

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

### What It's Achieved

Founded in 2001 as a “war chest” to fight HIV/AIDS, tuberculosis (TB), and malaria, the Global Fund has enabled countries to make extraordinary progress in the fight against these diseases.

**HIV/AIDS:** Currently 4.2 million people are receiving anti-retroviral therapy to treat HIV with Global Fund support. In sub-Saharan Africa, an estimated 56 percent of people eligible for treatment receive it, an increase from less than 5 percent in the year 2000.

**Tuberculosis:** The Global Fund has helped detect and treat 9.7 million cases of TB, an increase from 2.9 million just five years ago.

**Malaria:** The Global Fund has financed the distribution of 310 million insecticide-treated bed nets to protect families from malaria. In sub-Saharan Africa, 53 percent of households at risk of malaria have at least one bed net, an increase from just 3 percent a decade ago.

### How It Works

**Country Ownership:** The Global Fund uses a model where wealthy countries and private companies and individuals make donations, and poor countries apply for grants to directly benefit people living with and affected by HIV/AIDS, TB, and malaria. Each proposal is developed by the communities and countries themselves to meet their needs, and then evaluated by an independent review panel of experts.

**Transparency and Accountability:** Ongoing funding is awarded based on performance and results. Every grant is audited, and an independent Inspector General (IG) helps safeguard investments. Project documents, including grant evaluations, are publicly available on the Global Fund’s website ([www.theglobalfund.org](http://www.theglobalfund.org)).

**Value for Money:** Every dollar contributed to the Global Fund by the U.S. goes directly to support programs in countries. Historically, every \$1 the U.S. contributes to the Global Fund has been matched with \$2 from other donors. The Global Fund has also updated its funding allocation to ensure support is focused on the world's poorest countries with the highest burden of disease. The Global Fund currently channels 82 percent of international funding for TB, 50 percent of malaria funding, and 21 percent of international funding to fight HIV/AIDS.

### Global Fund Replenishment and the Defeat of AIDS, TB, and Malaria

In the fall of 2013, the Global Fund will hold its fourth replenishment, an international conference where donors will come together to pledge future funding. The Global Fund has set a fundraising target of \$15 billion for this replenishment. This funding would support an ambitious new strategy by the Global Fund to save an additional 10 million lives.

Each of these three diseases is at a critical turning point. The next phase of the Global Fund will build on the progress that’s already been made, and set the stage for the defeat of AIDS, TB, and malaria. If we do not seize the opportunity to invest now, the long term costs – both financial, and lives lost – will continue to grow.

### U.S. Support for the Global Fund

The U.S. is the largest single donor to the Global Fund and has been instrumental in its success over the past decade. In 2010, the U.S. made a three-year (FY2011-2013), \$4 billion pledge to the Global Fund. The Obama Administration and Congress have worked together to fulfill this pledge over the last three years. The fulfillment of this has been critical to the Global Fund's ability to continue to accelerate progress in fighting AIDS, TB, and malaria.

**FY2014 Global Fund Appropriations:** In the FY2014 budget proposal to Congress, President Obama requested \$1.65 billion for the Global Fund. This represents level funding, and would set the tone for other donors to contribute their share.

Fiscal Year	FY10	FY11	FY12	FY13 CR	FY14 President's Request	FY14 RESULTS' Request	RESULTS' FY14-16 Pledge Request
<b>Global Fund</b>	\$1.05 billion	\$1.3 billion	\$1.3 billion	\$1.65 billion	\$1.65 billion	\$1.65 billion	\$5 billion

**Global Fund Replenishment Pledge:** At the international replenishment meeting later this year, RESULTS is urging the Obama Administration to make a three-year (FY2014-2016) pledge of \$5 billion to the Global Fund. The three-year pledge, \$4 billion pledge made in 2010 was critical to the Global Fund's success, and the President should build on that success by making another pledge for the remainder of his second term.

As the largest single donor to the Global Fund, U.S. leadership is essential for the Global Fund to reach its \$15 billion replenishment goal. Because every \$1 the U.S. gives to the Global Fund has historically been matched by \$2 from other donor nations, a \$5 billion pledge could lead the way to a global replenishment of \$15 billion.

**The Global Fund at Work: Luwiza's Story**

*Luwiza Makukula is an Administration Officer at Community Initiative for TB, HIV/AIDS and Malaria (CITAM+) in Zambia.*



I lost my spouse of 13 years in 2001. Immediately after his death, I started getting sick. I suffered from TB and was diagnosed HIV positive in 2002. At that time I had no knowledge about TB and HIV.

In March 2002, I was hospitalized and put in an isolation ward. That was one of the most difficult moments in my life, mostly because of the stigmatization attached to TB. As if I had not had enough, I lost my memory, I could not walk, I had no feeling in my feet, and I became so weak that I could only operate from a wheelchair. I was put on TB treatment and after three months I started my HIV treatment.

At the time I started my HIV treatment I had to buy my own antiretroviral drugs (ARVs), which was a strain on my family who supported me financially. Some of my friends and family in Zambia were less fortunate, and could not afford to purchase the treatment, even though they were sick enough to be eligible. Fortunately, after four months of purchasing the treatment, the Zambian government, through the Global Fund, introduced free drugs.

The most touching part of my life around 2002 was that a lot of lives were lost to TB/HIV due to the unavailability of free treatment. It was also difficult for me to adhere to my treatment regimen as I was taking more than ten tablets at once every day – besides the ARVs – due to multiple opportunistic infections, including TB.

I nearly went into depression, but I had the WILL to live for the sake of my two beautiful daughters. I thought to myself that if I give up nobody would take care of my children. It gave me strength to imagine my daughters growing up as mothers, and that one day I could be a happy grandmother. This has since come to pass as I am now a happy grandma of two grandchildren.

**We must continue funding for essential drugs and support services from the Global Fund so that we can speak for the voiceless and serve millions of people – especially those on life-saving treatment.**