



## SWITZERLAND AND THE GLOBAL FUND TO FIGHT AIDS, TUBERCULOSIS AND MALARIA

### FACTS AND FIGURES

#### Mandate

The mandate of the Global Fund to Fight AIDS, Tuberculosis and Malaria is to attract and disburse additional resources to accelerate the end of AIDS, tuberculosis and malaria as epidemics. When providing grants to local development programmes the Global Fund works in close collaboration with governments, non-governmental organisations (NGOs), the private sector, development agencies and the communities affected by these diseases.

#### Type of organisation

Private foundation (under Swiss law)

#### Institution

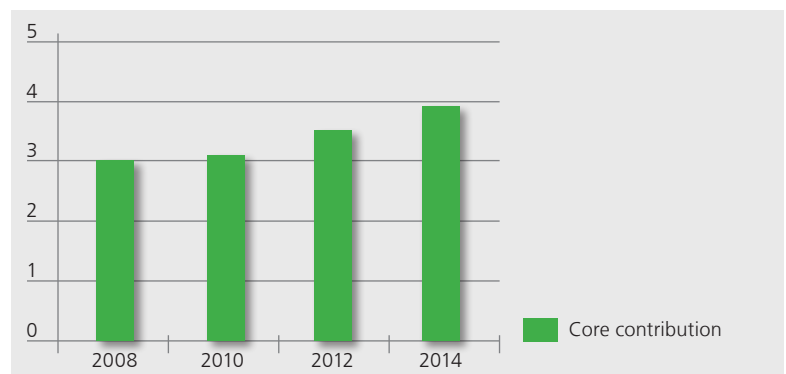
- **Head of organisation:** Executive Director Mark Dybul (USA)
- **Headquarters:** Geneva
- **Number of country offices:** None
- **Number of staff (March 2015):** 686
- **Established in:** 2002
- **Board:** The board is the highest decision-making body. It consists of 20 constituencies evenly divided into two groups: implementers and donors. As of mid-2015 Switzerland is alternating with Australia within the Canada-Switzerland-Australia Constituency and Canada is a permanent board member. As of 2015, Medicus Mundi Switzerland (MMS) is representing Swiss civil society within the Swiss Delegation to the Global Fund. The work of the Board is carried out by its three committees: the Strategy, Investment and Impact Committee, the Finance and Operational Performance Committee and the Audit and Ethics Committee. Switzerland is a member of the latter for the 2014–2015 period.

#### Switzerland

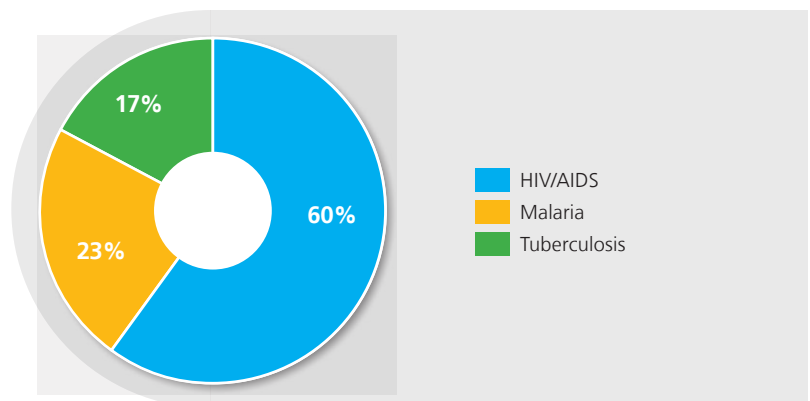
- **Annual financial contribution:**
  - Core contribution: CHF 20 million
- **Number of Swiss staff (March 2015):** 52

**Website:** [www.theglobalfund.org](http://www.theglobalfund.org)

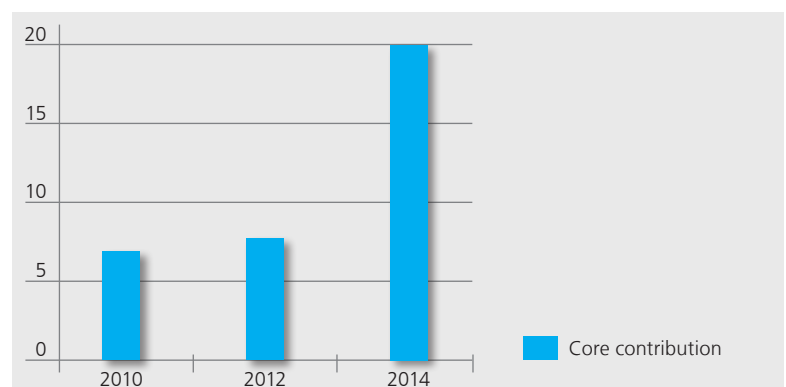
Contributions received by the Global Fund (in USD billion)



Global Fund expenditure by focus area (2014)



Switzerland's contributions (in CHF million)



### Mandate

The Global Fund is an independent, non-profit Swiss foundation established in Geneva, Switzerland, in 2002. Its purpose is to attract and disburse additional resources to more successfully prevent and treat AIDS, tuberculosis and malaria. Being mainly a financial institution and not an implementing entity, it has no physical presence in the implementing countries and works instead through collaboration with country-based partners.

