

Danish Organisation Strategy for The Global Fund to Fight AIDS, Tuberculosis and Malaria, 2024-2028

Introduction: The Global Fund was established in 2001 with the aim of gathering international support for the fight against AIDS, tuberculosis and malaria, and working with partners to support the most effective prevention and treatment.

Key results 2022:

- In round figures, 23.3 million people are now on antiretroviral AIDS treatment under programs funded by The Global Fund.
- 5.3 million have been treated for tuberculosis.
- More than 133 million insecticide-treated bed nets have been distributed in countries receiving support from The Global Fund.
- 109 countries have received COVID-19 support from The Global Fund.

Justification for support:

- Support to the Global Fund is directly in line with the strategy “The World We Share”, and its aim to place Denmark at the forefront of international efforts to promote sexual and reproductive health and rights, including the fight against HIV/AIDS.
- The Global Fund is committed to invest in programs that promote and protect human rights and gender equality, and reduce human rights barriers to services and increase programing for key populations.
- The Global Fund is one of the biggest multilateral funders of the health-related SDG 3 including increasing investments in strengthening health systems.

How we will ensure results and monitor progress:

- Monitoring Danish priority areas based on The Global Fund’s own framework and indicators.
- Undertake a midterm review of the Danish Organisation Strategy.
- Denmark will work closely with like-minded countries, and especially its Board constituency (Point Seven) towards the achievements of results.

Risk and challenges:

- Maintaining the high level of funding in a changing funding landscape and declining availability of ODA.
- Programmatic impact and systems strengthening, ensuring that the Global Fund invest in the most effective interventions.

File No.	24/05818				
Responsible Unit	FN-Genève				
<i>Mill.</i>	2023	2024	2025	2026-2028	total
Commitment*	0	175	200	125/y	750
Projected ann. Disb.		175	200	125/y	750
Duration of strategy	2024-2028				
Finance Act code.	06.36.03.16				
Desk officer	Nanna Svejborg				
Financial officer	Michael Schou				

*Subject to annual Parliamentary approval

SDGs relevant for Programme

 No Poverty	 No Hunger	 Good Health, Wellbeing	 Quality Education	 Gender Equality	 Clean Water, Sanitation
 Affordable Clean Energy	 Decent Jobs, Econ. Growth	 Industry, Innovation, Infrastructure	 Reduced Inequalities	 Sustainable Cities, Communities	 Responsible Consumption & Production
 Climate Action	 Life below Water	 Life on Land	 Peace & Justice, strong Inst.	 Partnerships for Goals	

Budget

Total Replenishment 2023-2025: 375 mio. DKK
Total Replenishment 2020-2022: 350 mio. DKK
COVID-19 response 2020: 25 mio. DKK
Total Replenishment 2017-2019: 300.1 mio. DKK
Total Replenishment since 2001: 3.07 mia. DKK

Danish involvement in governance structure

- Denmark is part of the Point Seven Constituency in the GF Board
- Point Seven comprise six countries (Denmark, Ireland, Luxembourg, Netherlands, Norway, and Sweden) and the Board seat has a two-year rotation among countries

Strat. objectives	Priority results	Core information	
Investing to end Epidemics of HIV/AIDS, Tuberculosis and Malaria	<ul style="list-style-type: none"> • Maintain and strengthen focus on human rights and gender equality. • Maximise Impact on Strengthening Health Systems. • Pandemic preparedness and response – capacity and capability. • Continued institutional Reform and strengthened Risk Management. • Climate and environmental changes and how these affect the three diseases. 	Established	2001
		HQ	Geneva
		Executive Director	Peter Sands
		Division of funding for the 3 diseases	50 % HIV, 32% Malaria, 18 % TB
		Human Resources	1060 staff
		Country Presence	Global Fund invest in more than 100 countries (no country offices)
		Denmark member of the Board	Alternate 2025-2027 Member 2027-2029

**Organization Strategy for Denmark's engagement
with The Global Fund to Fight AIDS,
Tuberculosis and Malaria 2024-2028**

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1. Objective

This Strategy for the cooperation between Denmark and The Global Fund to Fight AIDS, Tuberculosis and Malaria (the Global Fund) outlines the basis and the priorities for Denmark's contributions to the Global Fund. It is the central platform for Denmark's dialogue and partnership with the Global Fund, and it sets up Danish priorities for the Global Fund's performance within the overall framework established by the Global Fund's own strategy (2023 – 2028). The organisation strategy also outlines specific results that Denmark will pursue in its continued cooperation with the organisation. Denmark will work closely with like-minded countries, and especially its Board constituency (the so-called Point Seven) towards the achievements of results. In addition, it outlines specific goals and results vis-à-vis the Global Fund that Denmark will pursue in its cooperation with the organisation.

The organisation strategy also outlines specific results that Denmark will pursue in its continued cooperation with the organisation. Denmark will work closely with like-minded countries, and especially its Board constituency (Point Seven) towards the achievements of results.

Support to the Global Fund is directly in line with the strategy “The World We Share - Denmark's strategy for development policy and humanitarian action”, and it aim to place Denmark at the forefront of international efforts to promote sexual and reproductive health and rights, including in the fight against HIV/AIDS. Denmark supports the Global Fund's comprehensive approach, including its efforts to address sexual and reproductive health and rights, and more broadly, linking reproductive, maternal, new born and child health interventions in its HIV/AIDS, TB and malaria programs.

The five priority areas for Danish support during the period 2024-2025 are:

- 1) Ensuring that the Global Fund maintains and strengthens its focus on human rights, including equity and gender equality
- 2) Maximising the Global Fund's Impact on Strengthening Health Systems
- 3) Pandemic preparedness and response – capacity and capability
- 4) Continued institutional Reform and strengthened Risk Management
- 5) Climate and environmental changes and how these affect the three diseases.

The Fund is seen as a key partner in this regard and as an important stakeholder for Denmark in the fight against HIV/AIDS, TB and malaria. The strategy underlines that Denmark's overriding aim in international development cooperation is to *fight poverty, enhance sustainable growth and development, economic freedom, peace, stability, equality and rules-based international order.*

Denmark remains committed to the achievement of the SDGs, and the Global Fund is one of the biggest multilateral funders of the SDG 3 “Ensure healthy lives and promote wellbeing for all at all ages”. In particular, it is a key organisation in the efforts to achieve the sub-target 3.3 to end the AIDS, TB and malaria epidemics by 2030. According to predictions for the three diseases, there is a potential for the epidemics to resurge and the progress achieved may be lost if substantial investments are not made to expand efforts within the next four to five years.

