

CRS Report for Congress

The Global Fund to Fight AIDS, Tuberculosis, and Malaria: Progress Report and Issues for Congress

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**Prepared for Members and
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Summary

The Global Fund to Fight AIDS, Tuberculosis, and Malaria, headquartered in Geneva, Switzerland, is an independent foundation that seeks to attract and rapidly disburse new resources in developing countries aimed at countering the three diseases. The Fund is a financing vehicle, not an implementing agency. The origins of the Fund as an independent entity to fight the three diseases lie partly in a French proposal made in 1998, in ideas developed in the 106th Congress, and in recommendations made by United Nations Secretary-General Kofi Annan in April 2001. Though the Global Fund was established in January 2002, President Bush pledged \$200 million to such a fund in May 2001.

As of May 8, 2007, donors have pledged more than \$10 billion to the Fund, of which more than \$7 billion has been paid. The funds have been used to support more than 400 grants totaling more than \$7.5 billion for projects in 136 countries. Each year, the Fund awards grants through Proposal Rounds. There have been six Rounds, with the Board approving proposals in each year since its inception. In 2005, the Fund approved Round 5 grants in two tranches, because initially there were insufficient donor pledges to approve all the recommended proposals. The Fund approved the first group of proposals in September 2005 and the second group in December 2005, after donors pledged to make additional contributions. The Global Fund only approves proposals if it has sufficient resources on hand to support the first two years of a proposed project. This policy is designed to avoid disruptions to projects due to funding shortages. Funding lapses can cause interruptions in treatment regimens, leading to resistant strains of the diseases or death. Funding for a grant's third through fifth years depend on grant performance and on donor contributions.

The United States is the largest single contributor to the Global Fund. To date, it has appropriated nearly \$3 billion to the Fund, providing \$724 million in FY2007, the single largest U.S. contribution to date. Of those funds, \$247.5 million was transferred from the U.S. Agency for International Development (USAID), \$377.5 million from the State Department, and \$99.0 million from the Department of Health and Human Services (HHS).

There has been some debate about the level of U.S. contributions to the Fund. Some critics argue that the United States should temper its support to the Fund, because the Fund has not demonstrated strong reporting and monitoring practices; contributions made to the Fund in excess of the President's request are provided at the expense of U.S. bilateral HIV/AIDS, TB, and malaria programs; and the Fund needs to secure support from other sources, particularly the private sector. Supporters of current funding levels counter that the Fund has improved its reporting and monitoring practices, greater U.S. contributions to the Fund parallel increases in U.S. bilateral HIV/AIDS, TB, and malaria programs, and the Fund has attempted to raise participation by the private sector through the launching of Product Red™. This report, which will be periodically updated, discusses the Fund's progress to date, describes U.S. contributions to the organization and presents some issues Congress might consider.

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Background

In January 2002, the Global Fund was established as an independent foundation. The Fund, based in Switzerland, offers grants that support country efforts to curb the number of illnesses and deaths caused by HIV/AIDS, tuberculosis (TB), and malaria infections. Each year, the three diseases kill some 6 million people, mostly in Africa. The Fund's Board meets at least twice annually to discuss governance issues, such as grant approval. Nineteen Board seats are rotated among seven donor countries, seven developing countries, and one person from a developed country non-governmental organization (NGO), a developing country NGO, the private sector, a foundation, and affected communities.¹ The United States holds a permanent Board seat.

The Fund projects that from 2004 through 2009, it will have supported the treatment of 1.6 million HIV-positive people with antiretroviral (ARV) therapy and 3.6 million people infected with TB using the Directly Observed Treatment Short-Course (DOTS) (**Table 1**).² The Fund does not project how many malaria treatments it will have supported, though it anticipates financing the purchase and distribution of 40.0 million insecticide-treated bed nets (ITN) to prevent malaria infection. The Fund projects that 52 million people will have been reached through voluntary HIV counseling and testing (VCT) services, and 0.5 million orphans will have been supported.

Table 1. Global Fund Targets: 2004-2009
(thousands of people and nets)

	2004	2005	2006	2007	2008	2009
People Treated for HIV/AIDS	120	350	600	870	1,200	1,600
People Treated for TB	300	700	1,200	1,800	2,600	3,600
ITNs Distributed	2,000	5,000	15,000	30,000	60,000	100,000

Source: Global Fund, *Partners in Impact Results Report 2007*

¹ An extensive discussion on the structure and procedures of the Fund is included in CRS Report RL31712, *The Global Fund to Fight AIDS, Tuberculosis, and Malaria: Background*.

² Directly Observed Treatment Short Course (DOTS) is an internationally-recommended TB control strategy. [<http://www.who.int/tb/dots/en/>]

Global Fund Progress to Date

About 57% of Global Fund grants support HIV/AIDS projects, an estimated 15% fund TB initiatives; some 27% sustain malaria programs; and 1% strengthen health systems.³ In December 2006, the Fund and the U.S. State Department's Office of the Global AIDS Coordinator (OGAC) released a joint statement estimating that the Fund and the President's Emergency Plan for HIV/AIDS (PEPFAR)⁴ have supported the provision of antiretroviral treatments to 1.2 million people; of which the Fund claimed supporting treatment for 770,000 HIV-positive people (**Table 2**). The Fund also reported treating 2 million people with TB under DOTS and 23 million people with malaria.⁵ The Fund supported treatment for an additional 8,600 people with multiple-drug resistant TB (MDR-TB) – not reflected in Table 3. According to a Global Fund report, in 2005, its assistance represented more than 20% of all international HIV/AIDS spending, some 67% of global TB funds, and about 64% of all international support for malaria efforts.⁶

Table 2. Results of Global Fund Grants to Date

(thousands of people and nets)

Intervention	December 2004	December 2005	December 2006
People Treated for HIV/AIDS	130	384	770
People Treated for TB	385	1,000	2,000
People Treated for Malaria	1,100	3,900	23,000
Malaria: ITNs Distributed	1,350	7,700	18,000

Source: Global Fund Newsletter, December 2006 and 2007 *Partners in Impact Results Report*.⁷

Note: The figures should not be added; they reflect an accumulation of the previous year's efforts.