The Global Fund thus provides grants to local development programmes while working together with governments, non-governmental organisations (NGOs), the private sector, development agencies and the communities affected by these diseases.

To ensure high levels of accountability, efficiency and effectiveness in the programmes receiving funding, the Global Fund uses a performance-based funding model. This means that partners are supported according to the results they achieve, which are linked to an effective monitoring and evaluation system.

### Medium-term objectives

For 2012–2016, the Global Fund aims to contribute to international goals by saving 10 million lives and preventing 140–180 million new HIV/AIDS, tuberculosis and malaria infections. These goals are complemented by disease-specific targets aligned with the global goals and strategies set by UNAIDS, the World Health Organization and the Stop TB and Roll Back Malaria partnerships. To achieve this, the Global Fund continues to “invest for impact”, based on the following five strategic objectives:

- Invest more strategically in areas with high potential for impact and strong value for money, and allocate funds according to countries’ strategies.
- Enhance the funding model to provide funds in a more proactive, flexible, predictable and effective way.
- Actively foster successful grant implementation through more active grant management and better involvement with partners.
- Promote and protect human rights in the context of the three diseases.
- Maintain gains and mobilise resources by increasing the sustainability of supported programmes and by attracting additional funding from current and new sources

A critical element of the Global Fund Strategy 2012–2016 is the implementation of the new funding model. It has been designed to help the Global Fund invest its resources more strategically, draw on partnerships to increase the quality of the programmes it supports and incorporate lessons learned from the previous, round-based, system of funding. The new funding model has radically changed and improved the way the Global Fund engages with partners and

implementers, compared to the previous round-based system.

The Global Fund is engaging more intensely with national counterparts and development partners at country level, with national health strategies forming the basis for the design of Global Fund programmes. It is thereby assuming its role as one of many health actors within the national health sector and is wherever possible becoming more involved in existing coordination mechanisms instead of creating new, parallel ones (e.g. the Global Fund’s Country Coordination Mechanism).

Dialogues with recipient countries aim to include all relevant stakeholders and will be held more systematically, at regular intervals. The Global Fund Secretariat is working to improve its support to applicants throughout the application process and to be more adaptable to national programme cycles. Applicants benefit from more flexible timing and disbursements adjusted to be more sensitive to the resources of the implementing partners.

### Results

The Global Fund rose to be the main multilateral funder in global health soon after its foundation. It channels two-thirds of international financing provided to fight tuberculosis and malaria and a fifth of international financing against AIDS.

The Global Fund raises and invests nearly USD 4 billion a year to support programmes run by local partners (NGOs, government institutions, UN organisations and the private sector) in more than 140 countries. Programmes supported by the Global Fund have made an increasingly significant contribution, as the following examples show:

#### Fighting AIDS

By the end of 2014, 8.1 million people were on antiretroviral therapy provided by programmes that the Global Fund supports. This is a significant increase from the 6.4 million undergoing treatment in the previous year. This achievement is mostly down to broader access to antiretroviral medication in sub-Saharan Africa.

Regarding prevention, by 2014, Global Fund financed programmes had treated 2.7 million HIV-positive pregnant women to prevent HIV-transmission to infants, funded 423 million HIV testing and counselling sessions and 5.1 billion condoms, and provided more than 7.5 million basic care and support services for children orphaned by AIDS.

#### Fighting tuberculosis

In 2014, programmes supported by the Global Fund detected and treated 13 million new cases of tuberculosis, 11% more than the previous year.

By 2014, Global Fund supported programmes had treated 210,000 people for multidrug-resistant tuberculosis, representing an increase of nearly 55% in the space of a year.



Medical examination, vaccines, medication are crucial for treatment and prevention of diseases. © Benjamin Moldenhaus, SMG

### Fighting malaria

Regarding prevention, between 2002 and the end of 2014, Global Fund supported programmes had distributed 548 million insecticide-treated nets. Indoor residual spraying – in which the insides of buildings are coated with insecticides to help prevent malaria – was carried out 58 million times by programmes supported by the Global Fund.

Regarding malaria treatment, the Global Fund had financed therapy for 515 million cases by end of 2014.

### Health System Strengthening (HSS)

It is widely recognised that accessible and resilient health systems are the fundamental basis for the success of all health programmes, including those to tackle HIV, TB and malaria. Within its current strategy, the Global Fund is also supporting the improvement of national health systems, with a third of its investments. This activity has not been among its priorities and has rather been a weak point in the past. Board members and partners of the Global Fund continue to stress the need for accelerated efforts and broader investments.

### Fighting fraud and corruption

The Office of the Inspector General is the independent body of the Global Fund which carries out regular country audits and investigations when required. Thanks to the Global Fund's policy of transparency to the general public and its zero-tolerance approach to fraud and corruption, the Global Fund is globally recognised as one of the most transparent organisations regarding spending of donor funds and legal action in the event of fraud or corruption.

The new risk management unit installed in 2012 focuses on further reducing financial and operational risks and is an important outcome of the 2012 institutional reforms.