According to “The World We Share”, Denmark's human rights-based approach implies application of non-discrimination, participation, transparency and accountability in all phases of development cooperation. This strategy will be implemented in line with the Danish How To notes. In line with the [How To note ‘Human Rights and Democracy’](#), in the work with the Global Fund, Denmark will ensure,

that development interventions should help fight discrimination, stigma, persecution and rights violations in police custody targeting minorities, including LGBTQI+, ethnic minorities, persons with disabilities, persons affected by HIV/AIDS, faith-based minorities and marginalised communities. This will be done by enhancing the capacity of civil society and change agents to proclaim and stand up for these people's rights, as well as the capacity of the state to deliver in this regard. The Global Fund is built on partnerships at country level, where the civil society plays a key role in reaching the goals. As stated in the [How To note 'Human Rights and Democracy'](#), the civil society is a key partner in the implementation of Danish development-policy priorities, where civil society addresses the rights of girls and women, champions persecuted minorities, such as LGBTGI+ people, advances climate adaptation and environmental protection, contributes to job creation and education, and delivers relief aid to the most vulnerable people. In addition, aligned with SDG 3 and the [How to note for Social Sectors and social safety](#), Denmark will keep focusing on Universal Health Coverage (UHC) and long-term prevention efforts that contribute to healthy living, support the strengthening of health systems and prevent health crises. Denmark sees strong health systems and primary healthcare as a prerequisite for achieving results in the rest of the health field. As pointed out in the [How to note for Climate adaption, nature and Environment](#), climate concerns must be integrated into health systems. This is why a new focus on climate and how the Fund has a focus on this has been added to this organisation strategy. Denmark will as part of the partnership engage in the Fund and its work on climate adaption.

These priorities above are reflected in the Fund's own strategy as well, including efforts to promote and protect human rights and gender equality, and reduce human rights barriers to services and increase programming for key populations. Furthermore, the Fund's interaction with civil society at country level and civil society involvement at Board level concurs with Denmark's human rights-based approach to development.

2. The organisation

Mandate and Mission: The Global Fund’s goal and mandate is to achieve a world free from the burden of AIDS, TB and malaria. The mission of the Fund is to “attract, leverage and invest additional resources to end the epidemics of the three diseases, reduce health inequities and support attainment of the Sustainable Development Goals”.

The Global Fund’s Strategy (2023-2028) encompasses four mutually reinforcing contributory objectives and one evolving objective (figure 1)¹:

- Maximizing People-centered Intergrated systems for Health to Deliver Impact, Resilience and Sustainability;
- Maximizing the Engagement and Leadership of Most Affected Communities to Leave No One Behind;
- Maximizing Equity, Gender Equality and Human Rights;
- Mobilizing Increased Resources; and
- Contribute to Pandemic Preparedness and Response (evolving).

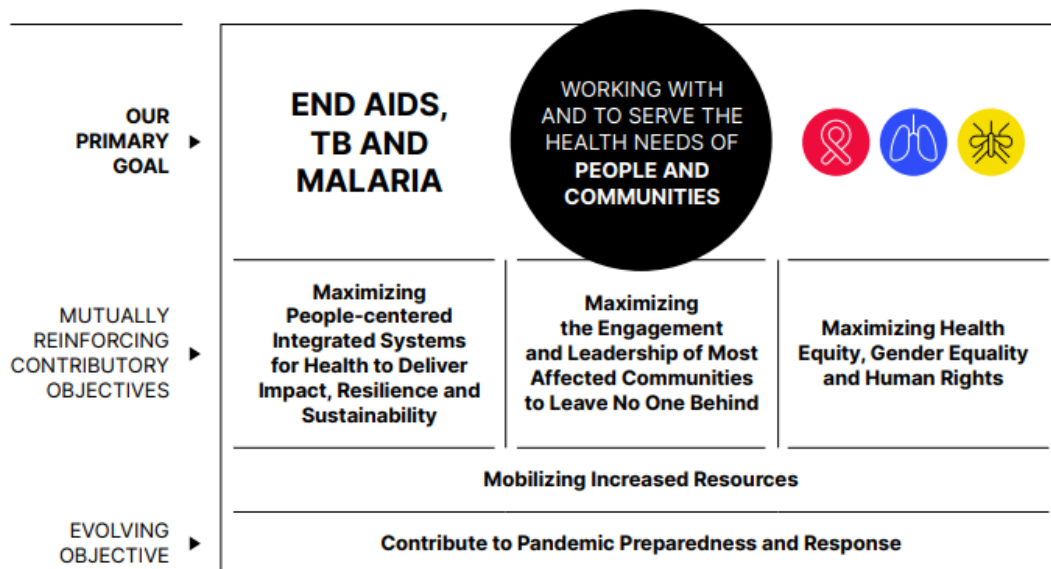


Figure 1: Summary of the Global Funds strategy 2023-2028: Fighting Pandemics and Building a Healthier and More Equitable World

The Fund follows the key principles of; Country ownership; Performance-based funding; and Transparency. It has a unique governance structure, operating as a partnership between governments, civil society, the private sector, foundations, donors, technical partners and affected communities.

Organizational structure: The Global Fund is located in Geneva. The Secretariat in Geneva, undertakes the day-to-day operations of the Fund, including resource mobilization, overseeing grant implementation and providing support to the Board. The Secretariat is complemented by the independent Office of the Inspector General (OIG), who safeguards the assets, investments, reputation and sustainability of the Fund and reports directly to the Board through its Audit and Ethics Committee.