³ Global Fund website, "Distribution of Funding After Six Rounds." Accessed on May 11, 2007. [http://www.theglobalfund.org/en/funds_raised/distribution/#expenditure_target]

⁴ For more information on PEPFAR, see CRS Report RL33771, *Trends in U.S. Global AIDS Spending: FY2000-FY2007* and CRS Report RL33485, *U.S. International HIV/AIDS, Tuberculosis and Malaria Spending: FY2000-FY2008*.

⁵ [http://www.theglobalfund.org/en/media_center/press/pr_061201.asp] and Global Fund, *Partners in Impact: Results Report 2007*.

⁶ Global Fund, *Resource Needs for the Global Fund: 2008-2010*. 2007. [<http://www.theglobalfund.org/en/files/about/replenishment/oslo/Resource%20Needs.pdf>] The Henry J. Kaiser Family Foundation (KFF) estimates that Global Fund spending represented about 19% of all international HIV/AIDS commitments in 2005. KFF, *International Assistance for HIV/AIDS in the Developing World*. July 2006. [<http://www.kff.org/hivaids/upload/7344-02.pdf>]

⁷ All data, excluding the malaria treatment figures, were compiled from Global Fund, *Partners in Impact: Results Report 2007*. Malaria figures were compiled from the 9th Global Fund Newsletter, December 2006 and from Global Fund staff. [http://www.theglobalfund.org/en/files/malaria_information_sheet_en.pdf]

Funding Procedure

Each year, the Global Fund calls for grant proposals and awards them in Rounds. Through six Rounds, the Fund has approved more than \$7 billion, almost half of which has been disbursed, in support of more than 400 grants in 136 countries (**Table 3**).⁸ The Fund issued its seventh call for proposals on March 1, 2007. In 2005, the Fund approved Round 5 grants in two tranches, because initially there were not sufficient donor pledges to approve all recommended proposals. Its Comprehensive Funding Policy (CFP) specifies that the Fund can only sign grant agreements if there are sufficient resources to support the first two years of the activities. The policy is designed to avoid disruptions in funding that might interrupt project activities. Financial delays can cause people to miss treatments, potentially leading to the emergence of drug-resistant strains, susceptibility to secondary diseases, or death.

Table 3. Grant Agreement Totals to Date
(\$millions, current)

	Grants Approved			Funds Disbursed		
	Phase I	Phase II	Total	Phase I	Phase II	Total
Round 1	\$576.3	\$735.4	\$1,311.7	\$540.9	\$303.9	\$844.8
Round 2	\$851.6	\$917.2	\$1,768.8	\$779.8	\$264.6	\$1,044.4
Round 3	\$636.3	\$613.7	\$1,250.0	\$563.0	\$98.4	\$661.4
Round 4	\$1,014.2	\$581.6	\$1,595.8	\$772.1	\$14.6	\$786.7
Round 5	\$773.4	\$0.0	\$773.4	\$312.7	\$0.0	\$312.7
Round 6	\$870.6	\$0.0	\$870.6	\$12.9	\$0.0	\$12.9
TOTAL	\$4,722.4	\$2,847.9	\$7570.3	\$2,981.4	\$681.5	\$3,662.9

Source: Global Fund website, Current Grant Commitments and Disbursements. May 11, 2007.

The Fund distributes grants through a performance-based funding system. Under this system, the Fund commits to financially support the first two years (Phase I) of approved grants, though it disburses the funds quarterly if grants meet their targets. As the end of Phase I approaches, the Fund reviews the progress of the grant to determine if it should support the third through fifth years (Phase II).

In November 2006, the Board established the Rolling Continuation Channel (RCC). This funding channel, which began in March 2007, permits Country Coordinating Mechanisms (CCMs)⁹ to request additional funding for grants that are

⁸ Global Fund website, Current Grant Commitments and Disbursements. Accessed on May 11, 2007. [http://www.theglobalfund.org/en/funds_raised/commitments/]

⁹ CCMs are comprised of individuals from governments, NGOs, the private sector, and
(continued...)

performing well but set to expire. The application process for the RCC is not as rigorous as the Round process. RCC-approved grants can receive support for up to an additional six years, with the funds being awarded in three-year intervals. The channel is intended only for those grants that have demonstrated a significant contribution "to a national effort that has had, or has the potential to have in the near future, a measurable impact on the burden of the relevant disease."¹⁰

Suspended, Discontinued, or Cancelled Grants

The Fund uses a performance-based funding system that permits it to temporarily suspend support for grants if it finds significant problems with project performance, such as accounting inconsistencies. In some instances, the Fund restored support to grants once key concerns were resolved. The Fund will discontinue support for grants in Phase II if it finds that they did not sufficiently meet their targets. Countries whose grants have been discontinued can apply and have secured funding in subsequent Rounds (see Nigeria below). In extreme cases, the Fund will immediately cancel financial support. If funds are immediately revoked, the Fund might invoke its continuity of services policy, which ensures that life-extending treatment is continued for suspended or cancelled grants or for those whose terms have expired until other financial support is identified.¹¹ To date, the Fund has only terminated grants in two countries, Burma and North Korea. When the Fund decided to terminate support for grants in Burma, policy analysts debated how best to serve humanitarian needs in politically unstable countries.

Suspended Grants

Chad. On November 28, 2006, the Global Fund announced that it had temporarily suspended its two grants in Chad. After undertaking audits of the grants, the Fund reportedly discovered evidence of "misuse of funds at several levels and the lack of satisfactory capacity by the Principal Recipient and sub-recipients to manage the Global Fund's resources." The Fund noted, however, that despite the findings, grant activities had yielded substantial results in terms of people reached, infections prevented, and lives saved. Grant disbursements have been suspended until a satisfactory new financial structure can be developed. In the interim period, the Fund is working with the Principal Recipient to ensure that life-saving treatment and other essential services for people in need are not interrupted.

