of addressing the issues of AIDS, TB and malaria in Africa by supporting the Global Fund and other innovative finance initiatives.

The launch of Friends of the Global Fund Africa is of particular importance as it is the first “Friends of the Fund” organization to be established in a region of the world where there are large numbers of Global Fund grant recipients. Friends of the Global Fund Africa is based on a continent which is currently experiencing the highest disease burden and, consequently, where the largest amounts of Global Fund resources are committed. It is in a unique position to raise awareness of the Global Fund and its objectives among the general public as well as to provide a valuable perspective into the performance of Global Fund grants on the continent.

Civil society organizations continue to play a fundamental role in Global Fund processes and are helping to shape how we do our core business at the Board, Secretariat and country levels. Their input and insight into the needs and experiences of communities living with and affected by the diseases are essential for ensuring that the Global Fund achieves its core mandate of effective and sustainable responses to fighting the three pandemics.

1. Civil society is defined by the UN as “associations of citizens (outside their families, friends and businesses) entered into voluntarily to advance their interests, ideas and ideologies.” The term does not include profit-making activity (the private sector) or governing (the public sector).

Participants at the Durban meeting reviewed the progress made since the first replenishment meeting. Cameroon and South Africa made new pledges to the Global Fund during the meeting, while Canada frontloaded its 2007 pledge to 2006 to facilitate the approval of Round 6. The coverage of financial needs for 2006-2007 and the approval of Round 6 in November 2006 were made possible by a generous effort made by a number of donors. Over the month of July Australia, Belgium, China, Denmark, the European Commission, France, Germany, the Netherlands, Norway, Spain, Sweden and the United Kingdom contributed a total of US\$ 762 million, which was instrumental in maximizing the United States' contribution pledged for 2006.

Private Sector Resource Mobilization

In 2006 donations from the private sector – corporations, foundations, and individuals – became increasingly significant, growing to US\$ 113 million. Most of this increase was due to a major new contribution from the Bill & Melinda Gates Foundation, announced on the eve of the 16th International AIDS Conference in Toronto. The Gates Foundation grant, worth a total of US\$ 500 million, is structured so that US\$ 100 million will be provided each year from 2006 through 2010. The contributions for 2006 and 2007 were available in time to support the Global Fund's sixth round of financing. The grant brought the Gates Foundation's total support for the Global Fund to US\$ 650 million.

Initiatives generating contributions from new sources were also launched and developed. At the beginning of 2006, a large corporate initiative to raise funds for and awareness of the Global Fund and the fight against HIV/AIDS in Africa was launched. (PRODUCT)^{RED}, the brainchild of Bono, lead singer of the rock band U2, and Bobby Shriver, Chairman of DATA, aims to make socially-responsible consumption appealing by branding popular products from some of the world's leading companies with the (RED) logo. When consumers buy these products, a portion of the profits goes to the Global Fund, which then disburses the money to programs it already finances that positively impact the lives of women and children affected by HIV/AIDS in Africa. After successful launches in the United Kingdom in March and the United States in October, the Global Fund had received US\$ 12 million from (RED) partners by the end of 2006. Once the proceeds from sales during the holiday period at the end of 2006 are transferred to the Global Fund in 2007, this cumulative amount will increase to US\$ 18 million.



THAILAND

With courage matched by few other countries, Thailand's government risked damage to its tourism industry and its international reputation 20 years ago by publicly warning about a near-explosive growth in HIV infections.

Thailand's proactive approach of providing free care and treatment to HIV/AIDS patients is easing the burden of the disease in the country.

Product sales are only part of the (RED) story. By channeling substantial parts of the partner corporations' advertising budgets to (RED), the initiative is raising the profile of the brand and elevating consumer awareness of the Global Fund and of the problem of HIV/AIDS in Africa.

Another innovative initiative to engage businesses and consumers – “Hope Spreads Faster than AIDS” – was also developed in 2006. While (PRODUCT)^{RED} focuses on consumer products, the “Hope Spreads” campaign builds on communication and distribution channels to spread a positive message of hope in the fight against AIDS. The campaign will utilize various channels for “spreading hope” including email, the web, mobile communications and postage and metered mail.

“Hope Spreads” provides a range of opportunities for partners to communicate their corporate responsibility and commitment toward global health to consumers, employees and other stakeholders through visibility and presence on the “Hope Spreads” map — an online networking tool using Google mapping technology which engages users to participate and build their own networks of hope — and through the use of co-branded “Hope Spreads” communications such as customized postage and metered mail. The “Hope Spreads” concept was unveiled at the International AIDS Conference in August and several elements of the campaign were developed and tested in 2006. A commercial roll-out of the project is planned for the second half of 2007.

Additionally, some of the ideas for non-traditional sources of funding that the Global Fund supported or helped to develop with partners in the international community began to bear fruit. UNITAID, an international drug purchase facility launched in September 2006 and financed largely by air ticket levies in several countries, committed US\$ 52.5 million to help finance the Global Fund's sixth round of grant proposals. The UNITAID money will be used to purchase drugs for specific interventions in HIV/AIDS, TB and malaria. In addition, UNITAID also agreed to finance the scale-up of a number of Global Fund grants through the provision of second-line tuberculosis drugs and artemisinin-based combination therapies (ACTs) for malaria. The Global Fund Board has asked the Global Fund and UNITAID secretariats to work together on the implementation of these decisions and to develop a longer-term strategy, or “road map,” to better describe the respective roles of the two organizations and identify synergies and areas of collaboration.

During 2006, the Global Fund began to explore opportunities for an initiative to convert bilateral debt into financing for well-performing grants. The new concept, called “Debt2Health,” aims to demonstrate that debt relief can help fight HIV/AIDS, tuberculosis and malaria. Debt conversion is a mechanism whereby a creditor or a group of creditors agrees to cancel a portion of debt on the condition that the beneficiary invests an agreed-upon amount in a Global Fund-approved program.

The private sector also provided non-financial support to the Global Fund in the form of pro bono services, including advisory and legal services. A list of these pro bono contributions is shown in Figure 2.

Communications and Advocacy

The Global Fund is no longer considered an organization in its infancy, but one which is stable, able, mature and, above all else, accountable. This perception shift has resulted in a greater scrutiny of the Global Fund’s operations. A growing number of critical voices are reflecting the view that the organization is now more than just a welcome additional source of funds, having become integral to the international development architecture with countries increasingly counting on Global Fund financing while planning their strategies. The year, therefore, prompted a need for strengthened communication around the Global Fund’s basic principles of performance-based funding and country ownership.

These developments were reflected in the communication efforts of 2006, with a gradual shift from the institution’s promise to its results. There was a growing emphasis on directing both developing country and donor country journalists to grants supported by the Global Fund, and on focusing both the website and media outreach on the activities carried out by recipients and partners as a way to draw attention to the benefits of Global Fund financing. There was also a need to prevent, and in some cases respond to, negative stories in the media.

During the year, several events stood out as a focus of communications efforts: the roll-out of (PRODUCT)^{RED}, the Partnership Forum and the visibility of the Global Fund at high-level meetings such as the G8 Summit in Russia and the International AIDS Conference in Toronto. The Secretariat spent a lot of time building relationships with members of the news media. In 2006, media trips to a number of countries – among them Cambodia, Ethiopia, Mozambique, Russia, Rwanda, South Africa, Thailand and

FIGURE 2

LIST OF THE PRO BONO SERVICES CONTRIBUTED BY THE PRIVATE SECTOR IN 2006

Center for Disease Control, USA

Senior Advisor to PEP team
US\$ 189,002

CGD

CGD work on strategy
US\$ 10,000

Bill & Melinda Gates Foundation

Market dynamics study
US\$ 637,500

USAID

Procurement advisory services
US\$ 640,000

USAID

Travel & meetings
US\$ 160,000

DLA Piper Rudnick**Gray Cary US LLP**

General Legal services & TGF
Risk Management Project
(2006 portion only)
US\$ 319,797

DLA Piper Rudnick**Gray Cary US LLP**

Travel & meetings
US\$ 30,666

VH1

Advertising and marketing services
US\$ 6,000,000

United Nations Foundation

Fundraising services
US\$ 319,141

Publicis Group

Advertising and marketing services
US\$ 145,000

AKQA

Advertising and marketing services
US\$ 80,375

Getty Images

Advertising and marketing services
US\$ 50,699

DLA Piper Rudnick**Gray Cary US LLP**

Legal services & advisory on
establishing OIG
US\$ 529,413

TOTAL

US\$ 9,111,595

Viet Nam – were organized to give reporters an up-close and personal view of how the Global Fund works with its partners at the country level and to let them meet the people who are being aided by the money that is disbursed. Written and audiovisual media distribution methods were also expanded and improved. Among the innovative systems introduced is a web-based distribution portal that allows the Global Fund to send out video news stories to more than 7,000 broadcasters in 144 countries.

In June 2006, the Global Fund produced a landmark report of the organization's progress. *Investing in Impact: Mid-Year Results Report 2006*, presented the results of the Global Fund's grant portfolio as of 1 June 2006. It looked at the acceleration of results between 2005 and 2006, how the Global Fund evaluates impact, the lessons learned from grant implementation, and the challenges ahead to investing in impact. The report set a standard for reporting and analysis of results in the field of development finance.

Pledges & Contributions to the Global Fund

at 31 December 2006

IN US\$ '000s

DONORS	CONTRIBUTIONS RECEIVED THROUGH 31 DEC 2006*			PLEDGES MADE THROUGH 31 DEC 2006**		TOTAL
	For 2001-2005	For 2006	TOTAL	Due in 2007	Due in 2008 and later	
GOVERNMENTS						
Andorra	100	—	100	—	—	100
Australia	30,392	11,130	41,522	14,173	—	55,695
Austria	1,076	—	1,076	—	—	1,076
Barbados	100	—	100	—	—	100
Belgium	35,776	10,295	46,071	15,855	—	61,926
Brazil	100	50	150	50	—	200
Burkina Faso	75	—	75	—	—	75
Cameroon	—	—	—	125	—	125
Canada	210,268	221,200	431,468	—	—	431,468
China	6,000	2,000	8,000	2,000	—	10,000
Denmark	67,637	23,905	91,543	24,691	—	116,234
European Commission	521,394	117,153	638,548	81,579	—	720,127
Finland	—	3,636	3,636	3,289	—	6,926
France	485,823	287,062	772,885	394,737	—	1,167,622
Germany	198,322	88,115	286,437	121,053	92,763	500,253
Greece	304	—	304	—	461	764
Hungary	22	13	35	—	—	35
Iceland	421	200	621	—	—	621
India	—	1,000	1,000	3,000	6,000	10,000
Ireland	50,407	20,417	70,824	26,316	—	97,140
Italy	432,996	—	432,996	368,421	—	801,417
Japan	346,520	130,148	476,668	186,007	183,845	846,520
Kenya	8	—	8	—	—	8
Korea (Republic of)	750	250	1,000	—	—	1,000
Kuwait	1,000	—	1,000	—	—	1,000
Liberia	—	—	—	—	25	25
Liechtenstein	227	115	342	—	—	342
Luxembourg	7,968	2,571	10,539	2,237	—	12,776
Mexico	200	—	200	—	—	200
Monaco	132	—	132	—	—	132
Netherlands	162,090	76,768	238,858	78,947	—	317,805
New Zealand	2,169	—	2,169	—	—	2,169
Niger	—	—	—	—	50	50
Nigeria	9,081	—	9,081	11,000	—	20,081
Norway	77,098	43,144	120,242	43,062	—	163,304
Poland	40	10	50	—	—	50
Portugal	2,500	2,000	4,500	3,000	—	7,500
Russia	20,000	10,000	30,000	5,000	5,000	40,000
Rwanda	—	—	—	—	1,000	1,000
Saudi Arabia	7,500	2,500	10,000	—	10,000	20,000
Singapore	400	200	600	200	200	1,000
Slovenia	15	13	28	—	—	28
South Africa	6,000	—	6,000	4,143	—	10,143
Spain	65,000	63,900	128,900	100,000	65,000	293,900
Gen.Catalunya / Spain	1,257	—	1,257	1,974	—	3,231
Sweden	131,091	82,313	213,404	42,687	—	256,091

DONORS	CONTRIBUTIONS RECEIVED THROUGH 31 DEC 2006*			PLEDGES MADE THROUGH 31 DEC 2006**		TOTAL
	For 2001-2005	For 2006	TOTAL	Due in 2007	Due in 2008 and later	
Switzerland	16,271	4,914	21,184	5,738	—	26,922
Thailand	3,000	1,000	4,000	1,000	—	5,000
Uganda	1,000	500	1,500	500	—	2,000
United Kingdom	339,935	116,487	456,422	195,695	—	652,117
United States	1,495,618	401,744	1,897,362	866,756	200,000	2,964,118
Zambia	25	—	25	—	—	25
Zimbabwe	158	—	158	—	—	158
Sub-Total: Governments	4,738,266	1,724,754	6,463,020	2,603,235	564,344	9,630,599
UNITAID	—	—	—	52,500	—	52,500
Total - Governments	4,738,266	1,724,754	6,463,020	2,655,735	564,344	9,683,099
PRIVATE SECTOR						
Bill and Melinda Gates Foundation	150,000	100,000	250,000	100,000	300,000	650,000
Hewlett Foundation	200	—	200	—	—	200
Novartis	100	—	100	—	—	100
(PRODUCT) ^{RED ***}	—	11,702	11,702	—	—	11,702
Statoil	100	—	100	—	—	100
Other Private Sector donors	160	70	231	—	—	231
The United Nations Foundation and its donors						
Mr. Kofi Annan	100	—	100	—	—	100
Eni S.p.A.	500	—	500	—	—	500
Amb. D. Fernandez	100	—	100	—	—	100
Health Authorities of Taiwan	2,000	—	2,000	—	—	2,000
Hottokenai Campaign (G-CAP Coalition Japan)	—	250	250	—	—	250
International Olympic Committee	100	—	100	—	—	100
Johnson & Johnson	628	—	628	—	—	628
Real Madrid Soccer Match	112	—	112	—	—	112
Sumitomo Chemical Co.	100	—	100	—	—	100
Winterthur	1,044	—	1,044	—	—	1,044
Other UNF donors	1,951	733	2,684	—	—	2,684
Total - private sector	157,195	112,755	269,950	100,000	300,000	669,950
SUPPORT FOR OPERATING EXPENSES						
Bill and Melinda Gates Foundation	—	1,048	1,048	—	—	1,048
CIDA	—	107	107	—	—	107
DFID	219	30	249	—	—	249
GTZ	552	556	1,108	—	—	1,108
Japan	415	—	415	—	—	415
Open Society Institute	106	22	128	—	—	128
Other	326	—	326	—	—	326
Sub-Total: cash contributions	1,618	1,763	3,380	—	—	3,380
Contributions in kind	19,090	9,112	28,202	—	—	28,202
Total - Support for Operating Expenses	20,708	10,874	31,582	—	—	31,582
GRAND TOTAL	4,916,169	1,848,384	6,764,553	2,755,735	864,344	10,384,632

NOTES:

* Includes contributions from France and Iceland received in January 2007

** Pledges from the European Commission, Japan and the United States for 2007 were confirmed in 2007

***American Express, Apple, Converse, GAP, Giorgio Armani, Motorola and other (RED) Partners

Totals may appear not to add because of rounding

Portfolio Management

The money distributed by the Global Fund through a performance-based grant-making process allows countries to fill gaps in national strategies to fight the three diseases. Through its grant commitments, the Global Fund has become a truly global mechanism. At the end of 2006, the Global Fund had approved grants supporting over 450 programs in 136 countries with a value of US\$ 6.9 billion and had investments in all but five low-and lower-middle income countries in the world as well as in 23 upper-middle income countries with high or rapidly-growing burdens of disease. The demand-driven approach of the Global Fund model ensures that the money is going where it is most needed: most of the financing is committed to low-income countries, sub-Saharan Africa and the fight against AIDS.

The Global Fund's model is based on the principle of country ownership, with funds allocated on the basis of strict performance criteria. The Global Fund is not an implementing entity; it is a financial instrument. It is not involved in the design of any of the programs it finances and it has not allocated resources other than on the basis of demand and technical merit. Therefore, the model's efficacy and impact are reliant on countries for effective planning and implementation of programs and on technical partners for assistance and capacity building where necessary. The experience so far indicates that the model works — performance is high, disbursements mainly follow performance and there are early signs of impact related to the three diseases in several countries.

The grant application and approval process is conducted through funding rounds. Affected countries submit proposals outlining their need for additional financing, which are assessed by the TRP. The TRP then recommends the proposals that meet its strict technical criteria to the Board for its approval. In 2006, the Global Fund received proposals from 97 countries seeking an additional US\$ 5.8 billion in funding over a five-year period.

Grants are approved initially for two years (Phase 1), with well-performing grants eligible for renewal for up to a further three years (Phase 2). In November 2006, the Board approved a sixth funding round of 85 new grants worth a total of US\$ 846 million for two years. These new commitments will benefit 62 countries, four of which – Iraq, Maldives, Syria and Tunisia – will receive Global Fund financing for the first time.

Over a five-year period, the new grants are expected to support the provision of life-extending ARV treatment to 200,000 people living with HIV/AIDS, the effective treatment of nearly 400,000 people infected with tuberculosis, and the distribution of 11.5 million ITNs to prevent malaria. Significant new investments also will be made in the treatment of the growing epidemic of multidrug-resistant TB (MDR-TB), with roughly 8,500 patients expected to be treated over five years.

As of 31 December 2006, a cumulative total of 400 grant agreements in 132 countries had been signed¹. The focus of the latter half of 2006 was the signing of grant agreements and the disbursement of funds for Round 5 proposals and Phase 2 renewals. By year's end, 72 Round 5 grant agreements had been signed. Additionally, a total of 146 Phase 2 renewals had been signed.

1. This figure does not include grants where new grant agreements were needed at Phase 2.

FIGURE 3
CUMULATIVE GRANT COMMITMENTS

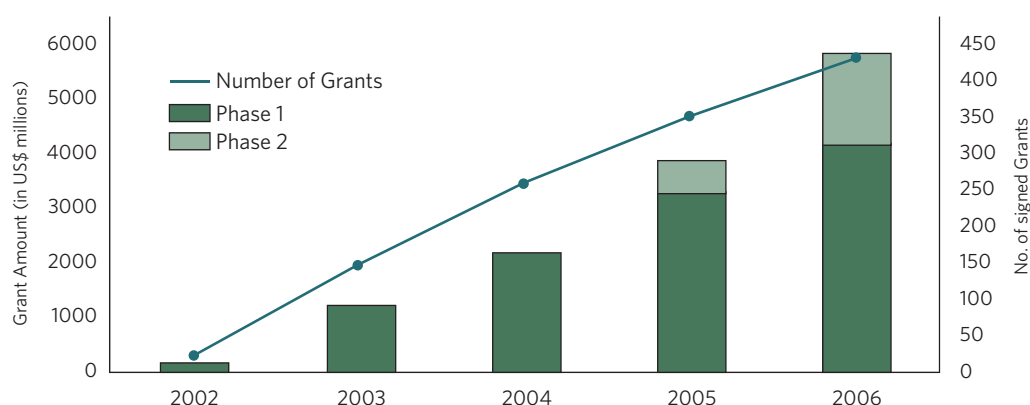
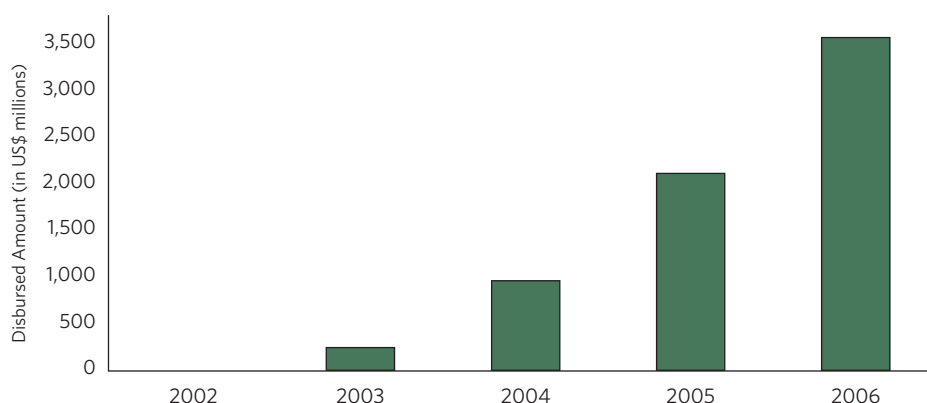


FIGURE 4
CUMULATIVE DISBURSEMENTS



Disbursements

After grant agreements are signed, money begins to flow to the programs. Funding is released incrementally based on demonstrated results against country-proposed targets and evidence that resources given previously have been spent according to agreement.

In 2006, the Global Fund transferred US\$ 1.3 billion to countries around the world, bringing the total cumulative amount of funds disbursed to US\$ 3.2 billion. This amount, which has been paid out to PRs in 130 countries over a four-year period, represents 60 percent of the total commitment in signed grant agreements of US\$ 5.3 billion. Of the disbursed amount, 54 percent of funding has been disbursed to sub-Saharan Africa, 15 percent to East Asia and the Pacific, ten percent to Latin America and the Caribbean, ten percent to Eastern Europe and Central Asia and 11 percent to South Asia, the



HONDURAS

As part of the national plan supported by the government, the Global Fund and several partners, Honduras has embarked upon a comprehensive program that includes both prevention and treatment activities.

Providing Incentives for Strong Performance through the Rolling Continuation Channel

At its Fourteenth Meeting in November 2006, the Global Fund Board approved the establishment of a new funding channel called the Rolling Continuation Channel (RCC).

This new channel enables CCMs which oversee strongly-performing grants to seek continuing funding at the end of these grants'

lifetime (most grants last five years) through a more streamlined and flexible process. This channel will provide a higher level of predictability of funding compared to the normal annual rounds of grant application. To qualify under this new channel, grants will have to show strong sustained performance and potential for impact.

Qualifying grants will have the flexibility to scale up the interventions and expand the scope of the programs. Funding will be available for up to six additional years.

Proposals will be reviewed by the TRP prior to funding decisions by the Board. The Secretariat is currently designing the details of the RCC process. Initial approvals of funding under RCC are scheduled for the second half of 2007.

The RCC is expected to act as a positive incentive across all grants by rewarding strong performance with a simple and rapid window for continued funding beyond year five.

Middle East and North Africa. Once the money is in country, funds have been rapidly distributed to and used by local entities: as of December 2006, grants had expended or committed 81 percent of the funds disbursed to them.

Disbursement decisions are usually straightforward: funding follows performance. If a grant achieves its process, coverage and impact targets and makes prudent use of its budget, the next disbursement follows without complication. In case of delays, however, a disbursement would usually be reduced by the amount that has not been used during the period under report. In other words, the PR first has to use the budget made available at an earlier disbursement before a new disbursement would be made.

Managing Performance-Based Funding

Managing such a broad, worldwide portfolio involves challenges. The Secretariat has developed several tools to administer the grant-making process, monitor progress and handle the difficulties that arise when grants are not performing as expected. Since April 2006, the Global Fund has made further progress in the rollout of the Early Alert and Response System (EARS), implementing a mechanism for tracking grant performance for all grants in the Global Fund's portfolio and communicating it through the website.

The EARS operational plan was finalized in June 2006 and a new series of grant support meetings with each of the Secretariat's eight cluster teams was launched, during which the newly-introduced

Portfolio Monitoring Report (PMR) was discussed. The PMR is an internal monitoring tool that “color codes” grant status indicators to help focus discussion on those grants facing performance challenges. These meetings, now scheduled every other month, identify grants in need of implementation support and consider the type and source of support to be pursued. In 2006, 109 grants were reviewed under EARS, 27 of which required follow-up assistance from Global Fund staff or a technical partner. Ten of the grants in need of assistance were in their first year of implementation.

The Global Fund also began work on establishing a contracting instrument to allow it to employ pre-qualified consultants who will complement the Secretariat’s capacity to support countries in a range of fund portfolio management activities. These include diagnostic and remedial action planning and support to CCMs to improve their governance and oversight functions. This new mechanism will enhance the Global Fund’s ability to work effectively with partners such as the Global Implementation Support Team (GIST) – a group comprised of staff from the Global Fund, the World Bank, UNAIDS and its co-sponsoring agencies – to mobilize appropriate technical support and to respond to emerging challenges quickly.

The Global Fund’s Price Reporting Mechanism (PRM), which provides a growing body of information on prices and other procurement information for health products, is a useful tool for recipient countries. In order to make informed decisions during the procurement process, it is paramount that PRs have knowledge about the supplier market, prices and product and service quality. With this knowledge, PRs can, for example, question why they have been quoted higher prices than other countries, or even other buyers in the same market. Since August 2006 the Global Fund has required that relevant procurement information be entered in the PRM before disbursing funds. This has improved the quantity of data available in the system and allows the Secretariat to monitor and act upon supplier performance and procurement performance at the PR level.

Strengthening Partnerships

The Global Fund relies on the joint efforts of its partners to ensure that the programs it supports are successful. Throughout 2006, the Secretariat continued to work on strengthening its relationships with bilateral and multilateral partners to better coordinate activities in countries, to provide technical assistance to CCMs and PRs and to accelerate the implementation of grants. In January



JAMAICA

Jamaica is working hard to expand its voluntary counseling and prevention program. More and more people are encouraged to undergo HIV tests, and a large number of condoms and lubricants are being distributed to vulnerable populations.

Outreach workers for Jamaica's national HIV/AIDS prevention programs target young people, men who have sex with men and commercial sex workers with behavior-change training to reduce risk.

2006, the Secretariat co-organized and participated in a joint meeting between the Global Fund, the Office of the U.S. Global AIDS Coordinator (OGAC) and the World Bank aimed at improving coordination between the three agencies on HIV/AIDS interventions. It was the second joint meeting with OGAC and first trilateral meeting with the World Bank, and was held in response to a clearly-identified need for major partners in HIV/AIDS programs to coordinate better with a view to improving efficiency and thus reducing transaction costs for recipient countries.

In April, the Global Fund and the UK Department for International Development (DFID) signed a Memorandum of Understanding aimed at strengthening the relationship between the two organizations during a meeting which was held in Mozambique. The new agreement calls for the organizations to appoint a Health and HIV/AIDS Advisor to step up advice and monitoring and to act as a liaison between DFID, the Global Fund and Mozambican health authorities. The collaboration will ensure that the Global Fund, as a major financier of the health sector of Mozambique, is kept informed and can provide policy advice even though it does not have staff of its own in the country.

