

GFATM

The Global Fund to Fight Aids, Tuberculosis and Malaria

1. Facts and figures

Type of organisation: International financing institution. Public–private partnership

Established in: 2002

Headquarters: Geneva

Number of country offices: None

Head of organisation: Mark Dybul, Executive Director, USA

Dates of Board meetings in 2013: 18–19 June and 7–8 November

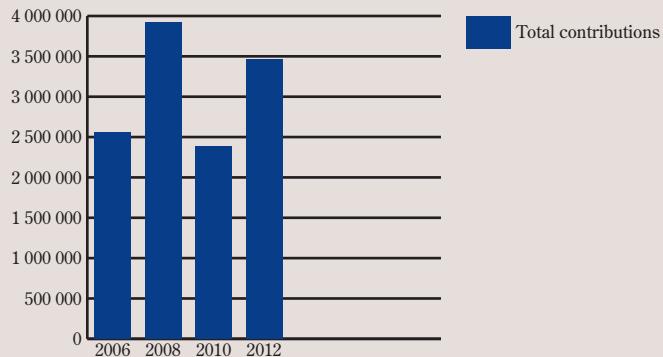
Norway's representation on Board: Part of a constituency that also includes Denmark, Ireland, Luxembourg, the Netherlands and Sweden (Point Seven). Norway represents the constituency on the Board's Finance and Operational Performance Committee

Number of Norwegian staff: None

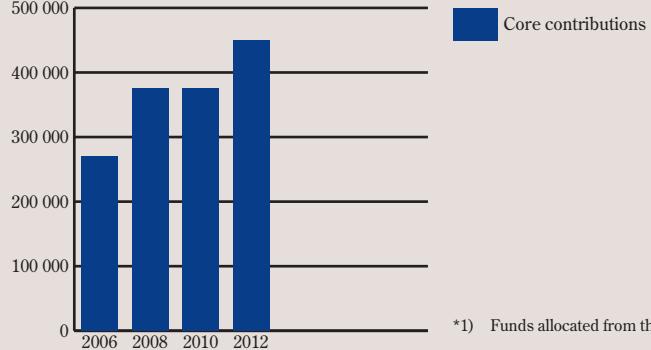
Competent ministry: Norwegian Ministry of Foreign Affairs

Website: www.theglobalfund.org

Total revenues (1000 USD)

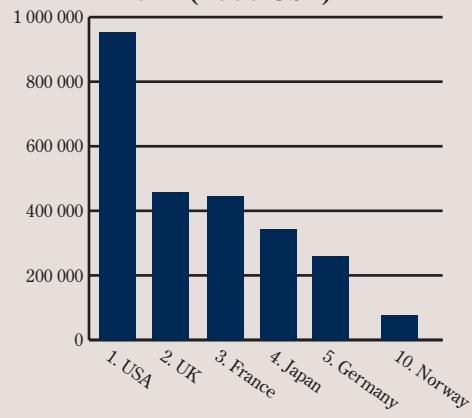


Norway's contributions^{*1)} (1000 NOK)



*1) Funds allocated from the MFA's budget

The five largest donors, and Norway, in 2012 (1000 USD)



NORWEGIAN MINISTRY
OF FOREIGN AFFAIRS

Mandate and areas of activity

The Global Fund to Fight AIDS, Tuberculosis and Malaria was established in 2002 to mobilise resources for financing efforts to achieve UN Millennium Development Goal 6 on combating AIDS, tuberculosis and malaria in areas where the needs are greatest.

Activities are carried out by the Global Fund's partners at country level. The Global Fund Board is comprised of representatives from donor and recipient countries, non-governmental organisations, the private sector, and communities living with the diseases. Norway is a member of the Point Seven Board constituency, along with Denmark, Ireland, Luxembourg, the Netherlands and Sweden. The seat on the Board is held on a rotation basis. Sweden took over the seat from Ireland in June 2013. Nafsiah Mboi from Indonesia took over the chairmanship of the Board in June 2013, while Mireille Guigaz from France became Vice-Chair.