Ukraine. On January 30, 2004, the Global Fund announced that it had temporarily withdrawn its grant in Ukraine. Citing the slow progress of Fund-backed

⁹ (...continued)

affected populations. The CCMs develop and submit grant proposals to the Fund. After grant approval, they oversee progress during implementation.

¹⁰ [http://www.theglobalfund.org/en/files/boardmeeting14/GF-BM-14_Final_Decisions.pdf]

¹¹ Global Fund 14th Board Meeting Report, October 31- November 3, 2006.

[http://www.theglobalfund.org/en/files/boardmeeting14/GF-B14-7_Report%20of%20the%20PSC_FINAL.pdf]

HIV/AIDS programs, the Fund stated that it would ask “a reliable organization to take over implementation of the programs for several months, to give Ukraine the opportunity to address concerns of slow implementation, management, and governance issues.”¹² Nearly a month later, on February 24, 2004, the Fund announced that the suspension had ended, and that a temporary principal recipient had been identified. The Fund hoped that if a new PR were used, project performance would improve and related problems would be resolved.¹³ The Fund reports that the new PR is successfully implementing the grant and in July 2005, it approved additional funds for the grant's Phase II activities.¹⁴

Discontinued Grants

Nigeria. In May 2006, at its 13th board meeting, the Fund decided to discontinue support for Nigeria's HIV/AIDS programs awarded in Round 1. In previous board meetings, the Secretariat recommended that the Fund not award Nigeria additional support for Phase II.¹⁵ The Board disagreed. At the 12th Board meeting, the Board and Secretariat agreed to create an Independent Review Panel to review the grants and report back to the Board. Following its investigation, the Panel presented similar findings and agreed with the Secretariat that the grants were performing poorly. The Board agreed not to fund Phase II of the grants, but committed to support procurement of HIV treatments for up to two years. Although those grants were discontinued, the Fund awarded Nigeria different HIV/AIDS grants in Round 5.¹⁶

Pakistan. Staff at the Global Fund report that the Fund discontinued support for Pakistan's malaria projects in Round 2, because the grant demonstrated weak project implementation, slow procurement of health products, poor data quality, and slow spending of project funds. Specifically, the Secretariat found that eight of the

¹² Global Fund Press Release, *The Global Fund Acts to Secure Results for its Programs in Ukraine*. January 30, 2004. [http://www.theglobalfund.org/en/media_center/press/pr_040130.asp]

¹³ Global Fund Press Release, *Global Fund Signs Letter of Intent to Relaunch Ukraine HIV/AIDS Grant*. February 24, 2004. [http://www.theglobalfund.org/en/media_center/press/pr_040224.asp]

¹⁴ Correspondence with Global Fund staff, May 11, 2007.

¹⁵ For information on the functions of the Board and Secretariat see CRS Report RL31712, *The Global Fund to Fight AIDS, TB, and Malaria: Background*.

¹⁶ The report from the Communities Living with HIV/AIDS, TB and Affected by Malaria to the Global Fund at the 13th Board meeting, [http://www.theglobalfund.org/en/files/partners/civil_society/articles/report_communities_bm13.pdf] Also see the Global Fund report on the 14th Board meeting at [http://www.theglobalfund.org/en/files/boardmeeting14/GF-BM-14_04_OperationsUpdate.pdf]

grant's ten targets¹⁷ had not been reached and only 15% of the ITNs had been distributed.¹⁸

Senegal. On March 1, 2005, the Global Fund announced that it would not approve funding for the second phase of Senegal's malaria project, which was originally funded in Round 1. A Fund press release indicated that the project "was found to have systemic issues that resulted in poor performance."¹⁹ The release did not specify what issues it had with the project, though it indicated that "review of the Senegal grant raised serious concerns" about the effective use of Global Fund resources. Although the program was discontinued, Fund officials encouraged Senegal to address the issues that were raised and to apply for new funds in the future. Ultimately, the Fund approved a grant proposal that Senegal submitted for malaria projects in Round 4.

South Africa. In December 2005, the Global Fund Board voted to discontinue funding an HIV prevention grant in South Africa. The Board decided that the grant, implemented by an NGO named loveLife, had failed to sufficiently address weaknesses in its implementation.²⁰ Press accounts quote a Global Fund representative explaining that it had become difficult to measure how the loveLife prevention campaign was contributing to the reduction of HIV/AIDS among young people in South Africa. Additionally, the representative reportedly stated that the Board had repeatedly requested that loveLife revise its proposals and address concerns regarding performance, financial and accounting procedures, and the need for an effective governance structure. A Global Fund spokesman was quoted as saying that "loveLife is extremely costly, there are programs that have been very effective, which cost a fraction of what loveLife costs. It would be irresponsible of the Global Fund to spend almost \$40 million without seeing results."²¹

LoveLife officials were reportedly surprised that the Global Fund ultimately decided to discontinue funding the grant, particularly since there were some reported differences of opinion regarding the matter between the Fund's Technical Review Panel, Secretariat, and the Board.²² Additionally, loveLife officials reportedly argued that the decision was politically motivated and influenced by U.S. emphasis on

¹⁷ For a description of the targets, see [\[http://www.theglobalfund.org/search/docs/2PKSM_130_144_full.pdf\]](http://www.theglobalfund.org/search/docs/2PKSM_130_144_full.pdf)

¹⁸ Correspondence with the Global Fund on April 13, 2007.