¹ <https://www.theglobalfund.org/en/strategy/>

Board and Supportive Structures

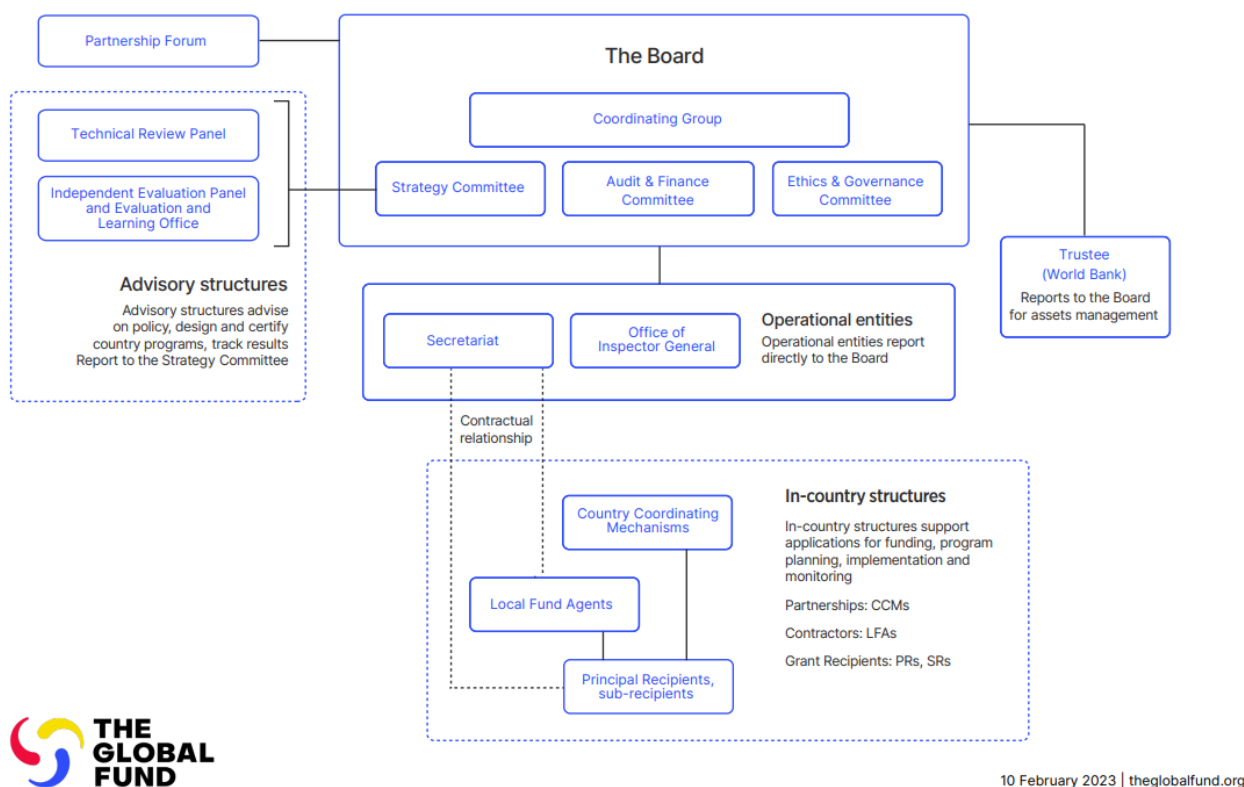


Figure 2: Overview of The Fund Board and Supportive Structures (further details in annex 3)

Countries² (see annex 2) use the Global Fund financing to implement programmes based on their own needs – developed with input also from non-government partners in the country – and are responsible for the results and impact achieved. The so-called Principal Recipients (PRs) receive the Fund financing directly, and then use it to implement prevention, care and treatment programmes or pass it on to other organizations (sub-recipients) who provide those services. Many PRs both implement and make sub-grants. There can be multiple PRs in one country. The PR also makes regular requests for annual disbursements from the Global Fund based on demonstrated progress towards the intended results.

Funding requests have to be based on national strategies, involving key population and civil society partners as well as the government. Each country tailors its response to the political, cultural and epidemiological context, the rules and requirements as well as procedures are differentiated based on portfolio category (high impact, core and focused) in line with the Fund differentiation framework. Involvement of various partners is consistent throughout the Fund, from the governing Board and its committees to the Country Coordinating Mechanisms CCMs and implementers on the ground.

Grant proposals are reviewed by The Technical Review Panel (TRP), an independent and impartial panel of international experts in health and development, functioning as an advisory body. TRP ensures inter alia that proposed interventions reflect latest scientific evidence, the newest developments/technologies for the three diseases, up-to-date guidelines, and best practices. Based on TRP's recommendations, the

² Country list: https://www.theglobalfund.org/media/12674/fundingmodel_2023-2025-allocations_table_en.xlsx

Grant Approvals Committee (GAC), a committee of senior management at the Global Fund and representatives of technical, bilateral and multilateral partners, reviews final grant proposals before recommending them to the Board for approval. Evaluations are delivered by two structures: a new Evaluation and Learning Office established in the Office of the Executive Director, and an Independent Evaluation Panel (IEP). The IEP is an advisory and oversight panel that is independent from the Secretariat and accountable to the Global Fund Board.

The Fund has no country offices, why countries supported by the Global Fund are overseen by national CCMs. The CCMs includes representatives of all sectors involved in the response to the diseases, government, multilateral or bilateral agencies, non-governmental organisations, academic institutions, faith-based organization, the private sector, and – especially – people living with the diseases. The CCMs aim to ensure meaningful engagement of people living with or affected by the three diseases as well as key and vulnerable populations³. The CCMs develop financing applications, funding requests and oversee grants on behalf of their countries, and they are national mechanisms established at country-level to facilitate country ownership. The CCMs also engage in periodic reviews of programmes financed by the Global Fund and nominate the Principal Recipients.

The Fund contracts Local Fund Agents (LFA) to provide independent, professional advice and information relating to grants and recipients in the country. The LFA assesses PR capacity and grant performance and plays a leading role in identifying risks, including risk of fraud. The focal point for LFAs is the Fund Portfolio Manager and the respective Country Team and are often described as the eyes and ears on the ground, but are not the Fund's representative in the country and do not speak for the Fund. In some high-risk countries, LFAs can be supported by Fiscal Agents as an additional control measure.

Governance arrangements: The Global Fund is governed by the Board, which meets at least twice annually. The Board includes 20 voting members with equal representation of implementers and donors, which includes representatives of donor and recipient governments, non-governmental organizations, the private sector (including businesses and foundations) and affected communities. Furthermore, the Board has eight non-voting members, including the Board leadership (chair and vice-chair) and representatives of key international development partners such as the World Health Organisation (WHO), UNAIDS and the World Bank as well as a number of public-private partnerships e.g. Stop TB and UNITAID (further described under Key strengths).

³ Key population groups include but are not limited to men who have sex with men, transgender persons, people who inject drugs, sex workers, and people living with HIV. Vulnerable populations refer to those who have increased vulnerabilities in certain context, e.g. young women, adolescents and girls

The Board

						Voting				
						Non-voting				
Communities	Executive Director	Board Chair	Board Vice-chair	Additional Public Donors	Canada, Switzerland, Australia					
Developed Countries NGOs					EU COM, Belgium, Italy, Portugal, Spain					
Developing Countries NGOs					France					
Eastern and Southern Africa					Germany					
Eastern Europe Central Asia					Japan					
Eastern Mediterranean					Point Seven					
Latin America Caribbean					UK					
South East Asia					United States					
East and Central Africa					Private Foundations					
Western Pacific					WHO	World Bank	Partner	UNAIDS	Private Sector	

Figure 3: Composition of the Board

Denmark is part of the constituency, so called Point Seven, together with Ireland, Luxembourg, Netherlands, Norway and Sweden. The constituency was created in 2002, including the same member countries up to now. The name was chosen to reflect the common commitment to the United Nations target for countries to spend 0.7% of their Gross National Income (GNI) on Official Development Assistance (ODA). Last time, Denmark was the board member, was from April 2015 to June 2017 representing Point Seven. Luxembourg is the current board member (2023-2025) with Sweden as alternate. Sweden will take over the board position after Luxembourg. Denmark is expected to be alternate to the board position in June 2025-2027 and board member June 2027-2029.

The constituency is an important channel for Danish contributions and influence to the current discussions at Board level. The constituency members develop joint positions and the individual members take the lead on different issues to ensure an efficient division of labour.

Finances and funding: Since 2001, the Global Fund has channelled nearly US\$ 60.4 billion in grants to respond to HIV/AIDS, TB, malaria, and lately COVID-19 and for programs to strengthen systems for health across more than 120 countries as of September 2023⁴. No other organisation working in international health development can match these figures. Overall country allocations are based on the specific disease burden and the economic capacity of a country. Low-Income Countries (LICs) with a high disease burden receive comparatively higher grants. Around 70% of total funding goes to Sub-Saharan Africa.