In June 2006, Global Fund staff participated in the President's Emergency Plan for AIDS Relief (PEPFAR) Implementers meeting, which also included the World Bank. This meeting represented a further step in institutional collaboration between the three agencies striving for more effective partnerships at the country level. Consultations were held on Global Fund operations, opportunities for collaboration, prospects for greater private sector involvement and country-specific issues.

In October 2006, the Secretariat met with 50 European Commission Country Desk Officers in Brussels covering the African, Caribbean and Pacific regions. Efforts are now underway to strengthen the partnership, further aligning European Union financing and technical assistance with country-led implementation of Global Fund-supported activities. The Secretariat also continued to play an active role in the GIST. A strategy meeting in June 2006 helped redefine the mission and goals of this problem-solving team. GIST members committed to expanding its meetings to include representatives from bilateral donors and civil society. The first extended GIST meeting was held in November 2006 in Geneva.

Additionally, regional meetings were held in Cameroon, China, the Kyrgyz Republic, Senegal, Thailand and Yemen. These meetings provide an important forum for the Global Fund to interact with its in-country partners for discussion of grant management issues, progress and opportunities for further collaboration.

Grant Performance

Achieving the Global Fund model from finance to impact

The ultimate goal of the Global Fund partnerships is to have an impact on the burden of AIDS, TB and malaria. There is now clear evidence that the Global Fund model works – programs supported by the Global Fund are delivering services and achieving impact. These results could not be achieved without partners – most importantly, partners at the country level. Partnerships are at the core of the Global Fund model – from donor, financial and technical organizations who work alongside the Global Fund to ensure that resources are mobilized to the country level, where governments, donor organizations, civil society, technical partners and others work together to make the funds work.

The Global Fund's framework for measuring its own performance reflects this model (see Figure 5). Partner involvement is vital to the success of the Global Fund at each level. The Global Fund performance framework is depicted in the shape of a pyramid within a rectangular frame that highlights the increasing importance of the work of partners at each level – from operational performance at the base to impact at its apex, where the collective effort of partners is critical.

The average age of Global Fund grants is 23 months; still early to expect to see evidence of impact. Nevertheless, there are encouraging early signs of impact in a few countries showing that the full potential of the Global Fund model can be realized. In the case of malaria, for example, there are signs of declining child mortality in districts of Tanzania, Zanzibar and Mozambique where coverage of malaria treatment and prevention has increased from ten percent to 60 percent. A number of countries have ambitious programs that

FIGURE 5

THE GLOBAL FUND'S FOUR-LEVEL EVALUATION FRAMEWORK

should attain more than 60 percent coverage in high-risk populations in 2007. These include Eritrea, Malawi, Namibia, Tanzania (including Zanzibar) and Zambia. After concerted efforts, Zanzibar has covered almost the entire population at risk with key services and has reduced malaria cases by 86 percent over three years.

Results from HIV/AIDS programs indicate that large-scale treatment with ARVs has reduced mortality in working populations by 40 percent in communities in Malawi. Although it is more difficult to link impact to prevention programs, several countries, including Rwanda, Kenya, Malawi, Tanzania, and Zimbabwe have mounting evidence of declines in HIV prevalence in line with the UN's Millennium Development Goals (MDGs). Early results from TB programs also show promise, with growing evidence that a number of high TB burden countries, including China, are beginning to show signs of declining TB prevalence.

Accelerating grant performance

The Global Fund assesses performance by tracking LFA-verified results from country programs and comparing them to country-owned targets over the lifetime of the grant. A review of grants that have been through a rigorous assessment and evaluation carried out at 18 months in preparation for Phase 2 grant renewal showed an overall 94 percent achievement of the top programmatic targets. Of 215 grants that had been evaluated at the 18-month mark, 75 percent were performing excellently or adequately; 21 percent showed relatively weaker performance but strong potential for improved performance and four percent showed unacceptable performance.

FIGURE 6

GLOBAL FUND RESULTS AGAINST 2006 TARGETS

HIV: ARV Treatment		
Results:	770,000	128%
Targets:	600,000	
TB: Treatment under DOTS		
Results:	2,000,000	167%
Targets:	1,200,000	
Malaria: ITNs distributed or retreated		
Results:	18,000,000	120%
Targets:	15,000,000	

Lives Saved

As a result of these efforts, 1.25 million lives had been saved as of 1 December 2006 thanks to Global Fund-financed programs. These are real people who are walking in their communities, turning up to work, looking after their families. They would no longer be alive if it were not for the results of Global Fund-supported programs.

FIGURE 7

GLOBAL FUND TARGETS, 2004-2009

	2004	2005	2006	2007	2008	2009
HIV: ARV Treatment						
Targets:	125,000	350,000	600,000	875,000	1,200,000	1,600,000
Results:	130,000	384,000	770,000			
TB: Treatment Under DOTS						
Targets:	300,000	700,000	1,200,000	1,800,000	2,600,000	3,500,000
Results:	385,000	1,000,000	2,000,000			
Malaria: ITNs distributed						
Targets:	2,000,000	5,000,000	15,000,000	30,000,000	60,000,000	100,000,000
Results:	1,350,000	7,700,000	18,000,000			

Across the portfolio, the strongly-performing grants compensated for the minority of grants with problems. This allows the Global Fund to achieve positive overall results. Programmatic performance was strong for prevention, treatment and care, exceeding targets for HIV counseling and testing (102 percent), orphan care (120 percent), TB treatment (101 percent) and health services training (113 percent). Weaker performance in the early stages of grant lifetimes was shown for malaria treatment and ITN distribution (73 percent of targets), treatment of MDR-TB (81 percent of targets) and in the prevention of mother-to-child transmission (PMTCT) of HIV (79 percent of targets).

Shifting investments to performance

Phase 2 is an investment in performance. Overall, 215 grants have been evaluated for continuation in Phase 2, resulting in a total of US\$ 2.2 billion invested on the basis of proven performance. Eighty-four percent of Phase 2 funding is allocated to A- or B1-rated grants that show excellent to adequate performance. At Phase 2, funds can be reallocated, either by reducing budgets due to changing implementation or through grant termination due to unacceptable performance (a “No Go” decision). A total of US\$ 345 million has been reallocated on the basis of performance evaluation at Phase 2. This represents 13.5 percent of total proposed grant amounts. Reallocated resources were made available immediately to fund new and well-performing grants and provided the equivalent financing of half of a new Global Fund round.

Since adoption of the new Board policy for “No Go” recommendations at the Eleventh Board Meeting in September 2005, eight Requests for Continued Funding have been referred back to the CCM for clarification as the TRP reached an initial conclusion that it would not be appropriate to continue funding for Phase 2. After consideration of any additional information received from some CCMs, the Secretariat revised its initial “No Go” recommendations to “Conditional Go” for five grants. It maintained its “No Go” recommendations for three grants based on insufficient evidence of performance to warrant continued funding for Phase 2.

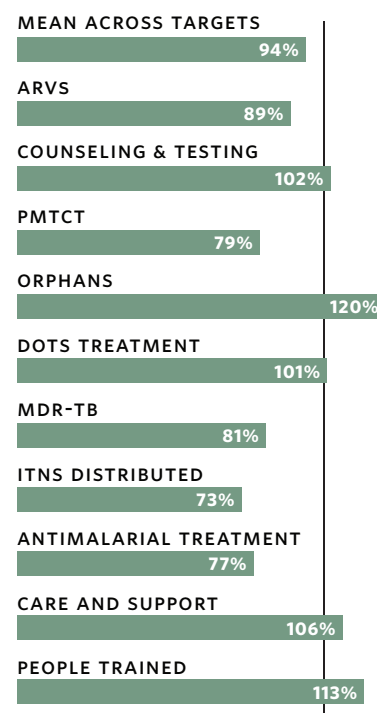
In April 2006, the Secretariat established a cross-functional internal working group to better understand and address challenges with the Phase 2 process and to close operational policy gaps. The work of this group has fed into but also complements other Secretariat efforts to examine key architectural issues in the Phase 2 review process.

As of 31 December 2006, a total of 146 of the 211 approved Phase 2 renewals had been signed. An analysis was undertaken in August 2006 to understand the extent of delays in the signing of Phase 2 renewals and possible reasons. Outcomes of this study are currently being addressed by the Phase 2 working group.

Fostering Accountability

Assessment of periodically-reported results compared to time-bound targets is the basis for evaluating grant performance before further funds are disbursed as well as in the decision-making process for Phase 2. The Global Fund depends on having available complete, accurate and up-to-date results for ongoing grant management as well as performance evaluation. Recognizing weaknesses in national

FIGURE 8
OVERALL PROGRAMMATIC
TARGETS 94% ACHIEVED



Results against targets for the top ten programmatic indicators of 215 grants that had been evaluated for Phase 2

monitoring and evaluation (M&E) systems, the Global Fund has developed and introduced three complementary tools to assess and strengthen national data systems.

The Monitoring and Evaluation Systems Strengthening Tool provides a framework and methodology for countries and local partners to assess M&E systems and develop together a costed action plan to improve the national systems that can be fully or partially financed through the grant. A systems-strengthening exercise or similar method should be carried out by every recipient country.

The LFA On-Site Data Verification Tool guides LFAs to perform “spot-check” data verifications at selected service delivery points. This entails re-aggregating data from primary records and comparing recounted numbers with results contained in summary reports at the national level. The Global Fund recommends that LFAs perform an On-Site Data Verification of selected grant indicators at least once a year for every grant.

Independent Data Quality Audits provide a detailed methodology for a more rigorous assessment of data quality and data management systems. The Global Fund recommends this to be carried out in five to ten percent of all grants per year on a stratified random basis or as triggered by grant- or country-specific data quality concerns.

Initial results from these new tools have shown significant variations in the reliability of results reported by countries. When important inconsistencies have been found, the response has been rapid. For example, funding for the Nigeria HIV grant was discontinued, partly because ARV patient results could not be verified. In most cases, these assessments led to the incorporation of M&E strengthening measures as a condition for going forward with the grants, together with the allocation of resources to ensure systems strengthening and capacity building.

Conclusions from implementing the LFA On-Site Data Verification in 32 grants during 2006:

The findings strengthen the overall confidence in Global Fund results. The data quality is reasonable (94 percent of grants evaluated have strong or average data quality with 70 percent reporting within a ten percent error margin). Additionally, 54 percent under-reported results and 46 percent over-reported results, indicating no evidence of purposely inflated results reported to the Global Fund.

The Five-Year Evaluation of the Global Fund

The Global Fund's Board-approved M&E strategy called for: "... a first major evaluation of the Global Fund's overall performance against its goals and principles after at least one full grant funding cycle has been completed (five years)."

The Five-Year Evaluation is a major effort to review the functioning and performance of the Global Fund as an institution and a partnership, and identify areas of strength and weakness that will lead to improved day-to-day operations. It will focus on three key study areas:

Question 1: Organizational efficiency and effectiveness of the Global Fund

Does the Global Fund, through both its policies and its operations, reflect its critical core principles, including acting as a financial instrument (rather than as an implementation agency) and furthering country ownership? In fulfilling these principles, does it perform in an efficient and effective manner?

Question 2: Effectiveness of the Global Fund partner environment

How effective and efficient is the Global Fund's partnership system in supporting HIV, tuberculosis and malaria programs at the country and global level? What are the wider effects of Global Fund partnerships on country systems?

Question 3: Impact of the Global Fund on the three diseases

What is the overall reduction of the burden of AIDS, tuberculosis and malaria and what is the Global Fund's contribution to that reduction?

In its design, the evaluation follows a set of recommendations from the Technical Evaluation Reference Group (TERG) which guides and directs the overall design and implementation of the Five-Year Evaluation:

A. The evaluation will focus on a set of three overarching questions related to Global Fund organizational efficiency, the partner environment and impact on the diseases.

B. A synthesis evaluation report on the first two overarching questions will be presented to the Board in November 2007.

C. Recognizing that impact cannot be measured before grants reach their full five-year term, a concluding synthesis report on health outcomes and disease impact will be presented to the Board in November 2008.

D. In many countries, the Global Fund is one of several major international investors. It should not, therefore, attempt to evaluate impact of its efforts alone but should recognize the contributions of all relevant partners.

E. For the purposes of the Five-Year Evaluation, the Global Fund defines "impact" as the measurement or estimation of overall program impact on disease morbidity and/or mortality brought about by all control initiatives and programs combined, irrespective of their financing source(s), in a country or region.

F. The early phase of the evaluation should contribute to the development of the Global Fund strategy for the period mid-2006 to 2010.

Data gathering and reporting systems are weak and inadequate funds are budgeted for M&E in most grants. Grants are recommended to allocate five to ten percent of funds to strengthen these systems, based on gaps identified with partners through implementation of the *Management and Evaluation Systems Strengthening Tool*. Strengthening M&E systems and improving data quality will take time, but the Global Fund will continue to invest in this area so critical to measuring success and improving management of all programs fighting HIV, TB and malaria.



KYRGYZSTAN

Hospitals in Kyrgyzstan work closely with religious leaders to educate the public about TB and ways to prevent its spread.

Partners in Impact

Early evidence of impact on the three epidemics provides encouraging indications that the full Global Fund model can work and achieve impact. However, the evidence is clear that partnerships are essential for this to happen. To achieve the goals of the Global Fund, we need to increase the partner-supported, country-led efforts as well as continue to systematically assess and apply lessons learned to improve efficiencies and effectiveness of Global Fund- and partner-supported programs. For example:

Burundi: Rapid roll-out of ITNs and ACTs were associated with a 39 percent decline in malaria cases. At baseline, malaria accounted for 50 percent of child deaths

Eritrea: There has been a 50 percent decline in malaria cases associated with 60 percent ITN use by children under age five

Zambia: Increase in ITN use in southern provinces shows up to a 90 percent decrease in the number of malaria deaths after introduction of ACT

Multi-country Southern Africa (South Africa, Mozambique and Swaziland): Declines in malaria of 87 to 96 percent and an 80 percent decline in malaria mortality and hospital admissions

Secretariat Management

The Global Fund's Secretariat is responsible for day-to-day operations, including mobilizing resources from the public and private sectors, mobilizing grants, providing financial, legal and administrative support as well as providing information on the Global Fund's activities to the Board and the public. Overall, the Secretariat continued to operate with an exceptional level of efficiency in 2006 as total operating expenses were only 4.1 percent of the value of the Global Fund's total expenditures. Moreover, the investment income generated by the Global Fund's resources (US\$ 126 million) more than covered all operating costs for the year (US\$ 85.8 million).

The Global Fund has grown from a staff of 198 in 2005 to 251 in 2006. The initial focus of activity was on the need for rapid takeoff by designing operating procedures and disbursing funds and managing grants. As it enters its sixth year, the organization is no longer a small start-up that can depend on the corporate memory of a few key people, the dedication and hard work of staff and the

tolerance of donors and country partners if there are, at times, inconsistencies in approaches, delays in decision-making or communication glitches. As the Global Fund matures and increases in size a more established framework of policies, processes and procedures is needed for the Secretariat to meet the demands of its growing portfolio.

In 2006, the Secretariat focused on getting a better understanding of and responding to the needs of staff in the continually evolving organization – particularly on reaching recruitment goals set by the Board and on overall organizational development. Throughout 2006 much effort was expended by the Secretariat on strengthening its recruitment activities. By the end of the year, 89 additional positions had been filled. Two particularly significant recruitments were Dr Nosa Orobato, Director of Operations, and Ms Ines Garcia-Thoumi, Director of Business Services. Both posts are key to the continued successful operation of the Global Fund. Another important appointment in November 2006 was that of Dr Stefano Lazzari as interim Senior Health Advisor, who is on loan from the World Health Organization and brings a wealth of knowledge and experience to the position.

In line with management's commitment to conduct an annual assessment of staff opinion and concerns, the Monitor Group, an international consulting firm, developed and conducted an all-staff survey in March 2006. The design of the survey was similar to those conducted in 2003 and 2004, enabling trend analysis of 29 comparable questions as the Secretariat has grown and evolved. In total, 71 percent of staff responded to the survey. As with other key internal processes begun since the start of the year, the Staff Council was closely involved in the design and analysis of the survey.

Concerns about performance management, human resources functions, systems and processes as well as roles and responsibilities were highlighted in the survey. Similar concerns were also raised in a round of interviews conducted by the Staff Council, by WHO, as well as by management's own analysis. As a result, a range of actions have been initiated by the Secretariat to address the specific areas of weakness and to build an organization-wide accountability framework which includes clarification of roles and responsibilities at all levels. By the end of 2006, the human resources and contracting functions had been significantly strengthened, and through competitive tender processes, external consultants had been selected to deliver performance and development management and leadership and management programs.

FIGURE 9

**SECRETARIAT EXPENDITURES AS A PERCENTAGE
OF TOTAL EXPENDITURES**

	US\$ MILLIONS	PERCENTAGE OF TOTAL EXPENDITURE
GRANTS	1,817.4	95.9%
OPERATING EXPENSES (excluding donated services)	76.8	4.1%
Secretariat expenses	49.3	2.6%
LFA fees	23.9	1.3%
Board & TRP expenses	3.6	0.2%
TOTAL EXPENDITURE (excluding donated services)	1,894.2	100.0%
Donated services	9.1	
Total expenditure	1,903.3	

Also in 2006, the Secretariat continued to explore options for moving the Global Fund Secretariat beyond the current administrative arrangements with WHO, which has provided administrative support to the Global Fund since its inception in 2002. After considering a report on issues and options prepared by the Secretariat, the Board decided that the Global Fund should discontinue its current administrative services agreement with WHO as long as appropriate arrangements for administrative independence could be found.

2006: Progress on the Global Fund's Strategy

In mid-2005, the Global Fund Board, with support from its Policy and Strategy Committee (PSC) and the Secretariat, began work to develop a strategy for its work for the period 2007–2011.

Guided by the core principles in the Global Fund's founding Framework Document, the strategic development focuses on what the Global Fund should do to best attain its mission to *"make a sustainable and significant contribution to the reduction of infections, illness and death, thereby mitigating the impact caused by HIV/AIDS, tuberculosis and malaria in countries in need, and contributing to poverty reduction as part of the Millennium Development Goals."*

To this effect, strategy development spans the following **five key strategic pillars**:

- The Global Fund's target financial size for 2010;
- Enabling impact (includes how to "fund the right things," leverage civil society and the private sector, optimize grant performance, and leverage and influence the markets for essential health products);
- Improving alignment and harmonization, and reducing transaction costs, in interactions with development partners (includes how to provide continued financing to grants beyond the end of their initial funding term, support health-systems strengthening, and improve alignment and harmonization);

- Ensuring financial sustainability; and
- Measuring impact and ensuring accountability.

In 2006, the Global Fund moved from a set of strategic questions to **concrete Board decisions on several major topics** which are already being implemented. In this, the Global Fund is taking significant steps to respond to lessons learned over its first five years of operation, feedback from key stakeholders, and changes in the broader international development context.

One of the strategic decisions taken in 2006 was to set **fixed dates for the rounds** and announce these well in advance. Each of Rounds 1 to 6 was held at a different time during the calendar year. From one round to the next there was a high level of uncertainty as to whether, and if so, when, the next round would take place, complicating planning and coordination for all stakeholders. The new approach, starting with Round 7, significantly increases predictability for applicants, technical partners and the Global Fund itself.

The Board also decided on the strategy to **create a new funding channel for high-performing grants** to continue and scale up their programs. In contrast to the rounds, this "Rolling Continuation Channel" enables such grants to apply for Global Fund financing throughout the year, using a lighter proposal form, for a funding term of up to six years and with funding priority over proposals received through the rounds. In this way, the new funding channel will provide incentives for high performance of grants. (See Pg. 36)

The Board will take the **remaining decisions** on the full strategy at its Fifteenth Meeting in April 2007, including on such topics as funding health systems strengthening, leveraging and influencing the markets for essential health products and improving support to national programs. The Global Fund will then codify its overall strategic direction for 2007-2011 into a formal strategy document.



SWAZILAND

The impact of HIV/AIDS has reversed many of the social, economic and development gains Swaziland has made in the last two decades. This country is home to 1.3 million people, and a third of adults are HIV-positive. As many as 75,000 children have been left orphaned by the virus and live in institutions that dot the landscape of this small kingdom.

Global Fund support has enabled the government to deploy a comprehensive set of services that provide orphans with food and educational opportunities, and rehabilitate the institutions in which they live.

Country Profiles

COUNTRY PROFILE

Djibouti

HIV/AIDS

US\$ 23,297,377

TUBERCULOSIS

US\$ 3,558,810

MALARIA

US\$ 3,933,976

The amounts shown are the five-year budget amount.

When 54-year-old Ahmed Ali Moumin learned he was HIV-positive, his world fell apart. He didn't know what the future would bring, and he feared death would be looming around the corner. Now, seven years later, Ahmed is the president of the first association established in Djibouti for people living with HIV/AIDS. With its 322 members, the organization called *Oui à la Vie* (Yes to Life), is the biggest association of people living with HIV in the country. It is one of the recipients of the Global Fund's grant to Djibouti.

"Being HIV-positive is not a death sentence any longer," Ahmed says, "Thanks to ARV treatment, we can lead pretty much a normal life."

Carrying the virus himself, Ahmed realizes more than anyone else that there is still a big stigma about the disease in Djibouti. "The lack of information about HIV/AIDS among Djibouti's population is still one of the greatest challenges faced in the fight against HIV," Ahmed says. "Although general knowledge about the disease has improved a little over the last years, we still have a long way to go until we are completely accepted into society. Until that time comes, *Oui à la Vie* and the other associations of people living with HIV/AIDS (PLWHAs) in Djibouti will work hard to give all the support needed to PLWHAs and to break this stigma once and for all," he says.

Located on the Horn of Africa, bordering the Red Sea and almost hidden in between Eritrea, Somalia and Ethiopia, Djibouti is one of the smallest nations on the African

continent. Of a population of approximately 795,000, about 15,000 people are living with HIV/AIDS, giving it a prevalence rate of 2.9 percent. Due to low literacy levels, the fact that it is a major trade corridor with Ethiopia, the presence of military bases, an active sex trade and extensive use of the judgement-impairing mild narcotic drug *khat* by men, HIV remains one of the most important public health problems in the Republic. The situation is made even more difficult by high levels of poverty and unemployment.

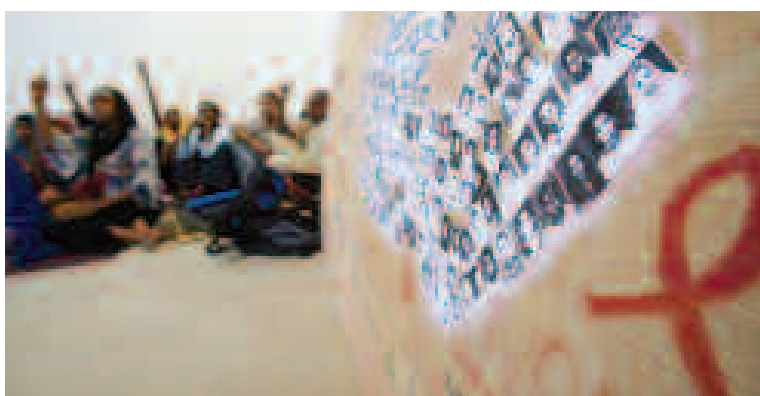
"The resources provided by the Global Fund and other partners are helping us to address these issues," says Omar Ali Ismael, the head of Djibouti's Executive Secretariat for the Fight against AIDS, Malaria and Tuberculosis, which is the PR of the grant. "The money is used to target vulnerable groups through prevention and information; young and old, women, commercial sex workers, taxi and truck drivers and *khat* users. Besides this, resources are also put to use by improving treatment and care for those living with HIV/AIDS by promoting civil society involvement and improving data gathering and surveillance."

A key area of work supported by the Global Fund is HIV prevention. *Femmes d'Arta*, for example, a women's association in the Arta Region, west of Djibouti City, is working hard to empower women and spread information about HIV/AIDS and the dangers of unprotected sex. Women from the region come together on a weekly basis to drink coffee, talk and organize various workshops to develop new skills. Sessions about HIV are

aimed at breaking the stigma that is surrounding the disease in the region. "What I learn here is not only useful to me," says Ismina, a woman attending a workshop about HIV/AIDS, "it is also useful to many people in my village as I tell my friends and family about what I learn here." A similar approach is used with youth groups all over the country. Young adults are informing the people in their communities through HIV sensitization plays or peer education sessions. They also distribute condoms. Similar successful projects in Djibouti aimed at assisting people to avoid contracting the disease exist in schools, as well as among taxi drivers, truck drivers and fishermen.

In Djibouti Ville's main red-light district, Rue d'Ethiopie, Ismail Sougueh distributes condoms to men and women loitering on the street. Although prostitution is illegal in the country, many girls fleeing from Somalia and Ethiopia to seek a better future here end up in prostitution. Approximately 3,000 women are earning a living from prostitution in the city. Ismail is the coordinator of *Soeur à Soeur*, one of the associations in the city uniting commercial sex workers. His organization is another recipient of the Global Fund grant. "The 'soeurs' (sisters) come together every afternoon to spend time together, drink tea, and chew *khat* before going back to work at sunset," says Ismail. "We are not only about informing them about the dangers of unprotected sex and giving them free condoms, we give them a feeling of warmth and friendship." Another important aspect of uniting commercial sex workers is the fact that they encourage each other to undergo HIV testing on a quarterly basis.

The Global Fund's support is also strengthening voluntary counseling and testing services for the general population and the provision of care and treatment for people living with AIDS. Centre Yonis Toussaint is the country's reference center for ambulatory treatment of sexually-transmitted infections (STIs) and of opportunistic infections. Every day, approximately twenty people come to the center to take an HIV test. The center has also developed a "personal risk reduction plan," which is a counseling initiative for people who are not HIV-positive. Counselors discuss the person's lifestyle and give advice on how to avoid unnecessary risks. Fourteen centers are now offering counseling and support services all over



Femmes d'Arta, a women's association in Djibouti's Arta Region, is working hard to empower women and in the meantime spread information about HIV/AIDS and the dangers of unprotected sex. Women from the region come together on a weekly basis to drink coffee, talk about diverse topics - like HIV/AIDS - and organize various workshops to develop new skills.

Djibouti to anybody wishing to know their HIV status and providing psychosocial support and counseling to people living with HIV or AIDS.

Grant money provides people with necessary medication. By the end of 2006, more than 600 people were receiving prophylaxis and treatment for opportunistic infections while approximately 700 patients with advanced AIDS were receiving ARV treatment.

Although the HIV threat still lingers, efforts financed by the Global Fund in Djibouti are bringing hope to thousands of people infected with and affected by the pandemic. The country has recently been successful in applying for further Global Fund grants which will strengthen the fight against malaria and tuberculosis and will scale up the efforts to reverse the AIDS epidemic in the country.

