



Investing in our future

**The Global Fund**

To Fight AIDS, Tuberculosis and Malaria



# 2017

THE GLOBAL FUND ANNUAL REPORT

In the six years since the Global Fund to Fight AIDS, Tuberculosis and Malaria was established, the organization has become the largest multilateral funder of the three diseases. The results flowing in from countries are inspiring. By the end of 2007, Global Fund-supported programs had provided AIDS treatment to 1.4 million people and tuberculosis (TB) treatment to 3.3 million people. Malaria treatment had reached 44 million people and 2.1 million orphans had been provided with basic care and support. Global Fund financing is enabling countries to strengthen health systems by, for example, making improvements to infrastructure and providing training to those who deliver services. The Global Fund remains committed to working in partnership to scale up the fight against the diseases and to realize its vision – a world free of the burden of AIDS, TB and malaria.

# 2007

2006  
2005  
2004  
2003  
2002

# Message from the Chair and Vice-Chair

The Global Fund to Fight AIDS, Tuberculosis and Malaria was created six years ago to invest large amounts of money into programs aimed at delivering prevention, treatment and care services to people affected by three of the world's deadliest diseases, which together kill six million people every year and put a brake on economic and social development in large parts of the world.

We are beginning to see evidence that these investments are leading to exciting results in the field. In 2007, the number of people on AIDS treatment increased by 88 percent, while the number of people receiving anti-TB drugs rose by 65 percent. More people are also accessing bed nets and malaria treatment than ever before. Evidence is showing that malaria-related sickness and death are falling in a number of key countries. These results are due to the hard work of the countries implementing programs supported by the Global Fund and other donors, and the invaluable help of our technical partners.

The year was also one of significant growth for the Global Fund as an organization and we anticipate this expansion to continue at an unprecedented rate in the coming years as we scale up the fight against the three diseases. In April 2007, the Board of the Global Fund decided to increase its size target to US\$ 6 billion to US\$ 8 billion per year by 2010. We

Rajat Gupta  
Chair of the Board  
Senior Partner Worldwide  
McKinsey and Company

believe this size is necessary to meet anticipated demand from countries as they strive to reach the Millennium Development Goals (MDGs) for health.

The Global Fund could not function without the strong bond of cooperation and partnership that has formed among donors, implementers, civil society and people living with the diseases. We appreciate the enormous commitment expressed by donors during the Global Fund's Second Replenishment Conference in Berlin, which raised US\$ 10 billion in pledges for 2008 to 2010, allowing the Global Fund to triple in size.

We are very pleased to welcome Dr Michel Kazatchkine as the Global Fund's new Executive Director. As a well-known leader in global health, we are confident that under his guidance the Global Fund will continue to thrive during this exciting period of growth. We would also like to welcome Mr John Parsons, formerly of UNESCO, who joined the Global Fund in January 2008 as Inspector General.

With major new resources at our disposal, we remain steadfast in our commitment to work together in partnership to accelerate our response in the fight against AIDS, TB and malaria and to continue to make a difference in the lives of millions of patients, health workers and caregivers around the world.

Elizabeth Mataka  
Vice-Chair of the Board  
Executive Director  
Zambia National AIDS Network

# Executive Director

The Global Fund was founded with an inspirational mission: to finally tackle head-on three pandemics that condemn millions around the world to illness, discrimination, poverty and preventable death. In our first six years, we have proven that our strategic focus on partnership, performance-based funding and country ownership is a model that generates results.

The Global Fund partnership is translating the aspiration of universal access to prevention, treatment and care into reality around the world, with coverage of the major interventions increasing rapidly in the last year. By the end of 2007, programs we support delivered AIDS treatment to 1.4 million people – an 88 percent increase over 2006 results – and supplied anti-TB drugs to more than 3.3 million people worldwide. The Global Fund also financed the distribution of 46 million insecticide-treated bed nets (ITNs) for the prevention of malaria – a 155 percent increase over the number distributed by the end of 2006.

Our success so far gives us reason to be confident that we will be able to demonstrate substantial impact in the fight against AIDS, TB and malaria in 2008 and beyond. Donors have renewed their commitment to the fight against the diseases by pledging US\$ 10 billion in the Global Fund's second replenishment, ensuring that current programs will continue to be financed over the next three years and that funding will be available for new programs.

We continue to explore innovative financing opportunities that will provide the Global Fund with the sustainable sources of funding needed for future growth. We launched our debt conversion initiative Debt2Health in September with the signing of an agreement between Germany and Indonesia for the conversion of €50 million (US\$ 72.6 million). Contributions from (PRODUCT) RED™, the marketing initiative that raises money for the Global Fund from sales of popular consumer products, reached the US\$ 50 million mark in 2007, representing a

significant increase in resources generated from the private sector.

In November, the Board of the Global Fund approved more than US\$ 1 billion in new grants, making the seventh funding round our largest ever. With a portfolio worth US\$ 10.1 billion in grants to more than 550 programs in 136 countries, the Global Fund remains the leading multilateral funder in the fight against the three diseases. The year also saw a marked increase in disbursements at a faster rate than ever before – further evidence that programs we support are achieving their targets.

Much work was dedicated in 2007 to building partnerships and strengthening the Secretariat. The restructuring of the Secretariat undertaken over the course of the year promises to improve efficiencies and to create an organization that is ready for the rapid growth we anticipate in the coming years.

I am very pleased to welcome Mr Rajat Gupta and Ms Elizabeth Mataka to their new roles as Chair and Vice-Chair of the Global Fund Board. I have already benefited from their guidance and expertise and look forward to working with them closely for the remainder of their term.

Finally, I would like to thank our Board and our partners at the both the global and country levels for their confidence and support during my first year as Executive Director. I also extend my sincere gratitude to each staff member of the Secretariat for his or her commitment to achieving the goals of the Global Fund. We share an ethical conviction that the inequity between rich and poor countries in access to health care is unacceptable and that good health is a human right.

I look forward to continuing to work with partners, the Board and staff in the year ahead. Together, we are bringing the world hope.

Dr Michel D. Kazatchkine  
Executive Director

# Investing the world's money

## in programs that save lives

In 2007, the Global Fund reached a significant milestone when the Board approved its largest funding round to date. The 76 new grants<sup>1</sup> approved in Round 7 bring the total value of the Global Fund's portfolio to US\$ 10.1 billion, with more than 550 grants funded in 136 countries. Proposals focusing on AIDS and malaria accounted for 48 percent and 41 percent of newly-approved funding, respectively, while proposals for tuberculosis accounted for 11 percent of resources<sup>2</sup>.

Capacity challenges related to proposal development have hindered the success rate of malaria proposals compared to those for HIV and TB in each of the six funding rounds completed before 2007. However, in

Round 7, the scope and quality of malaria proposals was especially strong, with the Technical Review Panel (TRP) approval rate doubling from 30 percent in Round 6 to 60 percent in Round 7.

In addition, nearly 20 percent of the total approved funding in Round 7 will be used for large-scale strengthening of in-country health systems through upgrading infrastructure, strengthening essential procurement and supply management systems, reinforcing human resources and buying new equipment.

These new grants reinforce the Global Fund's position as the leading multilateral funder in AIDS, TB

and malaria. The Global Fund provides more than 20 percent of international funding to fight AIDS, as well as two-thirds of international funding to fight TB and malaria.

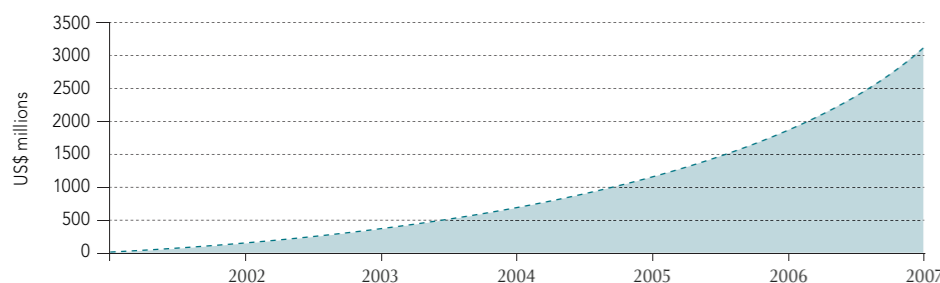
By the end of 2007, programs supported by the Global Fund delivered AIDS treatment to 1.4 million people and TB treatment to 3.3 million people worldwide. Global Fund money was also used to distribute 46 million ITNs to date to protect families against malaria.

These results are showing impact. The Global Fund estimates that over the past six years, more than two million lives have been saved through the pro-

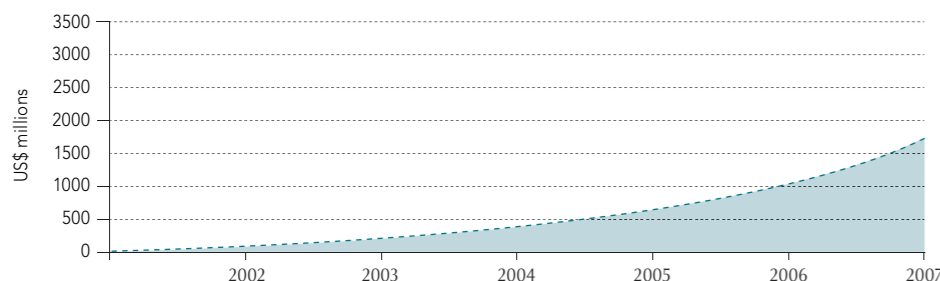
grams it supports, with an estimated 100,000 additional lives saved every month.

Further evidence of impact is expected when the final report from the Five-Year Evaluation of the Global Fund – a major effort to review the functioning and performance of the organization as an institution and a partnership – is released at the end of 2008. The Five-Year Evaluation is separated into three study areas. The first two areas of study focus on the organizational efficiency and effectiveness of the Global Fund and the effectiveness of the partnership. The third study area focuses specifically on the overall reduction of the burden of AIDS, TB and malaria and what the Global Fund's contribution has been.

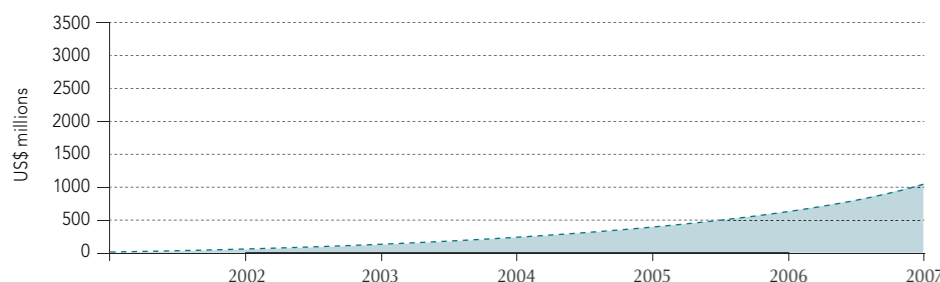
HIV/AIDS



TUBERCULOSIS



MALARIA



GROWTH IN AVAILABLE FUNDING FOR THE DISEASES 2002-2007



**In Nepal, women are leading the way** in the fight against malaria. The country has approximately 48,000 female community health volunteers who provide primary health care services for women and children in rural communities. Global Fund support is providing them with specialized training to understand how to prevent and treat malaria, including information about the use of bed nets and the importance of malaria prevention for pregnant women and children under five. "The most important role of a [female community health volunteer] is to drive away darkness with the light of knowledge," said Khalu Devi Baraila, a 40-year-old volunteer in Doti.

<sup>1</sup>This total includes grants for three applicants that successfully appealed the original decision. The grants were added to the total in the first quarter of 2008.

<sup>2</sup>This relative proportion of funding arises due to comparatively lower costs of anti-TB medicines compared to AIDS and anti-malarial treatments.

# Managing performance-based funding to generate results



**In Uganda,** more than one million children have been orphaned because of the HIV/AIDS epidemic. Jajja's Home (Grandmother's Home) is one of several programs receiving Global Fund support that gives orphans and vulnerable children in Uganda the care and support they need. Jajja's Home staff provide a full range of care services for children and their families, including psychological care and palliative care. They also provide practical services, such as daily rides to and from school and monthly home visits to make sure children continue their education and are properly cared for, clothed and housed. The bond formed in these home visits has made Jajja's Home a familiar name in the community. When the Land Rovers arrive, children come running from their houses screaming, "Jajja's here! Jajja's here!"

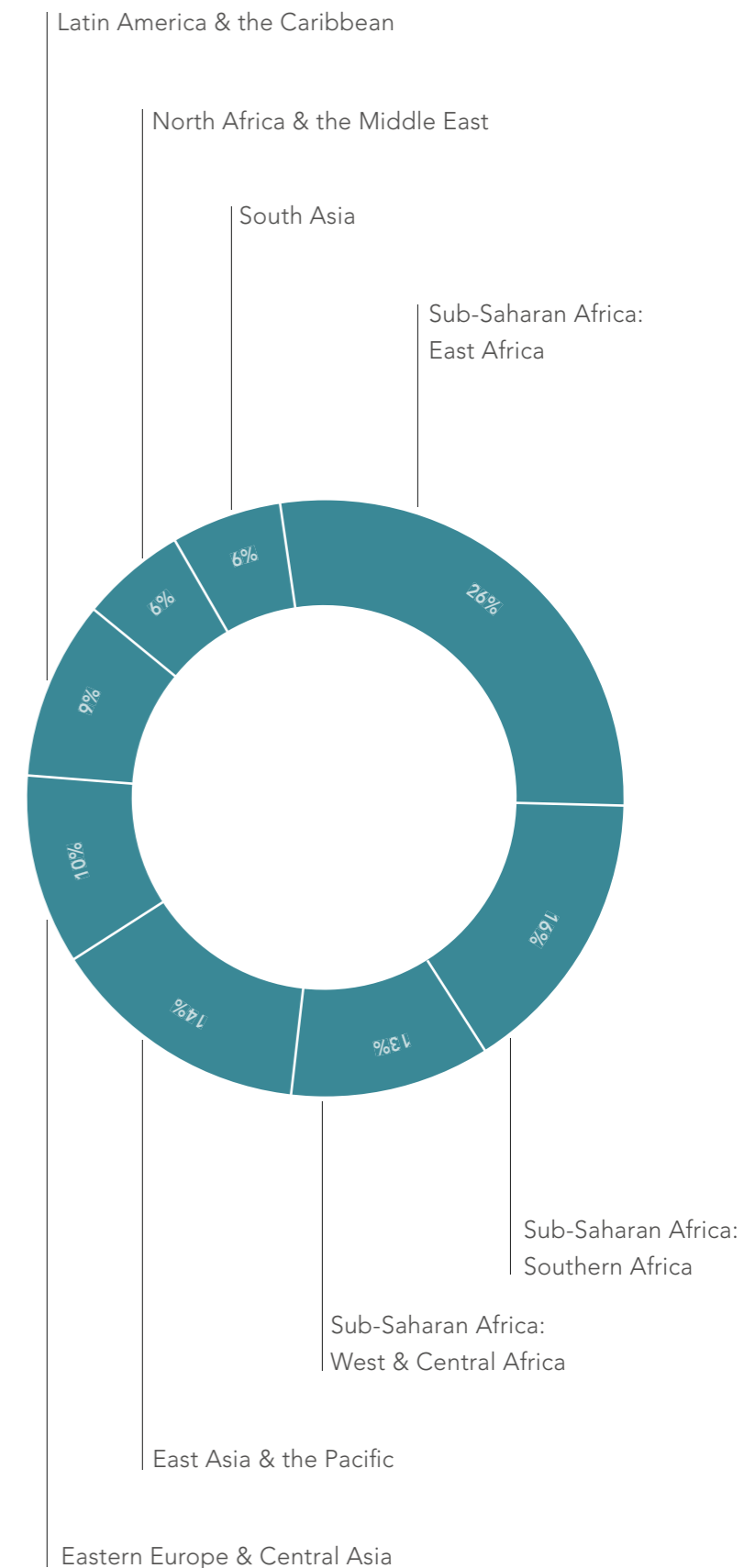
The Global Fund awards and administers grants based on strict standards that require programs to reach specific targets throughout the life of the grant. Funding is tied to performance, with money flowing to grants that perform well. In 2007, performance was high, with money being disbursed to grant recipients faster than ever before. By the end of the year the Global Fund had disbursed US\$ 1.7 billion – 102 percent of its target for the year – bringing total disbursements to US\$ 5 billion.

