

Canada and the Global Fund

Canada has strongly supported the Global Fund since its inception in 2002, contributing more than CAD 1.5 billion (approximately US\$ 1.5 billion) – the largest donation made by Canada to an international financing institution for health.

Canada has played an active role in Global Fund decision-making, sharing a seat with Switzerland on the Board of the Global Fund and participating in its Strategy, Investment and Impact Committee.

Several Canadian civil society organizations also support the work of the Global Fund through a variety of advocacy actions: RESULTS Canada, the Inter-Agency Coalition on AIDS and Development (ICAD), the Canadian HIV/AIDS Legal Network, the Stephen Lewis Foundation, and the Global Treatment Action Network (GTAG).

The Canadian International Development Agency (CIDA) is providing technical assistance and capacity building services to a number of African countries, working also in close collaboration with the Global Fund.

With the help of Canada, the Global Fund has supported programs in many diverse countries from Tanzania to Haiti, among others.

For instance, in Tanzania, Canada and the Global Fund are working together in the fight against AIDS. Canada is the lead of the Development Partners Group for HIV/AIDS and also a major long-standing partner in the fight against the disease.

Thanks to Canadian and other donor support, Global Fund grants in Tanzania have achieved remarkable results in the fight against malaria:

- Household ownership of at least one insecticide-treated net increased from 23 percent in 2004 to 63 percent in 2010.
- In 2010, 56 percent of pregnant women and 65 percent of children under 5 in the country reported sleeping under an insecticide-treated net.
- All-cause under-five child mortality fell by 45 percent between 1999 and 2010 – from 148 deaths per 1,000 live births in 1999 to 81 per 1,000 live births in 2010.



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IN TANZANIA, DANCE AND DRAMA PERFORMANCES are an effective medium to communicate ways to prevent HIV and to distribute condoms to the sexually active population.



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HEALTH EXTENSION WORKERS FORM the backbone of Ethiopia's initiative to make health care more accessible to the population. With Global Fund support, they receive the training and medicine they need to treat people in their communities for HIV, tuberculosis and malaria.

In Ethiopia, with the support of Canada the Global Fund has disbursed more than US\$ 1.231 billion, which has enabled the country to distribute more than 41 million insecticide-treated nets as well as put more than 240,000 people on ARV therapy, among other initiatives.

These investments by Canada and other donors provide indisputable proof that, with continued support, the world can defeat AIDS, TB and malaria.

Learn More About the Global Fund

The Global Fund is an international financing institution dedicated to attracting and disbursing resources to prevent and treat AIDS, TB and malaria. With the mission of investing the world's money to save lives, the Global Fund promotes partnerships between governments, civil society, the private sector, and communities as the most effective way to help societies defeat the three diseases.

While providing resources to low- and middle-income countries, the Global Fund's innovative investment approach relies on country ownership and performance-based funding. This method of investment allows people in implementing countries to develop their own programs based on their priorities.

Since its creation in 2002, the Global Fund has supported more than 1,000 programs in 151 countries, providing AIDS treatment for 4.2 million people,

treating 9.7 million people for TB, and distributing 310 million insecticide-treated nets for the prevention of malaria. Working with partners, the Global Fund has contributed to saving more than 8.7 million lives.

Winning the Fight Against AIDS, Tuberculosis and Malaria

A decade ago, the world was struggling to engage in the battle against AIDS, TB and malaria. Access to key interventions was limited. Only 50,000 people were receiving ARV therapy in Africa. Among the 22 countries with the highest TB burden, case detection rates were just 43 percent, and the treatment success rate was just 67 percent. In sub-Saharan Africa, fewer than five percent of households owned an insecticide-treated net. The economic and human toll from these three diseases was devastating.

Today, the reality is different. Public sector and community-led health programs in low- and middle-income countries have launched an unprecedented fight against the three diseases. In 2011, 8.4 million people were receiving ARV therapy globally. In 2010, 21 countries reported more than 60 percent coverage of those in need. In that same year the tuberculosis case detection rate rose to 65 percent and the treatment success rate to 87 percent. In Africa, insecticide-treated net coverage increased to 45 percent, and 13 countries reported more than 60 percent coverage.

In addition, there were more than 700,000 fewer new HIV infections globally in 2011 than in 2001. Africa has cut AIDS-related deaths by one-third in the past six years. TB incidence rates have been declining globally and in all sub-regions except in certain African countries since 2004. Progress towards eradicating malaria has occurred in every WHO region of the world with the WHO European region tipped to eradicate malaria from all of its nations in the coming five years.

These results were unthinkable a decade ago.

Value for Money

Much of the world has been struggling with a prolonged financial crisis that threatens to undermine or even reverse the progress achieved to date. While donors are fully cognizant of the risks and

costs of reduced support, they are under increasing pressure to demonstrate value for money from their investments. In response, the Global Fund has been transforming itself to become more efficient, invest more strategically, maximize impact, and help fill existing programmatic gaps.

In 2012 the Global Fund completed an ambitious reorganization to improve and adapt its structure and business practices for a fast-changing world. These reforms created “high-impact” teams, which represent one-fifth of staff resources, created to better support grants in the countries where the Global Fund and partners can have the greatest impact. These countries – all 20 of them from Africa and Asia – account for more than 70 percent of the global burden of AIDS, TB and malaria.



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COMMUNITY-BASED TRAINING CLINICS play an important role in the successful reduction in the number of malaria cases in Zanzibar. Participants learn to spread messages about malaria prevention in their communities as part of a strategy to scale up and sustain impact of malaria control in Zanzibar.



With the recent restructuring, the Global Fund's value for money has been boosted tremendously. With US\$ 1 million, a donor can buy ARVs for 10,000 people or detect and treat up to 10,000 new smear-positive cases of TB, or treat 110,000 cases of malaria.

New Funding Model

The Global Fund has recently launched a new funding model that allows it to invest more strategically, achieve greater impact, and engage implementers and partners more effectively.

The model also encourages countries to clearly express how much funding they need to effectively treat and prevent AIDS, TB and malaria.

The new model, a significant milestone in the restructuring of the Global Fund, replaces the former "rounds" system of funding, which had a once-annual window for submitting applications.

Up to US\$ 1.9 billion is available for the transition period of this new funding model, which will take place in 2013 and 2014. Full implementation of the model will begin in early 2014 and will provide funding for the 2014-2016 period.

Historic Opportunity

We have a historic opportunity to get the three diseases under control. This will change the future of millions of lives. With the numerous advances in science witnessed in the last few years and continued commitment in investing in fighting these diseases, it is clear that we can defeat these three pandemics. If we work together with shared responsibility, with clear mission focus, and with passion and compassion as global health citizens, these three diseases can cease to be major threats to public health.



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AN EMPLOYEE OF ST. PETER'S HOSPITAL in Addis Ababa inspects the supply of medicine to treat multidrug-resistant tuberculosis. More than 500 people have been treated successfully at this facility alone through Global Fund financing.

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AIDS, Tuberculosis and Malaria

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