COUNTRY PROFILE

Jordan

HIV/AIDS

US\$ 9,284,616

TUBERCULOSIS

US\$ 2,782,864

The amounts shown are
the five-year budget amount.

HIV prevalence is low in Jordan - currently only 0.02 percent - with most cases concentrated in populations engaged in high-risk behavior. Sexual activity is the primary mode of HIV transmission, accounting for 53 percent of all infections in the country. The main challenges to HIV/AIDS efforts in Jordan stem from the socio-cultural, religious, and traditional context. As in many Middle Eastern countries, discussion of sexual practices remains a culturally sensitive subject. Reproductive health knowledge, especially among young people, is still lacking and condoms are not openly marketed.

"As is the case in so many parts of the world, social pressures, stigma and discrimination make it hard to combat AIDS in Jordan," says Dr Assad Rahhal, a public health physician working with the National AIDS Program in Jordan. "In order to break the stigma surrounding HIV/AIDS and to scale up efforts to not let this virus spread any further, we applied in 2003 for and were awarded nearly US\$ 1.8 million from the Global Fund. This Round 2 grant was for two years, and the grant subsequently was revised with a total of US\$ 2.5 million over three years."

With the help of the resources provided through the Global Fund, Jordan wants to maintain the current low level of HIV infection and provide care and support for those affected by the disease. Key areas of activity under the grant are youth education, condom promotion, services for vulnerable sub-

populations, counseling and testing, blood safety, HIV/AIDS surveillance, and capacity development.

The activities implemented by the PR of the grant, the Ministry of Health, are showing results. So far, nearly 28,000 youth have been exposed to HIV/AIDS education in and out of school and eight new voluntary counseling and testing centers have been established where almost 3,500 people have received an HIV/AIDS test. On top of that, 78,000 brochures have been distributed throughout the country, containing messages about STIs, HIV/AIDS and prevention techniques.

In 2006, Jordan successfully applied for another Global Fund grant to scale up the ongoing HIV/AIDS prevention efforts. The grant, with a full lifetime of five years, is worth more than US\$ 6.8 million and will be addressing the needs of those most vulnerable to infection, with direct beneficiaries including sex workers, injecting drug users, people living with HIV/AIDS and their families, men who have sex with men, tourism workers, prisoners, taxi drivers and the most poor within the communities. Program implementation is expected to start in the beginning of 2007.

Tuberculosis in Jordan is especially concentrated in vulnerable and poor populations such as immigrants, mobile populations and refugees. Over the past years, hundreds of thousands of Iraqis have fled into Jordan to escape the war in their country. The government of Jordan recognized that if the

situation were not addressed effectively and urgently, TB could spread to the general population and cause a re-emergence nationwide. Therefore, the Ministry of Health sought and received assistance through a Round 5 grant from the Global Fund worth almost US\$ 2.8 million over five years.

The TB program is focusing on providing comprehensive, local-context oriented TB care for vulnerable populations through free access to treatment under the DOTS protocol. Funding is also used for the upgrading of health facilities (through the provision of microscopes and laboratory equipment), training of staff and community workers and creating TB awareness through printed materials and TV ads.

The tuberculosis program is also working hard on strengthening the national system to prevent the spread of MDR-TB. As in many countries, anti-tuberculosis drug resistance is threatening to wash away a large part of the progress made so far in HIV/AIDS treatments. MDR-TB is a persistent problem in Jordan, with especially high rates among the non-Jordanian population.

Apart from Jordan, the Global Fund has committed almost US\$ 268 million to 35 grants in 12 countries in the Middle East over two years. Despite relatively low prevalence rates at the country level, more than half a million people are believed to be living with HIV/AIDS in the Middle East. Malaria and tuberculosis have created significant health problems in this region as well. Global Fund financing is being used to scale-up prevention and treatment programs to fight these three devastating diseases in this critical area of the world. Prevention activities are particularly important in this region, as investing in HIV/AIDS programs early is a cost-effective way to combat potential future epidemics.



Although the disease prevalence is low in Jordan, early investment in HIV/AIDS prevention programs is a cost-effective way of fighting a potential future epidemic.

COUNTRY PROFILE

Thailand

HIV/AIDS

US\$ 138,792,798

TUBERCULOSIS

US\$ 31,082,208

MALARIA

US\$ 5,282,000

The amounts shown are the five-year budget amount.

It is nearly 20 years since Thailand rang the alarm on its then rapidly-growing AIDS epidemic. With courage matched by few other countries, Thailand's government risked damage to its tourism industry and its international reputation by publicly warning about a near-explosive growth in HIV infections, particularly within its army. Given the widespread use of commercial sex workers among soldiers and other groups of men, the Thai health authorities feared a rapid spread of HIV into the general population.

A high-profile public prevention campaign, intensive promotion and distribution of condoms and systematic counseling and testing of sex workers brought Thailand's AIDS epidemic back from the brink and by the mid-1990s, HIV prevalence stabilized at between 1.5 and 2 percent. Thailand has also been a leader in rolling out ARV treatment and is on schedule to reach universal access by 2010.

The battle against AIDS is never over, however. The Global Fund has approved grants worth more than US\$ 163 million to help Thailand continue to educate the most vulnerable of its population – young people, sex workers and drug users – about HIV's continuing threat. Dr Petchsri Sirinirun, Senior Expert in Preventive Medicine, Department of Disease Control at the Thai Ministry of Health, warns that maintaining a low prevalence rate demands constant vigilance. "Our experience is that a generalized epidemic is harder to fight than an

epidemic contained to vulnerable groups," she says. "We have a constant battle against complacency."

She describes how health workers may believe that after a ten-year campaign everyone knows about the dangers of HIV, but warns that the 15-year-olds need to hear this for the first time. Meanwhile, those at 25 who have not been infected, increasingly believe it is "just something happening to someone else" and stop using condoms. "While sex workers now are very good at using condoms, we are having a big problem with young people having several partners," she says.

Complacency is not only a threat among the general population. "You have to constantly prove that results follow money to ensure continued political support from the top," says Dr Siripon Kanshana, Inspector-General in the Ministry of Health. "The key to success is political commitment from the top to ensure that every ministry is involved in the fight."

To ensure results, Thailand has integrated collaboration with associations of people living with HIV, and relies on these groups to do a large part of the community outreach to identify, educate and provide care for HIV positive people who need ARV treatment.

"Our movement started to put pressure on the government to provide affordable access to ARVs," says Seri Thongmak, General Secretary of Pattanarak Foundation, a nongovernmental organization focused on the prevention of

HIV/AIDS among Thailand's migrant worker community. It took quite some change of attitude to begin to see the government as an ally, admits Thongmak, but we realized that we have the same goal. "We kept communications open; we developed some joint ideas and tried to find common solutions. And we transferred our frustration from the government to the drug companies," he adds with a smile.

The result of Thailand's integrative strategy can be seen in Laokwan, an agricultural district in Kanchanaburi province, around 100 km west of Bangkok. In a small traditional Thai farm house facing a yard filled with drying red chilies, Pragin, 40, works at her sewing machine, while two outreach workers gently quiz her seven-year-old daughter Kaew about the handful of medicine bottles between them on the reed mat. Born HIV-positive, Kaew has just begun ARV treatment and has never had to take pills before. The outreach workers, one of whom is a member of Thai Network of People Living with HIV (TNP+), want to make sure she understands how and when to take her medication using sugar pills. The outreach workers are also there to pay a weekly visit to Pragin. Though her husband who infected her has died, she has been able to maintain a fairly good state of health since she began treatment eight years ago thanks in part to the support of family and TNP+.

In nearby Laokhuan District hospital, another mother and daughter contend with a more difficult stage in the young woman's battle with AIDS. For them too, however, Thailand's proactive approach to providing care and treatment is easing the burden of the disease. "The hardest thing was to know there was something wrong with my daughter and not to know what it was," says Tong Klaubsuwon. "Before she started ARVs she looked like an old person, like a ghost."

Her daughter, who has been on treatment for two years, is pale and evidently quite ill, but the medical care and treatment they have access to is a great relief to Tong. "Sometimes I come to the hospital, but sometimes they give us home visits and we will talk about everything," she says. "They will make sure that we get the medicine and my daughter takes the medicine correctly." As an agricultural worker, Tong would not be able to afford the treatment her daughter needs if not for government support. "I can come get medicine for free; everything is free, staying in the hospital is free. And the nurses are very kind."



Outreach workers gently quiz seven-year-old Kaew about how to take the medicine she needs to survive. Kaew was born HIV-positive and has just begun ARV treatment.

Thailand has been a leader in rolling out ARV treatment and is on schedule to reach universal access by 2010.

COUNTRY PROFILE

Zanzibar

HIV/AIDS

US\$ 11,094,678

TUBERCULOSIS

US\$ 1,699,867

MALARIA

US\$ 9,591,868

The amounts shown are
the five-year budget amount.

Malaria once was the leading cause of death in Zanzibar, Tanzania's semi-autonomous archipelago in the Indian Ocean. In just two years, the incidence of malaria has fallen significantly.

The hallmark of Zanzibar's program is the collaboration between the government and a number of bilateral and multilateral agencies as well as other partners. Besides receiving grants from the Global Fund, Zanzibar was the first country to receive assistance from the U.S. President's Malaria Initiative. The assistance of strong partners such as WHO and the Italian Cooperation Agency proved to be highly effective as well. In addition, the success of the program has led to increased participation and cooperation by local NGOs and FBOs, enabling the government to reach even further into local communities.

The Global Fund has two grants in Zanzibar to fight malaria worth more than US\$ 9 million. Resources are put to use for the provision of ACTs, intermittent preventive therapy for pregnant women and the distribution of ITNs to provide a physical barrier to hungry mosquitoes. Communities all over the islands have been educated about malaria prevention and the proper use of ITNs.

Zanzibar is one of the first countries to implement the systematic use of ACTs, the new generation of malaria treatments.

Working through the National Malaria Control Program and the national public health infrastructure, the implementation of this new national treatment strategy for malaria included not only the purchase of the drugs but also a new procurement process which includes quality assurance procedures and an improved overview of the distribution system. As a result, more than 90 percent of local health facilities have had no shortages of medicine in the last year. The decision to implement ACTs also included upgrading laboratory facilities and the training of healthcare personnel. To date, more than 500 medical staff have received training in the new treatment protocols.

Other elements of malaria prevention were also initiated or expanded through this grant, including the free distribution of more than 300,000 insecticide-treated bed nets (thus providing virtually full coverage) and indoor residual spraying in selected areas. The government also instituted a national media campaign to inform the population of the new malaria treatments, including several radio and television programs. Together, these actions have had a startling impact on the epidemic: mortality rates among those over five years of age have dropped from 61.9 percent in 2002 to 17 percent in 2005.

One of the unexpected outcomes of the

ACT rollout is that with better diagnosis and more effective treatment, incidence rates have dropped even more quickly than anticipated, leaving the government with an excess of ACTs which ran the risk of passing their expiration dates before they could be used. Zanzibar has decided to donate its excess stock to the Tanzanian mainland, which is suffering from a shortage of malaria drugs.

Apart from controlling malaria, the Zanzibaran islands are also waging a battle to control the spread of HIV/AIDS and tuberculosis. Although Zanzibar is categorized as having a low HIV/AIDS prevalence, its proximity to and frequent contacts with the Tanzanian mainland, where HIV/AIDS prevalence is high, puts the archipelago at a significant risk of dramatic increases of infection.

A Round 2 Global Fund grant worth US\$ 2.3 million focuses on establishing multisectoral participatory approaches to HIV prevention for young people. Resources are being used to develop educational programs with the active support of religious groups and community service organizations, to establish new and strengthen existing youth facilities as well as to strengthen surveillance and monitoring systems for HIV/AIDS at the district level.

So far, 20 new health centers have been established to provide youth-friendly services including HIV testing and counseling. Health center units have also been established for the management of STIs. So far, 237 people with advanced HIV are receiving ARVs. In addition, more than 242 service deliverers (peer educators and counselors) have been trained to deliver HIV/AIDS education to young people all over the islands.

A Round 6 grant aimed at scaling up the fight against HIV/AIDS in Zanzibar is due to be signed in the first half of 2007. Once implementation has started, this grant will focus on reducing new HIV infections among women of reproductive age and vulnerable populations, like sex workers, men who have sex with men (MSM) and injecting drug users (IDUs).

Global Fund-supported activities are also taking place in Zanzibar to control the spread of tuberculosis. A US\$ 1.7 million grant is used to improve ongoing activities and to expand health facility-based DOTS services to all ten districts of Zanzibar. In this process, improving access to quality TB diagnostic

services, strengthening TB/HIV collaborative activities and improving health workers' technical and managerial skills are key priorities. The Global Fund's involvement in Zanzibar has served as a catalyst for rapid change, providing hope to the many people affected by one of the three diseases.



Malaria prevention training is now part of the curriculum in the classrooms of Zanzibar.

Training programs have helped the country to lower the incidence of malaria significantly in the past two years.

COUNTRY PROFILE

Romania

HIV/AIDS

US\$ 38,824,167

TUBERCULOSIS

US\$ 27,292,736

The amounts shown are
the five-year budget amount.

Romania is one of the few countries in Central and Eastern Europe with a large number of people affected by HIV/AIDS — many of them young children who became infected by contaminated blood products and medical equipment in the late 1980s and early 1990s. Since 1994, there has been a steady increase in HIV incidence among young adults, mainly related to sexual contact and, to a lesser extent, injecting drug use.

From the beginning, several non-governmental organizations have been involved in helping Romania in its fight against HIV/AIDS. These organizations have played a significant role in scaling up prevention and treatment activities so that people in the general population and vulnerable groups can receive free counseling and testing services, proper information and education about disease transmission and prevention and the means to reduce risky behavior. In addition, the NGOs were key in setting up a system of multi-disciplinary care and support services for HIV-positive people, who receive free medical treatment financed entirely with domestic resources.

In 2004, the Global Fund began supporting a program designed to provide essential prevention interventions to reduce the transmission of HIV/AIDS among vulnerable populations and strengthen national systems of health care and psychosocial support to reduce the impact of HIV/AIDS on those affected. The implementation of the program is coordinated by the Ministry of Public Health in close cooperation with governmental organizations, paving the way for a novel working partnership.

The program has produced impressive results. In one particular campaign, launched by Romanian Angel Appeal (RAA) to prevent transmission of HIV from mother to child, free testing and counseling was offered to 50,000 pregnant women in 16 of Romania's 42 counties. Because of this outreach, many women who tested positive were able to successfully prevent transmission of the virus to their babies.

Much-needed prevention services are extended to vulnerable populations as well. The Romanian Association Against AIDS (ARAS) operates mobile units which go out twice a week to areas designated as "hot spots," where people who may be vulnerable to HIV infection through unprotected sex or through injecting drug use congregate. The mobile units are equipped with a doctor, psychologist, and outreach worker, who hand out condoms and syringes, provide essential information and education and extend basic medical services to people who may not get these services otherwise. The mobile units also offer counseling and on-the-spot HIV testing

Once people are found to have tested positive for HIV, a whole other layer of free services intended to keep them well and help them cope with the disease becomes available. After diagnosis, patients are referred immediately to a day care clinic where they receive medical as well as psychological treatment.

The program is also helping medical professionals learn to prevent HIV transmission in their offices by providing internet-based courses on safe medical practices.

"Undoubtedly, looking back at what has been achieved, the Global Fund provided the biggest

and most fruitful opportunity for Romania to convert the National HIV Strategy into a coherent and comprehensive program to maximize the impact of all actors' coordinated activities," said Silvia Asanda, Executive Director of RAA, one of the 18 NGOs which, along with 11 governmental organizations, are engaged in the implementation of this multifaceted program.

"For Romanian Angel Appeal, the Global Fund grant was the opportunity to expand to the national level good practice models we had already implemented, such as the day clinic model, the prevention of mother-to-child transmission program, the voluntary testing and counseling centers, the mobile unit services and the continuing medical education - e-learning model," she continued. "The approximately 60,000 people who directly benefited in 2006 from the services delivered by RAA are the real measure of our actions and the reward for our work."

Romania is also waging a successful battle against tuberculosis through efforts to educate thousands of people in its poorest ethnic community - the Roma - on ways to prevent TB, recognize its symptoms, and know where to receive free treatment.

The Roma are disproportionately affected by TB. They often live in poor conditions with little access to health care services. And they face discrimination and segregation when they do seek medical care.

"If you want to have access to the public health services in Romania, you must have an ID card and after that insurance," explained Daniel Radulescu, a program coordinator at RomaniCriss, the nongovernmental organization that is implementing a project aimed at halting the spread of TB. "A lot of Roma people don't have education. They don't have the opportunity to find work. It is impossible for them to pay insurance."

The RomaniCriss project aims to help Roma overcome the stigma and discrimination they face by arming them with information on the disease that it is hoped will lead to early medical intervention and treatment, thereby stemming its spread. The project trains women in the community to act as "health mediators." The task of the health mediator is two-fold: to educate community members about the disease, its symptoms, and how it is spread and to encourage them to seek treatment if they are ill. Additionally, the health mediators know how to communicate with the public health



In Romania, Global Fund grants are helping to strengthen partnerships between the government and non-governmental sectors in fighting the spread of HIV/AIDS. "Most activities are implemented through this partnership and very unusual is the approach of some governmental agencies that were confident enough to use the NGO channels to make implementation more efficient," said Edi Petrescu, UNAIDS National Officer in Romania.

authorities or with the doctors and are essential to improving the relationship between the Roma people and the public health system.

So far, 55 women from the Roma community have been trained as health mediators and the project is beginning to show some success. In its first year, the project developed an information campaign targeting 35,000 Roma people. They met resistance at first, with many people turning the health mediators away because they did not think the information pertained to them as they were not sick.

Gradually, however, people began to listen. They began to understand the disease and how it is spread. And through the information sessions that were held, the stigma surrounding the disease has begun to wane and people are now able to talk about it without shame. "[Now] 90 percent of this population knows how the disease spreads. They know that the treatment is free," Radulescu said. "The relations between the patient and the medical personnel are okay now in five counties. But there are about 41 counties in Romania." Radulescu hopes to be able to replicate the program in all of Romania's counties. It is so important, he says, because not only does it bring hope, it saves lives.

"We visited one community from Bucharest and found one TB-infected person there," Radulescu said. "The health mediator helped this lady to go to the doctor to receive treatment and after that she acted as a treatment counselor for her."

COUNTRY PROFILE

China

HIV/AIDS

US\$ 204,928,236

TUBERCULOSIS

US\$ 157,099,000

MALARIA

US\$ 62,625,240

The amounts shown are
the five-year budget amount.

With more than 4.5 million people infected with tuberculosis, the People's Republic of China has the world's second-highest number of TB patients. Eighty-five percent of these patients are poor and living in conditions that make them more vulnerable to the disease and less likely to receive treatment. Some cannot afford to be diagnosed, or would fear stigma if they were. Others, once diagnosed, cannot afford transportation to clinics, or even basic nutrition while on treatment. Still others risk abandoning treatment as they migrate to work in cities.

For decades, the Chinese have struggled to control TB infections – a task that seemed virtually impossible just three years ago. In addition to the need for more resources, TB management was hampered throughout the 1990s by a public health system that was unable to respond sufficiently to the problem. In 2003, the tide began to turn. Reinvigorated government commitments to public health coupled with a much-needed infusion of additional resources from the Global Fund (in addition to other donors like the World Bank) has resulted in evidence of a significant decrease in the prevalence and incidence of TB in China.

Today, more than one million people have been treated under the DOTS protocol through programs supported by Global Fund grants. Poor TB patients are now provided with transportation to clinics, monitoring, food and free diagnostic services such as microscopy and X-rays. Global Fund financing is also being used to educate the general population about TB and to train health workers.

These programs have been highly successful in helping China to scale up its response to TB. Between 2000 and 2005, DOTS coverage expanded to cover 100 percent of counties in China. The case-detection rate, which was only 30 percent in 2002, increased rapidly to 45 percent in 2003 and 64 percent in 2004. By the end of 2006, China had surpassed the international target for case detection, reaching a rate of 79 percent. The country has also surpassed international targets on treatment success, achieving a 91 percent treatment success rate (as compared with an international target of 85 percent).

Support from the Global Fund has also boosted efforts to train and remunerate health-care workers in poverty-stricken provinces. Payment of fees to health-care workers has strengthened reporting practices and case management. It has also served as an incentive to health-care providers to monitor patients who follow DOTS regimens, to sustain monitoring over the prescribed period of time and to report those cases to tuberculosis clinics.

The increased level of DOTS coverage and enhanced monitoring by health care workers is resulting in early signs of impact. There is growing evidence that TB prevalence overall is now falling in China, and the Stop TB Partnership estimates TB incidence is also declining. Significant challenges still remain, however, from MDR-TB and a growing HIV/AIDS epidemic.

China's large migrant population, estimated at more than 140 million people, provides a firm breeding ground for such threats. "People who live in high-prevalence provinces move to

lower-prevalence cities to seek jobs and earn money. If they move to the city, they do not have good living conditions; they do not have fixed jobs, so they cannot earn much money and they may easily suffer from pulmonary tuberculosis.” explained Dr Jiang Shiwen, a director at China’s National TB Control Program. “For these patients, it is very difficult to finish the treatment. They may only receive treatment for two or three months and then go to another city. So we must trace these patients to give them monitoring and evaluation.”

Currently, China has the world’s largest epidemic of MDR-TB. Left unchecked, this epidemic could spiral out of control and destroy all of the success that China has had in the past few years. In 2005, the Global Fund approved a Round 5 grant aimed at achieving greater control of TB in migrating populations and at preventing the further spread of MDR-TB in the general population. The grant will also be used to create stronger collaboration between the country’s TB and HIV/AIDS control programs to help the country to more effectively fight both diseases.

HIV/AIDS is fast becoming a serious epidemic in China as well. The latest estimates indicate that more than 650,000 people are living with the disease, and according to a 2005 UNAIDS report, new HIV cases are being transmitted primarily through injecting drug use (IDU). More people are developing clinical AIDS, and AIDS-related deaths are on the rise. The epidemic is spreading from high-risk groups to the general population, and there is a potential risk that the epidemic will spread further.

After a slow start and reluctance to recognize that members of its population were engaging in risky behaviors, China has responded to scientific evidence to take bold steps to control the epidemic. In a particularly courageous move, the government has broken with strict moral traditions to adopt new policies aimed at promoting safer sexual behaviors, condom use and needle exchange among the country’s most vulnerable groups – commercial sex workers and IDUs.

In 2003, China launched “China CARES” (China Comprehensive AIDS RESponse), an extensive community-based HIV treatment, care and prevention program. The Global Fund has approved three grants to help facilitate the rapid expansion of the China CARES program by helping to promote prevention efforts to

reduce transmissions through spouses, mother-to-child, casual partners and unsafe/unnecessary medical injections. Close to 30,000 have received ARV treatment to date, and many more are receiving care and support, including IDUs, commercial sex workers and others.



By the end of 2006, China had surpassed the international target for TB case detection, reaching a rate of 79 percent.

China has also surpassed international targets on TB treatment success, achieving a 91 percent treatment success rate (as compared with an international target of 85 percent).

COUNTRY PROFILE

Cuba

HIV/AIDS

US\$ 62,275,883

The amounts shown are
the five-year budget amount.

Until 1993, people living with HIV/AIDS in Cuba had little or no access to drugs and were forcefully isolated from the rest of society. Today 100 percent of all Cubans in need of treatment freely receive the highest quality care and medication. Infected Cubans also receive food and other types of assistance through a program administered by the UNDP and supported by the Global Fund.

Although the numbers of Cubans infected with HIV/AIDS are small, the potential for rapid spread of the disease is large in areas where stigma still prevails and condom use is low. The Global Fund has approved two grants to help Cuba reduce the number of new HIV infections as well as the number of deaths due to HIV/AIDS in the country.

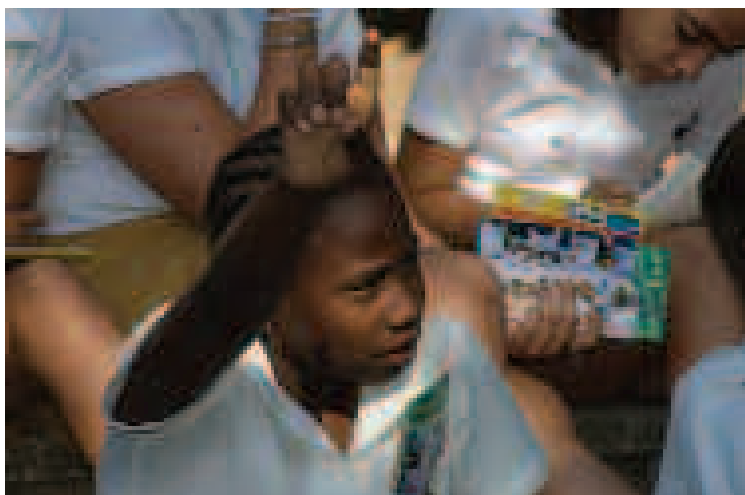
The main objectives of the UNDP program are to promote the adoption of safe sexual behaviors among vulnerable groups and in the general population, to improve condom quality and distribution through social marketing and to improve comprehensive care and quality of life of people living with HIV/AIDS. The program also aims to strengthen and expand Cuba's response to the epidemic through multisectoral and civil society participation, emphasizing aspects relating to co-existence and non-

discrimination.

In order to promote safe sexual behaviors among vulnerable groups, young people and in the general population, the program uses peer education methods to train promoters to work with each of the target populations. Counselors are also trained to provide face-to-face and telephone counseling as well as anonymous testing.

It is also important that young people receive information about healthy behavior in school. To that end, the program is working to strengthen sex education curricula in secondary educational institutions and at universities. Additionally, workers in the tourism, education, mass media and labor and social security sectors are being educated on issues related to HIV/AIDS and safe sexual behaviors so that they can impart messages relating to safe sexual practices and non-discrimination to the groups of people they come in contact with through their work.

So far the program is performing well and meeting or exceeding most targets. In addition to providing 100 percent of people living with the disease with ARV therapy and treatment for opportunistic infections, the program has reached 55,000 people between the ages of



In Cuba, sex education curriculum has been strengthened in schools in Cuba to promote healthy behavior among young people and reduce the spread of HIV/AIDS.

Today, 100 percent of all HIV-positive Cubans receive, free of charge, the highest-quality care and medication through a program supported by the Global Fund.



15 and 34 with counseling services.

Furthermore, 1.5 million students have been reached with education programs about HIV/AIDS and other STIs. And more than 12 million condoms have been distributed to the general public.