After the first 18 months, well-performing grants become eligible for renewal for up to a further three years. This renewal period is known as Phase 2 in the grant lifecycle. The high rate of Phase 2 approvals further indicate that the majority of programs receiving Global Fund support nearly meet or exceed their targets. The Phase 2 process consists of an extensive review of grant performance after the first 18 months. Grants analyzed so far from the Global Fund's first four funding rounds show that 96 percent of Phase 2 decisions favored continuation of the grant, either with or without conditions. For each round, the largest number of decisions favored conditional renewals so that risks can be managed, while the "No Go" decisions remain a small proportion overall. In total, the Global Fund had approved 282 grants for Phase 2 renewals by the end of 2007.

The Global Fund's grant management system also includes support for Principle Recipients (PRs) with information and guidance on the procurement of health products. The Global Fund's Price Reporting Mechanism (PRM), which provides valuable information that assists PRs in negotiating procurement of health products with manufacturers, is one of the tools developed for this purpose. In 2007, some progress was made toward strengthening the PRM. The Global Fund now links disbursements of funds for grants that include the procurement of health products to reporting in the PRM.

Analysis of the data shows that the level of compliance has improved considerably. By the end of 2007, the database contained information for a procurement value of US\$ 782.3 million for 108 countries and 239 grants. This represents an increase of 105 percent in value compared to 2006. Data are shared with the World Health Organization (WHO) and discussions are ongoing with more than 15 key partners, including UNITAID – the international drug purchase facility financed largely by air ticket levies in several countries – on how to harmonize information and use such tools to achieve improved market outcomes.

Efforts are underway to further strengthen the PRM. Improvements are being made to ensure more rapid generation of reports and to improve the quality of data and reporting compliance.



**BREAKDOWN OF CUMULATIVE DISBURSEMENTS BY REGION THROUGH 31 DECEMBER 2007**

# Adopting a strategy to ensure sustainable funding for countries in need



**In Jordan,** TB is concentrated in vulnerable and poor populations such as immigrants, mobile workers and refugees. With Global Fund support, the Anoor Sanatorium in Mafrak is able to offer free TB treatment to anyone coming through its doors. Until recently the Sanatorium was the only facility treating multidrug-resistant (MDR-TB) in the region. Doctors say patients still travel great distances seeking the intensive and specialized care offered at the sanatorium that is often not available in their home country. Global Fund money not only pays for anti-TB drugs but is also used to fund the purchase of new equipment and train staff.

In 2007, the Global Fund began implementing a new strategy with a focus on accelerating the organization's effort to save lives by *growing* to meet demand, *adapting* to country realities and *innovating* for greater impact. New procedures, such as grant consolidation and a new funding mechanism for the continuation of financing for well-performing grants beyond their five-year lifespan, were either tested or introduced in 2007.

## GRANT CONSOLIDATION

The Global Fund currently signs a separate grant agreement each time a Country Coordinating Mechanism (CCM) successfully applies for funding, regardless of whether the Global Fund is already providing grants for the same disease in that country. Administering multiple grants for the same disease in the same country adds unnecessary transaction costs and workload for both recipients and the Global Fund.

Following a Board decision in April 2007, the Secretariat conducted a pilot project for consolidating grants to reduce transaction costs, improve alignment and harmonization and facilitate grant management in a diverse set of grants in Africa, Latin America and Asia and the Pacific. Based on the lessons learned, the Secretariat is now working with countries on a voluntary basis to consolidate existing and new grants.

## CONTINUATION OF STRONGLY PERFORMING GRANTS

The challenge for continuing funding in a predictable and coherent manner has become more apparent as the first Global Fund grants approach their (typically) five-year completion dates. To address this challenge and to give an increased incentive to those that are performing well, the Global Fund began accepting applications under the Rolling Continuation Channel (RCC), which allows for continued funding for

strongly-performing grants for up to an additional six years through a streamlined process.

Out of ten applications, five grant renewals were approved in the RCC's first wave with an upper ceiling of US\$ 130 million for the first three years. This represents a success rate of 50 percent of those proposals qualifying for this new channel of funding. To improve the success rate for the RCC, a number of policy changes have been made. It is hoped that these new procedures will enable more proposals to be supported.

## HEALTH SYSTEMS STRENGTHENING AND GENDER

In 2007, the Board also adopted other strategic policies that give countries the opportunity to apply for funding specifically aimed at strengthening health systems and at responding more directly to gender inequities that impact access to health services.

Weak health systems are a major bottleneck in the effort to fight the three diseases in resource-poor countries. Starting in the eighth funding round, the Global Fund is encouraging grant applicants, wherever possible, to integrate requests for funding for interventions that strengthen health systems within the relevant disease component(s) of their proposal.

The Board also recognized the importance of addressing gender issues more substantially into the Global Fund's policies and operations. In November 2007, the Board requested that the Secretariat work with technical partners and relevant constituencies to develop a gender strategy. The Global Fund has also stressed that, beginning in Round 8, proposals for funding should emphasize how countries plan to reach key affected populations such as women, young girls and children.

# Strengthening partnerships to achieve country success

The Global Fund has advanced the concept of public/private partnership both in its founding principles and in its governance structures at national and global levels. To increase the impact of the Global Fund's investments, initiatives to strengthen civil society and private sector involvement at the country level were included in its new strategy. Starting in the eighth funding round, which was launched in March 2008, the Global Fund is recommending the routine inclusion of both a governmental and a nongovernmental organization (NGO) to act as PRs for each disease component of a proposal. This concept of "dual-track financing" aims to expand service delivery potential and increase access by elevating the role of capable civil society and private sector implementers. The Global Fund is also encouraging applicants to ask, where relevant, for funding to support activities aimed at strengthening the capacity of community-based organizations (CBOs) to be service delivery partners and help build sustainable delivery systems.

On the global level, the Global Fund is also working to improve relationships with bilateral and multilat-

eral development organizations around the world as well as with private sector organizations. The Global Fund is involved in several aid harmonization initiatives from bilateral and multilateral partners, including the International Health Partnership and the Norwegian Campaign for MDGs 4 and 5. The new H8 group of global health agency heads is providing additional opportunities for dialogue on the health systems and aid harmonization agendas.

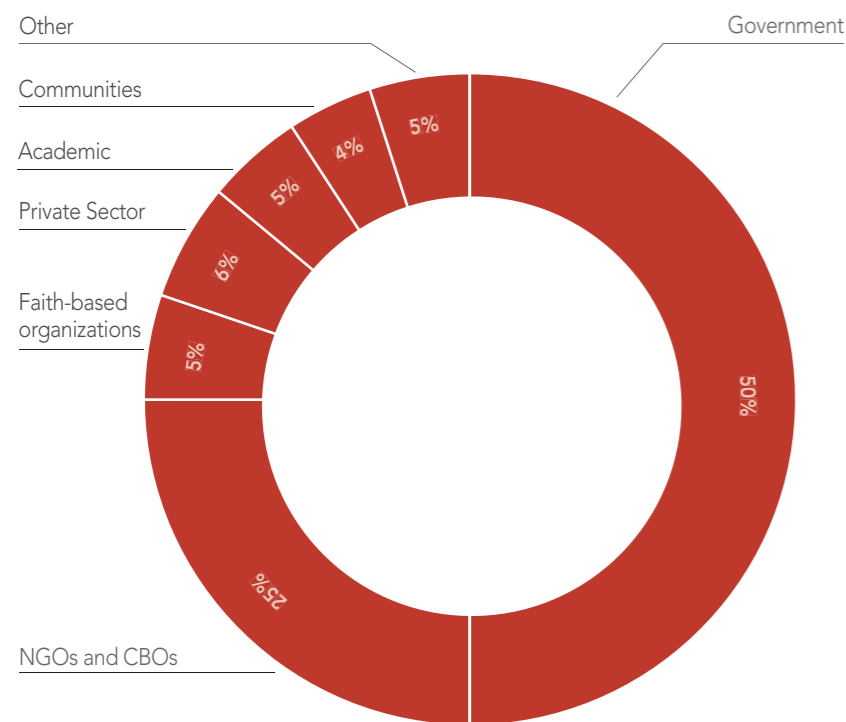
Technical support from partners and funds available for capacity development and implementation also increased in 2007. The U.S. government, for example, made US\$ 31 million available for this purpose.

Other partners, including the Joint United Nations Programme on HIV/AIDS (UNAIDS), WHO, Stop TB, the Roll Back Malaria Partnership (RBM), the United Kingdom's Department of International Development (DFID), the French ESTHER Network, AusAid in Australia and GTZ of Germany, among others, have also participated in such efforts. The further expansion of these partnerships is a high priority for the Global Fund, both to build demand and to improve grant implementation.

The Global Fund has been among the first funders to transparently measure and report on its progress against the indicators included in the Paris Declara-

tion on Aid Effectiveness, an international agreement to continue to increase efforts in harmonization, alignment and managing aid for results with a set of monitorable actions and indicators.

Friends of the Fund organizations remain vital in helping to mobilize both resources and demand. In addition to the existing four Friends organizations in Japan, the United States, Europe and Africa, four new Friends organizations are expected to be launched in 2008 in Australia/Pacific, the Middle East, Latin America and South Asia. The growing Friends network provides new and exciting opportunities for cooperation across the continents.



GLOBAL FUND GRANT PORTFOLIO  
BY TYPE OF IMPLEMENTER



**Civil society is making a difference** in Azerbaijan by working to get the private sector involved in programs aimed at halting the transmission of HIV. Rukhsara, left, a hair stylist and the owner of a small hairdressing salon in the Gakh Region of Azerbaijan, also provides AIDS outreach to her customers for Social Union, Legal Development and Democracy, an Azeri NGO. She speaks with customers about HIV prevention, shows them leaflets about health and sexuality and distributes free condoms.

**AZERBAIJAN**

# Growing to meet a higher level of demand



**Kofi Ampong, President of the Wisdom Association**, explains an income-generating project for AIDS patients to Ghanaian musician Rocky Dawuni, center, and (RED)<sup>™</sup> Europe Chairman Alexis Dormandy, right, during a tour of Global Fund-supported programs in Ghana. Launched two years ago, (RED) was designed to deliver a flow of private sector funding to Global Fund-financed HIV/AIDS programs in Africa. By the end of 2007, (RED)-branded products had contributed more than US\$ 50 million to the Global Fund. (RED) partners are American Express (UK only), Apple, Converse, Emporio Armani, Gap, Hallmark, Motorola, Dell and Windows. (RED) contributions have been invested in programs in Rwanda, Swaziland and Ghana.

Over the past several years, considerable progress has been made in expanding the availability of key treatment and prevention services to people with HIV/AIDS, TB and malaria. However, the scale of the response is still insufficient in many countries and some epidemics are growing faster than services can be provided. It is estimated that an annual investment of US\$ 28 billion to US\$ 31 billion will be needed globally be-

tween 2008 and 2010 to fight the three diseases and to reach the health-related MDGs. In April 2007, the Board of the Global Fund recognized that demand for Global Fund financing could increase to US\$ 6 billion per year in 2010, which would represent a tripling in its size compared to 2006. If the quality of demand is further strengthened and improved, demand could reach US\$ 8 billion per year by 2010.

Donors from the public and private sectors showed their continued trust and confidence in the Global Fund in September 2007 at the Replenishment Conference in Berlin by pledging a total of approximately US\$ 6.3 billion. When additional minimum contributions anticipated by the Secretariat are taken into account, at least US\$ 10 billion will be available to meet the Global Fund's needs in the period 2008 to 2010. This ensures that the Global Fund will have the resources needed for the continuation of current programs that are approved for renewal over the next three years, estimated at a total cost of US\$ 6.5 billion, plus US\$ 3.5 billion to support new and re-applying programs.

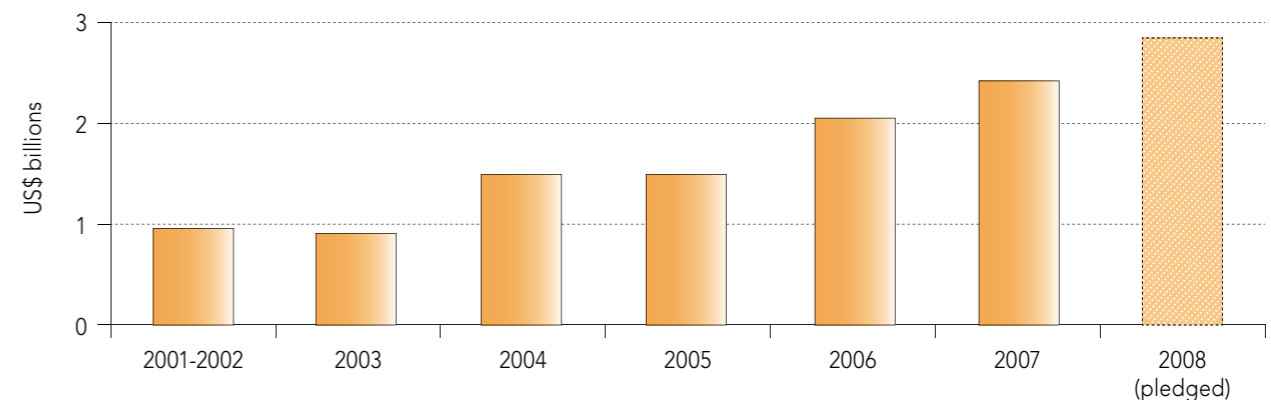
The successful conclusion of the replenishment is by no means the end of fundraising efforts. Additional contributions – particularly from new donors and from existing donors who have not yet pledged to their full potential – will be needed to reach prospective demand for Global Fund financing. In the future, innovative funding mechanisms must increasingly complement traditional Official Development Assistance (ODA) contributions from wealthy nations for the Global Fund to grow to US\$ 6 billion to US\$ 8 billion per year.

The Global Fund's "Debt2Health" initiative was conceived to raise additional funds in a non-traditional way: by converting a portion of old bilateral debt into new domestic resources for health. Under individually negotiated agreements, creditors relinquish a

part of their rights to re-payment of loans on the condition that the beneficiary country invests the freed-up resources into approved Global Fund grants. It is a simple yet effective proposition, where all parties gain. Debt2Health was officially launched in September 2007 when the first agreement between Germany and Indonesia was signed for the conversion of €50 million (US\$ 72.6 million). At that time, the German government also entered into a formal agreement with the Global Fund to make available a total of €200 million (US\$ 290.2 million) for global health financing through Debt2Health through 2010.

Significant progress was also made in other innovative programs to finance global health. The partnership with UNITAID was consolidated. Agreements for three initiatives with UNITAID were signed in 2007 for a value of more than US\$ 144.5 million: US\$ 92 million for tuberculosis and malaria treatments to scale-up high-performing Global Fund grants and US\$ 52.5 million toward medicine procurement for Round 6 grants.