The Global Fund is the largest multilateral source of financing for efforts to achieve the health-related Millennium Development Goals. It provides 82 per cent of international funding for anti-tuberculosis measures, 50 per cent of funding for anti-malaria measures and 21 per cent of funding for programmes to combat HIV and AIDS. The Fund also finances efforts to strengthen health systems in developing countries, since inadequate health systems are one of the main obstacles to intensifying efforts and securing the effects of interventions.

The programmes supported by the Global Fund make increasingly important contributions to meeting the international goals for key services, which include access to HIV treatment, directly observed treatment (DOTS) of tuberculosis and the distribution of mosquito nets to prevent the spread of malaria.

The Global Fund closely monitors and reports on the results of investments in 151 countries. These results are summed up in the annual results report. The report also gives an account of contributions to the social impacts of the national programmes supported by the Global Fund.

The Global Fund has undergone extensive restructuring in the last two years. In the autumn of 2010, the Global Fund's internal audit unit found financial irregularities on the part of the recipient country's authorities in some of the Fund's programmes. The internal audit unit pointed to extensive weaknesses in the Global Fund's monitoring framework. This has spurred even stronger focus on ongoing reforms and intensified controls.

Results achieved in 2012

From 2002 to 31 December 2012, the Global Fund granted USD 22.9 billion, equivalent to around NOK 136 billion, to 151 countries. At the end of 2012, USD 19 billion had been disbursed. 56 per cent of the programmes approved are in sub-Saharan Africa.

A total of 900,000 new patients received access to HIV treatment in 2012. By the end of 2012, 4.2 million persons had access to HIV treatment, an increase from 1.4 million in 2007.

A total of 1.1 million cases of tuberculosis were diagnosed and treated in 2012. By the end of 2012, 9.7 million tuberculosis cases had been diagnosed and treated, up from 2.9 million in 2007.

Some 80 million mosquito nets were distributed in 2012. By the end of 2012, 310 million insecticide-treated bed nets had been distributed to protect families against malaria, up from 46 million in 2007.

The Global Fund can also point to good results in terms of prevention: among other things, 1.7 million women in 84 countries now have access to services that prevent mother-to-child transmission of HIV. Almost 90 per cent of these women are from sub-Saharan Africa. The Global Fund's investments are proving to have a growing impact on disease trends and health systems in the countries that receive support.

In 2012, 56 per cent of persons eligible for HIV treatment in sub-Saharan Africa had access to medicines, a rise from less than 5 per cent in 2000. Although the number of new HIV infections is still high, new cases of HIV and the number of deaths are declining on a global basis. Of 105 countries supported by the Global Fund, 41 per cent have achieved or are in the process of achieving the goal of universal access to HIV treatment by 2015. Between 2005 and 2011, seven out of ten countries that have 80 per cent coverage have reported a reduction in AIDS-related deaths of 50 per cent or more.

Some 67 per cent of an estimated 8.7 million persons who contract tuberculosis are now diagnosed, while 85 per cent are receiving effective treatment. This is a rise from 43 per cent (diagnosis) and 67 per cent (treatment) ten years ago. A total of 69 per cent of tuberculosis patients in Africa were tested for HIV in 2012, up from 3 per cent in 2004. The number of global tuberculosis deaths has fallen by 41 per cent since 1990. More than half of the countries that receive support from the Global Fund are in the process of reaching the goal of reducing the incidence of tuberculosis.

An estimated 53 per cent of at-risk households in sub-Saharan Africa had at least one pesticide-treated mosquito net in 2012, a rise from 3 per cent in 2000. Studies show that around 90 per cent of those who have access to mosquito nets use them.

The number of global malaria deaths has fallen by more than 25 per cent since 2000. It is estimated that half of all countries with malaria are in the process of achieving the goal of 75 per cent reduction in new cases by 2015.

These results would not have been possible without the decline in unit prices and the increase in the countries' own investments. In the last five years, countries' own funding for programmes to combat tuberculosis, HIV and malaria has more than doubled in the countries eligible for support from the Global Fund. This is largely due to the substantial increase in national investments in anti-HIV services.