These achievements in reaching people are coupled with strong performance in the delivery of quality training. For instance, 712 commercial sex workers and men who have sex with men have been trained as peer educators. And more than, 6,000 youth peer educators and counselors have been trained and 43,000 of the country's teachers have received HIV/AIDS training.

In 2006, the Global Fund approved a new grant aimed at increasing the scope of health

promotion and actions to prevent HIV/AIDS and other STIs, boosting the decentralization and integral care strategy for people living with HIV/AIDS, intensifying the participation of vulnerable groups and community intervention actions related to HIV/AIDS, and expanding and strengthening the national network for diagnosis, epidemiological vigilance and dissemination of technical scientific information.

The funds requested will be used to acquire equipment needed by existing health centers and laboratories so that scientific studies and clinical services for people living with the disease can be improved and to buy more ARVs that can be distributed for free to those who need them.



ERITREA

A nurse in Eritrea shows two different HIV rapid diagnostic test results, a positive one on top and a negative one at the bottom.

Approved Grants and Organization Information

Organizations and Grants

FIGURE 10

GRANTS SIGNED & DISBURSEMENTS SUMMARY

AS AT 31 DECEMBER 2006 (IN US\$ EQUIVALENTS)¹

	2002	2003	2004	2005	Q1	2006 Q2	Q3	Q4	Total to Date	Number Approved	% Signed
Number of Grants Signed											
Round 1	9	57	1	1					68	68	100%
Round 2		69	27	4	1		1		102	102	100%
Round 3			63	9		3			75	75	100%
Round 4			13	69					82	82	100%
Round 5				1	6	22	24	19	72	72	100%
Round 6								1	1	85	1%
All rounds	9	126	104	84	7	25	25	20	400	484	83%
Number of Phase II Renewals Signed (all rounds)				51	23	16	22	34	146	211	69%
Funds Committed (\$ m)											
Phase I	52	1'063	855	1'102	80	199	261	228	3'840		
Phase II				428	194	110	530	231	1'493		
TOTAL:	52	1'063	855	1'530	274	309	791	459	5'333	\$ million	
Funds Disbursed (\$ m)											
Phase I	1		628	961	148	193	270	327	2'757		
Phase II				92	28	97	102	157	477		
TOTAL:	1	231	628	1'053	174	290	373	484	3'234	\$ million	

Notes

1 Totals may appear not to add because of rounding

2 Includes total number of prospective grants approved (i.e. including components where more than one grant will be assigned) and grants for which funding was formerly provided (i.e. suspended grants)

List of Approved Grants

The principal work of the Global Fund is accomplished by awarding and managing grants to finance the battle against the world's three great health pandemics HIV/AIDS, tuberculosis and malaria. Following approval of proposals by the Board, grant agreements commit funds for an initial two-year period, and periodic disbursements are made on the basis of requests and performance. At the end of the initial two-year period, countries request funding for the remainder of the original proposal's timeframe (typically five years). Approval of this secondary funding is known as Phase 2.

Figure 10, above, gives a summary of all grants approved by the Board through six rounds of proposals. The list of approved grants details for each country which diseases are being funded and in which rounds the grants were approved. The LFA and PR(s) for each country are also shown.

"Funds Committed" indicates the maximum amount allocated by a signed grant agreement. This amount committed through a signed grant agreement can on occasion be less than the total amount originally

approved by the Board as a result of negotiations during the grant signing process.

"Total Funds Approved" includes all proposal amounts approved by the Board and incorporates any adjustments per TRP clarifications and/or grant negotiations.

"Funds Committed" includes all funds committed with the Global Fund Trustee, per signed grant agreements.

"Local Fund Agent" an LFA is listed only if a grant agreement has been signed in country. LFA abbreviations: EMG (Emerging Markets Group), KPMG (KPMG), PwC (PricewaterhouseCoopers), STI (Swiss Tropical Institute), UNOPS (United Nations Office for Project Services) and WB (The World Bank).

"Principal Recipients" listed are those with whom grant agreements have been signed (funds committed).

"TBD" listed under Local Fund Agent or Principal Recipient refers to "to be determined," as this information is only available once the grant is signed.

The Lutheran World Foundation

LOCAL FUND AGENT

EMG

ROUND(S)

1

PROGRAMS APPROVED FOR FUNDING

HIV/AIDS

PRINCIPAL RECIPIENT(S)

The Lutheran World Federation

TOTAL FUNDS APPROVED

700,000

FUNDS COMMITTED (PHASE 1)

485,000

FUNDS COMMITTED (PHASE 2)

215,000

FUNDS DISBURSED

700,000

REGION

East Asia and the Pacific

Cambodia

LOCAL FUND AGENT

KPMG

ROUND(S)

1,2,4,5,6

PROGRAMS APPROVED FOR FUNDING

HIV/AIDS, Malaria, Tuberculosis, Health Systems Strengthening

PRINCIPAL RECIPIENT(S)

The Ministry of Health of the Government of the Kingdom of Cambodia

TOTAL FUNDS APPROVED

94,948,298

FUNDS COMMITTED (PHASE 1)

59,550,972

FUNDS COMMITTED (PHASE 2)

22,248,713

FUNDS DISBURSED

53,024,617

China

LOCAL FUND AGENT

UNOPS

ROUND(S)

1,3,4,5,6

PROGRAMS APPROVED FOR FUNDING

HIV/AIDS, Malaria, Tuberculosis

PRINCIPAL RECIPIENT(S)

The Chinese Centre for Disease Control and Prevention of the Government of the People's Republic of China

TOTAL FUNDS APPROVED

267,506,831

FUNDS COMMITTED (PHASE 1)

163,297,407

FUNDS COMMITTED (PHASE 2)

91,348,617

FUNDS DISBURSED

143,550,713

Indonesia

LOCAL FUND AGENT

PwC

ROUND(S)

1,4,5,6

PROGRAMS APPROVED FOR FUNDING

HIV/AIDS, Tuberculosis, Malaria

PRINCIPAL RECIPIENT(S)

Directorate of Directly Transmitted Disease Control of the Ministry of Health of the Government of the Republic of Indonesia; Directorate of Vector Borne Disease Control of the Ministry of Health of the Republic of Indonesia

TOTAL FUNDS APPROVED

177,476,158

FUNDS COMMITTED (PHASE 1)

89,736,486

FUNDS COMMITTED (PHASE 2)

60,011,752

FUNDS DISBURSED

81,948,510

Lao PDR

LOCAL FUND AGENT

KPMG

ROUND(S)

1,2,4,6

PROGRAMS APPROVED FOR FUNDING

HIV/AIDS, Tuberculosis, Malaria

PRINCIPAL RECIPIENT(S)

The Ministry of Health of the Government of the Lao People's Democratic Republic

TOTAL FUNDS APPROVED

32,273,002

FUNDS COMMITTED (PHASE 1)

13,467,615

FUNDS COMMITTED (PHASE 2)

13,659,988

FUNDS DISBURSED

21,195,747

Mongolia

LOCAL FUND AGENT

UNOPS

ROUND(S)

1,2,4,5

PROGRAMS APPROVED FOR FUNDING

HIV/AIDS, Tuberculosis

PRINCIPAL RECIPIENT(S)

The Ministry of Health of Mongolia

TOTAL FUNDS APPROVED

8,584,137

FUNDS COMMITTED (PHASE 1)

5,772,657

FUNDS COMMITTED (PHASE 2)

2,811,480

FUNDS DISBURSED

5,960,710

Multi-country Western Pacific

LOCAL FUND AGENT

KPMG

ROUND(S)

2,5

PROGRAMS APPROVED FOR FUNDING

HIV/AIDS, Tuberculosis, Malaria

PRINCIPAL RECIPIENT(S)

The Secretariat of the Pacific Community

TOTAL FUNDS APPROVED

15,702,762

FUNDS COMMITTED (PHASE 1)

10,421,681

FUNDS COMMITTED (PHASE 2)

5,281,081

FUNDS DISBURSED

11,996,188

Myanmar

LOCAL FUND AGENT

KPMG

ROUND(S)

2,3

PROGRAMS APPROVED FOR FUNDING

HIV/AIDS, Tuberculosis, Malaria

PRINCIPAL RECIPIENT(S)

The United Nations Development Programme

TOTAL FUNDS APPROVED

11,929,652

FUNDS COMMITTED (PHASE 1)

11,929,652

FUNDS COMMITTED (PHASE 2)

—

FUNDS DISBURSED

11,929,652

Papua New Guinea

LOCAL FUND AGENT

KPMG

ROUND(S)

3,4,6

PROGRAMS APPROVED FOR FUNDING

HIV/AIDS, Tuberculosis, Malaria

PRINCIPAL RECIPIENT(S)

The Department of Health of the Government of Papua New Guinea

TOTAL FUNDS APPROVED

33,605,842

FUNDS COMMITTED (PHASE 1)

14,598,797

FUNDS COMMITTED (PHASE 2)

—

FUNDS DISBURSED

8,952,950

Philippines

LOCAL FUND AGENT

PwC

ROUND(S)

2,3,5,6

PROGRAMS APPROVED FOR FUNDING

HIV/AIDS, Tuberculosis, Malaria

PRINCIPAL RECIPIENT(S)

Tropical Disease Foundation, Inc., Pilipinas Shell Foundation

TOTAL FUNDS APPROVED

81,905,124

FUNDS COMMITTED (PHASE 1)

43,512,181

FUNDS COMMITTED (PHASE 2)

14,620,320

FUNDS DISBURSED

36,605,593

Thailand

LOCAL FUND AGENT

KPMG

ROUND(S)

1,2,3,6

PROGRAMS APPROVED FOR FUNDING

HIV/AIDS, Tuberculosis, Malaria

PRINCIPAL RECIPIENT(S)

The Department of Disease Control, Ministry of Public Health of the Royal Government of Thailand; RAKS Thai Foundation; The Ministry of Public Health of the Government of Thailand

TOTAL FUNDS APPROVED

163,256,774

FUNDS COMMITTED (PHASE 1)

61,197,279

FUNDS COMMITTED (PHASE 2)

93,968,976

FUNDS DISBURSED

78,023,927

Timor Leste

LOCAL FUND AGENT

PwC

ROUND(S)

2,3,5

PROGRAMS APPROVED FOR FUNDING

HIV/AIDS, Tuberculosis, Malaria

PRINCIPAL RECIPIENT(S)

The Ministry of Health of the Government of the Democratic Republic of Timor-Leste

TOTAL FUNDS APPROVED

7,526,266

FUNDS COMMITTED (PHASE 1)

6,950,107

FUNDS COMMITTED (PHASE 2)

576,159

FUNDS DISBURSED

3,394,621

Viet Nam

LOCAL FUND AGENT

KPMG

ROUND(S)

1,3,6

PROGRAMS APPROVED FOR FUNDING

HIV/AIDS, Tuberculosis, Malaria

PRINCIPAL RECIPIENT(S)

The Ministry of Health of the Government of Vietnam; The National Institute of Malariology, Parasitology and Entomology / Ministry of Health of the Government of the Socialist Republic of Vietnam

TOTAL FUNDS APPROVED

56,621,424

FUNDS COMMITTED (PHASE 1)

23,388,402

FUNDS COMMITTED (PHASE 2)

12,000,000

FUNDS DISBURSED

24,172,751

REGION

Eastern Europe and Central Asia

Albania

LOCAL FUND AGENT

KPMG

ROUND(S)

5

PROGRAMS APPROVED FOR FUNDING

HIV/AIDS, Tuberculosis

PRINCIPAL RECIPIENT(S)

Ministry of Health, Institute of Public Health

TOTAL FUNDS APPROVED

3,279,156

FUNDS COMMITTED (PHASE 1)

3,279,156

FUNDS COMMITTED (PHASE 2)

—

FUNDS DISBURSED

—

Armenia

LOCAL FUND AGENT

KPMG

ROUND(S)

2,5

PROGRAMS APPROVED FOR FUNDING

HIV/AIDS, Tuberculosis

PRINCIPAL RECIPIENT(S)

World Vision International - Armenia Branch; The Ministry of Health of the Republic of Armenia

TOTAL FUNDS APPROVED

10,875,031

FUNDS COMMITTED (PHASE 1)

6,791,781

FUNDS COMMITTED (PHASE 2)

4,083,250

FUNDS DISBURSED

6,895,523

Azerbaijan

LOCAL FUND AGENT

UNOPS

ROUND(S)

4,5

PROGRAMS APPROVED FOR FUNDING

HIV/AIDS, Tuberculosis

PRINCIPAL RECIPIENT(S)

The Ministry of Health of the Government of the Republic of Azerbaijan

TOTAL FUNDS APPROVED

10,220,086

FUNDS COMMITTED (PHASE 1)

10,220,087

FUNDS COMMITTED (PHASE 2)

—

FUNDS DISBURSED

7,126,836

Belarus

LOCAL FUND AGENT

KPMG

ROUND(S)

3,6

PROGRAMS APPROVED FOR FUNDING

HIV/AIDS, Tuberculosis

PRINCIPAL RECIPIENT(S)

The United Nations Development Programme

TOTAL FUNDS APPROVED

22,847,644

FUNDS COMMITTED (PHASE 1)

6,818,796

FUNDS COMMITTED (PHASE 2)

9,945,034

FUNDS DISBURSED

7,262,945

Bosnia and Herzegovina

LOCAL FUND AGENT

PwC

ROUND(S)

5,6

PROGRAMS APPROVED FOR FUNDING

HIV/AIDS, Tuberculosis

PRINCIPAL RECIPIENT(S)

The United Nations Development Programme

TOTAL FUNDS APPROVED

8,134,991

FUNDS COMMITTED (PHASE 1)

4,832,385

FUNDS COMMITTED (PHASE 2)

—

FUNDS DISBURSED

1,661,658

Bulgaria

LOCAL FUND AGENT

KPMG

ROUND(S)

2,6

PROGRAMS APPROVED FOR FUNDING

HIV/AIDS, Tuberculosis

PRINCIPAL RECIPIENT(S)

The Ministry of Health of the Republic of Bulgaria

TOTAL FUNDS APPROVED

24,986,739

FUNDS COMMITTED (PHASE 1)

6,894,270

FUNDS COMMITTED (PHASE 2)

8,817,612

FUNDS DISBURSED

10,458,487

Croatia

LOCAL FUND AGENT

KPMG

ROUND(S)

2

PROGRAMS APPROVED FOR FUNDING

HIV/AIDS

PRINCIPAL RECIPIENT(S)

The Ministry of Health and Social Welfare of the Republic of Croatia

TOTAL FUNDS APPROVED

4,945,192

FUNDS COMMITTED (PHASE 1)

3,363,974

FUNDS COMMITTED (PHASE 2)

1,581,218

FUNDS DISBURSED

4,945,192

Estonia

LOCAL FUND AGENT

PwC

ROUND(S)

2

PROGRAMS APPROVED FOR FUNDING HIV/AIDS

PRINCIPAL RECIPIENT(S)

The National Institute for Health Development of the Ministry of Social Affairs of Estonia

TOTAL FUNDS APPROVED

10,412,332

FUNDS COMMITTED (PHASE 1)

3,908,952

FUNDS COMMITTED (PHASE 2)

6,503,380

FUNDS DISBURSED

7,655,177

Georgia

LOCAL FUND AGENT

KPMG

ROUND(S)

2,3,4,6

PROGRAMS APPROVED FOR FUNDING HIV/AIDS, Tuberculosis, Malaria

PRINCIPAL RECIPIENT(S)

The Georgia Health and Social Projects Implementation Center

TOTAL FUNDS APPROVED

35,642,367

FUNDS COMMITTED (PHASE 1)

6,493,250

FUNDS COMMITTED (PHASE 2)

8,267,912

FUNDS DISBURSED

7,417,118

Kazakhstan

LOCAL FUND AGENT

KPMG

ROUND(S)

2,6

PROGRAMS APPROVED FOR FUNDING HIV/AIDS, Tuberculosis

PRINCIPAL RECIPIENT(S)

The Republican Center for Prophylactics and Control of AIDS of the Government of the Republic of Kazakhstan

TOTAL FUNDS APPROVED

27,528,597

FUNDS COMMITTED (PHASE 1)

6,502,000

FUNDS COMMITTED (PHASE 2)

15,583,999

FUNDS DISBURSED

11,632,699

Kosovo (Serbia)

LOCAL FUND AGENT

UNOPS

ROUND(S)

4

PROGRAMS APPROVED FOR FUNDING Tuberculosis

PRINCIPAL RECIPIENT(S)

United Nations Interim Administration in Kosovo

TOTAL FUNDS APPROVED

2,122,401

FUNDS COMMITTED (PHASE 1)

2,122,401

FUNDS COMMITTED (PHASE 2)

—

FUNDS DISBURSED

1,259,333

Kyrgyzstan

LOCAL FUND AGENT

PwC

ROUND(S)

2,5,6

PROGRAMS APPROVED FOR FUNDING HIV/AIDS, Tuberculosis, Malaria

PRINCIPAL RECIPIENT(S)

The National AIDS Center of the Government of the Republic of Kyrgyzstan; National Center of Phtisiology of the Government of the Republic of Kyrgyzstan; State Sanitary Epidemiological Department

TOTAL FUNDS APPROVED

25,781,344

FUNDS COMMITTED (PHASE 1)

7,863,263

FUNDS COMMITTED (PHASE 2)

13,673,503

FUNDS DISBURSED

9,854,194

Macedonia, FYR

LOCAL FUND AGENT

UNOPS

ROUND(S)

3,5

PROGRAMS APPROVED FOR FUNDING HIV/AIDS, Tuberculosis

PRINCIPAL RECIPIENT(S)

The Ministry of Health of the Government of the Former Yugoslav Republic of Macedonia

TOTAL FUNDS APPROVED

7,346,856

FUNDS COMMITTED (PHASE 1)

5,791,088

FUNDS COMMITTED (PHASE 2)

1,555,768

FUNDS DISBURSED

5,107,946

Moldova

LOCAL FUND AGENT

PwC

ROUND(S)

1,6

PROGRAMS APPROVED FOR FUNDING HIV/AIDS, Tuberculosis

PRINCIPAL RECIPIENT(S)

The Project Coordination, Implementation and Monitoring Unit of the Ministry of Health of the Republic of Moldova

TOTAL FUNDS APPROVED

23,917,009

FUNDS COMMITTED (PHASE 1)

5,257,941

FUNDS COMMITTED (PHASE 2)

6,461,106

FUNDS DISBURSED

9,107,941

Montenegro

LOCAL FUND AGENT

PwC

ROUND(S)

5,6

PROGRAMS APPROVED FOR FUNDING HIV/AIDS, Tuberculosis

PRINCIPAL RECIPIENT(S)

United Nations Development Programme

TOTAL FUNDS APPROVED

2,827,759

FUNDS COMMITTED (PHASE 1)

1,717,235

FUNDS COMMITTED (PHASE 2)

—

FUNDS DISBURSED

659,372

Romania

LOCAL FUND AGENT

KPMG

ROUND(S)

2,6

PROGRAMS APPROVED FOR FUNDING HIV/AIDS, Tuberculosis

PRINCIPAL RECIPIENT(S)

The Ministry of Health and Family of the Government of Romania

TOTAL FUNDS APPROVED

56,879,977

FUNDS COMMITTED (PHASE 1)

38,671,000

FUNDS COMMITTED (PHASE 2)

4,933,954

FUNDS DISBURSED

38,397,439

Russian Federation

LOCAL FUND AGENT

PwC

ROUND(S)

3,4,5

PROGRAMS APPROVED FOR FUNDING HIV/AIDS, Tuberculosis

PRINCIPAL RECIPIENT(S)

The Open Health Institute; Partners In Health; The Russian Health Care Foundation; Russian Harm Reduction Network

TOTAL FUNDS APPROVED

187,197,141

FUNDS COMMITTED (PHASE 1)

125,591,477

FUNDS COMMITTED (PHASE 2)

61,605,664

FUNDS DISBURSED

99,258,679

Serbia

LOCAL FUND AGENT

UNOPS

ROUND(S)

1,3,6

PROGRAMS APPROVED FOR FUNDING HIV/AIDS, Tuberculosis

PRINCIPAL RECIPIENT(S)

The Economics Institute in Belgrade; The Ministry of Health of the Republic of Serbia of the Government of Serbia and Montenegro

TOTAL FUNDS APPROVED

13,788,087

FUNDS COMMITTED (PHASE 1)

5,147,700

FUNDS COMMITTED (PHASE 2)

2,515,791

FUNDS DISBURSED

6,428,070

Tajikistan

LOCAL FUND AGENT

PwC

ROUND(S)

1,3,4,5,6

PROGRAMS APPROVED FOR FUNDING HIV/AIDS, Tuberculosis, Malaria

PRINCIPAL RECIPIENT(S)

The United Nations Development Programme; Project HOPE

TOTAL FUNDS APPROVED

27,933,235

FUNDS COMMITTED (PHASE 1)

7,949,096

FUNDS COMMITTED (PHASE 2)

7,593,995

FUNDS DISBURSED

7,810,389

Turkey

LOCAL FUND AGENT

PwC

ROUND(S)

4

PROGRAMS APPROVED FOR FUNDING HIV/AIDS

PRINCIPAL RECIPIENT(S)

The Ministry of Health of the Government of the Republic of Turkey

TOTAL FUNDS APPROVED

3,891,762

FUNDS COMMITTED (PHASE 1)

3,891,762

FUNDS COMMITTED (PHASE 2)

—

FUNDS DISBURSED

2,759,458

Ukraine

LOCAL FUND AGENT

PwC

ROUND(S)

1,6

PROGRAMS APPROVED FOR FUNDING HIV/AIDS

PRINCIPAL RECIPIENT(S)

The International HIV/AIDS Alliance; The Ukrainian Fund to Fight HIV Infection and AIDS; The Ministry of Health of the Government of Ukraine; The United Nations Development Programme

TOTAL FUNDS APPROVED

126,065,051

FUNDS COMMITTED (PHASE 1)

24,960,635

FUNDS COMMITTED (PHASE 2)

71,455,230

FUNDS DISBURSED

57,543,089

Uzbekistan

LOCAL FUND AGENT

PwC

ROUND(S)

3,4

PROGRAMS APPROVED FOR FUNDING HIV/AIDS, Tuberculosis, Malaria

PRINCIPAL RECIPIENT(S)

The National AIDS Center of the Ministry of Health of the Government of the Republic of Uzbekistan; The Republican Center of State Sanitary-Epidemiological Surveillance; The Republican DOTS Center of the Government of the Republic of Uzbekistan

TOTAL FUNDS APPROVED

36,765,963

FUNDS COMMITTED (PHASE 1)

12,160,743

FUNDS COMMITTED (PHASE 2)

16,315,086

FUNDS DISBURSED

9,972,965

REGION

Latin America and the Caribbean

Argentina

LOCAL FUND AGENT

PwC

ROUND(S)

1

PROGRAMS APPROVED FOR FUNDING HIV/AIDS

PRINCIPAL RECIPIENT(S)

The United Nations Development Programme; UBATEC S.A.