Contributions from the private sector continued to accelerate through several high-profile initiatives. (RED) firmly established itself as a highly-effective and scalable model for mobilizing resources from the private sector (see text box). The Global Fund was also a beneficiary of "Idol Gives Back," a charitable campaign connected with the popular U.S. television show "American Idol". In 2007, the campaign generated US\$ 6 million for the Global Fund.



CONTRIBUTIONS TO THE GLOBAL FUND FOR EACH CALENDAR YEAR AS OF 31 DECEMBER 2007



# Building capacity

to prepare for future growth

In April 2007, Dr Michel Kazatchkine became the Global Fund's second Executive Director. This change in leadership, the first in the organization's history, marks a significant moment for the Global Fund, which has grown from a start-up to an organization of more than 300 staff in six years. Also in April, the Global Fund Board elected Mr Rajat Gupta, Senior Partner Worldwide of McKinsey and Company, as Chair and Ms Elizabeth Mataka, Executive Director of the Zambia National AIDS Network, as Vice-Chair.

Under Dr Kazatchkine's leadership, the organization embarked on a comprehensive organizational and management review. As the Global Fund matures into a large, long-term financial institution, the Secretariat needs a structure that allows for more effective decision-making, better coordination of policy and strategy, greater collaboration across teams, strengthening of partnerships and capacity for future growth. The restructuring of the Secretariat is expected to be completed in mid- to late 2008. The new structure will help to improve efficiency in critical processes such as grant negotiation, grant signing and risk management. It includes five new clusters that will be led by the senior managers reporting directly to the Office of the Executive Director.

The clusters are:

- **Country Programs:** The Operations Unit has been restructured to provide additional management support. The new Regional Units within this cluster will be strengthened to promote the development of partnerships with civil society and the private sector at country level.
- **Strategy, Policy and Performance:** This combines the former Performance Evaluation and Policy Unit with a unit responsible for overall strategy and operational policies, bringing together staff formerly located in different parts of the Secretariat. This cluster

also houses the team responsible for the proposals process and a team of health advisers in the three disease areas. Together, these units and teams will more effectively link strategy and operational policy with the evidence base and performance and with the work of the TRP in reviewing proposals.

- **Partnerships, Communications and Resource Mobilization:** This cluster is oriented toward consolidating and building partnerships across the Secretariat, with constituencies in implementing countries, and with multilaterals, bilaterals, civil society and the private sector at the global level. It will also lead the Secretariat's efforts in resource and demand mobilization at the global level, and will strengthen both internal and external communications.
- **Finance and Pharmaceutical Procurement:** This cluster includes the functions of the Chief Financial Officer, with the addition of the Pharmaceutical Procurement Unit, which provides information and guidance to PRs on the procurement of health products and has responsibilities for quality assurance and the further development and improvement of the PRM.
- **Corporate Services:** This cluster is comprised of human resources, administrative functions, information systems and technology and the Legal Unit.

Significant progress was also made in 2007 on the Global Fund's transition from the current Administrative Services Agreement (ASA) with WHO to its own administrative systems. The Board decided in November that the agreement with WHO would officially terminate on 31 December 2008. The Secretariat will be working throughout 2008 to establish human resources policies, administrative arrangements and new infrastructure.



**The Centro de Salud Lotes y Servicios** is one of a number of modern clinics dotted around the sprawling overspill of El Alto, a satellite town overlooking the political capital of Bolivia, La Paz. The majority of TB patients in the town are reached by the clinic, which diligently keeps track of daily medicine doses for patients receiving treatment under Directly Observed Treatment, Short-course (DOTS), the international standard for the treatment of TB. However, only 47 percent of Bolivian TB patients are reached with DOTS. The country's vast geographic and social divides cut many people off from access to health care, but the rifts are slowly being traversed, often with international support such as that provided through the Global Fund.

# GLOBAL FUND APPROVED 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 proposals timeframe (typically five years). Approval of this second tranche of funding is known as Phase 2.

"Amounts shown under "Total Funds Approved", "Funds Committed (Phase 1)", "Funds Committed (Phase 2)" and "Funds Disbursed" are cumulative from the beginning of the Global Fund and do not indicate amounts relating to the calendar year 2007.

**"Local Fund Agent":** an LFA is listed only if a grant agreement has been signed in country. LFA abbreviations: EMG (Emerging Markets Group), KPMG (KMPG), 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).

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

**"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.

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

## The Lutheran World Federation

Local Fund Agent

EMG

Round(s)

1

Programs Approved for Funding  
HIV/AIDS

Principal Recipients

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)

1,2,4,5,6,7

Programs Approved for Funding  
HIV/AIDS, Tuberculosis, Malaria

Principal Recipients

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

Total Funds Approved

151,150,384

Funds Committed (Phase 1)

72,656,103

Funds Committed (Phase 2)

54,636,514

Funds Disbursed

74,091,962

### China

Local Fund Agent

UNOPS

Round(s)

1,3,4,5,6,7

Programs Approved for Funding  
HIV/AIDS, Tuberculosis, Malaria

Principal Recipients

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

Total Funds Approved

340,875,455

Funds Committed (Phase 1)

176,158,215

Funds Committed (Phase 2)

159,403,976

Funds Disbursed

227,507,631

### East Timor

Local Fund Agent

PwC

Round(s)

2,3,5,7

Programs Approved for Funding  
HIV/AIDS, Tuberculosis, Malaria

Principal Recipients

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

Total Funds Approved

17,288,320

Funds Committed (Phase 1)

6,950,107

Funds Committed (Phase 2)

576,159

Funds Disbursed

4,926,990

### Indonesia

Local Fund Agent

PwC

Round(s)

1,4,5,6

Programs Approved for Funding  
HIV/AIDS, Tuberculosis, Malaria

Principal Recipients

Directorate of Directly Transmitted Disease Control of the Ministry of Health of the Government of Indonesia; Directorate of Vector Borne Disease Control of the Ministry of Health of the Republic of Indonesia; Directorate General of Disease Control and Environmental Health of The Ministry of Health of The Republic of Indonesia

Total Funds Approved

201,037,378

Funds Committed (Phase 1)

117,419,501

Funds Committed (Phase 2)

59,906,092

Funds Disbursed

92,228,806

### Lao PDR

Local Fund Agent

KPMG

Round(s)

1,2,4,6,7

Programs Approved for Funding  
HIV/AIDS, Tuberculosis, Malaria

Principal Recipients

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

Total Funds Approved

62,087,553

Funds Committed (Phase 1)

18,613,014

Funds Committed (Phase 2)

32,047,403

Funds Disbursed

32,812,216

### Mongolia

Local Fund Agent

UNOPS

Round(s)

1,2,4,5,7

Programs Approved for Funding  
HIV/AIDS, Tuberculosis

Principal Recipients

The Ministry of Health of the Government of Mongolia; TBD

Total Funds Approved

15,703,473

Funds Committed (Phase 1)

5,772,657

Funds Committed (Phase 2)

4,936,985

Funds Disbursed

8,968,005

### Multi-country Western Pacific

Local Fund Agent

KPMG

Round(s)

2,5,7

Programs Approved for Funding  
HIV/AIDS, Tuberculosis, Malaria

Principal Recipients

The Secretariat of the Pacific Community; TBD

Total Funds Approved

32,097,811

Funds Committed (Phase 1)

10,776,973

Funds Committed (Phase 2)

4,925,789

Funds Disbursed

14,775,709

### Myanmar

Local Fund Agent

KPMG

Round(s)

2,3

Programs Approved for Funding  
HIV/AIDS, Tuberculosis, Malaria

Principal Recipients

The United Nations Development Programme

Total Funds Approved

11,529,652

Funds Committed (Phase 1)

11,529,652

Funds Committed (Phase 2)

0

Funds Disbursed

11,529,652

## Papua New Guinea

**Local Fund Agent**  
KPMG  
**Round(s)**  
3,4,6  
**Programs Approved for Funding**  
HIV/AIDS, Tuberculosis, Malaria  
**Principal Recipients**  
The Department of Health of the Government of Papua New Guinea  
**Total Funds Approved**  
44,265,179  
**Funds Committed (Phase 1)**  
19,606,708  
**Funds Committed (Phase 2)**  
13,999,133  
**Funds Disbursed**  
17,006,052

## Philippines

**Local Fund Agent**  
PwC  
**Round(s)**  
2,3,5,6  
**Programs Approved for Funding**  
HIV/AIDS, Tuberculosis, Malaria  
**Principal Recipients**  
Tropical Disease Foundation, Inc.; Pilipinas Shell Foundation; Department of Health  
**Total Funds Approved**  
82,803,265  
**Funds Committed (Phase 1)**  
68,182,945  
**Funds Committed (Phase 2)**  
14,620,320  
**Funds Disbursed**  
65,514,789

## Thailand

**Local Fund Agent**  
KPMG  
**Round(s)**  
1,2,3,6,7  
**Programs Approved for Funding**  
HIV/AIDS, Tuberculosis, Malaria  
**Principal Recipients**  
The Department of Disease Control, Ministry of Public Health of the Royal Government of Thailand; RAKS THAI FOUNDATION; World Vision Foundation of Thailand, TBD  
**Total Funds Approved**  
175,196,118  
**Funds Committed (Phase 1)**  
68,924,046  
**Funds Committed (Phase 2)**  
94,332,726  
**Funds Disbursed**  
117,872,975

## Viet Nam

**Local Fund Agent**  
KPMG  
**Round(s)**  
1,3,6,7  
**Programs Approved for Funding**  
HIV/AIDS, Tuberculosis, Malaria  
**Principal Recipients**  
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; Administration of HIV/AIDS and Control (VAAC); TBD  
**Total Funds Approved**  
68,547,753  
**Funds Committed (Phase 1)**  
39,817,204  
**Funds Committed (Phase 2)**  
16,804,220  
**Funds Disbursed**  
33,852,823

## Georgia

**Local Fund Agent**  
KPMG  
**Round(s)**  
2,3,6,7  
**Programs Approved for Funding**  
HIV/AIDS, Tuberculosis, Malaria  
**Principal Recipients**  
The Georgia Health and Social Projects Implementation Center  
**Total Funds Approved**  
35,501,729  
**Funds Committed (Phase 1)**  
23,526,070  
**Funds Committed (Phase 2)**  
11,975,659  
**Funds Disbursed**  
19,839,656

## Kazakhstan

**Local Fund Agent**  
KPMG  
**Round(s)**  
2,6,7  
**Programs Approved for Funding**  
HIV/AIDS, Tuberculosis  
**Principal Recipients**  
The Republican Center for Prophylactics and Control of AIDS of the Government of the Republic of Kazakhstan; National Center of TB Problems of the Ministry of Health of the Republic of Kazakhstan; TBD  
**Total Funds Approved**  
40,492,714  
**Funds Committed (Phase 1)**  
11,944,598  
**Funds Committed (Phase 2)**  
15,583,999  
**Funds Disbursed**  
16,220,280

## Kosovo (Serbia)

**Local Fund Agent**  
UNOPS  
**Round(s)**  
4,7  
**Programs Approved for Funding**  
HIV/AIDS, Tuberculosis  
**Principal Recipients**  
United Nations Interim Administration in Kosovo; TBD  
**Total Funds Approved**  
4,583,815  
**Funds Committed (Phase 1)**  
2,122,401  
**Funds Committed (Phase 2)**  
0  
**Funds Disbursed**  
1,958,704

## Kyrgyzstan

**Local Fund Agent**  
PwC  
**Round(s)**  
2,5,6,7  
**Programs Approved for Funding**  
HIV/AIDS, Tuberculosis, Malaria  
**Principal Recipients**  
The National AIDS Center of the Government of the Republic of Kyrgyzstan; State Sanitary Epidemiological Department; National Center of Phthisiology under the Ministry of Health of the Republic of Kyrgyzstan; TBD  
**Total Funds Approved**  
37,626,435  
**Funds Committed (Phase 1)**  
12,107,841  
**Funds Committed (Phase 2)**  
13,673,503  
**Funds Disbursed**  
17,644,328

# REGION Eastern Europe & Central Asia

## Albania

**Local Fund Agent**  
KPMG  
**Round(s)**  
5  
**Programs Approved for Funding**  
HIV/AIDS, Tuberculosis  
**Principal Recipients**  
Ministry of Health, Institute of Public Health  
**Total Funds Approved**  
3,279,156  
**Funds Committed (Phase 1)**  
3,279,156  
**Funds Committed (Phase 2)**  
0  
**Funds Disbursed**  
1,776,954

## Armenia

**Local Fund Agent**  
KPMG  
**Round(s)**  
2,5  
**Programs Approved for Funding**  
HIV/AIDS, Tuberculosis  
**Principal Recipients**  
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**  
9,541,246

## Azerbaijan

**Local Fund Agent**  
UNOPS  
**Round(s)**  
4,5,7  
**Programs Approved for Funding**  
HIV/AIDS, Tuberculosis  
**Principal Recipients**  
The Ministry of Health of the Republic of Azerbaijan; TBD  
**Total Funds Approved**  
21,277,295  
**Funds Committed (Phase 1)**  
10,384,383  
**Funds Committed (Phase 2)**  
4,242,950  
**Funds Disbursed**  
11,089,281

## Belarus

**Local Fund Agent**  
KPMG  
**Round(s)**  
3,6  
**Programs Approved for Funding**  
HIV/AIDS, Tuberculosis  
**Principal Recipients**  
The United Nations Development Programme  
**Total Funds Approved**  
22,628,755  
**Funds Committed (Phase 1)**  
12,683,721  
**Funds Committed (Phase 2)**  
9,945,034  
**Funds Disbursed**  
12,554,534

## Macedonia, FYR

**Local Fund Agent**  
UNOPS  
**Round(s)**  
3,5,7  
**Programs Approved for Funding**  
HIV/AIDS, Tuberculosis  
**Principal Recipients**  
The Ministry of Health of the Government of the Former Yugoslav Republic of Macedonia; TBD  
**Total Funds Approved**  
11,642,233  
**Funds Committed (Phase 1)**  
5,791,088  
**Funds Committed (Phase 2)**  
1,555,768  
**Funds Disbursed**  
7,236,856

## Moldova

**Local Fund Agent**  
PwC  
**Round(s)**  
1,6  
**Programs Approved for Funding**  
HIV/AIDS, Tuberculosis  
**Principal Recipients**  
The Project Coordination, Implementation and Monitoring Unit of the Ministry of Health of the Republic of Moldova  
**Total Funds Approved**  
23,805,626  
**Funds Committed (Phase 1)**  
17,344,520  
**Funds Committed (Phase 2)**  
6,461,106  
**Funds Disbursed**  
17,696,566

## Montenegro

**Local Fund Agent**  
PwC  
**Round(s)**  
5,6  
**Programs Approved for Funding**  
HIV/AIDS, Tuberculosis  
**Principal Recipients**  
United Nations Development Programme  
**Total Funds Approved**  
2,941,196  
**Funds Committed (Phase 1)**  
2,941,196  
**Funds Committed (Phase 2)**  
0  
**Funds Disbursed**  
2,245,134

## Romania

**Local Fund Agent**  
KPMG  
**Round(s)**  
2,6  
**Programs Approved for Funding**  
HIV/AIDS, Tuberculosis  
**Principal Recipients**  
The Ministry of Health and Family of the Government of Romania; Romanian Angel Appeal Foundation  
**Total Funds Approved**  
58,260,439  
**Funds Committed (Phase 1)**  
53,326,485  
**Funds Committed (Phase 2)**  
4,933,954  
**Funds Disbursed**  
47,656,990