The Board has approved the amount of USD\$ 342.2 million for the Funds 2024 operative budget, which complements activities and the contributions of implementers and partners, to drive the objectives of the 2023 - 2028 strategy. The Global Fund provides 28% of all international financing for HIV programs, 76% of all international financing for TB (12% of total available resources) and 65% of all international financing for malaria programs. The Fund has invested USD 24.2 billion in programs to prevent and

⁴ [Results Report 2023 - The Global Fund to Fight AIDS, Tuberculosis and Malaria](#)

treat HIV/AIDS and USD 5 billion in TB/HIV, USD 8.5 billion in programs to prevent and treat TB and more than USD 16.4 billion in malaria control programs as of September 2023.

Since the start of the COVID-19 pandemic in 2020, the Fund awarded over USD 4.7 billion to 125 applicants Low- and Middle-Income Countries (LMICs) and including multi-country programs to fight COVID-19 and protect HIV, TB and malaria programs.

The Fund has experienced a massive funding growth over the past decades. It is primarily funded by donor countries. 92% of total funding comes from donor governments, with USA, France and United Kingdom being the largest contributors (calculated on a total paid to date basis). The Fund only accepts un-earmarked contribution from public donors, but donor states can decide to make additional set-asides contributions to specific programs. The remaining funding comes from the private sector, foundations and innovative financing initiatives. The funding cycle is a three-year cycle known as Replenishments and based on an investment case. As the final outcome of the 7th replenishment (held in September 2022), the Global Fund managed to receive a record high USD 15.7 billion pledging. The Board approved investments totalling USD 13.7 billion, including USD 518 million for catalytic investments and USD 13.2 billion in country allocations – to more than 120 countries over a three-year period from 2023-2026.

Denmark is the 14th largest public donor to the Global Fund with a pledged DKK 375 million (approximately USD 50 million) for the 7th replenishment, covering 2023-2025. This is a 7% increase from the previous pledge at DKK 350 million for the 6th replenishment, covering 2020-2022. In support of International Conference on Primary Health Care Policy and Practice: Implementing for Better Results Global Fund's COVID-19 Response Mechanism (C19RM), Denmark provided DKK 25 million in December 2020. It is expected that Denmark will pledge DKK 125 million yearly from 2026-2028. The contributions are subject to annual parliamentary approval.

3. Lessons learnt, key strategic challenges and opportunities

Key strengths: The Global Fund has contributed to impressive results in the fight against the three diseases. Over the past 20 years, the Fund and its partnerships have saved an estimated 59 million lives. Approximately, 23.3 million people are now receiving AIDS treatment, the so-called antiretroviral treatment in countries supported by the Global Fund, while 5.3 million people have been treated for TB and 133.2 million mosquito nets were distributed. These results may be credited to some of the key strength of the organisation, such as operational effectiveness, inclusivity and, in particular, partnerships, which is also highlighted in the [MOPAN review from 2021-22](#). The review positively highlighted that:

- The Global Fund's flexible and evolving operational approach is continually reviewed and allows for a nimble response, which has been particularly important during the COVID-19 pandemic;
- With its inclusive partnerships, the Fund demonstrates a strong commitment to all involved stakeholders and promotes buy-in;
- A resolute focus on the three diseases has allowed the Fund to achieve robust results and make continued progress despite short-, medium- and long-term challenges.

Partnerships are highlighted as one of the Fund's core principles and strength. The Fund has, at country level, focused to ensure that funding requests are led by in-country stakeholders and to involve a broad range of stakeholders throughout the country dialogue process. It is a priority that these partnerships are done with national health authorities and the local communities without building new parallel structures.

Such an approach requires the Fund to continually assess whether its internal- and external-facing operations are fit for purpose, and whether it is well placed to respond to the particular stressors and challenges of the COVID-19 pandemic.

The Global Fund partnerships includes technical agencies and development organisations, who plays a crucial role in the Global Fund model. WHO, UNAIDS, Stop TB Partnership and the World Bank offers technical expertise, supports resource mobilisation and advocacy efforts and provides and supports country coordination. WHO provides the Fund mainly with normative work and provide guidance, including through its board membership. UNAIDS, who works closely with countries, provides the technical support and is included in the development of proposals for funding from the Global Fund. securing that so programming efforts are prioritized to yield maximum benefits for the people. Working with countries and communities, UNAIDS, has a unique political access, influence and trusted relationships with governments, communities and people at risk for, and living with, HIV/AIDS, which is needed in the fight against HIV/AIDS. Underlining why it is necessary for the Global Fund to use and protect the partnership with UNAIDS.

In addition, the Fund brings governments, civil society, the private sector, affected communities, technical and development partners to the table also at a global level. This unique governance approach builds ownership, trust and ensures that different perspectives are heard.

With its co-financing policy, the Global Fund catalyses increased domestic finance for sustainability of health programs and gains made against the three diseases and countries supported by the Fund have so far increased their domestic financing commitments. This has in part been spurred by the Fund's co-financing policy that calls for additional domestic investments in programs.

Challenges: Despite impressive results, challenges remain and new challenges occurs. The MOPAN review highlights that:

- The Global Fund can make more progress in addressing cross-cutting issues such as building resilient and sustainable systems for health (RSSH), gender and human rights, and environment and climate change;
- A cohesive and fully independent evaluative function will be important for moving from simple monitoring to more in-depth learning and understanding from its supported programmes;
- The country ownership principle may become increasingly difficult to adhere to in practice. as marginalised groups become the priority, why there is a need for negotiating the limits of country ownership to better achieve both its vision and contributing to global targets and goals.

Across many countries, COVID-19 overwhelmed already overstretched health systems. Lockdowns disrupted lifesaving services and critical resources were diverted from the fight against HIV/AIDS, TB and malaria to fight the new pandemic. People avoided going to health centres for diagnostics and treatment out of fear of catching COVID-19 – or of being stigmatised for having COVID-19 symptoms such as cough or fever, which could also be signs of treatable malaria or TB. People whose health had already been compromised by HIV/AIDS, TB or malaria were also more vulnerable to COVID-19.

In 2020, for the first time in the Global Fund's history, and mainly due to the COVID-19 pandemic, there were declines in key programmatic results across all three diseases in the countries where the Global Fund invest. HIV testing fell by 22% and prevention services by 11%, while HIV treatment services

proved more resilient and adaptive with the enrolment on lifesaving antiretroviral therapy. TB deaths increased, fuelled by a surge in the number of undiagnosed and untreated cases. The number of people treated for drug-resistant TB dropped by 19%, while treatment for people with extensively drug-resistant TB fell by 37%. Overall, the number of people being treated for TB fell by over 1 million. Malaria deaths and cases increased significantly in 2020.

However, after seeing the hard-won gains of the last two decades sharply reversed during 2020 and only a partial recovery the following year, in 2022, the Fund partnership regained momentum in the fight against HIV/AIDS, TB and malaria following the setbacks from the COVID-19 pandemic. Despite the impact the Global Fund partnership has had, and the remarkable rebound in impacts after the setbacks from COVID-19, achieving the SDG 3 target to “end the epidemics of AIDS, tuberculosis and malaria” by 2030 appears increasingly at risk.