¹⁹ Global Fund Press Release, *Global Fund Cuts Funding for Malaria Grant*. March 1, 2005. [\[http://www.theglobalfund.org/en/media_center/press/pr_050301.asp\]](http://www.theglobalfund.org/en/media_center/press/pr_050301.asp)

²⁰ Global Fund Press Release, "Global Fund Closes Funding Gap." December 16, 2005. [\[http://www.theglobalfund.org/en/media_center/press/pr_051216.asp\]](http://www.theglobalfund.org/en/media_center/press/pr_051216.asp)

²¹ UN Integrated Regional Information Networks, "South Africa: Global Fund Withdraws Support for LoveLife." December 19, 2005. [\[http://www.plusnews.org\]](http://www.plusnews.org)

²² loveLife officials allege that after reviewing the revised proposal that loveLife submitted, the TRP recommended that the Board fund the proposal. See loveLife press release, "Statement by loveLife on the Decision by the Global Fund to Fight HIV/AIDS, TB, and Malaria to Discontinue Funding." December 21, 2005. [\[http://www.lovelife.org.za/corporate/media_room/article.php?uid=805\]](http://www.lovelife.org.za/corporate/media_room/article.php?uid=805)

abstinence in HIV prevention efforts. One press account quoted a loveLife official as saying, “Obviously the strength of conservative ideologies is spilling over into the field of HIV and HIV prevention and it has direct impact on programs like loveLife.”²³ According to a loveLife press release, the decision to discontinue funding the program will substantially curtail South Africa’s efforts to prevent HIV infections among young people, because the Global Fund’s grant supported one third of the program’s budget. However, the South African government has reportedly provided additional funds to the program to close the funding gap, and other donors, such as the U.S.-based Kaiser Family Foundation, have continued funding loveLife HIV-prevention efforts.

Uganda. On August 24, 2005, the Global Fund announced that it had temporarily suspended all five of its grants in Uganda. Additionally, the Fund declared that the Ugandan Ministry of Finance would have to establish a new structure that would ensure effective management of the grants before it considered resuming support. In a press release, the Fund explained that a review undertaken by PricewaterhouseCoopers revealed serious mismanagement by the Project Management Unit (PMU) in the Ministry of Health, which was responsible for overseeing the implementation of Global Fund programs in Uganda. Examples of “serious mismanagement” included evidence of inappropriate, unexplained or improperly documented expenses.²⁴ Up to that point the Fund had disbursed some \$45.4 million of the \$200 million approved.²⁵ Three months later on November 10, 2005, the Fund announced that it had lifted the suspension on all five grants. The PR and the Ministry of Finance committed to restructure management of the grants and strengthen oversight and governance of Global Fund grants to Uganda.²⁶ In spite of these actions, the Fund did not approve support for Phase II activities.

Terminated Grants

Burma (Myanmar). After extensive consultation with the U.N. Development Program (UNDP), the Fund decided to terminate its grant agreements with Burma effective August 18, 2005. The Fund stated that while it was concerned about the extensive humanitarian needs in Burma, travel restrictions imposed by the country’s government prevented the Fund from effectively implementing grants.²⁷ According

²³ Quin, Andrew, “S. Africa youth AIDS program faces cash crunch.” January 4, 2006. Reuters Foundation. [<http://www.alertnet.org>]

²⁴ Global Fund press release, “Global fund Suspends Grants to Uganda.” August 24, 2005. [http://www.theglobalfund.org/en/media_center/press/pr_050824.asp]

²⁵ Kaiser Family Foundation, “Global Fund Temporarily Suspends Five Grants to Uganda Citing Evidence of Mismanagement.” August 25, 2005. [http://www.kaisernetwork.org/daily_reports/print_report.cfm?DR_ID=32229&dr_cat=1]

²⁶ Global Fund press release, “Global Fund Lifts Suspension of Uganda Grants.” November 10, 2005. [http://www.theglobalfund.org/en/media_center/press/pr_051110.asp]

²⁷ Global Fund Press Release, *The Global Fund Terminates Grants to Myanmar*. August 19, 2005. [http://www.theglobalfund.org/en/media_center/press/pr_050819.asp] Also see Global Fund Fact Sheet, *Termination of Grants to Myanmar*. August 18, 2005.

(continued...)

to the Fund, travel clearance procedures that the Burmese government instituted in July 2005 prevented the PR, implementing partners, and Global Fund staff from accessing grant implementation areas. The Fund indicated that the travel restrictions coupled with new procedures that the government established to review procurement of medical and other supplies “prevented implementation of performance-based and time-bound programs in the country, breached the government’s commitment to provide unencumbered access, and frustrated the ability of the PR to carry out its obligations.”²⁸

The Global Fund’s decision to discontinue those grants in Burma sparked a larger debate about providing humanitarian assistance in countries that are politically unstable or governed by dictatorial regimes. Some were disappointed that the Fund terminated its assistance, citing the significant humanitarian needs in the country. A Burmese official stated that, “the restrictions on aid workers were only temporary, and ‘do not justify irreversible termination of grants.’”²⁹ A U.N. official accused the United States of pressuring the Global Fund to withdraw its support in Burma.³⁰ One U.N. official warned of impending death as a result of the situation, stating that, “without exaggeration, people are going to die because of this decision.”³¹ Some, however, blamed the Burmese government for the Fund’s decision to terminate the grants. One Washington-based advocate stated that, “it needs to be recognized who causes suffering in that country. It’s not the Global Fund...It’s the regime.”³² A Global Fund spokesperson stressed that the interrupted aid was not a political decision, rather one based on effective project implementation.³³

Burma has garnered support from other countries and international organizations to continue programs terminated by the Fund. Australia is reportedly increasing its aid to Burma by 25%.³⁴ Additionally, the European Union (EU) announced that it had pledged about \$18 million to fight HIV/AIDS in the country.³⁵ In January 2006,

²⁷ (...continued)

[http://www.theglobalfund.org/en/media_center/press/pr_050819_factsheet.pdf]

²⁸ Global Fund Press Release, *The Global Fund Terminates Grants to Myanmar*. August 19, 2005. [http://www.theglobalfund.org/en/media_center/press/pr_050819.asp]

²⁹ “Burma urges UN aid fund to stay.” *BBC News*, August 23, 2005. [<http://news.bbc.co.uk/>]

³⁰ “Australia to step up AIDS assistance to Burma.” *Australian Associated Press*, December 7, 2005. [<http://aap.com.au/>]

³¹ “Misery spreads among political stalemate.” *The Miami Herald*, December 29, 2005. [<http://www.miami.com/mld/miamiherald/>]

³² “So Much Need, So Little Help for the Deathly Ill in Myanmar.” *The Los Angeles Times*, December 27, 2005. [<http://www.latimes.com/>]

³³ Ibid.