TOTAL FUNDS APPROVED

26,066,374

FUNDS COMMITTED (PHASE 1)

12,177,200

FUNDS COMMITTED (PHASE 2)

13,889,174

FUNDS DISBURSED

13,131,283

Belize

LOCAL FUND AGENT

KPMG

ROUND(S)

3

PROGRAMS APPROVED FOR FUNDING HIV/AIDS

PRINCIPAL RECIPIENT(S)

Belize Enterprise for Sustainable Technology

TOTAL FUNDS APPROVED

2,403,677

FUNDS COMMITTED (PHASE 1)

1,298,884

FUNDS COMMITTED (PHASE 2)

—

FUNDS DISBURSED

1,005,522

Bolivia

LOCAL FUND AGENT

PwC

ROUND(S)

3

PROGRAMS APPROVED FOR FUNDING HIV/AIDS, Tuberculosis, Malaria

PRINCIPAL RECIPIENT(S)

Centro de Investigación, Educación y Servicios (CIES); United Nations Development Programme

TOTAL FUNDS APPROVED

27,281,497

FUNDS COMMITTED (PHASE 1)

14,500,232

FUNDS COMMITTED (PHASE 2)

—

FUNDS DISBURSED

11,537,119

Brazil

LOCAL FUND AGENT

PwC

ROUND(S)

5

PROGRAMS APPROVED FOR FUNDING Tuberculosis

PRINCIPAL RECIPIENT(S)

Fundação Ataulpho de Paiva; Fundação Para O Desenvolvimento Científico E Tecnológico Em Saúde (FIOTEC)

TOTAL FUNDS APPROVED

11,602,427

FUNDS COMMITTED (PHASE 1)

11,602,427

FUNDS COMMITTED (PHASE 2)

—

FUNDS DISBURSED

—

Chile

LOCAL FUND AGENT

PwC

ROUND(S)

1

PROGRAMS APPROVED FOR FUNDING HIV/AIDS

PRINCIPAL RECIPIENT(S)

Consejo de las Américas

TOTAL FUNDS APPROVED

38,059,416

FUNDS COMMITTED (PHASE 1)

13,574,098

FUNDS COMMITTED (PHASE 2)

24,485,318

FUNDS DISBURSED

22,716,227

Colombia

LOCAL FUND AGENT

PwC

ROUND(S)

2

PROGRAMS APPROVED FOR FUNDING HIV/AIDS

PRINCIPAL RECIPIENT(S)

The International Organization for Migration (IOM)

TOTAL FUNDS APPROVED

8,669,848

FUNDS COMMITTED (PHASE 1)

3,482,636

FUNDS COMMITTED (PHASE 2)

5,187,212

FUNDS DISBURSED

6,911,470

Costa Rica

LOCAL FUND AGENT

PwC

ROUND(S)

2

PROGRAMS APPROVED FOR FUNDING HIV/AIDS

PRINCIPAL RECIPIENT(S)

The Consejo Técnico de Asistencia Médico Social (CTAMS) of the Government of the Republic of Costa Rica; HIVOS (Humanistic Institute for Cooperation with Developing Countries)

TOTAL FUNDS APPROVED

3,583,871

FUNDS COMMITTED (PHASE 1)

2,279,501

FUNDS COMMITTED (PHASE 2)

1,304,370

FUNDS DISBURSED

2,417,180

Cuba

LOCAL FUND AGENT

PwC

ROUND(S)

2,6

PROGRAMS APPROVED FOR FUNDING

HIV/AIDS

PRINCIPAL RECIPIENT(S)

The United Nations Development Programme

TOTAL FUNDS APPROVED

40,522,570

FUNDS COMMITTED (PHASE 1)

11,465,129

FUNDS COMMITTED (PHASE 2)

14,687,698

FUNDS DISBURSED

19,512,601

Dominican Republic

LOCAL FUND AGENT

PwC

ROUND(S)

2,3

PROGRAMS APPROVED FOR FUNDING

HIV/AIDS, Tuberculosis

PRINCIPAL RECIPIENT(S)

Consejo Presidencial del SIDA (COPRESIDA) of the Government of the Dominican Republic; Asociación Dominicana Pro-Bienestar de la Familia (PROFAMILIA)

TOTAL FUNDS APPROVED

53,096,342

FUNDS COMMITTED (PHASE 1)

17,335,590

FUNDS COMMITTED (PHASE 2)

—

FUNDS DISBURSED

16,381,898

Ecuador

LOCAL FUND AGENT

PwC

ROUND(S)

2,4

PROGRAMS APPROVED FOR FUNDING

HIV/AIDS, Tuberculosis

PRINCIPAL RECIPIENT(S)

The Ministry of Public Health of the Republic of Ecuador; CARE International Ecuador

TOTAL FUNDS APPROVED

22,711,338

FUNDS COMMITTED (PHASE 1)

16,350,681

FUNDS COMMITTED (PHASE 2)

—

FUNDS DISBURSED

10,250,063

El Salvador

LOCAL FUND AGENT

KPMG

ROUND(S)

2

PROGRAMS APPROVED FOR FUNDING

HIV/AIDS, Tuberculosis

PRINCIPAL RECIPIENT(S)

The United Nations Development Programme (UNDP), El Salvador; Ministry of Health

TOTAL FUNDS APPROVED

22,912,923

FUNDS COMMITTED (PHASE 1)

14,775,073

FUNDS COMMITTED (PHASE 2)

8,137,850

FUNDS DISBURSED

19,295,218

Guatemala

LOCAL FUND AGENT

EMG

ROUND(S)

3,4,6

PROGRAMS APPROVED FOR FUNDING

HIV/AIDS, Tuberculosis, Malaria

PRINCIPAL RECIPIENT(S)

Fundación Visión Mundial Guatemala

TOTAL FUNDS APPROVED

53,902,766

FUNDS COMMITTED (PHASE 1)

17,670,782

FUNDS COMMITTED (PHASE 2)

—

FUNDS DISBURSED

15,671,402

Guyana

LOCAL FUND AGENT

EMG

ROUND(S)

3,4

PROGRAMS APPROVED FOR FUNDING

HIV/AIDS, Tuberculosis, Malaria

PRINCIPAL RECIPIENT(S)

The Ministry of Health of Guyana

TOTAL FUNDS APPROVED

22,931,001

FUNDS COMMITTED (PHASE 1)

11,638,486

FUNDS COMMITTED (PHASE 2)

—

FUNDS DISBURSED

5,771,390

Haiti

LOCAL FUND AGENT

KPMG

ROUND(S)

1,3,5

PROGRAMS APPROVED FOR FUNDING

HIV/AIDS, Tuberculosis, Malaria

PRINCIPAL RECIPIENT(S)

Fondation SOGEBANK; The United Nations Development Programme

TOTAL FUNDS APPROVED

114,580,856

FUNDS COMMITTED (PHASE 1)

66,086,336

FUNDS COMMITTED (PHASE 2)

35,547,100

FUNDS DISBURSED

70,974,284

Honduras

LOCAL FUND AGENT

PwC

ROUND(S)

1

PROGRAMS APPROVED FOR FUNDING

HIV/AIDS, Tuberculosis, Malaria

PRINCIPAL RECIPIENT(S)

The United Nations Development Programme

TOTAL FUNDS APPROVED

41,119,903

FUNDS COMMITTED (PHASE 1)

20,931,517

FUNDS COMMITTED (PHASE 2)

13,966,507

FUNDS DISBURSED

31,547,895

Jamaica

LOCAL FUND AGENT

PwC

ROUND(S)

3

PROGRAMS APPROVED FOR FUNDING

HIV/AIDS

PRINCIPAL RECIPIENT(S)

The Ministry of Health of the Government of Jamaica

TOTAL FUNDS APPROVED

23,318,821

FUNDS COMMITTED (PHASE 1)

7,560,365

FUNDS COMMITTED (PHASE 2)

15,758,456

FUNDS DISBURSED

11,615,974

Multi-country Americas (Andean)

LOCAL FUND AGENT

PwC

ROUND(S)

3

PROGRAMS APPROVED FOR FUNDING

Malaria

PRINCIPAL RECIPIENT(S)

The Organismo Andino de Salud - Convenio Hipólito Unanue

TOTAL FUNDS APPROVED

15,906,747

FUNDS COMMITTED (PHASE 1)

15,906,747

FUNDS COMMITTED (PHASE 2)

—

FUNDS DISBURSED

5,715,779

Multi-country Americas (CARICOM)

LOCAL FUND AGENT

EMG

ROUND(S)

3

PROGRAMS APPROVED FOR FUNDING

HIV/AIDS

PRINCIPAL RECIPIENT(S)

The Caribbean Community Secretariat

TOTAL FUNDS APPROVED

12,046,368

FUNDS COMMITTED (PHASE 1)

6,100,900

FUNDS COMMITTED (PHASE 2)

—

FUNDS DISBURSED

5,349,780

Multi-country Americas (CRN+)

LOCAL FUND AGENT

EMG

ROUND(S)

4

PROGRAMS APPROVED FOR FUNDING

HIV/AIDS

PRINCIPAL RECIPIENT(S)

The Caribbean Regional Network of People Living with HIV/AIDS (CRN+)

TOTAL FUNDS APPROVED

1,947,094

FUNDS COMMITTED (PHASE 1)

1,947,094

FUNDS COMMITTED (PHASE 2)

—

FUNDS DISBURSED

1,267,344

Multi-country Americas (MESO)

LOCAL FUND AGENT
PwC
ROUND(S)
4
PROGRAMS APPROVED FOR FUNDING
HIV/AIDS
PRINCIPAL RECIPIENT(S)
Instituto Nacional de Salud Pública (INSP)
TOTAL FUNDS APPROVED
2,181,050
FUNDS COMMITTED (PHASE 1)
2,181,050
FUNDS COMMITTED (PHASE 2)
—
FUNDS DISBURSED
749,984

Multi-country Americas (OECS)

LOCAL FUND AGENT
EMG
ROUND(S)
3
PROGRAMS APPROVED FOR FUNDING
HIV/AIDS
PRINCIPAL RECIPIENT(S)
The Organization of Eastern Caribbean States
TOTAL FUNDS APPROVED
2,553,861
FUNDS COMMITTED (PHASE 1)
2,553,861
FUNDS COMMITTED (PHASE 2)
—
FUNDS DISBURSED
2,038,591

Nicaragua

LOCAL FUND AGENT
STI
ROUND(S)
2
PROGRAMS APPROVED FOR FUNDING
HIV/AIDS, Tuberculosis, Malaria
PRINCIPAL RECIPIENT(S)
Federación NICASALUD
TOTAL FUNDS APPROVED
18,531,372
FUNDS COMMITTED (PHASE 1)
8,702,180
FUNDS COMMITTED (PHASE 2)
9,829,192
FUNDS DISBURSED
11,189,022

Panama

LOCAL FUND AGENT
PwC
ROUND(S)
1
PROGRAMS APPROVED FOR FUNDING
Tuberculosis
PRINCIPAL RECIPIENT(S)
The United Nations Development Programme
TOTAL FUNDS APPROVED
570,000
FUNDS COMMITTED (PHASE 1)
440,000
FUNDS COMMITTED (PHASE 2)
130,000
FUNDS DISBURSED
556,229

Paraguay

LOCAL FUND AGENT
PwC
ROUND(S)
3,6
PROGRAMS APPROVED FOR FUNDING
HIV/AIDS, Tuberculosis
PRINCIPAL RECIPIENT(S)
Alter Vida - Centro de Estudios y Formación para el Ecodesarrollo
TOTAL FUNDS APPROVED
6,271,437
FUNDS COMMITTED (PHASE 1)
1,194,902
FUNDS COMMITTED (PHASE 2)
—
FUNDS DISBURSED
1,194,902

Peru

LOCAL FUND AGENT
PwC
ROUND(S)
2,5,6
PROGRAMS APPROVED FOR FUNDING
HIV/AIDS, Tuberculosis
PRINCIPAL RECIPIENT(S)
CARE Peru
TOTAL FUNDS APPROVED
95,780,426
FUNDS COMMITTED (PHASE 1)
57,536,679
FUNDS COMMITTED (PHASE 2)
11,846,928
FUNDS DISBURSED
44,419,006

Suriname

LOCAL FUND AGENT
PwC
ROUND(S)
3,4,5
PROGRAMS APPROVED FOR FUNDING
HIV/AIDS, Malaria
PRINCIPAL RECIPIENT(S)
The Ministry of Health of the Government of the Republic of Suriname; Medische Zending - Primary Health Care Suriname
TOTAL FUNDS APPROVED
11,675,176
FUNDS COMMITTED (PHASE 1)
7,547,382
FUNDS COMMITTED (PHASE 2)
—
FUNDS DISBURSED
4,478,681

REGION
North Africa and the Middle East

Algeria

LOCAL FUND AGENT
PwC
ROUND(S)
3
PROGRAMS APPROVED FOR FUNDING
HIV/AIDS
PRINCIPAL RECIPIENT(S)
The Ministry of Health, Population and Hospital Reform of the Government of the People's Democratic Republic of Algeria
TOTAL FUNDS APPROVED
8,869,360
FUNDS COMMITTED (PHASE 1)
6,185,000
FUNDS COMMITTED (PHASE 2)
—
FUNDS DISBURSED
4,462,672

Chad

LOCAL FUND AGENT
STI
ROUND(S)
2,3
PROGRAMS APPROVED FOR FUNDING
HIV/AIDS, Tuberculosis
PRINCIPAL RECIPIENT(S)
The Fonds de Soutien aux Activités en matière de Population (FOSAP, Support Fund for Population Activities)
TOTAL FUNDS APPROVED
20,822,665
FUNDS COMMITTED (PHASE 1)
8,644,119
FUNDS COMMITTED (PHASE 2)
1,775,358
FUNDS DISBURSED
7,921,812

Djibouti

LOCAL FUND AGENT
STI
ROUND(S)
4,6
PROGRAMS APPROVED FOR FUNDING
HIV/AIDS, Tuberculosis, Malaria
PRINCIPAL RECIPIENT(S)
Executive secretariat for the fight against AIDS, Malaria and Tuberculosis
TOTAL FUNDS APPROVED
18,473,990
FUNDS COMMITTED (PHASE 1)
7,271,400
FUNDS COMMITTED (PHASE 2)
—
FUNDS DISBURSED
6,648,152

Egypt

LOCAL FUND AGENT

PwC

ROUND(S)

2,6

PROGRAMS APPROVED FOR FUNDING

Tuberculosis

PRINCIPAL RECIPIENT(S)

National Tuberculosis Control Program, The Ministry of Health and Population of the Government of Egypt

TOTAL FUNDS APPROVED

9,407,562

FUNDS COMMITTED (PHASE 1)

2,480,219

FUNDS COMMITTED (PHASE 2)

—

FUNDS DISBURSED

2,480,219

Iraq

LOCAL FUND AGENT

TBD

ROUND(S)

6

PROGRAMS APPROVED FOR FUNDING

Tuberculosis

PRINCIPAL RECIPIENT(S)

TBD

TOTAL FUNDS APPROVED

6,443,900

FUNDS COMMITTED (PHASE 1)

—

FUNDS COMMITTED (PHASE 2)

—

FUNDS DISBURSED

—

Jordan

LOCAL FUND AGENT

PwC

ROUND(S)

2,5,6

PROGRAMS APPROVED FOR FUNDING

HIV/AIDS, Tuberculosis

PRINCIPAL RECIPIENT(S)

The Ministry of Health of the Government of the Hashemite Kingdom of Jordan; Ministry of Health / National Tuberculosis Program

TOTAL FUNDS APPROVED

6,626,272

FUNDS COMMITTED (PHASE 1)

2,851,464

FUNDS COMMITTED (PHASE 2)

705,300

FUNDS DISBURSED

2,797,870

Mali

LOCAL FUND AGENT

KPMG

ROUND(S)

1,4,6

PROGRAMS APPROVED FOR FUNDING

HIV/AIDS, Tuberculosis, Malaria

PRINCIPAL RECIPIENT(S)

The Ministry of Health of the Government of the Republic of Mali; The National High Council for HIV/AIDS control of the government of the Republic of Mali

TOTAL FUNDS APPROVED

37,861,890

FUNDS COMMITTED (PHASE 1)

28,070,426

FUNDS COMMITTED (PHASE 2)

568,892

FUNDS DISBURSED

14,588,092

Mauritania

LOCAL FUND AGENT

PwC

ROUND(S)

2,5,6

PROGRAMS APPROVED FOR FUNDING

HIV/AIDS, Tuberculosis, Malaria

PRINCIPAL RECIPIENT(S)

The United Nations Development Programme, Secrétariat Exécutif, Comité National de Lutte Contre le SIDA

TOTAL FUNDS APPROVED

21,137,110

FUNDS COMMITTED (PHASE 1)

8,502,202

FUNDS COMMITTED (PHASE 2)

3,698,096

FUNDS DISBURSED

4,519,897

Morocco

LOCAL FUND AGENT

PwC

ROUND(S)

1,6

PROGRAMS APPROVED FOR FUNDING

HIV/AIDS, Tuberculosis

PRINCIPAL RECIPIENT(S)

The Ministry of Health of the Government of the Kingdom of Morocco

TOTAL FUNDS APPROVED

22,141,527

FUNDS COMMITTED (PHASE 1)

4,738,806

FUNDS COMMITTED (PHASE 2)

4,499,948

FUNDS DISBURSED

9,238,754

Niger

LOCAL FUND AGENT

STI

ROUND(S)

3,4,5

PROGRAMS APPROVED FOR FUNDING

HIV/AIDS, Tuberculosis, Malaria

PRINCIPAL RECIPIENT(S)

The National Multi-sectorial Coordination Unit for the Fight Against HIV/AIDS/STI of the Government of the Republic of Niger; Centre of International Cooperation in Health and Development (CCISD); The United Nations Development Programme; The International Federation of Red Cross and Red Crescent Societies

TOTAL FUNDS APPROVED

39,202,106

FUNDS COMMITTED (PHASE 1)

36,020,792

FUNDS COMMITTED (PHASE 2)

942,736

FUNDS DISBURSED

28,251,081

Somalia

LOCAL FUND AGENT

PwC

ROUND(S)

2,3,4,6

PROGRAMS APPROVED FOR FUNDING

HIV/AIDS, Tuberculosis, Malaria

PRINCIPAL RECIPIENT(S)

The United Nations Children's Fund; World Vision - Somalia

TOTAL FUNDS APPROVED

49,813,350

FUNDS COMMITTED (PHASE 1)

24,496,356

FUNDS COMMITTED (PHASE 2)

12,220,052

FUNDS DISBURSED

29,387,682

Sudan

LOCAL FUND AGENT

KPMG

ROUND(S)

2,3,4,5

PROGRAMS APPROVED FOR FUNDING

HIV/AIDS, Tuberculosis, Malaria

PRINCIPAL RECIPIENT(S)

The United Nations Development Programme

TOTAL FUNDS APPROVED

115,286,525

FUNDS COMMITTED (PHASE 1)

94,419,200

FUNDS COMMITTED (PHASE 2)

—

FUNDS DISBURSED

61,095,992

Syrian Arab Republic

LOCAL FUND AGENT

TBD

ROUND(S)

6

PROGRAMS APPROVED FOR FUNDING

Tuberculosis

PRINCIPAL RECIPIENT(S)

TBD

TOTAL FUNDS APPROVED

4,578,047

FUNDS COMMITTED (PHASE 1)

—

FUNDS COMMITTED (PHASE 2)

—

FUNDS DISBURSED

—

Tunisia

LOCAL FUND AGENT

TBD

ROUND(S)

6

PROGRAMS APPROVED FOR FUNDING

HIV/AIDS

PRINCIPAL RECIPIENT(S)

TBD

TOTAL FUNDS APPROVED

9,565,500

FUNDS COMMITTED (PHASE 1)

—

FUNDS COMMITTED (PHASE 2)

—

FUNDS DISBURSED

—

Yemen

LOCAL FUND AGENT

KPMG

ROUND(S)

2,3,4

PROGRAMS APPROVED FOR FUNDING

HIV/AIDS, Tuberculosis, Malaria

PRINCIPAL RECIPIENT(S)

The National Malaria Programme at the Ministry of Public Health and Population of the Republic of Yemen; The National AIDS Program; National Population Council - Technical Secretariat; The National Tuberculosis Control Program

TOTAL FUNDS APPROVED

19,957,784

FUNDS COMMITTED (PHASE 1)

12,239,210

FUNDS COMMITTED (PHASE 2)

7,718,574

FUNDS DISBURSED

10,966,314

REGION

South Asia

Afghanistan

LOCAL FUND AGENT
PwC
ROUND(S)
2,4,5
PROGRAMS APPROVED FOR FUNDING
HIV/AIDS, Tuberculosis, Malaria
PRINCIPAL RECIPIENT(S)
The Ministry of Public Health of the Islamic Republic of Afghanistan
TOTAL FUNDS APPROVED
20,030,184
FUNDS COMMITTED (PHASE 1)
20,030,184
FUNDS COMMITTED (PHASE 2)
—
FUNDS DISBURSED
6,648,269

Bangladesh

LOCAL FUND AGENT
EMG
ROUND(S)
2,3,5,6
PROGRAMS APPROVED FOR FUNDING
HIV/AIDS, Tuberculosis, Malaria
PRINCIPAL RECIPIENT(S)
The Economic Relations Division, Ministry of Finance, The Government of the People's Republic of Bangladesh; BRAC (Bangladesh Rural Advancement Committee)
TOTAL FUNDS APPROVED
104,428,079
FUNDS COMMITTED (PHASE 1)
32,317,639
FUNDS COMMITTED (PHASE 2)
39,524,417
FUNDS DISBURSED
31,054,481

Bhutan

LOCAL FUND AGENT
KPMG
ROUND(S)
4,6
PROGRAMS APPROVED FOR FUNDING
HIV/AIDS, Tuberculosis, Malaria
PRINCIPAL RECIPIENT(S)
The Department of Aid and Debt Management of the Ministry of Finance of the Royal Government of Bhutan
TOTAL FUNDS APPROVED
5,429,003
FUNDS COMMITTED (PHASE 1)
1,561,525
FUNDS COMMITTED (PHASE 2)
—
FUNDS DISBURSED
1,412,970

India

LOCAL FUND AGENT
The World Bank, UNOPS
ROUND(S)
1,2,3,4,6
PROGRAMS APPROVED FOR FUNDING
HIV/AIDS, Tuberculosis, Malaria
PRINCIPAL RECIPIENT(S)
The Department of Economic Affairs of the Government of India; The Population Foundation of India
TOTAL FUNDS APPROVED
293,112,796
FUNDS COMMITTED (PHASE 1)
104,323,202
FUNDS COMMITTED (PHASE 2)
25,024,034
FUNDS DISBURSED
73,445,633

Iran (Islamic Republic of)

LOCAL FUND AGENT
PwC
ROUND(S)
2
PROGRAMS APPROVED FOR FUNDING
HIV/AIDS
PRINCIPAL RECIPIENT(S)
The United Nations Development Programme
TOTAL FUNDS APPROVED
5,698,000
FUNDS COMMITTED (PHASE 1)
5,698,000
FUNDS COMMITTED (PHASE 2)
—
FUNDS DISBURSED
3,177,503

Maldives

LOCAL FUND AGENT
TBD
ROUND(S)
6
PROGRAMS APPROVED FOR FUNDING
HIV/AIDS
PRINCIPAL RECIPIENT(S)
TBD
TOTAL FUNDS APPROVED
2,655,685
FUNDS COMMITTED (PHASE 1)
—
FUNDS COMMITTED (PHASE 2)
—
FUNDS DISBURSED
—

Nepal

LOCAL FUND AGENT
PwC
ROUND(S)
2,4
PROGRAMS APPROVED FOR FUNDING
HIV/AIDS, Tuberculosis, Malaria
PRINCIPAL RECIPIENT(S)
The Ministry of Health, His Majesty's Government of Nepal; Population Services International
TOTAL FUNDS APPROVED
21,194,744
FUNDS COMMITTED (PHASE 1)
10,343,005
FUNDS COMMITTED (PHASE 2)
—
FUNDS DISBURSED
7,038,738

Pakistan

LOCAL FUND AGENT
KPMG
ROUND(S)
2,3
PROGRAMS APPROVED FOR FUNDING
HIV/AIDS, Tuberculosis, Malaria
PRINCIPAL RECIPIENT(S)
The National AIDS Control Programme on the Behalf of the Ministry of Health of the Government of Pakistan
TOTAL FUNDS APPROVED
28,214,223
FUNDS COMMITTED (PHASE 1)
17,632,567
FUNDS COMMITTED (PHASE 2)
6,283,600
FUNDS DISBURSED
16,054,880

Sri Lanka

LOCAL FUND AGENT
PwC
ROUND(S)
1,4,6
PROGRAMS APPROVED FOR FUNDING
HIV/AIDS, Tuberculosis, Malaria
PRINCIPAL RECIPIENT(S)
The Ministry of Healthcare, Nutrition & Uva Wellassa Development, Lanka Jatika Sarvodaya Shramadana Sangamaya
TOTAL FUNDS APPROVED
21,038,637
FUNDS COMMITTED (PHASE 1)
10,177,187
FUNDS COMMITTED (PHASE 2)
4,661,049
FUNDS DISBURSED
7,696,747

REGION

Sub-Saharan Africa: East Africa

Burundi

LOCAL FUND AGENT

PwC

ROUND(S)

1,2,4,5

PROGRAMS APPROVED FOR FUNDING HIV/AIDS, Tuberculosis, Malaria

PRINCIPAL RECIPIENT(S)

"Secretariat Executif Permanent" of the "Conseil National de Lutte Contre le SIDA" of the Government of Burundi; The Projet Sante et Population II of The Ministry of Public Health in the Republic of Burundi; The Programme National Lèpre et Tuberculose (PNLT) of the Government of the Republic of Burundi

TOTAL FUNDS APPROVED

41,364,165

FUNDS COMMITTED (PHASE 1)

33,610,167

FUNDS COMMITTED (PHASE 2)

7,753,999

FUNDS DISBURSED

31,453,595

Comoros

LOCAL FUND AGENT

PwC

ROUND(S)

2,3

PROGRAMS APPROVED FOR FUNDING HIV/AIDS, Malaria

PRINCIPAL RECIPIENT(S)

Association Comorienne pour le Bien-Etre de la Famille (ASCOBEF)

TOTAL FUNDS APPROVED

3,622,778

FUNDS COMMITTED (PHASE 1)

2,220,231

FUNDS COMMITTED (PHASE 2)

—

FUNDS DISBURSED

2,170,119

Eritrea

LOCAL FUND AGENT

KPMG

ROUND(S)

2,3,5,6

PROGRAMS APPROVED FOR FUNDING HIV/AIDS, Tuberculosis, Malaria

PRINCIPAL RECIPIENT(S)

The Ministry of Health of the Government of the State of Eritrea

TOTAL FUNDS APPROVED

49,926,434

FUNDS COMMITTED (PHASE 1)

23,881,553

FUNDS COMMITTED (PHASE 2)

14,522,917

FUNDS DISBURSED

15,482,873

Ethiopia

LOCAL FUND AGENT

KPMG

ROUND(S)

1,2,4,5,6

PROGRAMS APPROVED FOR FUNDING HIV/AIDS, Tuberculosis, Malaria

PRINCIPAL RECIPIENT(S)

The Federal Ministry of Health of the Government of the Federal Democratic Republic of Ethiopia; The HIV/AIDS Prevention and Control Office

TOTAL FUNDS APPROVED

353,355,635

FUNDS COMMITTED (PHASE 1)

205,271,135

FUNDS COMMITTED (PHASE 2)

135,979,526

FUNDS DISBURSED

254,273,522

Kenya

LOCAL FUND AGENT

KPMG

ROUND(S)

1,2,4,5,6

PROGRAMS APPROVED FOR FUNDING HIV/AIDS, Tuberculosis, Malaria

PRINCIPAL RECIPIENT(S)

Sanaa Art Promotions; Kenya Network of Women with AIDS; The Ministry of Finance of the Government of the Republic of Kenya

TOTAL FUNDS APPROVED

239,999,986

FUNDS COMMITTED (PHASE 1)

144,711,548

FUNDS COMMITTED (PHASE 2)

91,071,169

FUNDS DISBURSED

92,124,631

Madagascar

LOCAL FUND AGENT

PwC

ROUND(S)

1,2,3,4

PROGRAMS APPROVED FOR FUNDING HIV/AIDS, Tuberculosis, Malaria

PRINCIPAL RECIPIENT(S)

Population Services International; Catholic Relief Services - Madagascar; Secrétariat Exécutif du Comité National de Lutte Contre le VIH/SIDA; UGP CRESAN

TOTAL FUNDS APPROVED

63,091,761

FUNDS COMMITTED (PHASE 1)

49,875,656

FUNDS COMMITTED (PHASE 2)

2,998,257

FUNDS DISBURSED

47,722,546

Rwanda

LOCAL FUND AGENT

Crown Agents

ROUND(S)

1,3,4,5,6

PROGRAMS APPROVED FOR FUNDING HIV/AIDS, Tuberculosis, Malaria, Health Systems Strengthening

PRINCIPAL RECIPIENT(S)

The Ministry of Health of the Government of Rwanda

TOTAL FUNDS APPROVED

176,235,579

FUNDS COMMITTED (PHASE 1)

87,406,421

FUNDS COMMITTED (PHASE 2)

52,648,447

FUNDS DISBURSED

105,365,804

Tanzania

LOCAL FUND AGENT

PwC

ROUND(S)

1,3,4,6

PROGRAMS APPROVED FOR FUNDING HIV/AIDS, Tuberculosis, Malaria

PRINCIPAL RECIPIENT(S)

The Ministry of Finance of the Government of the United Republic of Tanzania; The Ministry of Health of the Government of the United Republic of Tanzania; Pact Tanzania; Population Services International; African Medical and Research Foundation (AMREF)

TOTAL FUNDS APPROVED

283,903,621

FUNDS COMMITTED (PHASE 1)

195,534,731

FUNDS COMMITTED (PHASE 2)

11,037,104

FUNDS DISBURSED

142,788,843

Uganda

LOCAL FUND AGENT

PwC

ROUND(S)