The disease-specific focus of the organisation risks distorting national priorities in developing countries with weak administrative systems. The Global Fund is increasingly focusing on strengthening health systems and the flexibility that allows countries to improve the integration of the efforts and work across diseases. With the COVID-19 Response Mechanism (C19RM) investment portfolio, the focus has increased even more and now is going far beyond HIV/AIDS, TB and malaria, where the investments follow the national pandemic response plans, which are being checked as a part of the grant approvals process. The Global Fund grants often pays for a major share of i.e. ongoing treatment programs, and for countries with weak financial capability to pay, they lack funds to equally prioritize other parts - and they take the decision to prioritize investments for more specific "disease focus" often life-saving vital part of the health systems, but gives less funding flexibility for other health system programs. This, alongside the structure of the Fund, with no country presence, constitutes inherent challenges. The CCMs, which are intended to be integrated into and work in close collaboration with the national health systems, sometimes creates semi-parallel systems. In addition, the coordination and dialogue with other development partners on the ground is at times limited.

The Global Fund recognises that strong health systems, which integrate robust community responses, are needed to end the three diseases, as threats to public health. Resilient and sustainable systems for health are a core pillar of the organisation’s strategy and the Fund’s investments in building resilient and sustainable systems for health contribute to addressing system-wide constraints that not only affect the three diseases but other health programs as well. Moreover, the investments help strengthen the level of integration of national HIV, TB and malaria programs into national systems for health.

In addition, social and economic consequences of HIV/AIDS remain considerable, especially in Africa. Women and girls are more vulnerable to HIV infection than men, mainly because of social, economic, legal and cultural factors such as entrenched gender roles, unbalanced power relations, and violence against women, including sexual coercion. Globally, women and girls account for 54% of all people living with HIV, and in sub-Saharan Africa young women between 15-24 years of age account for 63% of newly infected in the age group. Young people remain particularly vulnerable to HIV and much more needs to be done to provide adolescents with comprehensive sexuality education and access to relevant services.

The HIV epidemic, and to some extent the epidemic of TB, which is being fed by HIV, is disproportionately hitting key populations. Female sex workers are estimated to be 14 times more likely

to be living with HIV than other women of reproductive age in low and middle-income countries. The prevalence of HIV among men who have sex with men is 19 times higher than among the general population. The HIV prevalence among people who inject drugs are estimated to be around 28 times higher than in the general population. Despite the need to give priority to services for key populations, efforts to address the HIV-related needs of key populations remain severely underfunded. The high prevalence among key populations represents a pool of infection that spreads into the general population. Human rights violations and discrimination of key populations in many countries hinders an effective response.

Moreover, Multi-Drug Resistant TB (MDR-TB) is a serious problem on the rise. MDR-TB is far more costly, time consuming and complicated to treat than non-resistant TB. There are more side-effects and the infection is often more lethal. According to The Fund, there were approximately 580,000 cases of MDR-TB in 2015 and nearly half of those people died.

Another challenge facing the Global Fund is climate and environmental changes and how these affect the three diseases. Climate change will affect the epidemiology of existing diseases and facilitate the emergence of new diseases. Extreme weather events result in more refugees and internally displaced people (already at record levels worldwide), decreased air quality and increased food, water and economic insecurity, all of which have a negative impact on health. Climate change has not directly been included as a part of the organisation's own strategy. However, the Fund has though committed itself to addressing the impacts of climate change on the three diseases and supporting low-carbon, climate-resilient health systems, where the Fund also supports countries which have high burden of the three diseases and high climate vulnerability. The Global Fund's work on climate change is one of Denmark's priority areas, and it will be described more in depth below.

Opportunities: The Global Fund's work is expected to have a notable impact on SDG Target 3.8 (universal health-coverage), SDG Target 3.1 (on maternal mortality) and SDG Target 3.2 (on child mortality); malaria is especially dangerous for small children and pregnant women, and vertical transmission⁵ of HIV still accounts for a large share of new infections.

As the global health landscape continues to evolve, so does the Global Fund. Since the Fund was founded, it has sought ways to improve its performance and mature as an organisation, while remaining focused on its core mandate of fighting the three diseases. However, as an organisation designed to address three specific diseases, it has had to strike a balance between that primary goal and contributing to UHC. UHC has become an increasingly pressing issue in the failings in health systems exposed by the COVID-19 pandemic. To reach the "Universal" and in light of the United Nations' 2019 political declaration on UHC, sustained action to build people-centred and inclusive systems, and to remove barriers to access health services is needed.

In line with SDG 17, the Global Fund is working to ensure the sustainability of its programmes and its financing. The Fund has developed a policy for Sustainability, Transition and Co-financing, which aims to ensure that programmes are co-financed by national governments, and that projects are planned and implemented in a sustainable manner, so that countries are prepared, when they transition from receiving

⁵ mother-to-child transmission

financing from the Global Fund. The Fund implements counterpart financing policies to support countries to increase domestic funding for the three diseases and the health sector.

Looking at the budget allocation model, the Fund has reflected on the criticism raised by many, including Denmark, recipient countries, civil society as well as governments, that the organisation must provide more flexible funding opportunities, be more attentive to the needs of countries, use national strategies and national systems, be more transparent and efficient, and integrate human rights considerations in the whole funding cycle. The Fund has heeded the criticism and undertaken initiatives to change policies, strategies and organisational set-up. The allocation model assures more stable, predictable and aligned funding based on indicative funding frames at national level, linked to country specific circumstances, including the scope of the disease burden. Moreover, the funding has been made more flexible to allow for better alignment with national budgeting cycles and country-specific demands.

Multilateral organisations often have an advantage over bilateral development organisations in fragile states, where Denmark does not have a permanent presence. The Fund is increasingly focusing on fragile countries and situations and has developed a new policy for challenging operating environments (COEs).

4. Priority areas and results to be achieved (See Annex 1 for KPI's)

The priority results chosen for this strategy are aligned with “The World We Share”. Denmark will continue to work towards ensuring focus on the poorest countries with the highest disease burden, which is also central to the Global Fund’s allocation model. Funding to middle-income countries should be limited and targeted key or vulnerable populations and should furthermore also normally depend on financial contributions from local counterparts.

The priority results areas of the Danish organisation strategy are based on the Global Fund’s own monitoring framework and targets are chosen from the Fund’s Key Performance Indicators (KPI) adopted for the 2023-2028 strategy.

Despite the turnaround in the results since the COVID-19 pandemic, the world is still not on the track required to achieve the Sustainable Development Goal 3 (SDG 3) target of ending AIDS, TB and malaria by 2030. To reach the SDG 3 is a high priority for Denmark, and Denmark will concentrate efforts with the Global Fund in the following focus areas, which provide the best fit with Denmark’s strategic priorities.

Priority Area 1: Ensuring that the Global Fund maintains and strengthens its focus on human rights, including equity and gender equality

Despite the need to address the disproportionate distribution of especially HIV, targeting of key populations generally remains underfunded and politically highly challenging in some countries. The sharp deterioration of LGBTIQI+ rights in numerous countries threatens to further impede access to health for communities who already face stigma and discrimination. Thus, inequitable targeting of efforts, discriminatory social and legal restrictions as well as other human rights violations continues to obstruct progress and undermine programmes.