³⁴ “Australia to step up AIDS assistance to Burma.” *Australian Associated Press*, December 7, 2005. [<http://aap.com.au/>]

³⁵ “EU Humanitarian aid to Myanmar increases fourfold.” *Associated Press*, December 12, 2005. [<http://www.ap.org>] and “*Commission allocates €15 million in humanitarian aid to vulnerable populations in Burma/Myanmar and to Burmese refugees along the Myanmar-* (continued...) ”

Australia, Britain, Sweden, the Netherlands, Norway, and the European Commission announced that they planned to establish a \$100 million, five-year joint donor program that would replace some of the financial support the country lost after the Fund had withdrawn. The program, the Three Diseases Fund (3D Fund), was officially launched in October 2006.³⁶ The donors contend that the funding system maintains the safeguards established by the Global Fund that ensures the money does not directly support the military regime.

North Korea. In January 2005, the Global Fund cancelled two grant agreements with North Korea after the country failed to meet the requirements outlined in its Additional Safeguards Policy.³⁷ The grants, valued at \$8.5 million, were targeted at controlling and malaria in the country. No further information is publically available.

Projected Financial Needs

Meeting Millennium Development Goals

In September 2000, at the United Nations (U.N.) Millennium Summit, member states adopted the U.N. Millennium Declaration, which among other things, established a set of time-bound, measurable goals and targets for combating poverty, hunger, disease, illiteracy, environmental degradation and discrimination against women.³⁸ This resolution contains what have become commonly known as the Millennium Development Goals (MDGs).³⁹

World leaders who agreed to the MDGs pledged to provide sufficient financial and technical support to meet the goals. Of the eight goals, the one aimed at HIV/AIDS and malaria commits world leaders to reverse the spread of the two diseases by 2015. The World Health Organization (WHO) and the Joint United Nations Program on HIV/AIDS (UNAIDS) estimate that in order to meet the MDG goal related to HIV/AIDS and malaria, in each year from 2008 to 2010, donors would

³⁵ (...continued)

Thai border." *European Commission press release*, December 22, 2005. [http://europa.eu/rapid/pressReleasesAction.do?reference=IP/05/1694&format=HTML&aged=0&language=EN&guiLanguage=en]

³⁶ "European donors plan to restore AIDS help to Myanmar: diplomats." *Agence France Press*, January 24, 2006. [http://www.afp.com/english/home/] and "Myanmar's HIV/AIDS, Malaria, TB Fund To Begin Operations on Oct. 12." Kaiser Family Foundation, October 12, 2006. [http://www.kaisernetwork.org/daily_reports/rep_index.cfm?hint=1&DR_ID=40356]

³⁷ Global Fund, *Report of the Executive Director*, April 21-22, 2005. [http://www.theglobalfund.org/en/files/boardmeeting10/gfb1003..pdf]

³⁸ [http://www.un.org/millennium/declaration/ares552e.pdf]

³⁹ [http://www.un.org/millenniumgoals/MDGs-FACTSHEET1.pdf]

need to provide between \$28 billion and \$31 billion.⁴⁰ The Global Fund estimates that during that time period, its annual share would range from \$4 billion to \$6 billion.

Meeting Escalating Grant Requests

The Fund estimates that it will need between \$11 billion and \$18 billion from 2008 to 2010.⁴¹ The range represents the rate at which grant approval could escalate in three different scenarios (**Table 4**). In Scenario A, the Global Fund would continue to award new grants at the current rate of about \$1 billion per year and would not experience significant growth. In Scenario B, the Fund would moderately increase new grant awards, with annual grant awards averaging \$5 billion from 2008 to 2010. In Scenario C, the Fund projects that it would meet the MDGs and would need an average of \$6 billion for each year from 2008 to 2010. The Global Fund does not advocate any scenario, because it bases its financial needs on the grant proposals that it receives.⁴² However, at a board meeting in April 2007, the Board estimated that it would need from \$6 billion to \$8 billion by 2010 – reflecting Scenarios B and C.⁴³

Table 4. Funding Requirements, 2008-2010
(\$billions, current)

	2008			2009			2010			TOTAL
	Phase I	Phase II	RCC	Phase I	Phase II	RCC	Phase I	Phases II	RCC	
Scenario A	\$1.7	\$1.3	\$0.3	\$1.8	\$1.7	\$0.4	\$1.6	\$2.1	\$0.6	
Subtotal	\$3.3			\$3.9			\$4.3			\$11.5
Scenario B	\$2.3	\$1.3	\$0.3	\$2.9	\$1.7	\$0.4	\$3.2	\$2.2	\$0.6	
Subtotal	\$3.9			\$5.0			\$6.0			\$14.9
Scenario C	\$2.8	\$1.3	\$0.3	\$3.9	\$1.7	\$0.4	\$4.7	\$2.2	\$0.6	
Subtotal	\$4.4			\$6.0			\$7.5			\$17.9

Source: Global Fund, *Resource Needs for the Global Fund: 2008-2010*.

Congressional Actions

At the launching of PEPFAR, the Administration proposed that over the Plan's five-year term, \$1 billion be contributed to the Global Fund. In total, the Administration has requested \$1.3 billion for the Fund from FY2004 to FY2008; \$200

⁴⁰ Global Fund, *Partners in Impact Results Report 2007*.

⁴¹ Global Fund, *Resource Needs for the Global Fund: 2008-2010*.
[<http://www.theglobalfund.org/en/files/about/replenishment/oslo/Resource%20Needs.pdf>]

⁴² Correspondence with Global Fund staff, May 1, 2007.

⁴³ Ibid.

million in FY2004 and FY2005, each, and \$300 million for each fiscal year from 2006 to 2008. Congress has consistently provided more to the Fund than the Administration has requested through PEPFAR, appropriating nearly \$3 billion from FY2004 through FY2007 (**Table 5**). P.L. 109-289, the FY2007 Revised Continuing Appropriations Resolution, as amended, provides the largest appropriation to the Fund to date, \$724 million, of which \$247.5 million is from USAID, \$377.5 million from the State Department, and \$99 million from HHS.