## Bosnia and Herzegovina

**Local Fund Agent**  
PwC  
**Round(s)**  
5,6  
**Programs Approved for Funding**  
HIV/AIDS, Tuberculosis  
**Principal Recipients**  
The United Nations Development Programme  
**Total Funds Approved**  
7,547,871  
**Funds Committed (Phase 1)**  
7,547,871  
**Funds Committed (Phase 2)**  
0  
**Funds Disbursed**  
4,556,228

## Bulgaria

**Local Fund Agent**  
KPMG  
**Round(s)**  
2,6  
**Programs Approved for Funding**  
HIV/AIDS, Tuberculosis  
**Principal Recipients**  
The Ministry of Health of the Republic of Bulgaria  
**Total Funds Approved**  
25,979,773  
**Funds Committed (Phase 1)**  
17,162,161  
**Funds Committed (Phase 2)**  
8,817,612  
**Funds Disbursed**  
16,998,892

## Croatia

**Local Fund Agent**  
KPMG  
**Round(s)**  
2  
**Programs Approved for Funding**  
HIV/AIDS  
**Principal Recipients**  
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**  
4,944,324

## Estonia

**Local Fund Agent**  
PwC  
**Round(s)**  
2  
**Programs Approved for Funding**  
HIV/AIDS  
**Principal Recipients**  
The National Institute for Health Development of the Ministry of Social Affairs of Estonia  
**Total Funds Approved**  
10,490,805  
**Funds Committed (Phase 1)**  
3,908,952  
**Funds Committed (Phase 2)**  
6,581,853  
**Funds Disbursed**  
10,490,805

## Russian Federation

**Local Fund Agent**  
PwC  
**Round(s)**  
3,4,5  
**Programs Approved for Funding**  
HIV/AIDS, Tuberculosis  
**Principal Recipients**  
The Open Health Institute; Partners In Health; The Russian Health Care Foundation; Russian Harm Reduction Network  
**Total Funds Approved**  
311,885,400  
**Funds Committed (Phase 1)**  
125,853,320  
**Funds Committed (Phase 2)**  
186,032,080  
**Funds Disbursed**  
180,710,215

## Serbia

**Local Fund Agent**  
UNOPS  
**Round(s)**  
1,3,4,5,6  
**Programs Approved for Funding**  
HIV/AIDS, Tuberculosis  
**Principal Recipients**  
The Economics Institute in Belgrade; The Ministry of Health of the Republic of Serbia and Montenegro  
**Total Funds Approved**  
14,289,942  
**Funds Committed (Phase 1)**  
11,774,151  
**Funds Committed (Phase 2)**  
2,515,791  
**Funds Disbursed**  
8,899,162

## Tajikistan

**Local Fund Agent**  
PwC  
**Round(s)**  
1,3,4,5,6  
**Programs Approved for Funding**  
HIV/AIDS, Tuberculosis, Malaria  
**Principal Recipients**  
The United Nations Development Programme; Project HOPE  
**Total Funds Approved**  
26,959,899  
**Funds Committed (Phase 1)**  
19,365,904  
**Funds Committed (Phase 2)**  
7,593,995  
**Funds Disbursed**  
16,395,786

## Turkey

**Local Fund Agent**  
PwC  
**Round(s)**  
4  
**Programs Approved for Funding**  
HIV/AIDS  
**Principal Recipients**  
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)**  
0  
**Funds Disbursed**  
3,709,672

## Ukraine

**Local Fund Agent**  
PwC  
**Round(s)**  
1,6  
**Programs Approved for Funding**  
HIV/AIDS  
**Principal Recipients**  
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**  
129,280,191  
**Funds Committed (Phase 1)**  
54,609,822  
**Funds Committed (Phase 2)**  
74,670,369  
**Funds Disbursed**  
84,277,328

## Uzbekistan

**Local Fund Agent**  
PwC  
**Round(s)**  
3,4  
**Programs Approved for Funding**  
HIV/AIDS, Tuberculosis, Malaria  
**Principal Recipients**  
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)**  
24,605,220  
**Funds Disbursed**  
18,413,203

## Dominican Republic

**Local Fund Agent**  
PwC  
**Round(s)**  
2,3,5,7  
**Programs Approved for Funding**  
HIV/AIDS, Tuberculosis  
**Principal Recipients**  
Consejo Presidencial del SIDA (COPRESIDA) of the Government of the Dominican Republic; Asociación Dominicana Pro-Bienestar de la Familia (PROFAMILIA); TBD  
**Total Funds Approved**  
58,746,364  
**Funds Committed (Phase 1)**  
17,335,590  
**Funds Committed (Phase 2)**  
35,760,752  
**Funds Disbursed**  
27,620,585

## Ecuador

**Local Fund Agent**  
PwC  
**Round(s)**  
2,4  
**Programs Approved for Funding**  
HIV/AIDS, Tuberculosis  
**Principal Recipients**  
The Ministry of Public Health of the Republic of Ecuador; CARE International Ecuador  
**Total Funds Approved**  
30,163,171  
**Funds Committed (Phase 1)**  
16,350,681  
**Funds Committed (Phase 2)**  
6,474,166  
**Funds Disbursed**  
17,420,899

## El Salvador

**Local Fund Agent**  
KPMG  
**Round(s)**  
2,7  
**Programs Approved for Funding**  
HIV/AIDS, Tuberculosis  
**Principal Recipients**  
The United Nations Development Programme (UNDP), El Salvador; Ministry of Health; TBD  
**Total Funds Approved**  
33,531,317  
**Funds Committed (Phase 1)**  
14,775,073  
**Funds Committed (Phase 2)**  
8,137,850  
**Funds Disbursed**  
22,038,551

## Guatemala

**Local Fund Agent**  
EMG  
**Round(s)**  
3,4,6  
**Programs Approved for Funding**  
HIV/AIDS, Tuberculosis, Malaria  
**Principal Recipients**  
Fundación Visión Mundial Guatemala  
Total Funds Approved  
58,400,397  
**Funds Committed (Phase 1)**  
21,399,219  
**Funds Committed (Phase 2)**  
37,001,178  
**Funds Disbursed**  
26,401,839

# REGION Latin America & the Caribbean

## Argentina

**Local Fund Agent**  
PwC  
**Round(s)**  
1  
**Programs Approved for Funding**  
HIV/AIDS  
**Principal Recipients**  
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**  
18,754,270

## Belize

**Local Fund Agent**  
KPMG  
**Round(s)**  
3  
**Programs Approved for Funding**  
HIV/AIDS  
**Principal Recipients**  
Belize Enterprise for Sustainable Technology  
**Total Funds Approved**  
2,403,677  
**Funds Committed (Phase 1)**  
1,298,884  
**Funds Committed (Phase 2)**  
1,104,793  
**Funds Disbursed**  
1,451,097

## Bolivia

**Local Fund Agent**  
PwC  
**Round(s)**  
3  
**Programs Approved for Funding**  
HIV/AIDS, Tuberculosis, Malaria  
**Principal Recipients**  
Centro de Investigación, Educación y Servicios (CIES); United Nations Development Programme; Asociación Ibis - Hivos  
**Total Funds Approved**  
26,454,157  
**Funds Committed (Phase 1)**  
13,672,892  
**Funds Committed (Phase 2)**  
10,993,769  
**Funds Disbursed**  
14,898,546

## Brazil

**Local Fund Agent**  
PwC  
**Round(s)**  
5  
**Programs Approved for Funding**  
Tuberculosis  
**Principal Recipients**  
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)**  
0  
**Funds Disbursed**  
2,355,729

## Guyana

**Local Fund Agent**  
EMG  
**Round(s)**  
3,4,7  
**Programs Approved for Funding**  
HIV/AIDS, Tuberculosis, Malaria  
**Principal Recipients**  
The Ministry of Health of Guyana; TBD  
**Total Funds Approved**  
25,246,795  
**Funds Committed (Phase 1)**  
11,638,486  
**Funds Committed (Phase 2)**  
11,292,515  
**Funds Disbursed**  
8,041,547

## Haiti

**Local Fund Agent**  
KPMG  
**Round(s)**  
1,3,5,7  
**Programs Approved for Funding**  
HIV/AIDS, Tuberculosis, Malaria  
**Principal Recipients**  
Fondation SOGEBANK; The United Nations Development Programme; TBD  
**Total Funds Approved**  
138,199,512  
**Funds Committed (Phase 1)**  
66,086,336  
**Funds Committed (Phase 2)**  
65,913,622  
**Funds Disbursed**  
94,514,008

## Honduras

**Local Fund Agent**  
PwC  
**Round(s)**  
1  
**Programs Approved for Funding**  
HIV/AIDS, Tuberculosis, Malaria  
**Principal Recipients**  
The United Nations Development Programme  
**Total Funds Approved**  
66,241,097  
**Funds Committed (Phase 1)**  
20,931,517  
**Funds Committed (Phase 2)**  
20,188,386  
**Funds Disbursed**  
40,141,631

## Jamaica

**Local Fund Agent**  
PwC  
**Round(s)**  
3,7  
**Programs Approved for Funding**  
HIV/AIDS  
**Principal Recipients**  
The Ministry of Health of the Government of Jamaica; TBD  
**Total Funds Approved**  
38,538,751  
**Funds Committed (Phase 1)**  
7,560,365  
**Funds Committed (Phase 2)**  
15,758,456  
**Funds Disbursed**  
16,354,806

## Chile

**Local Fund Agent**  
PwC  
**Round(s)**  
1  
**Programs Approved for Funding**  
HIV/AIDS  
**Principal Recipients**  
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**  
27,179,945

## Colombia

**Local Fund Agent**  
PwC  
**Round(s)**  
2  
**Programs Approved for Funding**  
HIV/AIDS  
**Principal Recipients**  
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**  
7,575,591

## Costa Rica

**Local Fund Agent**  
PwC  
**Round(s)**  
2  
**Programs Approved for Funding**  
HIV/AIDS  
**Principal Recipients**  
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**  
3,149,054

## Cuba

**Local Fund Agent**  
PwC  
**Round(s)**  
2,6,7  
**Programs Approved for Funding**  
HIV/AIDS, Tuberculosis  
**Principal Recipients**  
The United Nations Development Programme; TBD  
**Total Funds Approved**  
45,978,315  
**Funds Committed (Phase 1)**  
25,834,872  
**Funds Committed (Phase 2)**  
14,687,698  
**Funds Disbursed**  
30,881,592

## Multi-country Americas (Andean)

**Local Fund Agent**  
PwC  
**Round(s)**  
3  
**Programs Approved for Funding**  
Malaria  
**Principal Recipients**  
The Organismo Andino de Salud - Convenio Hipólito Unanue  
**Total Funds Approved**  
25,369,116  
**Funds Committed (Phase 1)**  
15,906,747  
**Funds Committed (Phase 2)**  
0  
**Funds Disbursed**  
13,019,564

## Multi-country Americas (CARICOM)

**Local Fund Agent**  
EMG  
**Round(s)**  
3  
**Programs Approved for Funding**  
HIV/AIDS  
**Principal Recipients**  
The Caribbean Community Secretariat  
**Total Funds Approved**  
12,046,368  
**Funds Committed (Phase 1)**  
6,100,900  
**Funds Committed (Phase 2)**  
5,945,468  
**Funds Disbursed**  
7,219,083

## Multi-country Americas (CRN+)

**Local Fund Agent**  
EMG  
**Round(s)**  
4  
**Programs Approved for Funding**  
HIV/AIDS  
**Principal Recipients**  
The Caribbean Regional Network of People Living with IV/AIDS (CRN+)  
**Total Funds Approved**  
3,662,376  
**Funds Committed (Phase 1)**  
1,947,094  
**Funds Committed (Phase 2)**  
0  
**Funds Disbursed**  
1,769,676

## Multi-country Americas (Meso)

**Local Fund Agent**  
PwC  
**Round(s)**  
4  
**Programs Approved for Funding**  
HIV/AIDS  
**Principal Recipients**  
Instituto Nacional de Salud Pública (INSP)  
**Total Funds Approved**  
4,008,581  
**Funds Committed (Phase 1)**  
2,181,050  
**Funds Committed (Phase 2)**  
0  
**Funds Disbursed**  
1,662,881

## Multi-country Americas (OECS)

**Local Fund Agent**  
EMG  
**Round(s)**  
3  
**Programs Approved for Funding**  
HIV/AIDS  
**Principal Recipients**  
The Organization of Eastern Caribbean States  
**Total Funds Approved**  
8,898,774  
**Funds Committed (Phase 1)**  
2,553,861  
**Funds Committed (Phase 2)**  
6,344,913  
**Funds Disbursed**  
2,553,861

## Multi-country Americas (REDCA+)

**Local Fund Agent**  
TBD  
**Round(s)**  
7  
**Programs Approved for Funding**  
HIV/AIDS  
**Principal Recipients**  
TBD  
**Total Funds Approved**  
1,849,200  
**Funds Committed (Phase 1)**  
0  
**Funds Committed (Phase 2)**  
0  
**Funds Disbursed**  
0

## Nicaragua

**Local Fund Agent**  
STI  
**Round(s)**  
2,7  
**Programs Approved for Funding**  
HIV/AIDS, Tuberculosis, Malaria  
**Principal Recipients**  
Federación NICASALUD; TBD  
**Total Funds Approved**  
21,399,914  
**Funds Committed (Phase 1)**  
8,702,180  
**Funds Committed (Phase 2)**  
9,829,192  
**Funds Disbursed**  
13,238,223

## Panama

**Local Fund Agent**  
PwC  
**Round(s)**  
1  
**Programs Approved for Funding**  
Tuberculosis  
**Principal Recipients**  
The United Nations Development Programme  
**Total Funds Approved**  
553,817  
**Funds Committed (Phase 1)**  
440,000  
**Funds Committed (Phase 2)**  
113,817  
**Funds Disbursed**  
553,817

## Iraq

**Local Fund Agent**  
KPMG  
**Round(s)**  
6  
**Programs Approved for Funding**  
Tuberculosis  
**Principal Recipients**  
United Nations Development Programme  
**Total Funds Approved**  
6,443,900  
**Funds Committed (Phase 1)**  
6,443,900  
**Funds Committed (Phase 2)**  
0  
**Funds Disbursed**  
3,270,276

## Jordan

**Local Fund Agent**  
PwC  
**Round(s)**  
2,5,6  
**Programs Approved for Funding**  
HIV/AIDS, Tuberculosis  
**Principal Recipients**  
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)**  
5,920,972  
**Funds Committed (Phase 2)**  
705,300  
**Funds Disbursed**  
4,561,764

## Mali

**Local Fund Agent**  
KPMG  
**Round(s)**  
1,4,6,7  
**Programs Approved for Funding**  
HIV/AIDS, Tuberculosis, Malaria  
**Principal Recipients**  
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; Groupe Pivot Santé Population; TBD  
**Total Funds Approved**  
75,367,149  
**Funds Committed (Phase 1)**  
37,292,998  
**Funds Committed (Phase 2)**  
33,609,936  
**Funds Disbursed**  
32,067,201

## Mauritania

**Local Fund Agent**  
PwC  
**Round(s)**  
2,5,6  
**Programs Approved for Funding**  
HIV/AIDS, Tuberculosis, Malaria  
**Principal Recipients**  
The United Nations Development Programme; Secrétariat Exécutif, Comité National de Lutte Contre le SIDA  
**Total Funds Approved**  
20,957,110  
**Funds Committed (Phase 1)**  
17,259,014  
**Funds Committed (Phase 2)**  
3,698,096  
**Funds Disbursed**  
8,011,854