“The World We Share”, emphasises that human rights are at the centre of Danish partnerships in development. This concurs with the strategic plan of the Global Fund as expressed in its mutually reinforcing contributory objective: *Maximizing Health Equity, Gender Equality and Human Rights*, and

includes promoting efforts to overcome behavioural and structural barriers, i.e. addressing sexual and reproductive health and rights and gender inequality. Denmark will maintain its strong support for sexual and reproductive health and rights with a special emphasis on girls and women, in addition to promoting the wider gender-equality agenda. The most marginalised and vulnerable groups championed by Danish efforts include LGBTIQ+ persons, who are an important target group in our Sexual and Reproductive Health and Rights interventions. We support LGBTIQ+ persons' equal access to the services that we fund through the Global Fund, insisting that their sexual and reproductive health and rights must also be promoted.

A human rights based approach implies addressing legal and social barriers to reach key populations. This pertains most specifically to the response to HIV/AIDS. The Global Fund is working actively to address gender inequality, among other initiatives through a commitment to ensure that its grants support equal access to prevention, treatment, care and support. Moreover, the Global Fund has launched intensified efforts to remove human rights barriers, especially for key populations and vulnerable groups in a sub-set of countries to build on lessons learned as well as building new experience in the field. In the Global Funds strategy, indicators have been defined for both gender and age equality and human rights barriers (KPI E1, KPI E2a, KPI E3a) that enables follow-up on these engagements.

Denmark will work to ensure that the Global Fund maintains a continued, evidence-based, specific and comprehensive disease response that is inclusive of marginalised populations and addresses all barriers to access, including through coordination with technical partners such as UNAIDS. Special attention will be given to countries, primarily in Sub-Saharan Africa, where women and girls are particularly at risk of HIV-infection. Empowerment of young girls and adolescents, including through initiatives to avoid girls dropping out of school, though access to comprehensive sexuality education and to services, will be a key factor in reducing prevalence in these countries.

Denmark will follow the Global Fund's efforts in reaching its strategic objective and in particular:

- KPI H4: Key Populations reached with prevention programs (percentage of Key Populations reached with HIV prevention programs);
- KPI H5, Adolescent girls and young women reached with prevention programmes (percentage of high-risk adolescent girls and young women reached with HIV prevention programs); and
- KPI E1: Scale up of programs to address Human-related barriers (Percentage of countries with increases in scale of programs to reduce Human Rights-related barriers for HIV, TB and malaria services respectively).

Priority Area 2: Maximising the Global Fund's Impact on Strengthening Health Systems Rights, including sexual and reproductive health and rights, have little meaning if the national health systems are unable to deliver services. Building resilient and sustainable systems for health is central in the Global Fund's mutually reinforcing contributory objective: Maximizing People-centred Integrated Systems for Health to Deliver Impact, Resilience and Sustainability. Therefore, it is important to focus on an integrated approach, and not build parallel systems.

Alignment with national strategic plans and planning processes still proves challenging in some countries. Work in this area is moving in the right direction and the Global Fund is working towards better alignment as well as more flexible and diversified approaches to be able to adjust to different contexts

and level of development. Thus, work has gone into the adjustment and improvement of the Fund's allocation methodology to ensure the most efficient investments possible.

The MOPAN assessment⁶ has shown that the Global Fund has not performed as well in supporting RSSH as in addressing the three diseases or raising additional resources. The strengthening of laboratory capacity with early warning, comprehensive testing and quick results are crucial to ensure the right treatment at the right time, and to avoid misuse and overuse, that drives resistance and the diagnostic and treatment challenges of MDR-TB. Going forward, Denmark will support a continued and strengthened prioritisation on building resilient and sustainable systems for health to avoid that a too vertical approach creates inefficiency and disintegration of efforts.

Denmark will follow the Global Fund's efforts in reaching its strategic objective and in particular:

- KPI S1: Provision of integrated, people-centred, high-quality services;
- KPI S8: On Shelf Availability (OSA) (Percentage of health facilities with tracer health products available on the day of the visit for HIV, TB & malaria respectively); and
- KPI T3: People with confirmed Drug Resistant-TB on treatment.

Priority Area 3: Pandemic preparedness and response – capacity and capability

Even though the result report for 2022 shows that the Global Fund is back on track, the COVID-19 have had significant impact on the work done by the Global Fund and has been the largest single setback to the mission of ending the three diseases. The pandemic overloaded systems for health, reduced economic growth, constrained domestic resource mobilization and was the largest single cause of infectious disease mortality in the world in 2021. It is imperative to support countries effectively respond to this health crisis because controlling this pandemic is a prerequisite to have HIV/AIDS, TB and malaria and broader SDG efforts on track. Given the COVID-19 pandemic and current wide-ranging discussions across multiple fora about how best to address Pandemic Preparedness and Response within the global health architecture, this objective is described as “evolving” within in the Global Funds own strategy 2023-2028 as *Evolving Objective: Contribute to Pandemic Preparedness and Response*.

As the largest multilateral provider of grants in global health and the only multilateral agency specifically created to fight pandemics, the Global Fund partnership is uniquely placed to collaborate with partners to support countries to prevent, prepare for and respond to pandemics. The Global Fund's experience fighting the biggest infectious diseases and ability to create synergies across disease-specific interventions could be used to building Pandemic Preparedness Response efforts in a people-centred and integrated way.

Denmark will follow the discussions and the further developments of how to address PPR in the Global Fund the coming years, and in particular the Global Fund's efforts in reaching its Evolving Objective through two KPI's:

- KPI P1: Progress in laboratory testing modalities; and

⁶ [MOPAN 2022 GlobalFund PartI FinalWeb.pdf \(mopanonline.org\)](#)

- KPI P2: Progress in early warning surveillance function.

Priority Area 4: Continued institutional Reform and strengthened Risk Management

The Global Fund takes seriously any misuse of funding and has zero tolerance for corruption and misuse of funding and as highlighted in the MOPAN review, the Global Fund has strong processes in place to identify, assess and report on risks and reports to its Board on 22 types of risk (see point 6). All cases are referred to the OIG, which is also undertaking regular audits. If any misspending of fund is identified, the Fund pursues recoveries, so no donor money is lost to fraud or ineligible expenses. Additionally, action is taken to address underlying weaknesses so countries can prevent future risks.

The Global Fund has continued to improve its governance and organisational efficiency. Although the Fund has made immense progress in the reform of its governance, including grant management and the allocation of funds, some areas are still being improved to increase the efficiency of the Global Fund's investments.

Although there is currently, no dedicated KPI on risk management in the Global Fund's monitoring framework, risk management remains a focus area for Denmark.

From a Danish perspective, the Global Fund should continue its efforts to improve governance, resource mobilisation and to be innovative. The Global Fund needs to continue its evolvement and adjustment to a changed reality with new challenges. The Board is an example, as it is working in two blocks that underline a divide between implementers and donors that no longer reflects reality and the aspiration of the shared responsibility agenda.

Denmark will follow the Global Fund's efforts in continued institutional reform and strengthened risk management through the annual OIG report, and more precisely the progress in Key Components of Risk Management Architecture.