The High-Level Independent Review Panel of the Global Fund to Fight AIDS, Tuberculosis and Malaria was co-chaired by former US Secretary of Health and Human Services Michael O. Leavitt and former President of Botswana Festus Mogae. The panel was appointed by the Global Fund Board in May 2011, and submitted its independent report to the Board in September 2011. The Global Fund took the initiative of establishing the panel after the discovery in 2010 of misappropriation of funds in the Global Fund's programmes in several countries.

The report confirms that the Global Fund has contributed to the achievement of important and, in some cases, unique results in the past decade in efforts to combat AIDS, tuberculosis and malaria. The Global Fund has also played a pivotal role in generally strengthening the health sector in recipient countries. In the panel's opinion, the Global Fund is the largest and most important of the multilateral partnerships that were established after 2000. According to the panel, the failure of the Global Fund could bring about a global health disaster.

The report's primary message is that the Global Fund, which was established in a situation where the purpose was to mitigate an immediate crisis, must now change its course and its approach from emergency response to long-term, sustainable investments. In view of the more constrained resource environment, the Global Fund must largely consolidate and not expand. Greater importance must be attached to financial and risk management, and adaptation to social and technological development. The report contains recommendations on such issues as the development of risk-management frameworks and strengthening of the role of the Board and the work of the Secretariat, and points out that the Global Fund must place greater emphasis on quality and results.

Link to the report: <http://www.theglobalfund.org/en/highlevelpanel/report/>

2. Assessments: Results, effectiveness and monitoring

The organisation's results-based work

The Global Fund applies a results-based approach at all levels. The Global Fund's performance framework and key performance indicators (KPIs) cover the Secretariat in Geneva and the Global Fund's country-level programmes. The programme results are summed up in the annual results report, which also describes the contributions towards strengthening the social impacts of the national programmes supported by the Global Fund. The performance framework is currently being revised to align it with the organisation's new strategy and funding model, and will be presented for adoption at the Global Fund Board meeting in November 2013. The framework under revision is hierarchically structured, emphasises the social impacts of the Global Fund's programmes and is intended to provide the Board with a basis for decision-making.

Planning and budgeting systems

The Global Fund's planning and budgeting systems are based on the strategic framework for 2012–2016. The framework has been followed up with a funding model that distributes support between countries and various groups of countries on the basis of the disease burden and degree of poverty. Support is to be provided in dialogue with recipient countries and aligned with the countries' plans and budget cycles. The Global Fund periodically updates its forecasts of available resources, based on confirmed donor contributions and outstanding payment obligations. Much of the Global Fund's work is of such a nature that it is necessary to continue initiated interventions beyond the GFATM support period. For instance, interrupting HIV treatment could have consequences that are more negative than if treatment had never been started. Defining the right priorities and conducting a dialogue with recipient countries on their own financing and sustainability are therefore important.

Oversight systems and anti-corruption

The Global Fund to Fight AIDS, Tuberculosis and Malaria has zero tolerance for misappropriation of funds. Most of the countries that receive support from the Global Fund have poor governance systems. Working in these countries is a challenge. There is a significant risk of fraud, requiring that the Global Fund protect its grant money as best as possible. The Global Fund has an independent internal audit unit (Office of the Inspector General) and an external whistle-blowing mechanism. The Inspector General reports directly to the Global Fund Board, is appointed by the Board and can only be dismissed by the Board. In 2012, the Global Fund established a position for a Risk Management Director, and worked in 2012 to develop an operational risk-management framework that embeds a risk-management perspective into all its activities. The Global Fund is currently introducing the COSO Internal Control-Integrated Framework, encompassing control environment, risk assessment, monitoring and information and communication activities. A comprehensive assessment of the strengths and weaknesses of the Global Fund's risk management and internal control systems will be presented towards the end of 2013. The Board intends to conduct a thorough discussion of the risk profile of the Global Fund's investments and risk willingness.