### Case example

#### Tanzania

Having received over USD 1.5 billion in the course of 2014, Tanzania is the fourth largest beneficiary of grants from the Global Fund. In 2014, 5% of the population of this East African country was still living with AIDS, or 1.4 million people. Fighting HIV/AIDS is therefore a priority for Tanzania. This fight has been supported by the Global Fund since 2004.

With investments of USD 908 million the Global Fund worked during the last 15 years towards universal access to HIV treatment. By the end of 2015, 650 000 people will have had access to HIV and antiretroviral therapy. At the country level SDC was involved through its cooperation office and at head office level in the development of the grant by taking part in the Global Fund Grant Approval Committee. As part of the new funding model, a new grant of USD 307 million is currently under discussion to sustain what has been achieved to date.

In addition, the Global Fund is supporting Tanzania in strengthening its health systems and in controlling malaria and tuberculosis. For the fight against TB, USD 35 million have been disbursed so far. The rates of tuberculosis detection and treatment have increased dramatically in consequence, and the tuberculosis-related mortality rate is falling.

## SWITZERLAND

The fight against communicable diseases is among the core priorities of Swiss development cooperation in the health sector. It is linked to the objective of reducing inequity and strengthening health systems by making their services more responsive to the needs of the poor.

In fighting HIV and malaria, Switzerland operates both at the country and at the international level. It fosters exchanges and synergies between the two levels to make its actions and those of its partners more coherent. Working with the Global Fund is highly advantageous for Switzerland's objectives for health cooperation.

### Switzerland's medium-term objectives

Switzerland pursues the following goals related to the Global Fund as part of its international cooperation on health:

- Reduce the burden of HIV/AIDS and malaria through effective targeting, investment and partnership coordination.
- Align support with national strategies and priorities.
- Strengthen the Global Fund's contribution to improving aid effectiveness both at local and global levels.





Insecticide-treated nets help protect people from malaria.  
© Sarah Hoibak, SMG

- Support monitoring mechanisms and engage with countries to better reflect the needs of countries and realities at the global level (multi-/bilateral approach).
- Advocate inclusion of HSS approaches in grant allocation and encourage countries to specifically allocate additional domestic funding (counterpart financing) to HSS interventions.

### Results of Swiss cooperation with the Global Fund

Through active contribution in different committees, and within its constituency with Canada (and since March 2015 with Australia), Switzerland has been able to influence discussions and decisions in the Global Fund Board:

- Although its share of the funding is comparatively small, Switzerland's credibility and strong participation gives it an impact beyond the role of alternate board member of the Global Fund constituency; Switzerland was also selected to be a member of the Audit and Ethics Committee for 2014-2015.
- On the Audit and Ethics Committee, Switzerland has been strongly involved in the development of the Global Fund's current risk management policy and ethics framework.
- Switzerland has further contributed to the setting of key performance indicators concerning the Secretariat and expected outcomes for the period 2014-2016.
- Within its constituency, Switzerland has taken an active part in discussions on the terms of operations in fragile contexts, focusing on the various degrees of risk accepted or tolerated in humanitarian and development approaches.
- Switzerland helped to further develop the Global Fund's partnership framework between the Global Fund and its main partners (WHO, UNAIDS etc.) regarding financial contributions.
- Switzerland was one of those that led the way in putting forward countries' perspectives on opera-

tional and strategic aspects of the Global Fund to strengthen national strategies through coherent policy dialog.

- Moreover, Switzerland has broached the question of a country coordination mechanism on various occasions. These efforts led to a specific joint initiative between the SDC, the Global Fund and the German Development Agency (GIZ) which aims to update the current approach by 2016.

## THE GLOBAL FUND'S CHALLENGES

Despite the Global Fund's impressive results, many challenges remain both at international and country level. The reform in 2011–2012 led to important organisational changes, in particular in the management of finances. The new funding model has resulted in some major improvement in the alignment of the grants with country priorities and partnerships. In the run up to the new strategy for the 2017 – 2021 period there remain a number of challenges:

- moving from a humanitarian intervention-based culture and programmes to approaches tailored to the development continuum by better linking the GFATM with the UN Sustainable Development Goals (SDGs) and by strengthening strategic partnerships in the context of global health governance (e.g. UNAIDS, the WHO);
- changing beneficiary strategies to focus on high burden groups instead of mainly targeting low income countries (pro-poor approach);
- developing from a purely financial organisation ("fund") into a fully-fledged development partner by adhering to the principles agreed in Paris, Accra and Busan and playing a stronger role in development policy by aligning itself more closely with global processes (e.g. Financing for development, the SDGs) and helping shape the global health architecture;
- exploring the possibility to extend the mandate of the Global Fund to become a more general fund for health;
- fostering innovation and striking an appropriate balance between country-level investment and strategic investment in global, regional and national public goods.

Operational challenges lie in implementing the current funding model (getting the private sector more involved in funding remains a vital objective) and in fully implementing the newly developed combined assurance model, the risk management policy and the ethics initiative.

Switzerland is closely monitoring the discussions and decisions regarding the Fund's strategies and the way it operates.

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