Priority Area 5: Climate and environmental changes and how these affect the three diseases

Climate change is a global health challenge affecting the epidemiology of existing diseases and facilitating the emergence of new diseases. Changes in rainfall, temperature and humidity are shifting malaria transmission into new areas. Climate change will also alter HIV and TB through, for example, the forced displacement or migration of vulnerable populations and increased economic insecurity. Moreover, climate change and other environmental pressures will also change the dynamics of zoonotic spill over, the process by which diseases affecting animals transition to humans. Since three-quarters of new disease threats originate in animals, any increase in zoonotic spill over will increase the probability of new pandemic threats.

There is a need for adapting the investments and interventions to anticipate and respond to the epidemiological effects of climate change. Doing this will entail embracing more of a One Health approach, which means a collaborative approach to health, which recognises that humans and animals live in a shared environment and there is added value to be gained by working together on issues at the interface of different sectors. The positioning of human health interventions within the context of a broader planetary health agenda, which encompasses animal, human, plant health, and the shared environment, can be achieved by employing the One Health approach

For the first time, and as a result of a request from the Point Seven constituency, there was a dedicated thematic discussion on Climate Change and health at the 50th Board Meeting held in November 2023. From a Danish perspective, it is necessary with a stronger and more direct focus on building more environmentally friendly and climate-resilient systems for health, with greater focus on waste disposal and energy efficiency.

At present, the Global Fund framework lacks a specific KPI for climate changes. However, Denmark remains committed to actively monitoring the ongoing discussions and future advancements in tackling climate changes in the years ahead

5. Danish approach to engagement with the organization

Based on the priority areas specified above, Denmark will continue to pursue an open and constructive dialogue with the Global Fund across the organization to influence and follow up on the organizations work towards realizing these priorities. This is mainly done through the two annual board meetings and relevant committee meetings where Denmark attend together with the constituency. The topics on which each country takes the lead vary, and it is agreed within the constituency that the countries with the board member and the alternate will assume the majority of the responsibilities during a board meeting.

No midterm review of the Danish strategy was done in the previous period due to the COVID-19 pandemic, why a midterm review between Denmark and the Global Fund will be conducted in 2024. The midterm review could be done together with other countries from the constituency, which will be used to follow-up on the cooperation over the past year and discuss the way ahead. Denmark will continue to take active part and promote Danish priorities in the Global Fund's governing.. Denmark will through close dialogue coordinate with the constituency and other likeminded donors.

6. Budget

The Global Fund receives the vast majority of total funding from public donors as core contribution where national governments pledged most of the funds; donations from the private sector constitute around 6.4% of the total (4.6% from the Gates Foundation, 1.8% from private companies). Denmark is as per January 2024 the 14 largest contributor to the fund with a total contribution at 3.07 billion DKK since 2001⁷ (See more details in annex 2).

Table 1: Indicative budget for Denmark's engagement with The Global Fund 2023 – 2025. * The budget is subject to annual parliamentary approval.

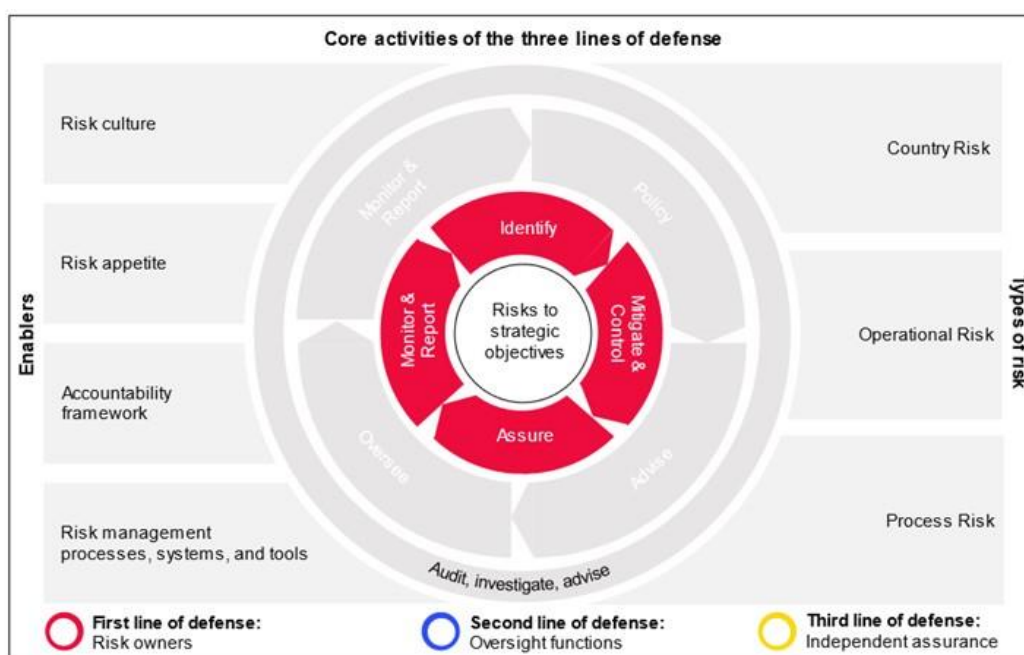
Contributions in DKK millions*	2023	2024	2025	2026	2027	2028	Total
Core funds	0	175	200	125	125	125	750
Earmarked funds (Set-a-sides)	-	-	-	-	-	-	-
Totals	0	175	200	125	125	125	750

⁷ For details of contributions: <https://data.theglobalfund.org/viz/pledges-contributions/treemap>

7. Risks and assumptions

As the Global Fund’s core activity is to provide funding to help fight the three diseases, a significant proportion of the Secretariat’s resources is dedicated to the ongoing identification, assessment and mitigation of a comprehensive set of grant related risks. Beginning in 2011, a comprehensive methodology, referred to as Operational Risk Management (‘ORM’, now referred to as Country Risk Management Operational Policy Note (OPN)) has been developed and implemented. The Country Risk Management looks systematically at thirteen grant facing risks, covering programmatic (including M&E and Human Rights and Gender risks), financial and fiduciary, supply operations, in-country governance, and, health financing and sustainability risks. This system aims to allow for a comprehensive overview of the risk associated with the different grants and tailored mitigating measures, which are systematically reviewed by the Portfolio Performance Committee (PPC) and reported to the Board and its committees through the semi-annual risk report and Organisational Risk Register (ORR). The PPC is an internal secretariat committee. The role of the Portfolio Performance Committee (PPC) is to conduct Country Portfolio Reviews (CPR), PPC Executive Sessions, and Enterprise Reviews (ER). The overarching aim of these reviews is to maximize impact of Global Fund investments.

As outlined in the Risk Management Policy, the Global Fund employs a “three lines of defence model”, with the Grant Management Division (GMD) responsible for day-to-day risk management (first line); the Risk Management Department (RMD) providing oversight of and support for implementing the Enterprise Risk Management (ERM) framework (second line); and (OIG and External Audit providing independent assurance of risk management (third line).