1,2,3,4,6

PROGRAMS APPROVED FOR FUNDING HIV/AIDS, Tuberculosis, Malaria

PRINCIPAL RECIPIENT(S)

The Ministry of Finance, Planning and Economic Development of the Government of Uganda

TOTAL FUNDS APPROVED

224,287,786

FUNDS COMMITTED (PHASE 1)

201,007,993

FUNDS COMMITTED (PHASE 2)

—

FUNDS DISBURSED

106,871,332

Zanzibar (Tanzania)

LOCAL FUND AGENT

PwC

ROUND(S)

1,2,3,4,6

PROGRAMS APPROVED FOR FUNDING HIV/AIDS, Tuberculosis, Malaria

PRINCIPAL RECIPIENT(S)

The Ministry of Health and Social Welfare of the Revolutionary Government of Zanzibar; Zanzibar AIDS Commission

TOTAL FUNDS APPROVED

17,419,991

FUNDS COMMITTED (PHASE 1)

7,946,063

FUNDS COMMITTED (PHASE 2)

1,558,497

FUNDS DISBURSED

7,404,484

REGION

Sub-Saharan Africa: Southern Africa

Angola

LOCAL FUND AGENT

PwC

ROUND(S)

3,4

PROGRAMS APPROVED FOR FUNDING

HIV/AIDS, Tuberculosis, Malaria

PRINCIPAL RECIPIENT(S)

The United Nations Development Programme

TOTAL FUNDS APPROVED

63,494,754

FUNDS COMMITTED (PHASE 1)

63,494,754

FUNDS COMMITTED (PHASE 2)

—

FUNDS DISBURSED

42,542,629

Botswana

LOCAL FUND AGENT

PwC

ROUND(S)

2,5

PROGRAMS APPROVED FOR FUNDING

HIV/AIDS, Tuberculosis

PRINCIPAL RECIPIENT(S)

The Ministry of Finance and Development Planning of the Government of Botswana

TOTAL FUNDS APPROVED

24,096,314

FUNDS COMMITTED (PHASE 1)

24,096,314

FUNDS COMMITTED (PHASE 2)

—

FUNDS DISBURSED

11,816,292

Lesotho

LOCAL FUND AGENT

PwC

ROUND(S)

2,5,6

PROGRAMS APPROVED FOR FUNDING

HIV/AIDS, Tuberculosis

PRINCIPAL RECIPIENT(S)

The Ministry of Finance and Development Planning of the Government of the Kingdom of Lesotho

TOTAL FUNDS APPROVED

48,155,047

FUNDS COMMITTED (PHASE 1)

22,570,383

FUNDS COMMITTED (PHASE 2)

21,755,000

FUNDS DISBURSED

14,196,244

Malawi

LOCAL FUND AGENT

PwC

ROUND(S)

1,2,5

PROGRAMS APPROVED FOR FUNDING

HIV/AIDS, Malaria, Health Systems Strengthening

PRINCIPAL RECIPIENT(S)

The Registered Trustees of the National AIDS Commission Trust of the Republic of Malawi; The Ministry of Health of the Republic of Malawi through the Ministry of Health

TOTAL FUNDS APPROVED

227,781,643

FUNDS COMMITTED (PHASE 1)

90,918,879

FUNDS COMMITTED (PHASE 2)

136,862,764

FUNDS DISBURSED

70,660,691

Mozambique

LOCAL FUND AGENT

EMG

ROUND(S)

2,6

PROGRAMS APPROVED FOR FUNDING

HIV/AIDS, Tuberculosis, Malaria

PRINCIPAL RECIPIENT(S)

The National AIDS Council (CNCS) of Mozambique; The Ministry of Health of the Government of Mozambique

TOTAL FUNDS APPROVED

99,452,851

FUNDS COMMITTED (PHASE 1)

51,112,173

FUNDS COMMITTED (PHASE 2)

—

FUNDS DISBURSED

39,772,042

Multi-country Africa (RMCC)

LOCAL FUND AGENT

PwC

ROUND(S)

2,5

PROGRAMS APPROVED FOR FUNDING

Malaria

PRINCIPAL RECIPIENT(S)

The Medical Research Council

TOTAL FUNDS APPROVED

27,933,484

FUNDS COMMITTED (PHASE 1)

13,591,459

FUNDS COMMITTED (PHASE 2)

14,342,025

FUNDS DISBURSED

15,598,645

Namibia

LOCAL FUND AGENT

PwC

ROUND(S)

2,5,6

PROGRAMS APPROVED FOR FUNDING

HIV/AIDS, Tuberculosis, Malaria

PRINCIPAL RECIPIENT(S)

The Ministry of Health and Social Services of the Government of Namibia

TOTAL FUNDS APPROVED

128,677,089

FUNDS COMMITTED (PHASE 1)

37,929,878

FUNDS COMMITTED (PHASE 2)

—

FUNDS DISBURSED

32,357,257

South Africa

LOCAL FUND AGENT

KPMG

ROUND(S)

1,2,3,6

PROGRAMS APPROVED FOR FUNDING

HIV/AIDS, Tuberculosis

PRINCIPAL RECIPIENT(S)

The National Treasury of the Republic of South Africa; The National Department of Health of the Government of the Republic of South Africa; The Provincial Health Department of the Western Cape, South Africa

TOTAL FUNDS APPROVED

213,390,141

FUNDS COMMITTED (PHASE 1)

76,633,095

FUNDS COMMITTED (PHASE 2)

—

FUNDS DISBURSED

65,621,617

Swaziland

LOCAL FUND AGENT

PwC

ROUND(S)

2,3,4

PROGRAMS APPROVED FOR FUNDING

HIV/AIDS, Tuberculosis, Malaria

PRINCIPAL RECIPIENT(S)

The National Emergency Response Council on HIV/AIDS (NERCHA) of the Government of the Kingdom of Swaziland

TOTAL FUNDS APPROVED

72,109,855

FUNDS COMMITTED (PHASE 1)

48,356,510

FUNDS COMMITTED (PHASE 2)

23,753,345

FUNDS DISBURSED

39,831,248

Zambia

LOCAL FUND AGENT

PwC

ROUND(S)

1,4

PROGRAMS APPROVED FOR FUNDING

HIV/AIDS, Tuberculosis, Malaria

PRINCIPAL RECIPIENT(S)

Ministry of Health of the Government of the Republic of Zambia; The Churches Health Association of Zambia; The Ministry of Finance and National Planning of the Government of Zambia; Zambia National AIDS Network

TOTAL FUNDS APPROVED

219,129,674

FUNDS COMMITTED (PHASE 1)

117,137,896

FUNDS COMMITTED (PHASE 2)

44,863,427

FUNDS DISBURSED

130,690,021

Zimbabwe

LOCAL FUND AGENT

PwC

ROUND(S)

1,5

PROGRAMS APPROVED FOR FUNDING

HIV/AIDS, Tuberculosis, Malaria

PRINCIPAL RECIPIENT(S)

The United Nations Development Programme; The Ministry of Health and Child Welfare of the Government of Zimbabwe; National AIDS Council of Zimbabwe; Zimbabwe Association of Church Related Hospitals

TOTAL FUNDS APPROVED

84,142,816

FUNDS COMMITTED (PHASE 1)

82,299,155

FUNDS COMMITTED (PHASE 2)

1,843,661

FUNDS DISBURSED

13,832,365

REGION

Sub-Saharan Africa: West and Central Africa

Benin

LOCAL FUND AGENT

PwC

ROUND(S)

1,2,3,5,6

PROGRAMS APPROVED FOR FUNDING HIV/AIDS, Tuberculosis, Malaria

PRINCIPAL RECIPIENT(S)

The United Nations Development Programme; Africare; Ministry of Health of the Government of the Republic of Benin

TOTAL FUNDS APPROVED

52,010,893

FUNDS COMMITTED (PHASE 1)

38,780,887

FUNDS COMMITTED (PHASE 2)

8,252,775

FUNDS DISBURSED

27,583,386

Burkina Faso

LOCAL FUND AGENT

STI

ROUND(S)

2,4,6

PROGRAMS APPROVED FOR FUNDING HIV/AIDS, Tuberculosis, Malaria

PRINCIPAL RECIPIENT(S)

The United Nations Development Programme, Permanent Secretary / National Council to Fight Against HIV/AIDS

TOTAL FUNDS APPROVED

70,534,646

FUNDS COMMITTED (PHASE 1)

22,135,793

FUNDS COMMITTED (PHASE 2)

9,287,122

FUNDS DISBURSED

22,330,609

Cameroon

LOCAL FUND AGENT

PwC

ROUND(S)

3,4,5

PROGRAMS APPROVED FOR FUNDING HIV/AIDS, Tuberculosis, Malaria

PRINCIPAL RECIPIENT(S)

The Ministry of Public Health of the Government of the Republic of Cameroon; CARE International

TOTAL FUNDS APPROVED

127,164,328

FUNDS COMMITTED (PHASE 1)

58,743,134

FUNDS COMMITTED (PHASE 2)

—

FUNDS DISBURSED

37,224,355

Central African Republic

LOCAL FUND AGENT

PwC

ROUND(S)

2,4

PROGRAMS APPROVED FOR FUNDING HIV/AIDS, Tuberculosis, Malaria

PRINCIPAL RECIPIENT(S)

The United Nations Development Programme

TOTAL FUNDS APPROVED

42,226,365

FUNDS COMMITTED (PHASE 1)

25,520,634

FUNDS COMMITTED (PHASE 2)

16,705,731

FUNDS DISBURSED

25,482,932

Congo (Democratic Republic of the)

LOCAL FUND AGENT

PwC

ROUND(S)

2,3,5,6

PROGRAMS APPROVED FOR FUNDING HIV/AIDS, Tuberculosis, Malaria

PRINCIPAL RECIPIENT(S)

The United Nations Development Programme

TOTAL FUNDS APPROVED

97,403,741

FUNDS COMMITTED (PHASE 1)

87,654,133

FUNDS COMMITTED (PHASE 2)

1,217,032

FUNDS DISBURSED

73,302,130

Congo (Republic of the)

LOCAL FUND AGENT

PwC

ROUND(S)

5

PROGRAMS APPROVED FOR FUNDING HIV/AIDS

PRINCIPAL RECIPIENT(S)

Secretariat Executif du Conseil National de Lutte Contre le Sida (CNLS)

TOTAL FUNDS APPROVED

12,043,407

FUNDS COMMITTED (PHASE 1)

12,043,407

FUNDS COMMITTED (PHASE 2)

—

FUNDS DISBURSED

3,981,667

Côte d'Ivoire

LOCAL FUND AGENT

PwC

ROUND(S)

2,3,5,6

PROGRAMS APPROVED FOR FUNDING HIV/AIDS, Tuberculosis, Malaria

PRINCIPAL RECIPIENT(S)

The United Nations Development Programme; CARE Cote d'Ivoire; CARE France

TOTAL FUNDS APPROVED

67,837,977

FUNDS COMMITTED (PHASE 1)

25,796,268

FUNDS COMMITTED (PHASE 2)

28,999,633

FUNDS DISBURSED

26,615,256

Equatorial Guinea

LOCAL FUND AGENT

STI

ROUND(S)

4,5

PROGRAMS APPROVED FOR FUNDING HIV/AIDS, Malaria

PRINCIPAL RECIPIENT(S)

The United Nations Development Programme; Medical Care Development International

TOTAL FUNDS APPROVED

17,304,875

FUNDS COMMITTED (PHASE 1)

17,304,875

FUNDS COMMITTED (PHASE 2)

—

FUNDS DISBURSED

6,553,276

Gabon

LOCAL FUND AGENT

PwC

ROUND(S)

3,4,5

PROGRAMS APPROVED FOR FUNDING HIV/AIDS, Malaria

PRINCIPAL RECIPIENT(S)

The United Nations Development Programme

TOTAL FUNDS APPROVED

18,698,405

FUNDS COMMITTED (PHASE 1)

14,740,623

FUNDS COMMITTED (PHASE 2)

2,029,018

FUNDS DISBURSED

11,007,734

Gambia

LOCAL FUND AGENT

PwC

ROUND(S)

3,5,6

PROGRAMS APPROVED FOR FUNDING HIV/AIDS, Tuberculosis, Malaria

PRINCIPAL RECIPIENT(S)

The National AIDS Secretariat of the Republic of the Gambia; The Department of State for Health of the Republic of the Gambia; Department of State for Health and Social Welfare

TOTAL FUNDS APPROVED

40,715,326

FUNDS COMMITTED (PHASE 1)

14,468,570

FUNDS COMMITTED (PHASE 2)

16,523,301

FUNDS DISBURSED

16,542,722

Ghana

LOCAL FUND AGENT

PwC

ROUND(S)

1,2,4,5

PROGRAMS APPROVED FOR FUNDING HIV/AIDS, Tuberculosis, Malaria

PRINCIPAL RECIPIENT(S)

The Ministry of Health of the Republic of Ghana

TOTAL FUNDS APPROVED

113,772,193

FUNDS COMMITTED (PHASE 1)

76,637,540

FUNDS COMMITTED (PHASE 2)

16,808,239

FUNDS DISBURSED

54,853,632

Guinea

LOCAL FUND AGENT

PwC

ROUND(S)

2,5,6

PROGRAMS APPROVED FOR FUNDING

HIV/AIDS, Tuberculosis, Malaria

PRINCIPAL RECIPIENT(S)

The Ministry of Public Health of the Government of the Republic of Guinea

TOTAL FUNDS APPROVED

42,452,123

FUNDS COMMITTED (PHASE 1)

15,396,957

FUNDS COMMITTED (PHASE 2)

—

FUNDS DISBURSED

6,932,162

Guinea-Bissau

LOCAL FUND AGENT

PwC

ROUND(S)

3,4,6

PROGRAMS APPROVED FOR FUNDING

HIV/AIDS, Tuberculosis, Malaria

PRINCIPAL RECIPIENT(S)

The United Nations Development Programme

TOTAL FUNDS APPROVED

13,061,518

FUNDS COMMITTED (PHASE 1)

4,556,179

FUNDS COMMITTED (PHASE 2)

—

FUNDS DISBURSED

3,565,006

Liberia

LOCAL FUND AGENT

PwC

ROUND(S)

2,3,6

PROGRAMS APPROVED FOR FUNDING

HIV/AIDS, Tuberculosis, Malaria

PRINCIPAL RECIPIENT(S)

The United Nations Development Programme

TOTAL FUNDS APPROVED

38,190,848

FUNDS COMMITTED (PHASE 1)

24,333,125

FUNDS COMMITTED (PHASE 2)

—

FUNDS DISBURSED

24,333,125

Multi-country Africa (West Africa Corridor Program)

LOCAL FUND AGENT

TBD

ROUND(S)

6

PROGRAMS APPROVED FOR FUNDING

HIV/AIDS

PRINCIPAL RECIPIENT(S)

TBD

TOTAL FUNDS APPROVED

19,122,500

FUNDS COMMITTED (PHASE 1)

—

FUNDS COMMITTED (PHASE 2)

—

FUNDS DISBURSED

—

Nigeria

LOCAL FUND AGENT

KPMG

ROUND(S)

1,2,4,5

PROGRAMS APPROVED FOR FUNDING

HIV/AIDS, Tuberculosis, Malaria

PRINCIPAL RECIPIENT(S)

National Action Committee on AIDS of the Federal Government of Nigeria; The Yakubu Gowon Center for National Unity and International Cooperation; Society for Family Health; Association For Reproductive And Family Health (ARFH); Christian Health Association of Nigeria; National Action Committee on AIDS (Presidency)

TOTAL FUNDS APPROVED

141,430,352

FUNDS COMMITTED (PHASE 1)

141,430,352

FUNDS COMMITTED (PHASE 2)

—

FUNDS DISBURSED

73,964,947

Sao Tome & Principe

LOCAL FUND AGENT

STI

ROUND(S)

4,5

PROGRAMS APPROVED FOR FUNDING

HIV/AIDS, Malaria

PRINCIPAL RECIPIENT(S)

The United Nations Development Programme

TOTAL FUNDS APPROVED

3,991,339

FUNDS COMMITTED (PHASE 1)

2,447,839

FUNDS COMMITTED (PHASE 2)

—

FUNDS DISBURSED

2,096,125

Senegal

LOCAL FUND AGENT

STI

ROUND(S)

1,4,6

PROGRAMS APPROVED FOR FUNDING

HIV/AIDS, Malaria

PRINCIPAL RECIPIENT(S)

The National AIDS Council of Senegal; The Ministry of Health of the Government of Senegal; Alliance Nationale Contre le SIDA

TOTAL FUNDS APPROVED

48,173,253

FUNDS COMMITTED (PHASE 1)

31,736,284

FUNDS COMMITTED (PHASE 2)

5,714,285

FUNDS DISBURSED

30,106,819

Sierra Leone

LOCAL FUND AGENT

PwC

ROUND(S)

2,4,6

PROGRAMS APPROVED FOR FUNDING

HIV/AIDS, Tuberculosis, Malaria

PRINCIPAL RECIPIENT(S)

The Sierra Leone Red Cross Society; The Sierra Leone National HIV/AIDS Secretariat

TOTAL FUNDS APPROVED

32,786,874

FUNDS COMMITTED (PHASE 1)

20,029,481

FUNDS COMMITTED (PHASE 2)

3,129,454

FUNDS DISBURSED

15,158,442

Togo

LOCAL FUND AGENT

PwC

ROUND(S)

2,3,4,6

PROGRAMS APPROVED FOR FUNDING

HIV/AIDS, Tuberculosis, Malaria

PRINCIPAL RECIPIENT(S)

The United Nations Development Programme; Population Services International

TOTAL FUNDS APPROVED

50,494,977

FUNDS COMMITTED (PHASE 1)

37,001,633

FUNDS COMMITTED (PHASE 2)

3,271,243

FUNDS DISBURSED

30,288,459

NOTES

- The Multi-country Africa region includes: Mozambique, South Africa and Swaziland
- Multi-country Africa (West Africa Corridor Program) includes: Benin, Côte d'Ivoire, Ghana, Nigeria and Togo
- The Multi-country Western Pacific region includes: Cook Islands, Fiji, FSM (Federated States of Micronesia), Kiribati, Niue, Palau, Samoa, Solomon Islands, Tonga, Tuvalu and Vanuatu
- The Multi-country Americas (Andean) region includes: Colombia, Ecuador, Peru and Venezuela
- The Multi-country Americas (CARICOM) region includes: Antigua & Barbuda, Bahamas, Barbados, Belize, Dominica, Dominican Republic, Grenada, Guyana, Haiti, Jamaica, St. Kitts & Nevis, St. Lucia, St. Vincent & the Grenadines, Suriname and Trinidad & Tobago
- The Multi-country Americas (CRN+) region includes: Antigua & Barbuda, Dominican Republic, Grenada, Guyana, Haiti, Jamaica, St. Kitts & Nevis, St. Lucia, St. Vincent & the Grenadines, Suriname, and Trinidad & Tobago
- The Multi-country Americas (Meso) region includes: Belize, Costa Rica, El Salvador, Guatemala, Honduras, Nicaragua and Panama
- The Multi-country Americas (OECS) region includes: Antigua & Barbuda, Dominica, Grenada, St. Kitts & Nevis, St. Lucia and St. Vincent & the Grenadines

List of Technical Review Panel Members 2006

The Technical Review Panel (TRP) is an independent, impartial team of experts appointed by the Board to review proposals requesting support from the Global Fund and to make recommendations to the Board for approval. The TRP guarantees the integrity and consistency of an open and transparent proposals review process.

HIV/AIDS

Dr. Peter Godfrey-Faussett (Vice Chair)
UK
Professor of Infectious Diseases and International Health
London School of Hygiene and Tropical Medicine

Dr. David Hoos

USA
Director Multicountry Antiretroviral Program, Assistant Professor Epidemiology Mailman School of Public Health Columbia University

Mr. Dave Burrows

Australia
Director
AIDS Projects Management Group

Prof. Papa Salif Sow

Senegal
Head of Department of Infectious Diseases
Fann Hospital Dakar University

Dr. Godfrey Sikipa

Zimbabwe
Principal Program Associate
Management Sciences for Health

Dr. Nêmore Tregnago Barcellos

Brazil
Doctor
Health State Secretariat

Dr. Indrani Gupta

India
Professor and Head
Health Policy Research Unit, Institute of Economic Growth, India

Prof. Patrick Kenya

Kenya
Executive Director
International Centre for Health Interventions and Research in Africa

Malaria

Dr. John Mulenga Chimumbwa

Zambia
Eastern Africa Roll Back Malaria Focal Point
RBM Secretariat, UNICEF-Regional Office Nairobi

Dr. Andrei Beljaev

Russian Federation
Associate Professor
Russian Medical Academy of Postgraduate Training

Dr. Blaise Genton

Switzerland
Project Leader
Ifakara Health Research Center, Tanzania

Dr. Gladys Antonieta Rojas de Arias

Paraguay
National Consultant in vector-borne diseases
PAHO

Dr. Thomas Burkot

USA
Research Entomologist
Centers for Disease Control and Prevention Division of Parasitic Diseases

Tuberculosis

Dr. Pierre-Yves Norval

France
Medical Officer
Stop TB department, WHO

Dr. Antonio Pio

Argentina
Senior Consultant in Public Health and Respiratory Diseases

Dr. Jacob A. Kumaresan

India
President
International Trachoma Initiative

Dr. Lucica Ditiu

Romania
Medical Officer
WHO Regional Office for Europe

Prof. Asma ElSony

Sudan
Director, Epi-Lab and President
International Union against Tuberculosis and Lung Diseases

Cross-Cutting

Dr. Jonathan Broomberg (Chair)

South Africa
General Manager: Strategy and Risk Management
Discovery Holdings Limited

Dr. LeeNah Hsu

USA
Visiting professor
Mahidol University, Bangkok

Dr. Stephanie Simmonds

UK
Independent public health management consultant

Dr. Michael James Toole

Australia
Director
Centre for International Health, Brunet Institute for Medical Research and Public Health

Dr. Josef Decosas

Germany
Regional Health Adviser
Plan International, West African Regional Office

Dr. Martin S. Alilio

Tanzania
Research Director and Senior Policy Advisor
NetMark Project: Academy for Educational Development

Dr. Yvo Nuyens

Belgium
Consultant in health research and policy and Prof. em.
University of Leuven, Belgium

Dr. Andrew McKenzie

South Africa
Consultant
Health Partners International and Health Information Systems Programme

Dr. François Boillot

France
Director
Alter Santé Internationale & Développement

Dr. Gupta Shiv

India
Director
Indian Institute of Health Management Research

Dr. Assia Brandrup-Lukanow

Germany
International Public Health Adviser
Health Metrics Network / GTZ sabbatical

List of Board Members

An international, multisectoral, 24-member Board (20 voting and four non-voting) governs the Global Fund, approves grants and mobilizes external resources to meet the Global Fund's financial needs

VOTING MEMBERS

Communities (NGOs representative of the Communities Living with the Diseases)
Dr. Francoise Ndayishimiye
National AIDS Council

Developed Country NGO
Mr. Peter van Rooijen
*Managing Director
International Civil
Society Support*

Developing Country NGO
Ms. Elisabeth Mataka
*Executive Director, Zambia
National AIDS Network –
ZNAN*

Eastern Europe (Russia)
Mr. Alexander Konuzin
*Director, Department of
International Organizations
Ministry of Foreign Affairs*

Eastern Mediterranean Region
(Djibouti)
H.E. Mr. Abdallah Abdillahi Miguil
Minister of Health, Djibouti

Eastern and Southern Africa
(Botswana)
Prof. Sheila Dinotshe Tlou
*Minister of Health of the
Government of Botswana
Ministry of Health*

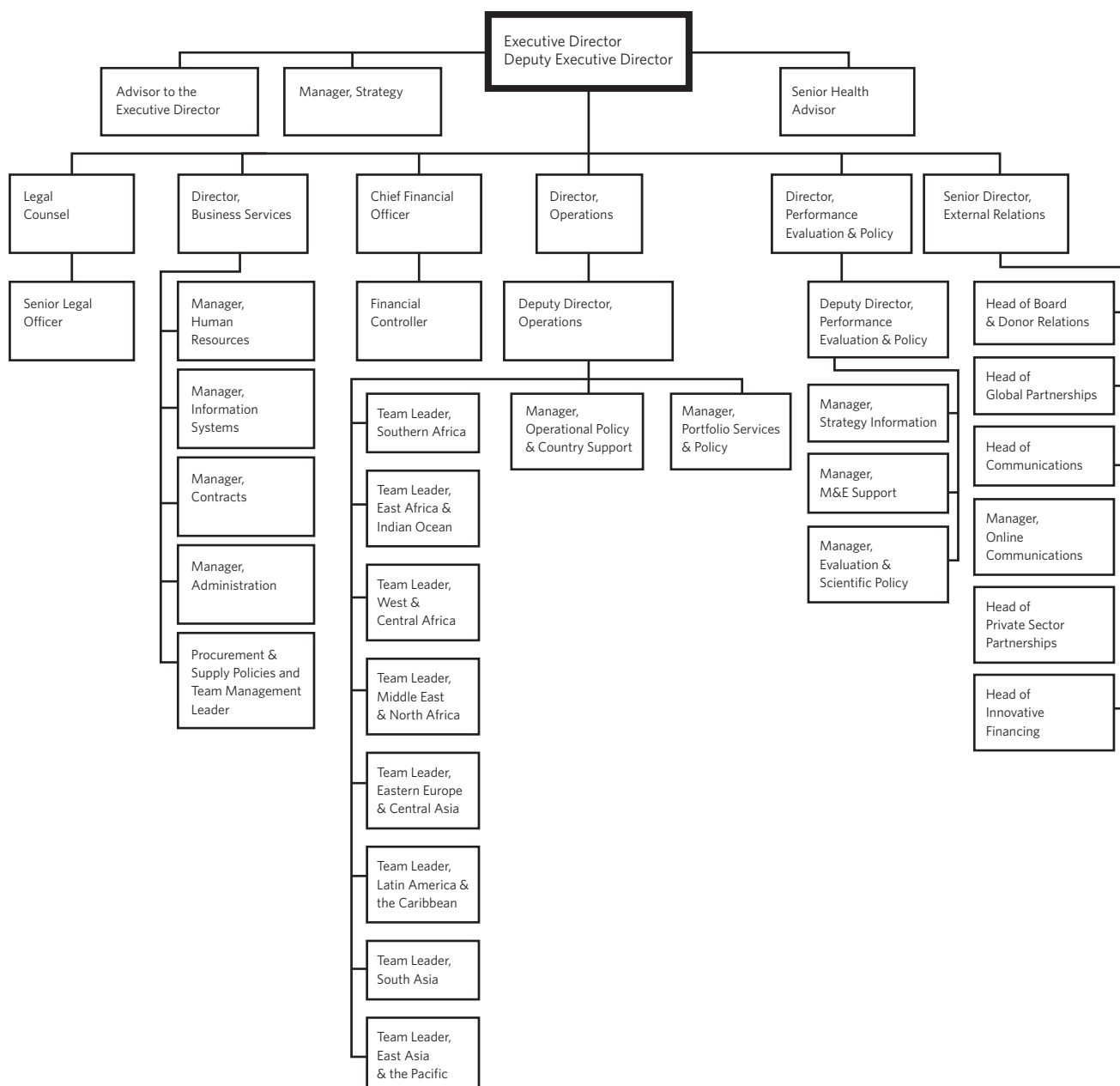
European Commission
(Belgium, Finland, Portugal)
Dr. Lieve Franssen
*Head of Unit, Human
development, social cohesion
and employment
DG Development and Relations
with African, Caribbean &
Pacific States Human and Social
Development, European
Commission*

France (Spain) Mr. Serge Tomasi <i>Conseiller financier pour l'Afrique, Direction du Trésor Ministry of Finance</i>	Point Seven (Denmark, Ireland, Luxemburg, Netherlands, Norway, Sweden) Mr. Carsten Staur <i>State Secretary, Ambassador Ministry of Foreign Affairs Denmark</i>	Western and Central Africa (Cameroon) Mr. Urbain Olanguena Awono <i>Minister of Public Health Ministry of Health, Cameroon</i>
Germany (Canada, Switzerland) Mrs. Martina Metz <i>Head of Division, Education, Health, Population Policy Federal Ministry for Economic Cooperation and Development</i>	Private Foundations Dr. Regina Rabinovich <i>Director, Infectious Diseases Global Health Program, Bill & Melinda Gates Foundation</i>	Western Pacific Region (China) Dr. Huang Jiefu <i>Vice Minister of Health Ministry of Health, China</i>
Italy Ms. Lucia Fiori <i>Minister Counsellor, Permanent Mission of Italy to the UN Office and other International Organisations in Geneva</i>	Private Sector Mr. Rajat Gupta <i>Senior Director, Worldwide McKinsey & Company</i>	EX OFFICIO MEMBERS WITHOUT VOTING RIGHTS
Japan Mr. Masaru Tsuji <i>Deputy Director General Global Issues Department Ministry of Foreign Affairs Japan</i>	South East Asia (Indonesia) Dr. Broto Wasisto <i>Executive Secretary CCM GFTAM Indonesia</i>	UNAIDS Dr. Peter Piot <i>Executive Director , UNAIDS</i>
Latin America & Caribbean (Barbados) Dr. Carol Jacobs <i>Chairman National HIV/AIDS Commission, Prime Minister's Office, Barbados</i>	United Kingdom (Australia) Dr. Carole Presern <i>Counselor (Development and Specialized Institutions) United Kingdom Mission</i>	WHO Dr. Anders Nordstrom <i>Acting Director-General General Management (GMG) WHO</i>
	USA Dr. William Steiger <i>Special Assistant to the Secretary for International Affairs, US Department of Health and Human Services</i>	World Bank Mr. Philippe Le Houerou <i>Vice President, Concessional Finance and Global Partnerships, The World Bank</i>
		BOARD-DESIGNATED NON-VOTING SWISS MEMBER
		Mr. Edmond Tavernier <i>Managing Partner , Tavernier Tschanz (Avocates: Attorneys- at-Law)</i>

List of Staff 2006

An asterisk (*) indicates those individuals who left before 31 December 2006.