## Paraguay

**Local Fund Agent**  
PwC  
**Round(s)**  
3,6,7  
**Programs Approved for Funding**  
HIV/AIDS, Tuberculosis  
**Principal Recipients**  
Alter Vida - Centro de Estudios y Formación para el Ecodesarrollo; Fundacion Comunitaria Centro de Informacion y Recursos Para el Desarrollo (CIRD); TBD  
**Total Funds Approved**  
8,420,643  
**Funds Committed (Phase 1)**  
4,666,794  
**Funds Committed (Phase 2)**  
1,604,643  
**Funds Disbursed**  
2,850,432

## Peru

**Local Fund Agent**  
PwC  
**Round(s)**  
2,5,6  
**Programs Approved for Funding**  
HIV/AIDS, Tuberculosis  
**Principal Recipients**  
CARE Peru  
**Total Funds Approved**  
93,537,269  
**Funds Committed (Phase 1)**  
81,690,341  
**Funds Committed (Phase 2)**  
11,846,928  
**Funds Disbursed**  
56,647,861

## Suriname

**Local Fund Agent**  
PwC  
**Round(s)**  
3,4,5,7  
**Programs Approved for Funding**  
HIV/AIDS, Malaria  
**Principal Recipients**  
The Ministry of Health of the Government of the Republic of Suriname; Medische Zending - Primary Health Care Suriname; TBD  
**Total Funds Approved**  
14,084,176  
**Funds Committed (Phase 1)**  
7,547,382  
**Funds Committed (Phase 2)**  
4,127,794  
**Funds Disbursed**  
7,803,300

## Morocco

**Local Fund Agent**  
PwC  
**Round(s)**  
1,6  
**Programs Approved for Funding**  
HIV/AIDS, Tuberculosis  
**Principal Recipients**  
The Ministry of Health of the Government of the Kingdom of Morocco  
**Total Funds Approved**  
22,141,527  
**Funds Committed (Phase 1)**  
17,641,579  
**Funds Committed (Phase 2)**  
4,499,948  
**Funds Disbursed**  
14,497,350

## Niger

**Local Fund Agent**  
STI  
**Round(s)**  
3,4,5,7  
**Programs Approved for Funding**  
HIV/AIDS, Tuberculosis, Malaria  
**Principal Recipients**  
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; TBD  
**Total Funds Approved**  
86,795,846  
**Funds Committed (Phase 1)**  
36,335,640  
**Funds Committed (Phase 2)**  
3,181,315  
**Funds Disbursed**  
35,081,304

## Somalia

**Local Fund Agent**  
PwC  
**Round(s)**  
2,3,4,6,7  
**Programs Approved for Funding**  
HIV/AIDS, Tuberculosis, Malaria  
**Principal Recipients**  
The United Nations Children's Fund; World Vision - Somalia; TBD  
**Total Funds Approved**  
73,463,024  
**Funds Committed (Phase 1)**  
37,592,765  
**Funds Committed (Phase 2)**  
27,137,415  
**Funds Disbursed**  
43,227,243

## Sudan

**Local Fund Agent**  
KPMG  
**Round(s)**  
2,3,4,5,7  
**Programs Approved for Funding**  
HIV/AIDS, Tuberculosis, Malaria  
**Principal Recipients**  
The United Nations Development Programme; TBD  
**Total Funds Approved**  
227,496,419  
**Funds Committed (Phase 1)**  
94,419,200  
**Funds Committed (Phase 2)**  
52,710,316  
**Funds Disbursed**  
79,269,297

# REGION North Africa & the Middle East

## Algeria

**Local Fund Agent**  
PwC  
**Round(s)**  
3  
**Programs Approved for Funding**  
HIV/AIDS  
**Principal Recipients**  
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)**  
2,684,360  
**Funds Disbursed**  
4,862,672

## Chad

**Local Fund Agent**  
STI  
**Round(s)**  
2,3,7  
**Programs Approved for Funding**  
HIV/AIDS, Tuberculosis, Malaria  
**Principal Recipients**  
The Fonds de Soutien aux Activités en matière de Population (FOSAP, Support Fund for Population Activities); TBD  
**Total Funds Approved**  
31,300,296  
**Funds Committed (Phase 1)**  
8,644,119  
**Funds Committed (Phase 2)**  
1,775,358  
**Funds Disbursed**  
8,482,200

## Djibouti

**Local Fund Agent**  
STI  
**Round(s)**  
4,6  
**Programs Approved for Funding**  
HIV/AIDS, Tuberculosis, Malaria  
**Principal Recipients**  
Executive Secretariat for the Fight Against AIDS, Malaria and Tuberculosis  
**Total Funds Approved**  
18,473,990  
**Funds Committed (Phase 1)**  
13,746,990  
**Funds Committed (Phase 2)**  
4,727,000  
**Funds Disbursed**  
12,168,514

## Egypt

**Local Fund Agent**  
PwC  
**Round(s)**  
2,6  
**Programs Approved for Funding**  
HIV/AIDS, Tuberculosis  
**Principal Recipients**  
National Tuberculosis Control Program, The Ministry of Health and Population of the Government of Egypt; TBD  
**Total Funds Approved**  
14,820,312  
**Funds Committed (Phase 1)**  
7,855,767  
**Funds Committed (Phase 2)**  
1,551,795  
**Funds Disbursed**  
5,045,981

## Syrian Arab Republic

**Local Fund Agent**  
STI  
**Round(s)**  
6  
**Programs Approved for Funding**  
Tuberculosis  
**Principal Recipients**  
The United Nations Development Programme  
**Total Funds Approved**  
4,578,047  
**Funds Committed (Phase 1)**  
4,578,047  
**Funds Committed (Phase 2)**  
0  
**Funds Disbursed**  
1,227,275

## Tunisia

**Local Fund Agent**  
UNOPS  
**Round(s)**  
6  
**Programs Approved for Funding**  
HIV/AIDS  
**Principal Recipients**  
National Office for Family and Population (Office National de la famille et de la population) - ONFP  
**Total Funds Approved**  
9,565,500  
**Funds Committed (Phase 1)**  
9,565,500  
**Funds Committed (Phase 2)**  
0  
**Funds Disbursed**  
4,786,012

## UN Theme Group on HIV/AIDS (West Bank and Gaza)

**Local Fund Agent**  
TBD  
**Round(s)**  
7  
**Programs Approved for Funding**  
HIV/AIDS  
**Principal Recipients**  
TBD  
**Total Funds Approved**  
5,014,330  
**Funds Committed (Phase 1)**  
0  
**Funds Committed (Phase 2)**  
0  
**Funds Disbursed**  
0

## Yemen

**Local Fund Agent**  
KPMG  
**Round(s)**  
2,3,4,7  
**Programs Approved for Funding**  
HIV/AIDS, Tuberculosis, Malaria  
**Principal Recipients**  
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; TBD  
**Total Funds Approved**  
40,627,023  
**Funds Committed (Phase 1)**  
12,239,210  
**Funds Committed (Phase 2)**  
11,286,907  
**Funds Disbursed**  
14,820,278

## REGION South Asia

### Afghanistan

**Local Fund Agent**  
PwC  
**Round(s)**  
2,4,5,7  
**Programs Approved for Funding**  
HIV/AIDS, Tuberculosis, Malaria  
**Principal Recipients**  
The Ministry of Public Health of the Islamic Republic of Afghanistan; TBD  
**Total Funds Approved**  
25,907,587  
**Funds Committed (Phase 1)**  
20,030,184  
**Funds Committed (Phase 2)**  
0  
**Funds Disbursed**  
10,141,855

### Bangladesh

**Local Fund Agent**  
EMG  
**Round(s)**  
2,3,5,6  
**Programs Approved for Funding**  
HIV/AIDS, Tuberculosis, Malaria  
**Principal Recipients**  
The Economic Relations Division; Ministry of Finance, The Government of the People's Republic of Bangladesh; BRAC (Bangladesh Rural Advancement Committee)  
**Total Funds Approved**  
104,428,078  
**Funds Committed (Phase 1)**  
64,903,661  
**Funds Committed (Phase 2)**  
39,524,417  
**Funds Disbursed**  
55,986,555

### Bhutan

**Local Fund Agent**  
KPMG  
**Round(s)**  
4,6,7  
**Programs Approved for Funding**  
HIV/AIDS, Tuberculosis, Malaria  
**Principal Recipients**  
Planning Commission; Royal Government of Bhutan;TBD  
**Total Funds Approved**  
6,899,491  
**Funds Committed (Phase 1)**  
3,805,659  
**Funds Committed (Phase 2)**  
1,169,963  
**Funds Disbursed**  
2,273,381

### India

**Local Fund Agent**  
WB; UNOPS  
**Round(s)**  
1,2,3,4,6,7  
**Programs Approved for Funding**  
HIV/AIDS, Tuberculosis, Malaria  
**Principal Recipients**  
The Department of Economic Affairs of the Government of India; The Population Foundation of India; Ministry of Finance, Government of India; India HIV/AIDS Alliance; TBD  
**Total Funds Approved**  
491,587,591  
**Funds Committed (Phase 1)**  
189,350,333  
**Funds Committed (Phase 2)**  
271,200,158  
**Funds Disbursed**  
161,749,320

### Iran

**(Islamic Republic of)**  
**Local Fund Agent**  
PwC  
**Round(s)**  
2,7  
**Programs Approved for Funding**  
HIV/AIDS, Tuberculosis, Malaria  
**Principal Recipients**  
The United Nations Development Programme; TBD  
**Total Funds Approved**  
36,004,865  
**Funds Committed (Phase 1)**  
5,698,000  
**Funds Committed (Phase 2)**  
0  
**Funds Disbursed**  
5,455,450

### Maldives

**Local Fund Agent**  
STI  
**Round(s)**  
6  
**Programs Approved for Funding**  
HIV/AIDS  
**Principal Recipients**  
The United Nations Development Programme  
**Total Funds Approved**  
2,655,685  
**Funds Committed (Phase 1)**  
2,655,685  
**Funds Committed (Phase 2)**  
0  
**Funds Disbursed**  
1,258,623

### Nepal

**Local Fund Agent**  
PwC  
**Round(s)**  
2,4,7  
**Programs Approved for Funding**  
HIV/AIDS, Tuberculosis, Malaria  
**Principal Recipients**  
The Ministry of Health of the Government of Nepal; United Nations Development Programme; Population Services International; TBD  
**Total Funds Approved**  
47,942,907  
**Funds Committed (Phase 1)**  
10,343,005  
**Funds Committed (Phase 2)**  
10,801,677  
**Funds Disbursed**  
16,195,852

### Pakistan

**Local Fund Agent**  
KPMG  
**Round(s)**  
2,3,6,7  
**Programs Approved for Funding**  
HIV/AIDS, Tuberculosis, Malaria  
**Principal Recipients**  
The National AIDS Control Programme on the Behalf of the Ministry of Health of the Government of Pakistan; Mercy Corps, National TB Control Programme (NTP) Pakistan; TBD  
**Total Funds Approved**  
62,800,258  
**Funds Committed (Phase 1)**  
39,331,922  
**Funds Committed (Phase 2)**  
495,989,525  
**Funds Disbursed**  
28,265,791

### Sri Lanka

**Local Fund Agent**  
PwC  
**Round(s)**  
1,4,6  
**Programs Approved for Funding**  
HIV/AIDS, Tuberculosis, Malaria  
**Principal Recipients**  
The Ministry of Healthcare, Nutrition & Uva Wellassa Development; Lanka Jatika Sarvodaya Shramadana Sangamaya  
**Total Funds Approved**  
21,611,879  
**Funds Committed (Phase 1)**  
15,373,082  
**Funds Committed (Phase 2)**  
4,661,049  
**Funds Disbursed**  
9,613,685

## REGION Sub-Saharan Africa: East Africa

### Burundi

**Local Fund Agent**  
PwC  
**Round(s)**  
1,2,4,5,7  
**Programs Approved for Funding**  
HIV/AIDS, Tuberculosis, Malaria  
**Principal Recipients**  
"Secretariat Executif Permanent" of the "Conseil National de Lutte Contre le SIDA" of the Government of the Republic 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; The Permanent Executive Secretariat of the National Council for the Fight Against AIDS (SEP/CNLS); TBD  
**Total Funds Approved**  
69,597,712  
**Funds Committed (Phase 1)**  
33,610,167  
**Funds Committed (Phase 2)**  
12,275,217  
**Funds Disbursed**  
39,737,168

### Ethiopia

**Local Fund Agent**  
KPMG  
**Round(s)**  
1,2,4,5,6,7  
**Programs Approved for Funding**  
HIV/AIDS, Tuberculosis, Malaria  
**Principal Recipients**  
The Federal Ministry of Health of the Government of the Federal Democratic Republic of Ethiopia; The HIV/AIDS Prevention and Control Office; TBD  
**Total Funds Approved**  
778,012,933  
**Funds Committed (Phase 1)**  
217,063,709  
**Funds Committed (Phase 2)**  
495,989,525  
**Funds Disbursed**  
415,955,680

### Tanzania

**Local Fund Agent**  
PwC  
**Round(s)**  
1,3,4,6,7  
**Programs Approved for Funding**  
HIV/AIDS, Tuberculosis, Malaria  
**Principal Recipients**  
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); TBD  
**Total Funds Approved**  
565,077,255  
**Funds Committed (Phase 1)**  
212,033,679  
**Funds Committed (Phase 2)**  
86,165,257  
**Funds Disbursed**  
214,966,934

### Comoros

**Local Fund Agent**  
PwC  
**Round(s)**  
2,3  
**Programs Approved for Funding**  
HIV/AIDS, Malaria  
**Principal Recipients**  
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)**  
1,402,547  
**Funds Disbursed**  
2,738,169

### Kenya

**Local Fund Agent**  
KPMG  
**Round(s)**  
1,2,4,5,6,7  
**Programs Approved for Funding**  
HIV/AIDS, Tuberculosis, Malaria  
**Principal Recipients**  
Sanaa Art Promotions; Kenya Network of Women With AIDS; The Ministry of Finance of the Government of the Republic of Kenya; TBD  
**Total Funds Approved**  
287,134,986  
**Funds Committed (Phase 1)**  
148,917,905  
**Funds Committed (Phase 2)**  
91,071,169  
**Funds Disbursed**  
120,358,734

### Uganda

**Local Fund Agent**  
PwC  
**Round(s)**  
1,2,3,4,6,7  
**Programs Approved for Funding**  
HIV/AIDS, Tuberculosis, Malaria  
**Principal Recipients**  
The Ministry of Finance, Planning and Economic Development of the Government of Uganda; TBD  
**Total Funds Approved**  
369,809,024  
**Funds Committed (Phase 1)**  
209,111,099  
**Funds Committed (Phase 2)**  
0  
**Funds Disbursed**  
150,912,872

### Congo (Democratic Republic of the)

**Local Fund Agent**  
PwC  
**Round(s)**  
2,3,5,6,7  
**Programs Approved for Funding**  
HIV/AIDS, Tuberculosis, Malaria  
**Principal Recipients**  
The United Nations Development Programme; TBD  
**Total Funds Approved**  
6,210,502  
**Funds Committed (Phase 1)**  
105,049,315  
**Funds Committed (Phase 2)**  
6,271,792  
**Funds Disbursed**  
101,091,256