Table 5. U.S. Appropriations to the Global Fund
(\$millions, current)

	FY2001- FY2002 Actual	FY2003 Actual	FY2004 Actual	FY2005 Actual	FY2006 Actual	FY2007 Request	FY2007 Actual	FY2001- FY2007 Total	FY2008 Request
Foreign Operations	\$320.0	\$248.4	\$397.6	\$248.0	\$445.5	\$200.0	\$625.0	\$2,284.5	0.0
Labor/HHS	\$100.0	\$99.3	\$149.1	\$99.2	\$99.0	\$100.0	\$99.0	\$645.6	\$300.0
FY2004 Carryover	n/a	n/a	-\$87.8	\$87.8 ^b	n/a	n/a	n/a	n/a	n/a
TOTAL ^a	\$420.0	\$347.7	\$458.9	\$435.0	\$544.5	\$300.0	\$724.0	\$2,930.1	\$300.0

Source: Appropriations legislation and budget requests

- a. The Global Fund reports having received less from the United States than what was included in appropriations. The Global Fund reports having received \$300 million in FY2001 and FY2002 combined, \$322.7 million in FY2003, \$458.9 million in FY2004, \$414.0 million in FY2005, and \$401.7 million in FY2006. Language in P.L. 108-25 authorizes the President to withhold a portion of U.S. funds from the Fund that might be spent in countries that support terrorism. In FY2005, Foreign Operations appropriations provides for the United States to transfer 5% of funds appropriated to the Fund to support USAID technical assistance efforts related to the Fund. In FY2006, Foreign Operations appropriations language requires the Secretary of State to withhold 20% of the U.S. Global Fund contribution until she certifies to the Appropriations Committees that the Fund has strengthened oversight and spending practices.
- b. The withdrawal of \$87.8 million in FY2004 illustrated in **Table 5** reflects requirements in P.L.108-25, U.S. Leadership Against HIV/AIDS, Tuberculosis, and Malaria Act of 2003, which stipulates that U.S. contributions to the Fund for fiscal years 2004 through 2008 not exceed 33% of Fund contributions from all sources (discussed below). P.L. 108-447, FY2005 Consolidated Appropriations, adds this amount to the 2005 contribution, subject to the same 33% limitation.

Issues for Congress

Strengthen Reporting and Monitoring

Some critics of the Fund have expressed concern about particular aspects of the Fund's financial policies. Observers contend that the Fund's oversight mechanisms are not strong enough to protect against wasteful spending, particularly in countries that have a well documented history of corruption and poor financial management. Fund supporters counter that the organization's website provides an abundance of information related to its funding process, grant project proposals and budgets, grant

spending trends, and results of board meetings, which include decisions regarding the suspension of grants. Fund advocates also argue that the Fund's decisions to suspend temporarily, and in some cases, discontinue poor performing grants demonstrate the effectiveness of the Fund's oversight and funding mechanisms.

In June 2005, the U.S. Government Accountability Office (GAO) reported that the Fund had a limited capability to monitor and evaluate grants, raising questions about the accuracy of its reported results. GAO also indicated that the Fund's documents had not consistently explained why it provided additional funds for grants or why it denied disbursement requests.⁴⁴ In October 2006, the Center for Global Development (CGD) Global Fund Working Group reported similar findings and made a number of recommendations, including strengthening the performance based funding system.⁴⁵

In an effort to strengthen oversight of the Fund's grants, Congress included a provision in Section 525 of P.L. 109-102, FY2006 Foreign Operations Appropriations, that required 20% of the U.S. contribution to the Global Fund be withheld until the Secretary of State certified to the Appropriations Committees that the Fund had undertaken a number of steps to strengthen oversight and spending practices. The act allows the Secretary to waive the requirement, however, if she determines that a waiver is important to the national interest. At a hearing on tuberculosis held in March 2007 by the House Foreign Affairs Subcommittee on Africa and Global Health, Representative Adam Smith expressed his reservations about the Fund's oversight capacity, stating that

The information and accountability that Congress has come to take for granted through bilateral programs are not available through the Global Fund, and that many of the primary recipients of the Global Fund grants are governments with a history of corruption and fraud and/or limited capacity to properly manage large sums of money in their health sectors. One could argue that the absence in the Global Fund of a robust reporting and monitoring mechanism, at both the primary and sub-recipient levels, is an open invitation for waste in these countries and a tragic loss of opportunity to save lives. The implementation of a system that provides accountability and transparency would seem vital, absolutely necessary, in my view, to continue the expanded donor support of the Global Fund in the future.

GAO re-evaluated the Fund and released a report in May 2007, which acknowledged that the Fund had improved its documentation of funding decisions, but also determined that the process needed improvement.⁴⁶ The updated report indicated

⁴⁴ GAO, *The Global Fund to Fight AIDS, TB, and Malaria is Responding to Challenges but Needs Better Information and Documentation for Performance-Based Funding*. June 2005. [<http://www.gao.gov/new.items/d05639.pdf>]

⁴⁵ Report of the Global Fund Working Group, *Challenges and Opportunities for the New Executive Director of the Global Fund: Seven Essential Tasks*. CGD. October 2006. [http://www.cgdev.org/doc/HIVAIDSMonitor/GlobalFund_sevenTasks.pdf]

⁴⁶ GAO, *Global Fund to Fight AIDS, TB, and Malaria Has Improved Its Documentation of Funding Decisions but Needs Standardized Oversight Expectations and Assessments*, May (continued...)

that each grant that it had reviewed included an explanation of associated funding decisions; yet GAO maintained that many of the grant reports did not include a justification that detailed how the Fund had decided whether to disburse funds or renew support, as it had found in 2005. GAO also concluded that the Fund needed to strengthen oversight of Local Fund Agents (LFAs) and establish standardized performance standards for them in order to assess the quality of their grant monitoring and reporting.⁴⁷ Some would like Congress to include provisions in subsequent appropriations bills that are similar to those enacted in FY2006, which permitted the Administration to withhold a portion of the United States' contributions to the Fund pending review of oversight and monitoring practices. Others contend that such action is unnecessary in light of the strides that the Fund has made in improving its reporting and monitoring practices.