The Secretariat of the Global Fund continued to benefit in 2006 from the services of many individuals, including those on short-term contracts. Based in Geneva, Switzerland (the Global Fund has no country offices), the staff includes some sixty nationalities and has been led by Sir Richard Feachem, Executive Director since July 2002. Listed here (by individual department) are all those who have either been recruited through international competition to fixed-term (two-year) contracts or who worked at the Global Fund for at least six months in 2006. For each individual, his or her job title and country of origin are also indicated. An asterisk indicates those individuals who left before 31 December 2006.



Business Services Unit

Ines Garcia-Thoumi
Director, Business Services Unit
Peru

Florian Prem*
Senior IT Advisor
Germany

John Burke*
Chief Administrative Officer
Ireland

Peita Patry
Assistant to the Director
Business Services
Australia

Administration

Jean-Claude Crépy
Manager, Administrative Services
France

Maria Sol Pintos Castro
Building Management Officer
Argentina

Kim Judd-Lehmann
Project Officer
United States

Stephanie Contratto
Administrative Assistant / Receptionist
France

Emmanuelle Curtil
Administrative Assistant
France

Helen Griffin
Administrative Assistant / Receptionist
Ireland

Francis Lartey
Clerk/Messenger
Ghana

Contract Administration Services

Sabine Gabriel
Manager, General
Services Contracting
France

Orion Yeandel
Contract Specialist
United States

Patricia Chatsika
Contracts Analyst
Malawi

Milan Bastovanovic
Contracts Assistant
Serbia and Montenegro

Céline Serot
Contracts Assistant
France

Thomas Warren*
Contract Officer
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Human Resources Office

Anne Duke-Walenda
Manager, Human Resources
United Kingdom

Michael Rosetz
HR Specialist, Staff Learning
and Development
Germany

Mark Scicluna
HR Business Partner
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HR Officer
Ireland

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HR Administrator
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Haneefa De Clercq
HR Assistant
Malawi

Mary Hall
HR Assistant
United Kingdom

Sylvia Murray
HR Administrator
Poland

Anne Petroff
HR Assistant
United Kingdom

Julie Bouchet
Human Resources Assistant
France

Alessandra Marinetti*
Human Resources Specialist,
Staff Development and Learning
Italy

Sally Storr*
Human Resources Officer
United Kingdom

Information Technology Services

Doumit Abi-Saleh
Manager, IS
Lebanon

Murad Hirji
Dot Net Developer
Canada

René-Frédéric Plain
Applications Developer
France

Andrew Ritchie
Database Administrator
United Kingdom

Alexandre Tanner
IT Officer
Switzerland

Sudha Venkatram
Program Officer
India

Nimisha Parakatil
Applications Support
India

Lapalu Lokumarambage
Junior IT Specialist
Sri Lanka

Nazir Ahmed
Information Assistant
India

Procurement

Elisabetta Molari
Manager, Supply Policy & Management
Italy

Steen Strottrup
Procurement Data & Reporting Officer
Denmark

Joelle Daviaud
Technical Officer, Pharmaceutical
Quality Assurance (QA)
France

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Procurement Operations Officer
Italy

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Global Health Supply
Policy Senior Analyst
France

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Procurement Operations Officer
Uganda

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Bangladesh

Joanna Powles-Brown*
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United Kingdom

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Information Officer
Kenya

External Relations

Christoph Benn
Director, External Relations
Germany

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Special Assistant
France

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France

Board and Donor Relations

Dianne Stewart
Head of Board and Donor Relations
South Africa

Akunda Pallangyo*
Assistant
Tanzania

Katarzyna Daghigh
Administrative Assistant (Board)
Switzerland

Tania Paratian
Assistant
Mauritius

Julia Reichert
Events/Conferences Coordinator
Germany

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Manager, Donor Relations
Italy

Beatrice Makar
External Relations Officer
Switzerland

Dorcas Mapondera
External Relations Officer
United Kingdom

Communications

Jon Lidén
Head of Communications
Norway

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Media Relations Officer
United States

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United States / France

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Communications Officer
Belgium

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Assistant
Ireland

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Communications Officer
Canada/Ireland

Online Communications

Robert Bourgoing
Manager, Online Communications
France

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Web Development Officer
Netherlands

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Online Communication Officer
Kenya

Genc Kastrati
Web Developer Assistant
Albania

Jessica Williams
Web Intranet Assistant
United Kingdom

Global Partnerships

Kingsley Moghalu
Head of Global Partnerships
Nigeria

Ntombekaya Matsha
Civil Society Officer
South Africa

Mick Matthews
Civil Society Officer
United Kingdom

Edwige Fortier
Technical Officer
United States

Heidi Divecha
Assistant
United Kingdom

Robert Filipp
Head of Innovative Financing
Germany

Toulaxay Xayakhom
Assistant Innovative Financing Team
France

Liza Munira
Program Officer
Indonesia

Chinedu Moghalu*
Global Partnerships Advisor
Nigeria

Private Sector Partnerships

Rajesh Anandan
Manager, Private Sector Partnerships
Sri Lanka

Adele Sulcas
Partnerships Manager, Consumer (RED)
South Africa

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Assistant
Switzerland

Office of the Executive Director

Richard Feachem
Executive Director
United Kingdom

Esther Odartey-Wellington
Executive Assistant
Ghana

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Deputy Executive Director
Australia

Christina Schrade
Advisor to the Executive Director
Germany

Louise Grant
Assistant to the DED
United Kingdom

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Manager Strategy
Australia

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Executive Project Officer
United Kingdom

Lorrayne Ward
Strategy Officer
United States

Sian Hamilton-Rousset
Assistant
United Kingdom

Helen Shardow
Assistant
Ghana

Lynne Mbabazi
Clerical Assistant
Uganda

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Junior Assistant
Ireland

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Executive Communications Officer
United States

Finance

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Chief Financial Officer
Ireland

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Senior Accountant (Finance Officer)
United Kingdom

Olivier Faure-Vincent
Finance Officer
France

Eric Godfrey
Finance Officer
United States

Julia van Riel-Jameson
Finance Officer
Ireland

Mark Troger
Finance Analyst
United States

Ann Amekudzi
Finance Assistant
Ghana

Nilofar Mohideen-Bawa
Finance Assistant
Pakistan

Legal
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Legal Counsel
Italy

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Legal Officer
United Kingdom

Tal Sagorsky
Legal Officer
Canada

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Australia

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Namibia

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Senior Legal Officer
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Junior Officer, Paralegal
United States

Chief of Operations Office

Nosa Orobaton
Director of Operations
Nigeria

Paula Hacopian
Operational Policy Officer
United States

Julie Jensen
Associate Policy Officer
(Operational Policy)
United States

Carl Manlan
Program Officer
Côte d'Ivoire

Diane Crawford-Cetinich
Assistant
United Kingdom

Michèle Young
Office Administrator
France

Liz Tung*
Technical Officer
United States

Operational Partnerships and Country Support

Duncan Earle
Team Leader
United States

Kirsi Viisainen
Senior Grant Support Manager
Finland

David Winters
CCM Manager
United States

Olivier Vilaca
Co-Investment Project Manager
France

Sarah Churchill
Grant Support Officer
United States

Bonnet Mkhweli
Grant Support Officer
Zimbabwe

Caroline McArthur
Program Officer
United Kingdom

Crystel Terzis
Program Officer
Greece

Marie-Claire Ouattara
Assistant to the Director Operational
Partnerships & Country Support
Côte d'Ivoire

Césarie Camara
Assistant
Burundi

Portfolio Services and Projects

Ruwan De Mel
General Manager of Portfolio
Services & Projects
Sri Lanka

Nicole Delaney
Policy Development Officer
Germany

Mandy Budd
Assistant
United Kingdom

Brigitte Caron
Assistant
Canada

Local Fund Agents

Katherine Ryan
LFA Manager
South Africa

Portfolio Finance Advisory

David Curry
Finance Advisory Manager
Ireland

Samuel Boateng
Finance Officer (Operations)
Ghana

David Powell
Finance Officer
United Kingdom

Karima Jaouadi
Program Officer
Tunisia

Ryan Narciso
Assistant, PSP
Philippines

Phase 2

Patricia Kuo
Manager, "Phase II" on
Process Grant Renewals
Canada

Nicole Delaney
Policy Development Officer
Germany

Bintou Touré
Administrator, "Phase II"
Process of Grant Renewals
Côte d'Ivoire

Richard Williams
Administrative Assistant "Phase II"
Process of Grant Renewals
United Kingdom

Technical Review Panel

Karmen Bennett
Proposal Advisory Services Manager
Australia

Ilze Kalnina
Program Officer
Latvia

Eastern Africa

Linden Morrison
Team Leader
Guyana

Victor Bampoe
Fund Portfolio Manager
Ghana

Christine Onyango
Fund Portfolio Manager
Kenya

Seble Abebe
Program Officer
Ethiopia

John Ochero
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Uganda

Eleanor Tembo
Program Officer
Zambia

Friederike Teutsch
Program Officer
Germany

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Fund Portfolio Assistant
United Kingdom

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Fund Portfolio Assistant
(Francophone Africa)
United States

East Asia

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Team Leader
South Africa

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Fund Portfolio Manager
Philippines

Oren Ginzburg
Fund Portfolio Manager
France

Chrishan Thuraisingham
Fund Portfolio Manager
Sri Lanka

Maria Gaviria Ayucar
Program Officer
Spain

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Fund Portfolio Assistant
Kenya

Mikiko Sawanishi*
Fund Portfolio Manager
Japan

Asabea Turkson
Fund Portfolio Assistant
Ghana

**Eastern Europe
and Central Asia**
Urban Weber
Team Leader
Germany

Valery Chernyavskiy
Fund Portfolio Manager
Russian Federation

Maria Kirova
Fund Portfolio Manager
Bulgaria

Dumitru Laticevski
Fund Portfolio Manager
Republic of Moldova

Andreas Tamberg
Fund Portfolio Manager
United States

Sandra Irbe
Program Officer
Latvia

Sanne Wendes
Program Officer
Denmark

Valeria Grishechkina
Fund Portfolio Assistant
Turkmenistan

**Latin America
and Caribbean**
Wolfgang Munar
Team Leader
Colombia

Cécile Collas
Fund Portfolio Manager
France

Matias Gomez
Fund Portfolio Manager
Spain

Lelio Marmora
Fund Portfolio Manager
Argentina

Margarita Quevedo*
Fund Portfolio Manager
Ecuador

Bertha Ormeno
Fund Portfolio Manager
Peru

José Castillo
Program Officer
Mexico

Nicole Gorman
Program Officer
United States

Cristina Barzelatto
Fund Portfolio Assistant
Chile

Gladys Lopatka
Fund Portfolio Assistant
Belgium

**Middle East
and North Africa**
Hind Khatib
Team Leader
Jordan

Tina Draser
Fund Portfolio Manager
Germany

Fatiha Terki
Fund Portfolio Manager
Algeria

Marion Hachmann-Gleixner
Program Officer
Germany

Marton Sziracki
Program Officer
Hungary

Rosa Aspilcueta Arias
Fund Portfolio Assistant
Peru

Wael Ben Romdhane*
Program Officer
France

Anjelina Omori
Filing Clerk
Kenya

Southern Africa
Amal Medani
Team Leader
Sudan

Mauricio Cysne
Fund Portfolio Manager
Brazil

Edward Charles Greene
Fund Portfolio Manager
Liberia

Tatjana Peterson
Fund Portfolio Manager
Serbia and Montenegro

Véronique Fages
Program Officer
France

Karin Nasheya
Program Officer
Namibia

Byambaa Khishigbayar
Fund Portfolio Assistant
Mongolia

South Asia
Taufiq Rahman
Team Leader
Bangladesh

Crista Arent
Fund Portfolio Manager
Germany

Malavika Rao
Fund Portfolio Manager
India

Irina Sahakyan
Program Officer
Armenia

Luzviminda Caguioa
Fund Portfolio Assistant
Philippines

John Mcharo
Fund Portfolio Assistant
Kenya

West and Central Africa
Mabingue Ngom
Team Leader
Senegal

Hans-Dieter Zweschper
Fund Portfolio Manager
Germany

Cyrille Dubois
Fund Portfolio Manager
France

Blerta Maliqi
Fund Portfolio Manager
Albania

Marguerite-Marie Samba-Maliavo
Fund Portfolio Manager
Central African Republic

Mark Willis
Fund Portfolio Manager
United States

Sonia Florisse
Program Officer
France

Wilfried Thalmas
Program Officer
Côte d'Ivoire

Sylvain Parent
Fund Portfolio Assistant
Canada

Roselyne Souvannakane
Fund Portfolio Assistant
France

**Performance
Evaluation Policy**
Bernhard Schwartländer
Director, Performance Evaluation Policy
Germany

Daniel Low-Beer
Deputy Director, Performance
Evaluation Policy
United Kingdom

Philippa Dobrée-Carey
Special Assistant, PEP
United Kingdom

Jutta Hornig
Assistant
Germany

Monitoring and Evaluation
Nathalie Le Guillouzie-Zorzi
Manager, M&E Support
France

Sonia Diaz Monsalve
Technical Officer (M&E Support)
Colombia

Valerie Manda*
Technical Officer (M&E Support)
South Africa

Suman Jain
Technical Officer (M&E Support)
India

Joanna Barczyk
Program Officer
Switzerland

**Performance Strategy
and Evaluation**
Serge Xueref
Manager, Evaluation & Scientific Policy
France

Eline Korenromp
Technical Officer (Scientific Policy)
Netherlands

Beth Plowman
Senior Evaluation Officer
United States

Ronald Tran-Ba-Huy
Technical Officer
France

Bernard Nahlen*
Manager, PSE
United States

Alexandra Lang
TERG & Comms Officer
United States

Fortunate Mendlula
Assistant
South Africa

Strategic Information
John Cutler
Manager, Strategic Information
United States

Houtan Afkhami*
Project Officer
United States/Iran

Perna Banati
Strategic Information Officer
India

Itamar Katz
Strategic Information Officer
Belgium

Ryuichi Komatsu
Strategic Information Officer
Japan

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Data Analyst / Special Projects
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To the general meeting of the Board of

The Global Fund to Fight AIDS, Tuberculosis and Malaria, Geneva

Geneva, 26 April, 2007

Report of the independent auditors

We have audited the accompanying statement of financial position of The Global Fund to Fight AIDS, Tuberculosis and Malaria (the "Global Fund") as of 31 December 2006, and the related statements of activities, cash flows and changes in funds, and notes for the year then ended, published on pages 90 to 104 of the Annual Report.

These financial statements are the responsibility of the Global Fund's management. Our responsibility is to express an opinion on these financial statements based on our audit. We confirm that we meet the requirements concerning professional qualification and independence.

We conducted our audit in accordance with International Standards on Auditing. Those Standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audit provides a reasonable basis for our opinion.

In our opinion, the financial statements give a true and fair view of the financial position of the Global Fund as of 31 December 2006, and of the results of its operations and its cash flows for the year then ended in accordance with International Financial Reporting Standards.

Ernst & Young Ltd

Mark Hawkins
(Auditor in charge)

Thomas Madoery

The Global Fund to Fight AIDS, Tuberculosis and Malaria

Financial Statements

Statement of Financial Position at 31 December 2006

In thousands of US dollars	Notes	2006	2005
ASSETS			
Cash and bank balances	2.4, 3.1	616	474
Funds held in trust	2.4, 2.5, 3.1, 3.2	3'135'762	2'731'758
Promissory notes maturing within one year	2.6, 3.3	240'568	35'112
Contributions receivable within one year	2.6, 3.4	283'383	121'138
Prepayments and miscellaneous receivables		899	8'167
		<u>3'661'228</u>	<u>2'896'649</u>
Promissory notes maturing after one year	2.6, 3.3	178'838	33'857
Contributions receivable after one year	2.6, 3.4	359'008	103'947
		<u>537'846</u>	<u>137'804</u>
Total ASSETS		<u>4'199'074</u>	<u>3'034'453</u>
LIABILITIES and FUNDS			
Liabilities			
Undisbursed grants payable within one year	2.7, 3.6	1'684'163	1'170'878
Accrued expenses		6'329	5'026
		<u>1'690'492</u>	<u>1'175'904</u>
Undisbursed grants payable after one year	2.7, 3.6	391'325	394'155
Total LIABILITIES		<u>2'081'817</u>	<u>1'570'059</u>
FUNDS		<u>2'117'257</u>	<u>1'464'394</u>
Total LIABILITIES and FUNDS		<u>4'199'074</u>	<u>3'034'453</u>

The notes represent an integral part of the Statement of Financial Position

The Global Fund to Fight AIDS, Tuberculosis and Malaria

Financial Statements

Statement of Activities for the year ended 31 December 2006

In thousands of US dollars	Notes	2006	2005
INCOME			
Contributions	2.6, 3.5	2'429'635	1'430'329
Trust fund income	2.5	126'483	58'936
Bank interest		15	5
Total INCOME		2'556'133	1'489'270
EXPENDITURE			
Grants	2.7, 3.7	1'817'424	1'509'271
Operating expenses	3.8	85'846	73'840
Total EXPENDITURE		1'903'270	1'583'111
INCREASE / (DECREASE) IN FUNDS for the year		652'863	(93'841)

The notes represent an integral part of the Statement of Activities

The Global Fund to Fight AIDS, Tuberculosis and Malaria

Financial Statements

Statement of Cash Flows for the year ended 31 December 2006

In thousands of US dollars	Notes	2006	2005
CASH FLOWS FROM OPERATING ACTIVITIES			
Contributions received	3.5	1'652'780	1'584'342
Trust fund income	2.5	126'483	58'936
Bank interest		15	5
		<u>1'779'278</u>	<u>1'643'283</u>
Grants disbursed	3.7	(1'306'969)	(1'054'325)
Payments to suppliers and personnel		(68'163)	(63'685)
		<u>(1'375'132)</u>	<u>(1'118'010)</u>
CASH FLOWS FROM OPERATING ACTIVITIES			
being the net increase in cash and cash equivalents		404'146	525'273
CASH AND CASH EQUIVALENTS			
at beginning of the year	2.4	<u>2'732'232</u>	<u>2'206'959</u>
CASH AND CASH EQUIVALENTS			
at end of the year	2.4, 3.1	<u>3'136'378</u>	<u>2'732'232</u>

The notes represent an integral part of the Statement of Cash Flows

The Global Fund to Fight AIDS, Tuberculosis and Malaria

Financial Statements

Statement of Changes in Funds at 31 December 2006

In thousands of US dollars	Notes	2006	2005
FUNDS at the beginning of the year		1'464'394	1'558'235
INCREASE / (DECREASE) IN FUNDS for the year		652'863	(93'841)
FUNDS at the end of the year		2'117'257	1'464'394
Attributed as follows:			
Foundation capital		50	50
General Funds		2'117'207	1'464'344
		2'117'257	1'464'394

The notes represent an integral part of the Statement of Changes in Funds

The Global Fund to Fight AIDS, Tuberculosis and Malaria

Financial Statements

1. Activities and Organization

The Global Fund to Fight AIDS, Tuberculosis and Malaria (the “Global Fund”) is an independent, non-profit foundation that was incorporated in Geneva, Switzerland on 22 January 2002. The purpose of the Global Fund is to attract and disburse additional resources to prevent and treat AIDS, tuberculosis and malaria. The Global Fund provides grants to locally-developed programs, working in close collaboration with governments, non-governmental organizations, the private sector, development agencies and the communities affected by these diseases.

The Global Fund has been founded on the following principles:

- Rely on local experts to implement programs directly;
- Make available and leverage additional financial resources to combat the three diseases;
- Support programs that reflect national ownership and respect country-led formulation and implementation processes;
- Operate in a balanced manner in terms of different regions, diseases and interventions;
- Pursue an integrated and balanced approach covering prevention, treatment and care, and support in dealing with the three diseases;
- Evaluate proposals through independent review processes based on the most appropriate scientific and technical standards that take into account local realities and priorities;
- Seek to establish a simplified, rapid, innovative grant-making process and operate in a transparent and accountable manner based on clearly defined responsibilities. One accountability mechanism is the use of Local Fund Agents to assess local capacity to administer and manage the implementation of funded programs.

Financial contributions to the Global Fund are held in the Trust Fund for the Global Fund to Fight AIDS, Tuberculosis and Malaria (the “Trust Fund”) until disbursed as grants or for operating expenses. The Trust Fund is administered by the International Bank for Reconstruction and Development (the “World Bank”), as Trustee. The responsibilities of the Trustee include management of contributions and investment of resources according to its own investment strategy. The Trustee makes disbursements from the Trust Fund only upon written instruction of the Global Fund.

Most contributions are received directly in the Trust Fund. Some contributions for the benefit of Global Fund are also received by the United Nations Foundation and are held in trust for the Global Fund until subsequently transferred to the Trust Fund.

Personnel and administrative services to support the operations of the Global Fund are provided by the World Health Organization (“WHO”) under an agreement between WHO and the Global Fund. The Global Fund bears in full the cost of these personnel and services. Funds remitted to WHO for this purpose are treated as funds held in trust by WHO for the benefit of the Global Fund until an expenditure obligation is incurred.

These financial statements were authorized for issuance by the Board on 26 April 2007.

The Global Fund to Fight AIDS, Tuberculosis and Malaria

Financial Statements

2. Significant Accounting Policies

2.1 Statement of Compliance

The financial statements have been prepared in accordance with and comply with the International Financial Reporting Standards issued by the International Accounting Standards Board ("IASB") and interpretations issued by the International Financial Reporting Interpretations Committee ("IFRIC").

These standards currently do not contain specific guidelines for non-profit organizations concerning the accounting treatment and presentation of the financial statements. Consequently Statement of Financial Accounting Standard ("SFAS") 116: "Accounting for Contributions Received and Contributions Made" has been applied in respect of the recognition of contributions and grants.

2.2 Basis of Presentation

The financial statements are presented in US dollars, the Global Fund's operating currency, rounded to the nearest thousand. Management elected not to operate and report in Swiss Francs, the domestic currency, as its cash flows are primarily in US dollars.

The financial statements are prepared under the historical cost convention. The fair value of non-current contributions receivable, promissory notes and undisbursed grants has been determined as indicated in Notes 2.6 and 2.7.

The preparation of the financial statements requires that management make estimates and assumptions that affect the reported amounts of assets and liabilities, disclosure of contingent liabilities at the date of the financial statements, and reported amounts of income and expenses during the reporting period. If in the future such estimates and assumptions, which are based on management's best judgment at the date of the financial statements, deviate from actual circumstances, the original estimates and assumptions will be modified through the statement of activities as appropriate in the year in which the circumstances change.

2.3 Foreign Currency

All transactions in other currencies are translated into US dollars at the exchange rate prevailing at the time of the transaction. Monetary assets and liabilities in other currencies are translated into US dollars at the year-end rate.

2.4 Cash and cash equivalents

The Global Fund considers that cash and cash equivalents include cash and bank balances and funds held in trust that are readily convertible to cash within three months.

The Global Fund to Fight AIDS, Tuberculosis and Malaria

Financial Statements

2. Significant Accounting Policies (continued)

2.5 Funds held in Trust

The financial statements include funds that are held in trust solely for the benefit of the Global Fund by the World Bank, the World Health Organization and the United Nations Foundation.