### Madagascar

**Local Fund Agent**  
KPMG  
**Round(s)**  
1,2,3,4,7  
**Programs Approved for Funding**  
HIV/AIDS, Tuberculosis, Malaria  
**Principal Recipients**  
Population Services International; Catholic Relief Services -Madagascar; Secrétariat Exécutif du Comité National de Lutte Contre le VIH/ SIDA; UGP-CRESAN; TBD  
**Total Funds Approved**  
108,611,390  
**Funds Committed (Phase 1)**  
49,875,656  
**Funds Committed (Phase 2)**  
32,640,285  
**Funds Disbursed**  
74,376,788

### Zanzibar (Tanzania)

**Local Fund Agent**  
PwC  
**Round(s)**  
1,2,3,4,6  
**Programs Approved for Funding**  
HIV/AIDS, Tuberculosis, Malaria  
**Principal Recipients**  
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)**  
11,771,682  
**Funds Committed (Phase 2)**  
4,907,924  
**Funds Disbursed**  
10,159,594

### Eritrea

**Local Fund Agent**  
KPMG  
**Round(s)**  
2,3,5,6  
**Programs Approved for Funding**  
HIV/AIDS, Tuberculosis, Malaria  
**Principal Recipients**  
The Ministry of Health of the Government of the State of Eritrea  
**Total Funds Approved**  
49,818,434  
**Funds Committed (Phase 1)**  
35,295,517  
**Funds Committed (Phase 2)**  
14,522,917  
**Funds Disbursed**  
26,557,318

### Rwanda

**Local Fund Agent**  
Crown Agents  
**Round(s)**  
1,3,4,5,6,7  
**Programs Approved for Funding**  
HIV/AIDS, Tuberculosis, Malaria, Health Systems Strengthening  
**Principal Recipients**  
The Ministry of Health of the Government of Rwanda; TBD  
**Total Funds Approved**  
281,182,657  
**Funds Committed (Phase 1)**  
118,969,877  
**Funds Committed (Phase 2)**  
57,265,702  
**Funds Disbursed**  
142,777,573

## REGION Sub-Saharan Africa: Southern Africa

### Angola

**Local Fund Agent**  
PwC  
**Round(s)**  
3,4,7  
**Programs Approved for Funding**  
HIV/AIDS, Tuberculosis, Malaria  
**Principal Recipients**  
The United Nations Development Programme; TBD  
**Total Funds Approved**  
165,353,658  
**Funds Committed (Phase 1)**  
63,494,754  
**Funds Committed (Phase 2)**  
6,556,518  
**Funds Disbursed**  
57,021,698

### Botswana

**Local Fund Agent**  
PwC  
**Round(s)**  
2,5  
**Programs Approved for Funding**  
HIV/AIDS, Tuberculosis  
**Principal Recipients**  
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)**  
0  
**Funds Disbursed**  
12,308,492

### Lesotho

**Local Fund Agent**  
PwC  
**Round(s)**  
2,5,6,7  
**Programs Approved for Funding**  
HIV/AIDS, Tuberculosis  
**Principal Recipients**  
The Ministry of Finance and Development Planning of the Government of the Kingdom of Lesotho; TBD  
**Total Funds Approved**  
58,750,853  
**Funds Committed (Phase 1)**  
26,369,188  
**Funds Committed (Phase 2)**  
21,755,000  
**Funds Disbursed**  
23,031,854

### Malawi

**Local Fund Agent**  
PwC  
**Round(s)**  
1,2,5,7  
**Programs Approved for Funding**  
HIV/AIDS, Tuberculosis, Malaria, Health Systems Strengthening  
**Principal Recipients**  
The Registered Trustees of the National AIDS Commission Trust of the Republic of Malawi; The Ministry of Health of the Republic of Malawi; TBD  
**Total Funds Approved**  
285,501,279  
**Funds Committed (Phase 1)**  
90,918,879  
**Funds Committed (Phase 2)**  
136,862,764  
**Funds Disbursed**  
150,036,612

### Mozambique

**Local Fund Agent**  
EMG  
**Round(s)**  
2,6,7  
**Programs Approved for Funding**  
HIV/AIDS, Tuberculosis, Malaria  
**Principal Recipients**  
The National AIDS Council (CNCS) of Mozambique; The Ministry of Health of the Government of Mozambique; TBD  
**Total Funds Approved**  
195,801,262  
**Funds Committed (Phase 1)**  
99,452,851  
**Funds Committed (Phase 2)**  
89,613,108  
**Funds Disbursed**  
82,108,815

### Multi-country Africa (RMCC)

**Local Fund Agent**  
PwC  
**Round(s)**  
2,5  
**Programs Approved for Funding**  
Malaria  
**Principal Recipients**  
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**  
22,962,131

### Namibia

**Local Fund Agent**  
PwC  
**Round(s)**  
2,5,6  
**Programs Approved for Funding**  
HIV/AIDS, Tuberculosis, Malaria  
**Principal Recipients**  
The Ministry of Health and Social Services of the Government of Namibia  
**Total Funds Approved**  
127,295,587  
**Funds Committed (Phase 1)**  
46,467,941  
**Funds Committed (Phase 2)**  
80,827,646  
**Funds Disbursed**  
63,135,246

### South Africa

**Local Fund Agent**  
KPMG  
**Round(s)**  
1,2,3,6  
**Programs Approved for Funding**  
HIV/AIDS, Tuberculosis  
**Principal Recipients**  
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**  
228,676,956  
**Funds Committed (Phase 1)**  
131,705,001  
**Funds Committed (Phase 2)**  
45,250,728  
**Funds Disbursed**  
100,722,057

### Swaziland

**Local Fund Agent**  
PwC  
**Round(s)**  
2,3,4,7  
**Programs Approved for Funding**  
HIV/AIDS, Tuberculosis, Malaria  
**Principal Recipients**  
The National Emergency Response Council on HIV/AIDS (NERCHA) of the Government of the Kingdom of Swaziland; TBD  
**Total Funds Approved**  
131,090,692  
**Funds Committed (Phase 1)**  
48,356,510  
**Funds Committed (Phase 2)**  
24,910,945  
**Funds Disbursed**  
54,748,482

### Zambia

**Local Fund Agent**  
PwC  
**Round(s)**  
1,4,7  
**Programs Approved for Funding**  
HIV/AIDS, Tuberculosis, Malaria  
**Principal Recipients**  
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; TBD  
**Total Funds Approved**  
470,336,130  
**Funds Committed (Phase 1)**  
121,995,782  
**Funds Committed (Phase 2)**  
108,659,886  
**Funds Disbursed**  
172,531,019

### Zimbabwe

**Local Fund Agent**  
PwC  
**Round(s)**  
1,5  
**Programs Approved for Funding**  
HIV/AIDS, Tuberculosis, Malaria  
**Principal Recipients**  
The United Nations Development Programme; National AIDS Council of Zimbabwe; The Ministry of Health and Child Welfare of the Government of Zimbabwe; Zimbabwe Association of Church Related Hospitals  
**Total Funds Approved**  
87,942,816  
**Funds Committed (Phase 1)**  
82,299,155  
**Funds Committed (Phase 2)**  
5,643,661  
**Funds Disbursed**  
39,864,128

## REGION Sub-Saharan Africa: West & Central Africa

### Benin

**Local Fund Agent**  
PwC  
**Round(s)**  
1,2,3,5,6,7  
**Programs Approved for Funding**  
HIV/AIDS, Tuberculosis, Malaria  
**Principal Recipients**  
The United Nations Development Programme; Africare; Ministry of Health of the Government of the Republic of Benin; TBD  
**Total Funds Approved**  
67,756,341  
**Funds Committed (Phase 1)**  
45,962,385  
**Funds Committed (Phase 2)**  
8,252,775  
**Funds Disbursed**  
34,912,876

### Burkina Faso

**Local Fund Agent**  
STI  
**Round(s)**  
2,4,6,7  
**Programs Approved for Funding**  
HIV/AIDS, Tuberculosis, Malaria  
**Principal Recipients**  
The United Nations Development Programme; Permanent Secretariat / National Council to Fight Against HIV/AIDS; National Council for the Struggle against HIV/AIDS and STI (SP/CNLS-IST); TBD  
**Total Funds Approved**  
88,886,008  
**Funds Committed (Phase 1)**  
52,474,607  
**Funds Committed (Phase 2)**  
18,765,934  
**Funds Disbursed**  
31,647,720

### Cameroon

**Local Fund Agent**  
PwC  
**Round(s)**  
3,4,5  
**Programs Approved for Funding**  
HIV/AIDS, Tuberculosis, Malaria  
**Principal Recipients**  
The Ministry of Public Health of the Government of the Republic of Cameroon; CARE International in Cameroon  
**Total Funds Approved**  
128,508,809  
**Funds Committed (Phase 1)**  
60,141,672  
**Funds Committed (Phase 2)**  
68,367,137  
**Funds Disbursed**  
65,061,243

### Central African Republic

**Local Fund Agent**  
PwC  
**Round(s)**  
2,4,7  
**Programs Approved for Funding**  
HIV/AIDS, Tuberculosis, Malaria  
**Principal Recipients**  
The United Nations Development Programme; TBD  
**Total Funds Approved**  
77,154,918  
**Funds Committed (Phase 1)**  
25,520,634  
**Funds Committed (Phase 2)**  
29,672,004  
**Funds Disbursed**  
30,180,065

### Congo (Republic of the)

**Local Fund Agent**  
PwC  
**Round(s)**  
5  
**Programs Approved for Funding**  
HIV/AIDS  
**Principal Recipients**  
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)**  
0  
**Funds Disbursed**  
5,798,064

### Côte d'Ivoire

**Local Fund Agent**  
PwC  
**Round(s)**  
2,3,5,6  
**Programs Approved for Funding**  
HIV/AIDS, Tuberculosis, Malaria  
**Principal Recipients**  
The United Nations Development Programme; CARE Cote d'Ivoire; CARE FRANCE; National Program to Fight Against Tuberculosis (PNLT)  
**Total Funds Approved**  
68,959,679  
**Funds Committed (Phase 1)**  
39,960,049  
**Funds Committed (Phase 2)**  
28,999,630  
**Funds Disbursed**  
43,215,971

### Equatorial Guinea

**Local Fund Agent**  
STI  
**Round(s)**  
4,5  
**Programs Approved for Funding**  
HIV/AIDS, Malaria  
**Principal Recipients**  
The United Nations Development Programme; Medical Care Development International  
**Total Funds Approved**  
22,730,947  
**Funds Committed (Phase 1)**  
17,304,875  
**Funds Committed (Phase 2)**  
5,426,072  
**Funds Disbursed**  
8,768,030

### Gabon

**Local Fund Agent**  
PwC  
**Round(s)**  
3,4,5  
**Programs Approved for Funding**  
HIV/AIDS, Malaria  
**Principal Recipients**  
The United Nations Development Programme  
**Total Funds Approved**  
18,871,508  
**Funds Committed (Phase 1)**  
14,913,726  
**Funds Committed (Phase 2)**  
3,957,782  
**Funds Disbursed**  
16,531,450

### Gambia

**Local Fund Agent**  
PwC  
**Round(s)**  
3,5,6  
**Programs Approved for Funding**  
HIV/AIDS, Tuberculosis, Malaria  
**Principal Recipients**  
The National AIDS Secretariat of the Republic of the Gambia; The Department of State for Health of the Republic of the Gambia  
**Total Funds Approved**  
40,136,991  
**Funds Committed (Phase 1)**  
23,613,690  
**Funds Committed (Phase 2)**  
16,523,301  
**Funds Disbursed**  
26,739,949

### Ghana

**Local Fund Agent**  
PwC  
**Round(s)**  
1,2,4,5  
**Programs Approved for Funding**  
HIV/AIDS, Tuberculosis, Malaria  
**Principal Recipients**  
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)**  
37,134,653  
**Funds Disbursed**  
101,823,827

### Guinea

**Local Fund Agent**  
PwC  
**Round(s)**  
2,5,6  
**Programs Approved for Funding**  
HIV/AIDS, Tuberculosis, Malaria  
**Principal Recipients**  
The Ministry of Public Health of the Government of the Republic of Guinea  
**Total Funds Approved**  
42,374,786  
**Funds Committed (Phase 1)**  
37,528,377  
**Funds Committed (Phase 2)**  
4,846,409  
**Funds Disbursed**  
12,214,206

### Guinea-Bissau

**Local Fund Agent**  
PwC  
**Round(s)**  
3,4,6,7  
**Programs Approved for Funding**  
HIV/AIDS, Tuberculosis, Malaria  
**Principal Recipients**  
The United Nations Development Programme; Ministry of Health; TBD  
**Total Funds Approved**  
27,283,508  
**Funds Committed (Phase 1)**  
7,994,663  
**Funds Committed (Phase 2)**  
5,066,855  
**Funds Disbursed**  
5,450,418

## Liberia

**Local Fund Agent**  
PwC  
**Round(s)**  
2,3,6,7  
**Programs Approved for Funding**  
HIV/AIDS, Tuberculosis, Malaria  
**Principal Recipients**  
The United Nations Development Programme; TBD  
**Total Funds Approved**  
55,443,888  
**Funds Committed (Phase 1)**  
36,339,109  
**Funds Committed (Phase 2)**  
0  
**Funds Disbursed**  
28,776,751

## Multi-country Africa (West Africa Corridor Program)

**Local Fund Agent**  
PwC  
**Round(s)**  
6  
**Programs Approved for Funding**  
HIV/AIDS  
**Principal Recipients**  
Abidjan-Lagos Corridor Organization (OCAL/ALCO)  
**Total Funds Approved**  
19,092,500  
**Funds Committed (Phase 1)**  
19,092,500  
**Funds Committed (Phase 2)**  
0  
**Funds Disbursed**  
5,287,648

## Nigeria

**Local Fund Agent**  
KPMG  
**Round(s)**  
1,2,4,5  
**Programs Approved for Funding**  
HIV/AIDS, Tuberculosis, Malaria  
**Principal Recipients**  
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; National Action Committee on AIDS, (the Presidency); Society for Family Health; Association For Reproductive And Family Health (ARFH); Christian Health Association of Nigeria  
**Total Funds Approved**  
195,505,639  
**Funds Committed (Phase 1)**  
141,430,352  
**Funds Committed (Phase 2)**  
54,075,287  
**Funds Disbursed**  
113,523,766

## Sao Tome and Principe

**Local Fund Agent**  
STI  
**Round(s)**  
4,5,7  
**Programs Approved for Funding**  
HIV/AIDS, Malaria  
**Principal Recipients**  
The United Nations Development Programme; TBD  
**Total Funds Approved**  
8,226,301  
**Funds Committed (Phase 1)**  
2,447,839  
**Funds Committed (Phase 2)**  
1,543,500  
**Funds Disbursed**  
2,653,747

## Senegal

**Local Fund Agent**  
STI  
**Round(s)**  
1,4,6,7  
**Programs Approved for Funding**  
HIV/AIDS, Tuberculosis, Malaria  
**Principal Recipients**  
The National AIDS Council of Senegal; Alliance Nationale Contre le SIDA; The Ministry of Health of the Government of the Republic of Senegal; TBD  
**Total Funds Approved**  
91,896,813  
**Funds Committed (Phase 1)**  
43,465,522  
**Funds Committed (Phase 2)**  
5,714,285  
**Funds Disbursed**  
37,972,819

## Sierra Leone

**Local Fund Agent**  
PwC  
**Round(s)**  
2,4,6,7  
**Programs Approved for Funding**  
HIV/AIDS, Tuberculosis, Malaria  
**Principal Recipients**  
The Sierra Leone Red Cross Society, The Sierra Leone National HIV/AIDS Secretariat; TBD  
**Total Funds Approved**  
56,384,559  
**Funds Committed (Phase 1)**  
29,657,259  
**Funds Committed (Phase 2)**  
3,129,454  
**Funds Disbursed**  
19,526,148