Reauthorize Limits on U.S. Contributions to the Global Fund

P.L. 108-25, U.S. Leadership Against HIV/AIDS, Tuberculosis, and Malaria Act, prohibits U.S. government contributions to the Fund from exceeding 33% of contributions from all donors. Congress instituted the contribution limit to encourage greater global support for the Fund. There is some debate about whether the 33% provision should be interpreted as the amount the United States should provide to the Fund or as the maximum amount the United States can contribute. Supporters of the Fund contend that Congress instituted the 33% mandate in recognition of the moral responsibility that the United States holds as one of the wealthiest countries in the world. Opponents of this idea assert that if U.S. contributions to the Fund were to reflect its share of the global economy, then U.S. contributions would and should range from 20% to 25% of all contributions.

Some Global Fund advocates who disparage the 33% restriction argue that the differing fiscal cycles of the Fund and the United States complicate efforts to leverage support. Opponents to the 33% restriction contend that the requirement is harmful to the Fund, because the U.S. fiscal year concludes some three months before the Fund's. Critics most often point to FY2004 to substantiate their position. In that fiscal year, nearly \$88 million of the U.S. contribution was withheld from the Fund to prevent the funds from exceeding 33%. Advocates of the restriction assert that the 33% cap was intended to suspend portions of U.S. contributions, where necessary. Proponents of the cap note that the Fund was not significantly affected, as the withheld portion was released at the end of the calendar year, when the Fund secured sufficient funds to match the U.S. contribution. Supporters of the provision contend that the Fund benefits from the policy, because it encourages other donors to increase their contributions, as happened in FY2004. U.S. contributions to the Fund have not yet reached 33% (**Table 6**).

⁴⁶ (...continued)
2007. [<http://www.gao.gov/new.items/d07627.pdf>]

⁴⁷ The Global Fund does not maintain staff in recipient countries. Instead, it hires Local Fund Agents to oversee, verify and report on grant performance.
[<http://www.theglobalfund.org/en/about/structures/lfa/>]

Table 6. U.S. Appropriations to the Fund as a Percentage of All Fund Contributions

(\$millions, current and percentages)

	FY2004 Actual	FY2005 Actual	FY2006 Actual	FY2007 CR
U.S. Appropriations to the Global Fund	\$458.9	\$435.0 ^a	\$544.5	\$724.0
All Contributions to the Global Fund	\$1,476.3	\$1,498.3	\$2,056.0	\$2,261.6
U.S. Government Contributions as % of All Contributions	31.1%	29.0%	26.5%	32.0%

Sources: Appropriations and Global Fund, *Pledges and Contributions*, April 18, 2007.

a. According to the Global Fund website, the United States only contributed \$414.0 million in FY2005. Appropriators provided \$435.0 million in that fiscal year.

Debate on the 33% contribution cap has also focused on the limited amount of support that the private sector and others have provided to the Fund (**Table 7**). Since its inception, the Fund has struggled to secure support from non-government donors. The Bill & Melinda Gates Foundation remains the largest single contributor among non-government donors. To date, the foundation has provided about 92% (\$650 million) of all non-governmental pledges (\$707 million) and contributed some 93% (\$350 million) of all payments to the Fund by non-governmental donors (\$376 million).⁴⁸ Some Fund supporters had hoped that the Product Red campaign, launched in January 2006 by co-founder Bono,⁴⁹ would lead to significant increases in contributions made by the private sector.⁵⁰ To date, Product Red has contributed \$19.2 million to the Fund, comprising about 5% of non-government contributions.

⁴⁸ Global Fund. [<http://www.theglobalfund.org/en/files/pledges&contributions.xls>]

⁴⁹ Stage name for singer, Paul David Henson.

⁵⁰ The initiative is a branding mechanism which commits companies that use the Product Red brand to share a percentage of their profits with the Fund. [<http://www.joinred.com/>]

Table 7. Total Global Fund Contributions and Pledges
(\$billions, current)

	Contributed to Date	% of Total Paid	Pledges	% of Total Pledges
United States	\$1.90	26.76%	\$2.96 ^a	28.63%
European Union	\$2.82	39.72%	\$4.30	41.59%
European Commission	\$0.64	9.01%	\$0.72	6.96%
Other Countries	\$1.36	19.16%	\$1.65	15.96%
Non-Governmental Donors	\$0.38	5.35%	\$0.71	6.86%
Total	\$7.10	100.00%	\$10.34	100.00%

Source: Global Fund, *Pledges and Contributions*, April 18, 2007.

a. Includes FY2008 \$300 million request.

Appropriations to the Fund Versus Bilateral HIV/AIDS Efforts

The Administration has argued that any amount that Congress provides to the Global Fund in excess of its request skews the appropriate balance of aid that the United States should provide to the Fund and other bilateral HIV/AIDS efforts. At a FY2005 Senate Appropriations Committee hearing in May 2004, then-Global AIDS Coordinator Ambassador Randall Tobias argued that the “incremental difference between what the Administration requested and what was appropriated to the Fund is money that might have been available” for U.S. bilateral programs.⁵¹ Although appropriations to the Fund have been increasing, the percentage of U.S. global HIV/AIDS, TB, and malaria appropriations provided for U.S. contributions have remained mostly level (**Table 8** and **Figures 1** and **2**).

Fund supporters counter that appropriations made to the Fund in excess of requested levels better reflect what the United States should provide and complement U.S. bilateral HIV/AIDS programs, particularly since the Administration and the Fund have strengthened their coordination. U.S. officials acknowledge that though the Fund is a critical part of PEPFAR, when making appropriations, Congress should consider the pace at which the Fund can distribute funds. The Office of the Global AIDS Coordinator (OGAC) has cited an instance when PEPFAR used some of its funds to purchase ARVs for a Global Fund project that faced financial delays.⁵²

⁵¹ Senate Appropriations Committee hearing on FY2005 appropriations, May 18, 2004.

⁵² OGAC, *The Power of Partnerships: Third Annual Report to Congress on PEPFAR*, p.74.