Assets held in trust by the World Bank are held in a pooled cash and investments portfolio established by the Trustee for all trust funds administered by the World Bank Group. These investments are actively managed and invested in high-grade instruments according to the risk management strategy adopted by the World Bank. The objectives of the investment portfolio strategy are to maintain adequate liquidity to meet foreseeable cash flow needs, preserve capital (low probability of negative total returns over the course of a fiscal year) and maximize investment returns.

The movement of fair value of funds held in trust is recognised in the statement of activities.

2.6 Contributions

In accordance with SFAS 116 contributions governed by a written contribution agreement are recorded as income when the agreement is signed. Other contributions are recorded as income upon receipt of cash or cash equivalents, at the amount received.

Contributions are considered received when remitted in cash or cash equivalent, or deposited by a sovereign state as a promissory note, letter of credit or similar financial instrument.

Contributions receivable under written contribution agreements signed on or before the date of the statement of financial position but which have not been received at that date are recorded as an asset and as income. Contributions and promissory notes receivable later than one year after the date of the statement of financial position are discounted to estimate their present value at this same date.

Foreign currency exchange gains and losses realized between the date of the written contribution agreement and the date of the actual receipt of cash and those unrealized at the date of the statement of financial position are recorded as part of contributions income.

Non-cash contributions donated in the form of goods or services (in-kind contributions) are recognized at the time of receipt and reported as equal contributions and expenses in the Statement of Activities, at their estimated economic value to the Global Fund.

The Global Fund to Fight AIDS, Tuberculosis and Malaria

Financial Statements

2. Significant Accounting Policies (continued)

2.7 Grants

All grants are governed by a written grant agreement and, in accordance with SFAS 116, are expensed in full when the agreement is signed.

Grants or portions of grants that have not been disbursed at the date of the statement of financial position are recorded as liabilities. The long-term portion of such liabilities represents amounts that are due to be disbursed later than one year after the date of the statement of financial position, discounted to estimate its present value at this same date.

Foreign currency exchange gains and losses realized between the date of the written grant agreement and the date of the actual disbursement of cash and those unrealized at the date of the statement of financial position are recorded as part of Grants expenditure.

2.8 Local Fund Agent Fees

Fees to Local Fund Agents to assess local capacity prior to and during grant negotiation, and to manage and monitor implementation of funded programs as grants are disbursed, are expensed as the work is completed.

2.9 Employee Benefits

All personnel and related costs, including current and post employment benefits are managed by the WHO and charged in full to the Global Fund. There are no additional obligations for employee benefits outside of the Global Fund's obligations to the WHO.

2.10 Future Changes in Accounting and Reporting

The IASB issued IFRS 7 *Financial Instruments: Disclosures* on 18 August 2005, with a complementary amendment to IAS 1 *Presentation of Financial Statements*. The Global Fund is currently evaluating the impact of this new standard applicable for annual periods beginning on or after 1 January 2007.

IFRIC 9 *Reassessment of Embedded Derivatives* was issued in March 2006 and becomes effective for financial years beginning on or after 1 June 2006. This interpretation will have no impact on the Global Fund's financial statements when implemented in 2007.

The Global Fund to Fight AIDS, Tuberculosis and Malaria

Financial Statements

3. Details relating to the financial statements

In thousands of US dollars unless otherwise stipulated

3.1 Cash and Cash Equivalents

	2006	2005
Cash and bank balances	616	474
Funds held in Trust	3'135'762	2'731'758
	3'136'378	2'732'232

3.2 Funds held in Trust

	2006	2005
World Bank	3'119'244	2'717'288
World Health Organization	14'014	12'665
United Nations Foundation	2'504	1'805
	3'135'762	2'731'758

3.3 Promissory Notes

	2006	2005
Promissory notes to be encashed	400'006	72'391
Unrealized gains / (losses) on foreign currency promissory notes to be encashed	19'400	(3'422)
	419'406	68'969
Maturing in 2006	-	35'112
Maturing in 2007	240'568	33'857
Maturing in 2008	178'838	-
	419'406	68'969

3.4 Contributions receivable

	2006	2005
Contributions receivable*	635'609	236'680
Unrealized gains / (losses) on foreign currency contributions receivable	6'782	(11'595)
	642'391	225'085
Receivable within one year	283'383	121'138
Receivable after one year	359'008	103'947
	642'391	225'085

* Comprises amounts receivable under written contribution agreements signed on or before 31 December 2006 and 2005 respectively that had not been received at that date.

The Global Fund to Fight AIDS, Tuberculosis and Malaria

Financial Statements

3. Details relating to the financial statements (continued)

In thousands of US dollars unless otherwise stipulated

3.5 Contributions

	2006	2005
Governments	1'916'808	1'416'945
Private sector	512'827	13'384
	2'429'635	1'430'329
Cash received including encashed promissory notes	1'652'780	1'584'342
Increase / (decrease) in promissory notes to be encashed	350'437	(168'480)
Increases in contributions receivable	417'306	2'642
Contributions in kind	9'112	11'825
	2'429'635	1'430'329

3.6 Undisbursed grants payable

	2006	2005
Undisbursed grants payable	2'080'853	1'566'457
Unrealized losses on foreign currency undisbursed grants payable	(5'365)	(1'424)
Total undisbursed grants payable	2'075'488	1'565'033
Payable within one year	1'684'163	1'170'878
Payable after one year	391'325	394'155
	2'075'488	1'565'033

In addition to the grant agreements entered into as outlined above, the Board has approved US\$ 1.6 billion of new grants which will become liabilities upon signature of the grant agreements.

3.7 Grants expenditure

	2006	2005
Disbursed in the year	1'306'969	1'054'325
Movement in undisbursed grants	510'455	454'946
	1'817'424	1'509'271

The Global Fund to Fight AIDS, Tuberculosis and Malaria

Financial Statements

3. Details relating to the financial statements (continued)

In thousands of US dollars unless otherwise stipulated

3.8 Operating expenses

	2006	2005
Secretariat expenses		
Personnel	30'632	25'054
Trustee fee	2'400	2'300
Administrative services fee	2'090	986
Other professional services	12'183	5'985
Travel and meetings	8'186	5'925
Communication materials	1'223	8'867
Office rental	2'195	1'044
Office infrastructure costs	2'113	3'489
Other	930	990
	61'952	54'640
Local Fund Agent fees	23'894	19'200
	85'846	73'840

Included in Operating expenses above are contributions in kind attributed as follows:

	2006	2005
Contributions in kind		
Other professional services	8'921	4'077
Communication materials	-	7'748
Travel and meetings	191	-
	9'112	11'825

3.9 Personnel

As described in Note 1, personnel to support the operations of the Global Fund are provided by the WHO under an agreement between the WHO and the Global Fund. At 31 December 2006 there were 251 personnel assigned to the Global Fund (2005: 198). Of these, 155 (2005: 117) are assigned under fixed-term contracts, typically of two years duration. All other personnel are assigned under contracts of shorter duration.

3.10 Remuneration of key management

Key management, in common with all personnel assigned to the Global Fund, are remunerated according to the WHO salary scale. Remuneration consists of salary, allowances and employer contributions towards pension and benefit schemes. Remuneration of key management, comprising the Executive Director, the Deputy-Executive Director, heads of the Global Fund's six business units, and the Inspector General (from December 2005), amounted to US\$ 1.9 million in 2006 (2005: US\$ 1.6 million).

The Global Fund does not remunerate its Board members.

3.11 Taxation

The Global Fund is exempt from tax on its activities in Switzerland.

The Global Fund to Fight AIDS, Tuberculosis and Malaria

Financial Statements

3. Details relating to the financial statements (continued)

In thousands of US dollars unless otherwise stipulated

3.12 Lease Commitments

At 31 December 2006, the Global Fund has the following outstanding operating lease commitments:

Year	Office space	Office equipment	Vehicle
2007	3'376	29	8
2008	3'376	29	8
2009	3'376	29	7
2010	3'376	29	-
2011	3'376	-	-
Beyond 2011	3'565	-	-
	20'445	116	23

The Global Fund to Fight AIDS, Tuberculosis and Malaria

Financial Statements

4. Financial Instruments

The Global Fund employs the following risk management policies to financial instruments:

Market risk: The risk that the value of a financial instrument will fluctuate as a result of changes in market prices whether those changes are caused by factors specific to the individual security or its issuer or factors affecting all securities traded in the market. The Global Fund has assigned the management of market risk primarily to the Trustee, and does not use derivative financial instruments to reduce its market risk exposure on other financial instruments.

Interest rate risk: The risk that the value of a financial instrument will fluctuate due to changes in market interest rates. The Global Fund does not use derivative financial instruments to reduce its exposure risk on interest from variable rate bank balances and funds held in trust.

Credit risk: Credit risk results from the possibility that a loss may occur from the failure of another party to perform according to the terms of a contract. The Global Fund does not use derivative financial instruments to reduce its credit risk exposure.

The Global Fund's maximum exposure to credit risk in relation to cash and bank balances, funds held in trust, promissory notes and contributions receivable is the carrying amount of those assets as indicated in the statement of financial position. The Global Fund places its available funds with high quality financial institutions to mitigate the risk of material loss in this regard. With respect to the Global Fund's promissory notes and contributions receivable, management believes these will be collected as they result from mutually signed contribution agreements primarily with governments.

Currency risk: The risk that the value of a financial instrument will fluctuate due to changes in foreign exchange rates. The Global Fund hedges its exposure to currency risk by matching grant liabilities in a given currency with assets in the same currency to the extent possible.

As described in Note 2.5, those funds held in trust by the World Bank, acting as Trustee for the Global Fund, are held together with other trust fund assets administered by the World Bank in a pooled cash and investments portfolio ("the Pool"). The Pool is actively managed and invested in accordance with the investment strategy established by the Trustee for all trust funds administered by the World Bank Group. The objectives of the investment strategy are foremost to maintain adequate liquidity to meet foreseeable cash flow needs and preserve capital and then to maximize investment returns. The Pool is exposed to market, credit, currency and liquidity risks. Promissory notes and contributions receivable are exposed to credit, currency and liquidity risks. The risk management policies employed by the Trustee to manage these risks are:

Market risk: The risk that the value of a financial instrument will fluctuate as a result of changes in market prices or changes in interest rates. The Trustee actively manages the Pool so that the probability of incurring negative returns is no more than 1% over the applicable investment horizon. The asset allocation of the Pool is managed so as to optimize the Pool's total returns within the specified risk tolerance.

The Global Fund to Fight AIDS, Tuberculosis and Malaria

Financial Statements

4. Financial Instruments (continued)

Credit risk: The risk that one party to a financial instrument will fail to discharge an obligation and cause the other party to incur a financial loss. The Trustee invests in liquid instruments such as money market deposits, government and agency obligations, and mortgage-backed securities. The Trustee is limited to investments with minimum credit ratings as follows:

- Money market deposits: issued or guaranteed by financial institutions whose senior debt securities are rated at least A-.
- Government and agency obligations: issued or unconditionally guaranteed by government agencies rated at least AA- if denominated in a currency other than the home currency of the issuer, otherwise no rating is required. Obligations issued by an agency or instrumentality of a government, a multilateral organization or any other official entity require a minimum credit rating of AA-.
- Mortgage-backed securities and corporate securities: minimum rating must be AAA.

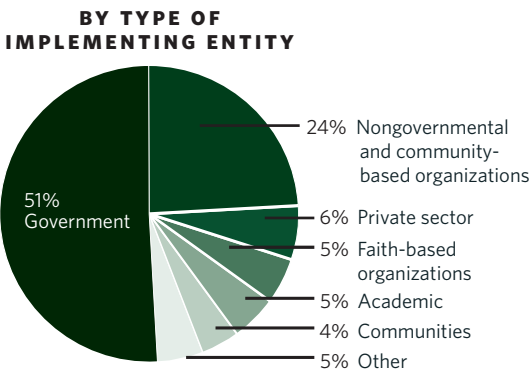
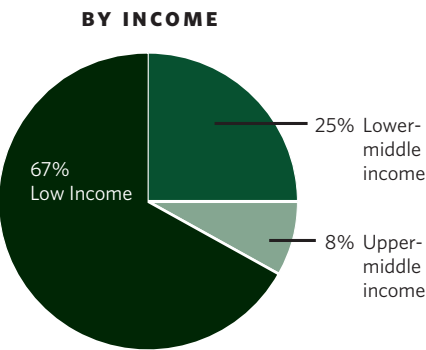
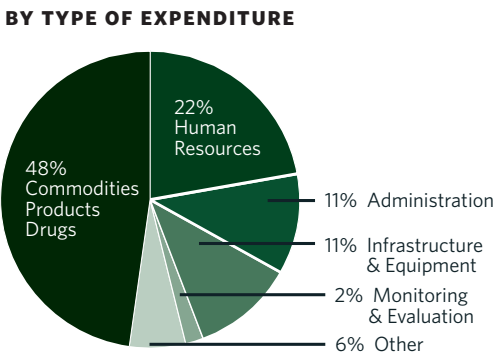
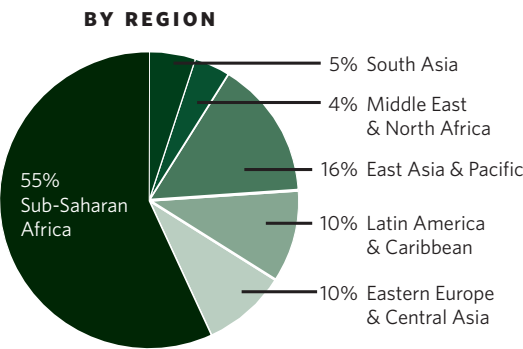
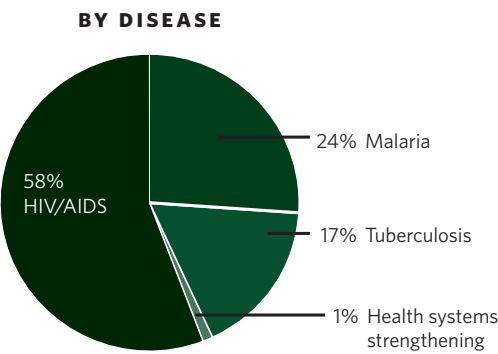
Notes and Contributions Receivable result from mutually signed contribution agreements.

Currency risk: The risk that the value of a financial instrument will fluctuate because of changes in currency exchange rates when there is a mismatch between assets and liabilities denominated in any one currency. In accordance with the Trustee Agreement between the Global Fund and the World Bank with and/or the instructions from the Global Fund, the Trustee maintains the Global Fund share in the pooled cash and investments portfolio in U.S. dollars and Euro. Cash contributions received are converted into U.S. dollars on receipt, except when the Global Fund instructs the Trustee to hold selected cash contributions received in Euro. Commitments for administrative budgets, trustee fee and majority of the grants are denominated in U.S. dollars.

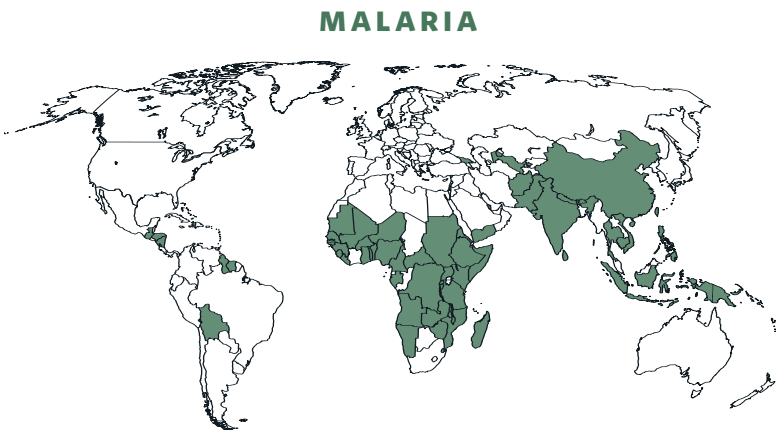
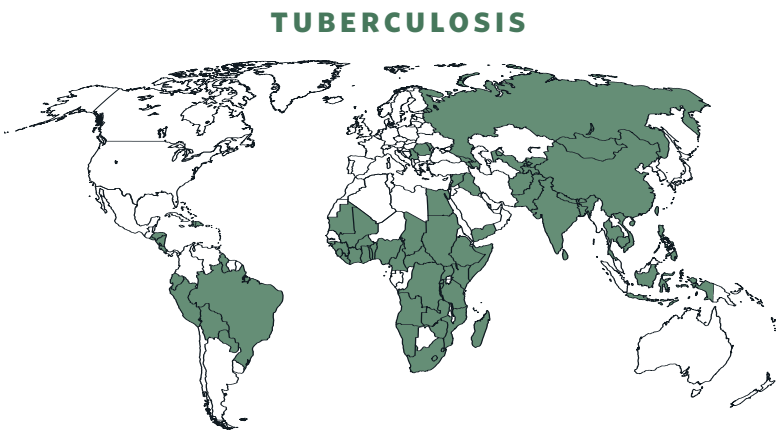
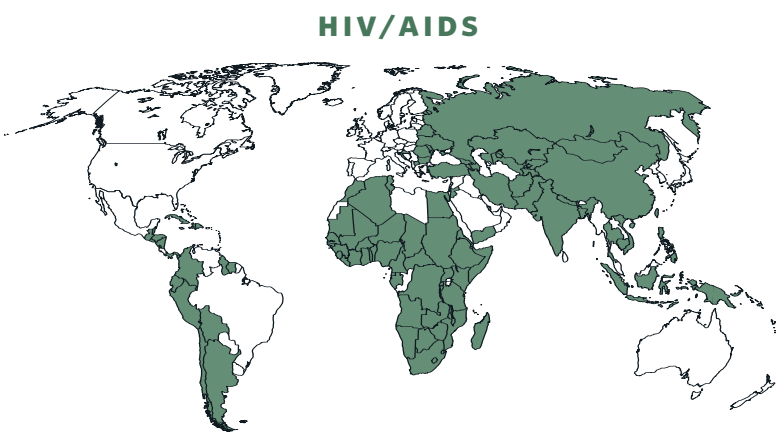
Liquidity risk: The risk that an entity will encounter difficulty in raising liquid funds to meet its commitments. As a policy, the Global Fund makes commitments for administrative budgets, trustee fees and grants only if there are sufficient underlying assets. The Trustee maintains a significant portion of the Pool in short-term money market deposits to meet disbursement requirements of trust funds.

Global Fund Portfolio At A Glance

DISTRIBUTION OF THE GLOBAL FUND GRANT PORTFOLIO

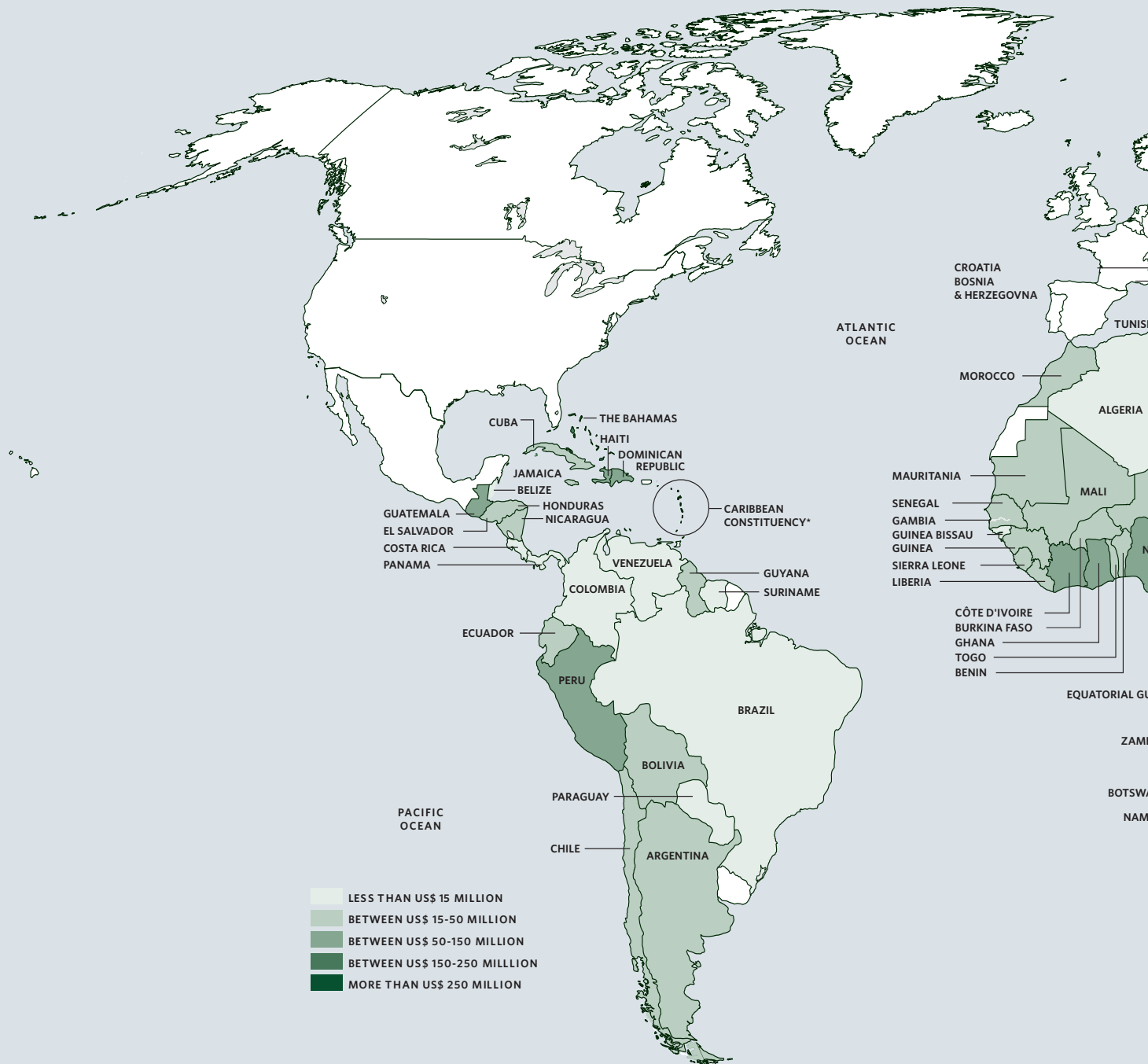


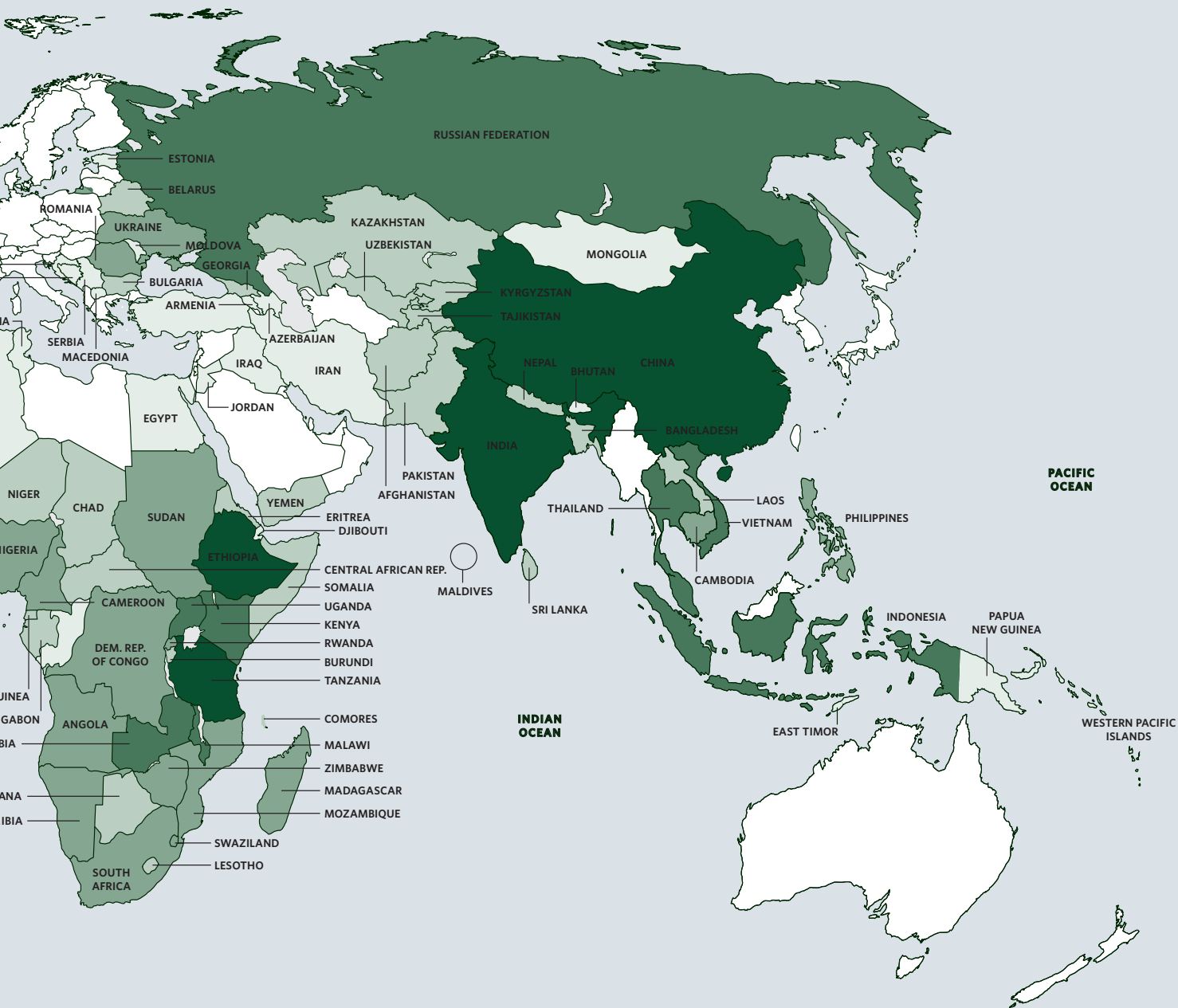
WORLD MAPS ILLUSTRATING COUNTRY COVERAGE OF GLOBAL FUND GRANTS BY DISEASE



*Represents the estimated allocation of funds as outlined in two-year budget submitted in initial proposal. Rounds 2 through 6 only.

World map of Global Fund health investment by country





**THE GLOBAL FUND
TO FIGHT AIDS, TUBERCULOSIS & MALARIA**

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RWANDA

A program supported by the Global Fund
trains volunteers in providing home-based
care for people living with HIV/AIDS.

Photo © The Global Fund / John Rae

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