## Togo

**Local Fund Agent**  
PwC  
**Round(s)**  
2,3,4,6  
**Programs Approved for Funding**  
HIV/AIDS, Tuberculosis, Malaria  
**Principal Recipients**  
The United Nations Development Programme; Population Services International  
**Total Funds Approved**  
70,225,339  
**Funds Committed (Phase 1)**  
46,641,962  
**Funds Committed (Phase 2)**  
22,313,538  
**Funds Disbursed**  
47,212,929

# List of Terms & Abbreviations Used

ASA	Administrative Services Agreement
CBO	Community-based organization
CCM	Country Coordinating Mechanism
DFID	Department for International Development (of the UK)
DOTS	Internationally-recognized standard for tuberculosis treatment
ITNs	Insecticide-treated bed nets
MDGs	Millennium Development Goals
MDR-TB	Multidrug-resistant tuberculosis
NGO	Nongovernmental organization
ODA	Official development assistance
PRM	Price Reporting Mechanism
PR	Principal Recipient
TB	Tuberculosis
TRP	Technical Review Panel
RBM	Roll Back Malaria
RCC	Rolling Continuation Channel
UNAIDS	Joint United Nations Programme on HIV/AIDS
WHO	World Health Organization

## Notes

- The Multi-country Africa (West Africa Corridor Program) region includes: Benin, Cote d'Ivoire, Ghana, Nigeria and Togo
- The Multi-country Africa region includes: Mozambique, South Africa and Swaziland
- The Multi-country Western Pacific region includes: Cook Islands, Fiji, 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
- The Multi-country Americas (REDCA+) region includes: El Salvador, Honduras, Nicaragua and Panama



# 2007 GLOBAL FUND FINANCIAL STATEMENTS

Financial statements of the Global Fund to Fight AIDS, Tuberculosis and Malaria as of 31 December 2007 prepared in accordance with international financial reporting standards together with the report of the independent auditors

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Ernst & Young Ltd  
Route de Chancy 59  
P.O. Box  
CH-1213 Geneva

Phone +41 58 286 56 56  
Fax +41 58 286 56 57  
www.ey.com/ch

To the General Meeting of the Board of  
**The Global Fund to Fight AIDS, Tuberculosis and Malaria, Geneva**

Geneva, 29 April 2008

## 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 2007, and the related statements of activities, cash flows and changes in funds, and notes for the year then ended, published on pages 32 to 46 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 2007, 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  
Chartered Accountant  
(Auditor in charge)

Thomas Madoery  
Economiste d'entreprise ESCEA

Statement of Financial Position at 31 December 2007

In thousands of U.S. dollars	Notes	2007	2006
<b>ASSETS</b>			
Cash and bank balances	2.4, 3.1	279	616
Funds held in trust	2.4, 2.5, 3.1, 3.2	4,337,357	3,135,762
Promissory notes maturing within one year	2.6, 3.3	356,102	240,568
Contributions receivable within one year	2.6, 3.4	270,209	283,383
Prepayments and miscellaneous receivables		108	899
		4,964,055	3,661,228
Promissory notes maturing after one year	2.6, 3.3	140,039	178,838
Contributions receivable after one year	2.6, 3.4	404,234	359,008
		544,273	537,846
<b>Total ASSETS</b>		<b>5,508,328</b>	<b>4,199,074</b>
<b>LIABILITIES and FUNDS</b>			
<b>Liabilities</b>			
Undisbursed grants payable within one year	2.7, 3.6	2,053,863	1,684,163
Accrued expenses		3,808	6,329
		2,057,671	1,690,492
Undisbursed grants payable after one year	2.7, 3.6	893,288	391,325
<b>Total LIABILITIES</b>		<b>2,950,959</b>	<b>2,081,817</b>
<b>FUNDS at the end of the year</b>		<b>2,557,369</b>	<b>2,117,257</b>
<b>Total LIABILITIES and FUNDS</b>		<b>5,508,328</b>	<b>4,199,074</b>

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

Statement of Activities for the year ended 31 December 2007

In thousands of U.S. dollars	Notes	2007	2006
<b>INCOME</b>			
Contributions	2.6, 3.5	2,912,881	2,429,635
Trust fund income	2.5	240,502	126,483
Bank interest		–	15
<b>Total INCOME</b>		<b>3,153,383</b>	<b>2,556,133</b>
<b>EXPENDITURE</b>			
Grants	2.7, 3.7	2,596,029	1,817,424
Operating expenses	3.8	117,242	85,846
<b>Total EXPENDITURE</b>		<b>2,713,271</b>	<b>1,903,270</b>
<b>INCREASE IN FUNDS for the year</b>		<b>440,112</b>	<b>652,863</b>

The notes represent an integral part of the Statement of Activities

Statement of Cash Flows for the year ended 31 December 2007

In thousands of U.S. dollars	Notes	2007	2006
<b>CASH FLOWS FROM OPERATING ACTIVITIES</b>			
Contributions received	3.5	2,802,496	1,652,780
Trust fund income	2.5	240,502	126,483
Bank interest		–	15
		<b>3,042,998</b>	<b>1,779,278</b>
Grants disbursed in the year	3.7	( 1,724,365 )	( 1,306,969 )
Payments to suppliers and personnel		( 117,375 )	( 68,163 )
		<b>( 1,841,740 )</b>	<b>( 1,375,132 )</b>
<b>CASH FLOWS FROM OPERATING ACTIVITIES</b> being the net increase in cash and cash equivalents		<b>1,201,258</b>	<b>404,146</b>
<b>CASH AND CASH EQUIVALENTS</b> at beginning of the year	2.4	<b>3,136,378</b>	<b>2,732,232</b>
<b>CASH AND CASH EQUIVALENTS</b> at end of the year	2.4, 3.1	<b>4,337,636</b>	<b>3,136,378</b>

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

Statement of Changes in Funds at 31 December 2007

In thousands of U.S. dollars	Notes	2007	2006
<b>FUNDS</b> at the beginning of the year		2,117,257	1,464,394
<b>INCREASE IN FUNDS</b> for the year		<b>440,112</b>	<b>652,863</b>
<b>FUNDS</b> at the end of the year		<b>2,557,369</b>	<b>2,117,257</b>
Attributed as follows:			
Foundation capital		50	50
Temporarily restricted funds	2.6	12,452	1,302
Unrestricted funds		2,544,867	2,115,905
		<b>2,557,369</b>	<b>2,117,257</b>

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

## 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, nongovernmental 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 xx April 2008.

## 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, and SFAS 117: “Financial Statements of Not-for-Profit Organizations” has been applied in respect of temporarily restricted contributions and funds balance.

### 2.2 Basis of Presentation

The financial statements are presented in U.S. 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 U.S. dollars.

The financial statements are prepared under the historical cost convention, except for the following assets and liabilities which are measured at fair value:

- funds held in trust as indicated in Note 2.5;
- non-current contributions receivable and promissory notes as indicated in Note 2.6; and
- undisbursed grants as indicated in Note 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.

The key assumptions concerning the future and other key sources of estimation uncertainty at the reporting date and that have a significant risk of causing a material adjustment to the carrying amounts of assets and liabilities within the next financial year are discussed below:

*Fair Value of long-term portions of Assets and Liabilities:* Valued based on the expected cash flows discounted using the rates of investment returns on funds held in trust respectively in U.S. dollars and Euros and applied to long-term assets and liabilities denominated in those currencies. Long-term assets and liabilities are not held in any other currencies. This valuation requires the Global Fund to make estimates about expected future cash flows and discount rates, and hence they are subject to uncertainty.

### 2.3 Foreign Currency

All transactions in other currencies are translated into U.S. dollars at the exchange rate prevailing at the time of the transaction. Financial assets and liabilities in other currencies are translated into U.S. 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.

### 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 optimize investment returns.

## 2. Significant Accounting Policies (continued)

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. Promissory notes maturing and contributions 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. The movement of fair value of promissory notes and contributions receivable is recognised in the Statement of Activities. The carrying value of promissory notes and contributions receivable approximates their fair value.

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.

In accordance with SFAS 117 contributions received whose use is limited by donor-imposed purpose or time restrictions have been classified as temporarily restricted contributions. Comparative information in the financial statements has been reclassified where needed.

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.

### 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. The movement of fair value of undisbursed grants is recognised in the Statement of Activities. The carrying value of undisbursed grants payable approximates their fair value.

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 Impairment of Financial Assets

The Global Fund assesses at the date of statement of financial position whether a financial asset or group of financial assets is impaired. This assessment identified no impaired financial assets, but the following policy would apply in the event of impairment:

*Assets carried at amortised cost:* If there were objective evidence that an impairment loss on assets carried at amortised cost had been incurred, the amount of the loss would be measured as the difference between the asset's carrying amount and the present value of estimated future cash flows (excluding future expected credit losses that had not been incurred) discounted at the financial asset's original effective rate of investment return (i.e. the effective rate of investment return computed at initial recognition). The carrying amount of the asset would be reduced through use of an allowance account and the loss would be recognised in the Statement of Activities.

## 2. Significant Accounting Policies (continued)

If, in a subsequent period, the amount of the impairment loss decreases and the decrease could be related objectively to an event occurring after the impairment had been recognised, the previously recognised impairment loss would be reversed, to the extent that the carrying value of the asset would not exceed its amortised cost at the reversal date. Any subsequent reversal of an impairment loss would be recognised in the Statement of Activities.

In relation to promissory notes and contributions receivable, a provision for impairment would be made if there were objective evidence (such as the probability of insolvency or significant financial difficulties of the donor or debtor) that the Global Fund would not be able to collect all of the amounts due under the terms of the written contribution agreement or the invoice. The carrying amount of the promissory note or contribution receivable would be reduced through use of an allowance account. Impaired debts would be derecognised if they were assessed as uncollectible.

*Available-for-sale financial investments:* The Global Fund has no available-for-sale financial instruments at the reporting date.

### 2.9 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.

### 2.10 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.

### 2.11 Future Changes in Accounting and Reporting

The IASB and IFRIC issued a number of new and amended standards and interpretations through February 2008 as follows, none of which will impact the Global Fund's financial statements when implemented:

- IFRS 8 *Operating Segments* issued in November 2006 for implementation on 1 January 2009.
- IAS 23 *Borrowing costs* revised in March 2007 for implementation on 1 January 2009.
- IAS 1 *Presentation of Financial Statements* revised in September 2007 for implementation on 1 January 2009.
- IFRS 2 *Share-based Payments – Vesting Conditions and Cancellations* amended in January 2008 for implementation on 1 January 2009.
- IFRS 3R *Business Combinations* revised and issued IAS 27R *Consolidated and Separate Financial Statements* in January 2008 for implementation on 1 January 2009.
- IAS 32 and IAS 1 *Puttable Financial Instruments* amended in February 2008 for implementation on 1 January 2009.
- IFRIC 12 *Service Concession Arrangements* issued in November 2006 and becomes effective for financial years beginning on or after 1 January 2008.
- IFRIC 13 *Customer Loyalty Programmes* issued in June 2007 and becomes effective for financial years beginning on or after 1 July 2008.
- IFRIC 14/IAS 19 *The Limit on a Defined Benefit Asset, Minimum Funding Requirements and their Interaction* issued in July 2007 and becomes effective for financial years beginning on or after 1 January 2008.

### 3. Details Relating to the Financial Statements

In thousands of U.S. dollars unless otherwise stipulated

3.1 Cash and Cash Equivalents	2007	2006
Cash and bank balances	279	616
Funds held in trust	4,337,357	3,135,762
	<b>4,337,636</b>	<b>3,136,378</b>
3.2 Funds held in trust	2007	2006
World Bank	4,301,895	3,119,244
World Health Organization	32,612	14,014
United Nations Foundation	2,850	2,504
	<b>4,337,357</b>	<b>3,135,762</b>
3.3 Promissory Notes	2007	2006
Promissory notes to be encashed	463,517	400,006
Unrealized gains on foreign currency promissory notes to be encashed	32,624	19,400
	<b>496,141</b>	<b>419,406</b>
Maturing in 2007	-	240,568
Maturing in 2008	356,102	178,838
Maturing in 2009	140,039	-
	<b>496,141</b>	<b>419,406</b>
3.4 Contributions receivable	2007	2006
Contributions receivable*	661,221	635,609
Unrealized gains on foreign currency contributions receivable	13,222	6,782
	<b>674,443</b>	<b>642,391</b>
Receivable within one year	270,209	283,383
Receivable after one year	404,234	359,008
	<b>674,443</b>	<b>642,391</b>

\* Comprises amounts receivable under written contribution agreements signed on or before 31 December 2007 and 2006, respectively, that had not been received at that date.

### 3. Details Relating to the Financial Statements (continued)

In thousands of U.S. dollars unless otherwise stipulated

3.5 Contributions	2007	2006
Governments	2,816,433	1,916,808
Private sector	49,224	500,388
Temporarily restricted	47,224	12,439
	<b>2,912,881</b>	<b>2,429,635</b>
Contributions received including encashed promissory notes	2,802,496	1,652,780
Increase in promissory notes to be encashed	76,735	350,437
Increases in contributions receivable	32,053	417,306
Contributions in kind	1,597	9,112
	<b>2,912,881</b>	<b>2,429,635</b>
3.6 Undisbursed grants payable	2007	2006
Undisbursed grants payable	2,934,640	2,080,853
Unrealized losses / (gains) on foreign currency undisbursed grants payable	12,511	( 5,365 )
Total undisbursed grants payable	<b>2,947,151</b>	<b>2,075,488</b>
Payable within one year	2,053,863	1,684,163
Payable after one year	893,288	391,325
	<b>2,947,151</b>	<b>2,075,488</b>
In addition to the grant agreements entered into as outlined above, the Board has approved US\$ 2.3 billion (2006: US\$ 1.6 billion) of new grants which will become liabilities upon signature of the grant agreements.		
3.7 Grants expenditure	2007	2006
Grants disbursed in the year	1,724,365	1,306,969
Movement in undisbursed grants	871,664	510,455
	<b>2,596,029</b>	<b>1,817,424</b>

### 3. Details Relating to the Financial Statements (continued)

In thousands of U.S. dollars unless otherwise stipulated

3.8 Operating expenses	2007	2006
<b>Secretariat expenses</b>		
Personnel	41,054	30,632
Trustee fee	2,250	2,400
Administrative services fee	1,971	2,090
Other professional services	15,002	12,183
Travel and meetings	10,932	8,186
Communication materials	2,570	1,223
Office rental	4,683	2,195
Office infrastructure costs	5,036	2,113
Other	871	930
	84,369	61,952
<b>Local Fund Agent fees</b>	32,873	23,894
	<b>117,242</b>	<b>85,846</b>
Included in operating expenses above are contributions in kind attributed as follows:		
<b>Contributions in kind</b>		
Other professional services	1,422	8,921
Travel and meetings	34	191
Communication materials	141	-
	<b>1,597</b>	<b>9,112</b>

#### 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 2007 there were 337 personnel assigned to the Global Fund (2006: 251). Of these, 228 (2006: 155) 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, amounted to US\$ 2.1 million in 2007 (2006: US\$ 1.9 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.

#### 3.12 Lease Commitments

At 31 December 2007, the Global Fund has the following outstanding operating lease commitments:

Year	Office space	Office equipment	Vehicle
2008	6,321	68	8
2009	6,321	68	7
2010	6,321	68	-
2011	6,321	68	-
2012	6,321	68	-
Beyond 2012	527	5	-
	<b>32,132</b>	<b>345</b>	<b>15</b>

### 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, in interest rates or in currency rates 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.