Table 8. Total U.S. Global HIV/AIDS, TB, and Malaria Appropriations

(\$millions, current and percentages)

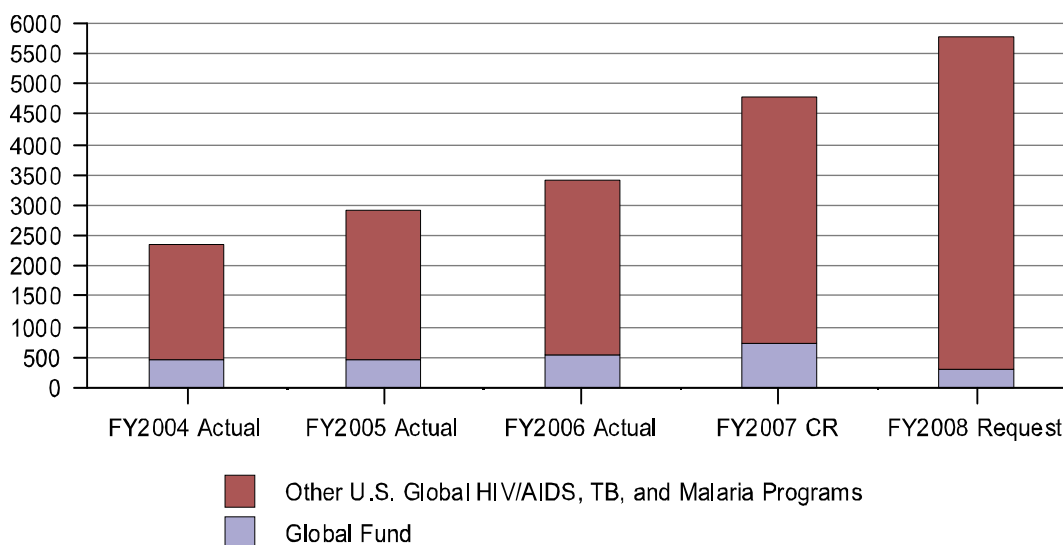
	FY2004 Actual	FY2005 Actual	FY2006 Actual	FY2007 CR	FY2008 Request
Global Fund	458.9	435.0	544.5	724.0	300.0
Other Bilateral HIV/AIDS, TB, and Malaria Programs	1,888.0	2,472.4	2,868.0	4,074.3	5,476.9
TOTAL	2,346.9	2,907.4	3,412.5	4,798.3	5,776.9
% of U.S. Global HIV/AIDS, TB, and Malaria Programs Provided to the Fund	19.6%	15.0%	16.0%	15.1%	5.2%

Sources: Prepared by CRS from appropriations legislation figures and interviews with Administration staff.

Note: Spending on U.S. global HIV/AIDS, TB, and malaria efforts that is not specified in appropriations language is not included in this chart, such as those amounts spent on CDC's international HIV prevention research and global TB and malaria initiatives.

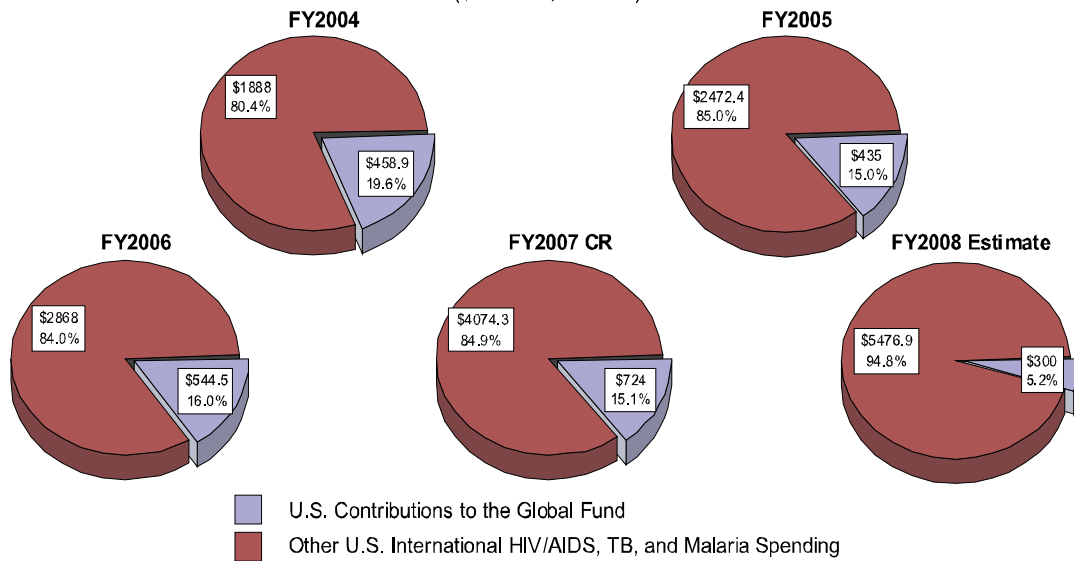
Figure 1. U.S. Contributions to the Fund and All U.S. International HIV/AIDS, TB, and Malaria Spending

(\$millions, current)



Source: Prepared by CRS from appropriations legislation figures.

Figure 2. U.S. Contributions to the Fund as a Percentage of All U.S. International HIV/AIDS, TB, and Malaria Spending
(\$millions, current)



Source: Prepared by CRS from appropriations legislation figures.

Glossary of Abbreviations and Acronyms

3D Fund	Three Diseases Fund
ACT	Artemisinin-based Combination drug Treatment
ARV	Antiretroviral Therapy
CCM	Country Coordinating Mechanism
CGD	Center for Global Development
DOTS	Directly Observed Treatment Short-Course
EU	European Union
GAO	U.S. Government Accountability Office
ITN	Insecticide-Treated Net
MDR-TB	Multi-Drug Resistant Tuberculosis
NGO	Non-Governmental Organization
OGAC	Office of the Global AIDS Coordinator
PEPFAR	President's Emergency Plan for AIDS Relief
PR	Principal Recipient
RCC	Rolling Continuation Channel
TB	Tuberculosis
UN	United Nations
UNDP	United Nations Development Program
VCT	Voluntary Counseling and Testing