Institution-building and national ownership

Sustainability, national ownership and partnership are three of the Global Fund's twelve guiding principles. The Global Fund has now abandoned its rounds-based funding system in favour of an application process that is better adapted to countries' needs. Under the new model there is greater focus on national dialogue and national strategies and plans, and the importance of long-term, predictable funding. Emphasis is placed on strengthening countries' capacity, through part-

nership with the Global Fund, to make strategic, long-term choices, with efforts targeting the areas and groups that represent the greatest challenges in order to prevent disease and ensure equal access to necessary treatment. This means that the countries themselves must make investments, optimise synergies and avoid policies that are liable to create and maintain vulnerabilities.

UNAIDS and the African Union have jointly developed a concept for global solidarity through “shared responsibility and mutual commitments”, which aims at ensuring that each country assumes growing responsibility for financing and ensuring adequate provision of necessary AIDS services. Norway will attach importance to ensuring that funding from the Global Fund also supports this concept.

3. Norway's policy towards GFATM

Norway has assumed a leadership role in international efforts to achieve the health-related Millennium Development Goals. The Global Fund to Fight AIDS, Tuberculosis and Malaria is the most important channel for achieving Millennium Development Goal 6 on combating the three diseases. Norway's National HIV Strategy, “Acceptance and Coping”, affirms that Norway will contribute solid, long-term funding for global efforts to fight HIV and AIDS. The Global Fund is the biggest channel for Norwegian funding to combat HIV and AIDS. Millennium Development Goals 4 and 5, to reduce child mortality and improve maternal health, have high priority. Norway has called for the Global Fund's efforts to achieve Millennium Development Goal 6 to also contribute as best as possible to the achievement of Millennium Development Goals 4 and 5. The Global Fund has responded to this call by developing guidelines and tools to incorporate children's and women's health components into its interventions. The Global Fund's Technical Evaluation Reference Group (TERG) has scheduled a thematic review of the interventions in the last quarter of 2013. The review will culminate in recommendations on future funding of measures to reduce child mortality and improve maternal health.

Strengthening health systems is now an integral part of the Global Fund's activities, which includes promoting country-level coordination of different funding sources through the International Health Partnership (IHP+) and other relevant coordination mechanisms in the countries that receive Global Fund grants.

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Willingness to learn and change

A willingness and an ability to learn and implement necessary changes permeate all of the Global Fund's activities. Board decisions are followed up and the Board is kept up to date on general developments. Among other things, in its annual reports for 2011 and 2012 the Global Fund reports on how it has followed up on decisions related to the High-Level Independent Review Panel's report on the Global Fund's fiduciary controls and oversight mechanisms and subsequent reorganisation plans.

As a result of this report, the Global Fund has undergone a total restructuring process in the past two years. A new organisational structure, governance structure, strategy and funding model are now in place.

Norway has encouraged the Global Fund to concentrate the bulk of its activities on a smaller number of countries, with even greater focus on the poorest countries. In Norway's opinion, strategic funding of interventions in middle-income countries is important, but in these countries the Global Fund should, to a greater degree, work through cooperation partners, such as UNAIDS. Norway is following up on this view with a proposal to review the Global Fund's partnership strategy and work plan.

On 9–10 April 2013 in Brussels, the Global Fund presented convincing evidence for replenishment of funding for the period 2014–2016. Thanks to new knowledge regarding interventions, product development and cost reductions, more can be achieved with investments today than a few years ago. Scenarios were presented to show that increasing investments will save lives now and contribute to major savings in the longer term. The Global Fund presented a well-founded needs assessment. Contributions from the Global Fund are seen in a larger perspective, where financing from the countries themselves plays a major role.

The Global Fund is well prepared to implement its strategy for 2012–2016. The Secretariat has been reorganised and is now concentrated on core functions and efficient money management. Under the new funding model, support will be provided on the recipient countries' terms and in accordance with national plans and procedures.

For more information, contact the Section for Budget and Administration by e-mail at: sbf-fn@mfa.no. This document can be found on our website: <http://www.regjeringen.no/en/dep/ud/selected-topics/un>.