*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 Euros with assets in the same currency to the extent possible.

**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.

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 optimize investment returns. The Pool is exposed to market, credit and liquidity risks. Promissory notes and contributions receivable are exposed to credit, currency and liquidity risks. There has been no significant change during the financial year or since to the types of financial risks faced by the Trust Fund or the Trustee's approach to the management of those risks. The exposure and 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, in interest rates or in currency rates. The Trust Fund is exposed to market risk primarily related to foreign exchange rates and 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.

*Interest rate risk:* The Trustee uses a value at risk (VAR) computation to estimate the potential loss in the fair value of the Pool's financial instruments with respect to unfavorable movements in interest rate and credit spreads. The VAR is measured using a parametric/analytical approach. It assumes that the movements in the market risk factors are normally distributed. In constructing the covariance matrix of market risk factors, a time decay factor is applied to weekly market data for the past three years. This approach takes into account three years' historical market observations while giving more weight to recent market volatility. The absolute VAR of the Trust Fund's share in the Pool over a twelve month horizon at a 95% confidence level is estimated to be US\$ 107.3 million or 249 basis points (2006: US\$ 59.3 million or 190 basis points). The computation does not purport to represent actual losses in fair value of the Trust Fund's share in the Pool. The Trustee cannot predict actual future movements in such market rates and does not claim that these VAR results are indicative of future movements in such market rates or to be representative of the actual impact that future changes in market rates may have on the Trust Fund's future results or financial position.

#### 4. Financial Instruments (continued)

**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 and/or instructions from the Global Fund, the Trustee maintains the Trust Fund's share in the Pool in U.S. dollars and Euros. 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.

The following table details the sensitivity of the Statement of Activities to a strengthening or weakening of the major currencies in which the Trust Fund holds financial instruments. The percentage change applied to each currency is based on the average currency rate changes over each of the previous three reporting periods. The average currency rate changes are based on the beginning and ending exchange rates for each of those periods.

Currency	2007		2006	
	Change %	Amount US\$ millions	Change %	Amount US\$ millions
Euro	11%	(+/-)78	11%	(+/-)71
Pound Sterling	8%	(+/-)19	10%	(+/-)24

**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 Trust Fund's maximum exposure to credit risk at the reporting date is US\$ 5,507.9 million (2006: US\$ 4,197.6 million). The Trustee does not hold any collateral or credit enhancements except for securities pledged under repurchase agreements with other counterparties. The Trust Fund's proportionate share of the fair value of those securities is US\$ 951.0 million (2006: US\$ 786.1 million). The Trust Fund's proportionate share of collateral that the Trustee has accepted and is permitted to sell or re-pledge in the event of default is US\$ 50.6 million (2006: US\$ 144.2 million). The Trustee has not sold or re-pledged any collateral during the period. The terms and conditions associated with collateral have no significant unusual requirements from the usual practice of recourse when a default occurs.

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.

At the reporting date, approximately 97% of the Trust Fund's share in the Pool is held in securities rated AAA, and approximately 3% is held in securities rated AA-.

The concentration of credit risk with respect to the Pool is limited because the Trustee has policies that limit the amount of credit exposure to any individual issuer.

Notes and Contributions Receivable result from mutually signed contribution agreements.

No financial assets are past due or impaired. Further, there was no renegotiation of terms to financial assets that would otherwise be past due or impaired.

**LIQUIDITY RISK:** The risk that an entity will encounter difficulty in raising liquid funds to meet its commitments as and when they fall due. All financial liabilities are payable on demand. 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.

## List of Technical Review Panel Members 2007

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. This includes applications for funding received through the Rounds-based channel as well as those received through the Rolling Continuation Channel. The TRP guarantees the integrity and consistency of an open and transparent proposals review process.

### HIV/AIDS

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

**Dr Indrani Gupta** (Vice-Chair)  
India  
*Professor and Head, Health Policy Research Unit*  
Institute of Economic Growth, India

**Dr David Hoos** (Chair)  
USA  
*Director Multicountry Antiretroviral Program, Assistant Professor Epidemiology*  
Mailman School of Public Health  
Columbia University

**Prof Papa Salif Sow**  
Senegal  
*Head of Department of Infectious Diseases, Fann Hospital*  
Dakar University

**Dr Nêmorea Tregnago Barcellos**  
Brazil  
*Doctor*  
Health State Secretariat

**Dr Ruth Kornfield**  
USA  
*Regional HIV & AIDS Advisor, Central African Region*  
Catholic Relief Services

**Dr Inayat Thaver**  
Pakistan  
*Consultant*  
Mustashaar Social Development Advisors

**Dr Alexey Bobrik**  
Russian Federation  
*Deputy Director*  
Open Health Institute

**Dr Lilian de Mello Lauria**  
Brazil  
*STD/AIDS Program Manager*  
Health Secretariat  
of Rio de Janeiro City

### Malaria

**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 Mark Kofi Amexo**  
Ghana  
*Portfolio Manager (Malaria)*  
UNITAID/WHO

**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

**Dr Ambrose Talisuna**  
Uganda  
*Assistant Commissioner*  
*Epidemiology and Surveillance*  
Uganda Ministry of Health

### Tuberculosis

**Dr Antonio Pio**  
Argentina  
*Senior Consultant in Public Health and Respiratory Diseases*

**Dr Lucica Ditiu**  
Romania  
*Medical Officer*  
WHO Regional Office for Europe

**Prof Asma El Sony**  
Sudan  
*Director, Epi-Lab and President, International Union Against Tuberculosis and Lung Diseases*

**Dr Peter Small**  
USA  
*Senior Program Officer, Tuberculosis*  
Global Health Program, Bill and Melinda Gates Foundation

**Dr Peter Metzger**  
Germany  
*Senior Tuberculosis Consultant*  
KNCV Tuberculosis Foundation

### Cross-Cutting

**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

**Mr Malcolm Clark**  
UK  
*Principal Program Associate*  
Center for Pharmaceutical Management Sciences for Health

**Dr Kaarle Olavi Elo**  
Finland  
*Consultant*  
HIV planning, management and evaluations, and also in health emergency preparedness and risk reduction

**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 Assia Brandrup-Lukanow**  
Germany  
*International Public Health Adviser*  
Health Metrics Network / GTZ sabbatical

**Dr Peter Barron**  
South Africa  
*Freelance consultant and technical advisor*  
Health Systems Trust

**Dr William Okedi**  
Kenya  
*Research Director for the HIV/AIDS Monitor Research Program in Uganda, Mozambique and Zambia*  
Center for Global Development

**Mr Shawn Kaye Baker**  
USA  
*Vice President and Regional Director for Africa*  
Helen Keller International

**Dr Delna Ghandhi**  
UK  
*Health Advisor, Department of International Development*  
DFID

Former TRP members who served on the TRP to review Rolling Continuation Channel proposals.

**HIV/AIDS**  
**Dr Kasia Malinowska-Sempruch**  
USA  
*Director, Global Drug Policy Program*  
Open Society Institute

**Malaria**  
**Dr Giancarlo Majori**  
Italy  
*Director, Vector-borne Diseases and International Health*  
WHO Collaborating Centre for Research and Training in Tropical Diseases Control, Istituto Superiore di Sanità

**Tuberculosis**  
**Dr Paula Fujiwara**  
USA  
*Senior Technical Advisor and Director, Department of HIV*  
International Union Against Tuberculosis and Lung Disease

**Cross-Cutting**  
**Dr Wilfred Griekspoor**  
Netherlands  
*Director Emeritus*  
McKinsey&Company

**Dr Sarah Gordon**  
Guyana  
*Consultant*  
Health Promotion and Education Program Planning



# 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

(NGO Representative of the Communities Living with the Diseases)

**Mr Javier Hourcade Bellocq**

Senior Programme Officer, LAC Team

International HIV/AIDS Alliance

### DEVELOPED COUNTRY NGO

**Ms Asia Russell**

Director International Relations

Health Gap (Global Access Project)

### DEVELOPING COUNTRY NGO

**Ms Elizabeth Mataka, Vice-Chair**

Executive Director

Zambia National AIDS Network

(ZNAN)

### EASTERN EUROPE (Russia)

**Mr Alexander Konuzin**

Director, Department of

International Organizations

Ministry of Foreign Affairs of the

Russian Federation

### EASTERN MEDITERRANEAN

REGION (Burundi)

**H.E. Mr Abdallah Adillahi Miguil**

Minister of Health of Djibouti

### EASTERN & SOUTHERN AFRICA

**Prof Sheila Dinotshe Tlou**

Minister of Health of Botswana

### EUROPEAN COMMISSION

(Belgium, Finland, Portugal)

**Mr Luis Riera Figueras**

Director

DG Development

European Commission

### FRANCE-SPAIN

**Amb Louis-Charles Viossat**

Ambassador for the fight against

AIDS and communicable diseases

French Ministry of Foreign and

European Affairs

### GERMANY (Canada, Switzerland)

**Dr Martina Metz**

Head of Division, Education, Health,

Population Policy

Federal Ministry for Economic

Cooperation and Development

(BMZ)

### ITALY

**Mr Alain Giorgio Maria**

**Economides**

Minister Plenipotentiary Director

General for Development

Cooperation

Ministry of Foreign Affairs

### JAPAN

**Mr Jun Yamazaki**

Deputy Director General for

Global Issues

Ministry of Foreign Affairs

### LATIN AMERICA AND

THE CARIBBEAN (México)

**Dr Jorge Saavedra**

Director General

Centro Nacional para la Prevención

del SIDA (CENSIDA) - Secretariat

de Salud

### POINT SEVEN (Denmark - Ireland,

Luxemburg, Netherlands, Norway,

Sweden)

**Amb Sigrun Mögedal**

HIV/AIDS Ambassador

Ministry of Foreign Affairs

### PRIVATE FOUNDATIONS

**Dr Regina Rabinovich**

Director, Infectious Diseases

Development Team

Bill & Melinda Gates Foundation

### PRIVATE SECTOR

**Mr Rajat Kumar Gupta, Chair**

Senior Partner

McKinsey & Company

### SOUTH EAST ASIA (Indonesia)

**Dr Broto Wasisto**

Organizing Chairman

Committee for Prevention and

Control of Narcotics and Drugs -

The Ministry of Health

### UNITED KINGDOM AND

AUSTRALIA

**Dr Carole Presern**

Counsellor (Development/

Specialised Agencies)

United Kingdom Mission to the UN

### USA

**Dr William Steiger**

Special Assistant to the Secretary for

International Affairs U.S. Department

of Health and Human Services

### WEST & CENTRAL AFRICA

(Burkina Faso)

**Hon Bedouma Alain Yoda**

State Minister in Charge of Health

Ministry of Health

### WESTERN PACIFIC REGION (China)

**Dr Jiefu Huang**

Vice Minister

Ministry of Health, Department of

International Cooperation

## Ex-officio Members without voting rights

### UNAIDS

**Dr Peter Piot**

Executive Director

UNAIDS

### WHO

**Mr Denis Aitken**

Representative of the Director-

General for Partnerships and UN

Reform

World Health Organization

### WORLD BANK

**Mr Philippe Le Houerou**

Vice-President, Concessional Finance

and Global Partnerships

The World Bank

## Board-designated non-voting Swiss member

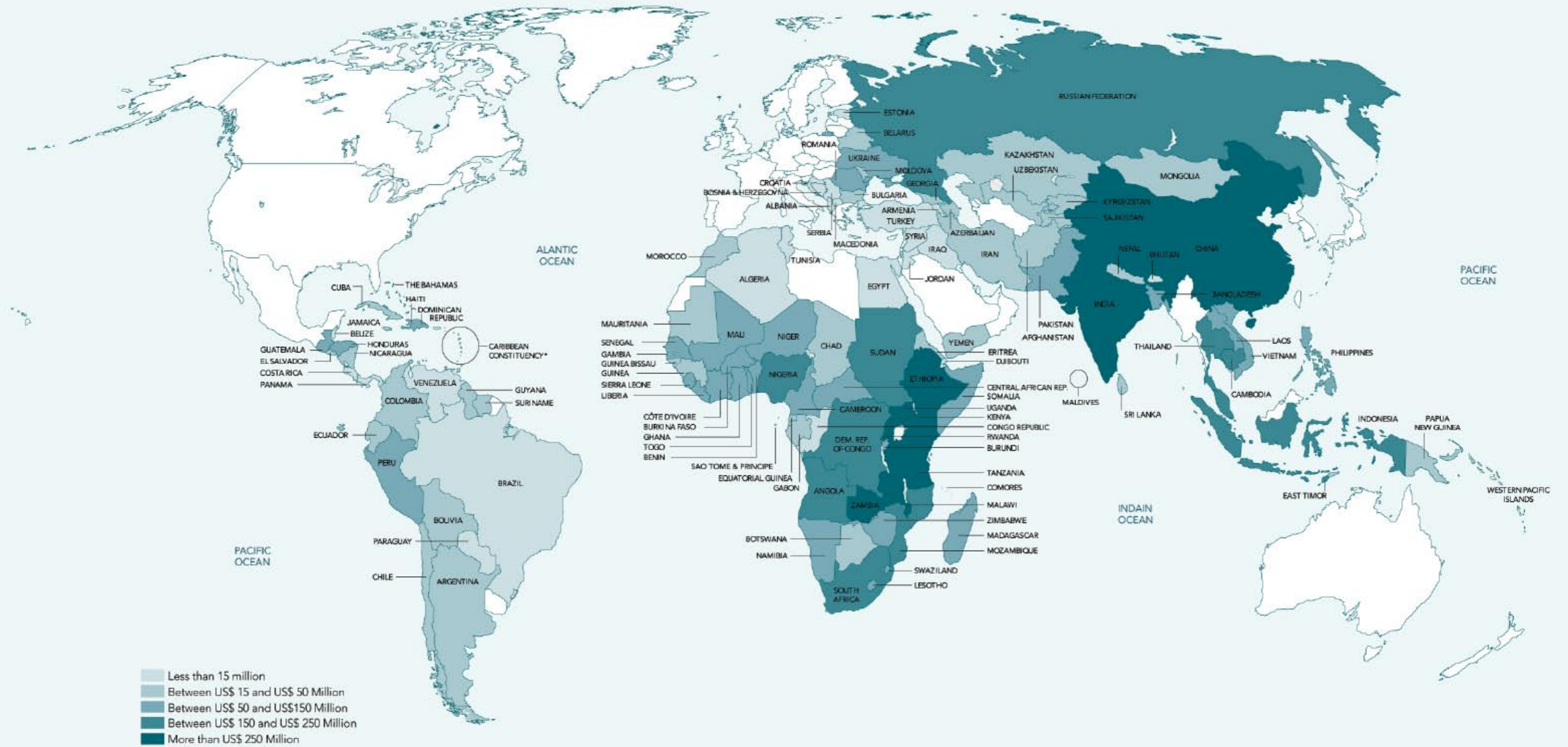
**Mr. Edmond Tavernier**

Managing Partner

Tavernier Tschanz (Avocats:

Attorneys-at-Law)

# World map of Global Fund health investment by country



# World maps illustrating country coverage of Global Fund grants by disease



HIV/AIDS



Tuberculosis



Malaria

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## Design and Layout

Art Gecko - artgecko@vtxnet.ch

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

Chemin de Blandonnet 8  
1214 Vernier  
Geneva, Switzerland

+ 41 22 791 1700 (phone)  
+ 41 22 791 1701 (fax)

[www.theglobalfund.org](http://www.theglobalfund.org)  
[info@theglobalfund.org](mailto:info@theglobalfund.org)

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