Figur 4: Overview of the “three lines of defence model”

It is acknowledged that channelling huge amounts of funds to health interventions in some of the world’s poorest countries carries risks of misuse of funds, both in terms of technical effectiveness and financial management. The significant amount of investments spent on commodities adds to this risk. Misuse of funds became a problem for the Global Fund in 2011 due to heavy media exposure of some

specific cases. This initiated an intensive investigation and the set-up of the High Level Review Panel which has led to the creation of a New Funding Model as well as creation of a specific unit focusing on risk, led by a Chief Risk Officer. Moreover, the OIG thoroughly investigates and audits any inappropriate use of grants. As the third line of defence, statutory external audit and the OIG play an important role in risk management and detecting and addressing fraud and corruption. The Board and its committees regularly reassess risk appetite and review progress towards target risk levels and timeframes to achieve target risk. Since 2022/23 all second line risk owners have been formalized and related reviews of risks and mitigation have been embedded in our systems and processes.

Funding

Even though the 7th replenishment was the largest ever for a global health organisation and with a record number of implementer governments stepped up to become donors, a consequence of changes in international priorities shrinking donor contributions continue to be a risk for the Fund. The United States provides around 1/3 of the total support for the Fund, and with UK and France both providing around 1/10 of the total support, the Fund continues to have a fairly high dependence on a few donors.

At the same time, the number of global health partnerships and international health initiatives keeps growing, thereby increasing the demands for funding. Therefore, it is uncertain whether the current level of contributions can be sustained. A reduced turnover may not be a risk for the Global Fund as an organisation, if they are able to prioritise and gradually reduce commitments in a predictable way, but the pressure on the organisation to make the structures leaner and adapt to less generous funding will grow.

8. Annexes

Annex 1: Summary Results Matrix

Annex 2: Budget Overview

Annex 3: Global Fund Organizational Chart

Annex 1. Summary Results Matrix

The matrix below shows the chosen Danish priority results and the related set of indicators and targets from the Funds Key Performance Indicator (KPI) framework.

Danish Priority Result area 1: Ensuring that GFATM maintains and strengthens its focus on human rights, including equity and gender equality			
GFATM's Mutually Reinforcing Contributory Objective (2023-2028): Maximizing Health Equity, Gender Equality and Human Rights.			
GFATM KPI	Measure	Target	Comment
KPI H4: Key Populations reached with prevention programs.	Percentage of Key Populations reached with HIV preventions programs – defined package of services.	Achieve or sustain Global Fund grant portfolio performance at or above 90 %, assessed annually. Baseline: 91% portfolio performance for year 2021.	HIV infection rates among young women are twice as high as among young men in some regions in sub-Saharan Africa. These indicators will track the extent to which an enhanced programmatic focus on key populations and on adolescent girls and young women results in a reduction in new infections in selected countries with large disparities in incident infections. This objective is closely linked to other strategic objectives
KPI H5: High-risk adolescent girls and young women reached with prevention programs.	Percentage of high-risk adolescent girls and young women reached with HIV prevention programs.	Achieve or sustain Global Fund grant portfolio performance at or above 90%, assessed annually. Baseline: 29% portfolio performance for year 2021.	focused on scale-up of programmes supporting key populations and women and girls; advancing sexual and reproductive health and rights; support to women's, children's, and adolescent health; and removing barriers to access.

Danish Priority Result area 2. Maximising GFATMs's Impact on Strengthening Health Systems			
GFARM's Mutually Reinforcing Contributory Objective (2023-2028): Maximizing People-centred Integrated Systems for Health to deliver Impact, Resilience and Sustainability (RSSH).			
GFATM KPI	Measure	Target	Comment
KPI E1: Scale up of programs to address Human-related barriers.	Percentage of countries with increases in scale of programs to reduce Human Rights-related barriers for a) HIV; b) TB; c) Malaria respectively.	50% of countries in cohort show increase in scale of programming from baseline for a comprehensive response to human rights barriers to HIV, TB, malaria services respectively, for 2023-2025 Allocation Period.	With a focus on 38 priority countries this indicator will measure the extent to which comprehensive programmes to reduce human rights-related barriers to access are established. The aim is that these programmes will contribute to a meaningful reduction in human rights barriers to services and that increased access will lead to increased impact. This will be measured through in-depth evaluations as baseline in 2023, at mid-term in 2025 and at the end of the strategy period in 2028.
KPI S1: Provision of integrated, people-centred, high-quality services.	Percentage of countries with improvement in scores for provision of integrated, people-centered, high quality service delivery from latest baseline.	100% countries improved scores compared to latest baseline (2023, 2025) by mid Strategy (2025) and end of Strategy (2028).	The aim is to ensure high quality of services at point of delivery with more emphasis on integrated, people-centered services. The quality dimensions directly measures what the health worker does (as compared to what they know), i.e., the process of care from a clinical (protocol), diagnostic and patient perspectives.
GF KPI S8: On Shelf Availability (OSA).	Percentage of health facilities with tracer health products available on the day of the visit for HIV, TB & malaria respectively.	Achieve OSA of at least 90% by 2025 and maintain annual 90% result till end Strategy (2028) for HIV, TB & Malaria respectively.	The aim is to measure the extent to which investments in strengthening the different components of health product management systems contribute to the uninterrupted availability of essential health products at service delivery points.

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GF KPI T3: People with confirmed DR-TB on treatment	Percentage of people with confirmed RR-TB and/or MDR-TB on treatment	Achieve or sustain Global Fund grant portfolio performance at or above 90%, assessed annually. Baseline: 97% portfolio performance for year 2021	Multi-Drug Resistant TB (MDR-TB) is a serious problem on the rise. MDR-TB is far more costly, time consuming and complicated to treat than non-resistant TB. There are more side-effects and the infection is often more lethal. According to The Fund in 2015 there were approximately 580,000 cases of MDR-TB and nearly half of those people died.
Danish Priority Result area 3: Pandemic preparedness and response – capacity and capability			
GFATM’s Evolving Objective: Contribute to Pandemic Preparedness and Response			
GFATM KPI	Measure	Target	Comment
KPI P1: Progress in laboratory testing modalities.	Percentage of countries with improved or sustained high performance in laboratory testing capacity modalities.	90% of countries show significant improvement, or have maintained high performance by end of Strategy (2028). Baseline year 2022.	Building laboratory capacity has historically been one of the Global Fund's main contributory areas to pandemic preparedness (PP). Investments in building laboratory testing modalities are of increased emphasis in the new Strategy and is emphasized in updated RSSH applicant materials for the 2023-2025 Allocation Period.
KPI P2: Progress in early warning surveillance function.	Percentage of countries with improved or sustained high performance in early warning surveillance function.	90% of countries show significant improvement, or have maintained high performance by end of Strategy (2028). Baseline year 2022.	Surveillance has historically been an area of investment embedded in HTM/ RSSH at the Global Fund and early warning surveillance is emphasized in updated RSSH materials for the 2023-2025 Allocation Period.
Danish Priority Result area 4: Continued institutional Reform and strengthened Risk Management			
No Objective exists in the GFATM Strategy for this priority results area			
GFATM KPI	Measure	Target	Comment
NA	NA	NA	With the approval of the Risk Appetite Framework, the Secretariat consistently reports on the 10 grant facing risks, where the Board has set a Target risk level and timeframe to achieve it. The overall risk at the organizational level is computed bottoms-up from individual grants in a country,

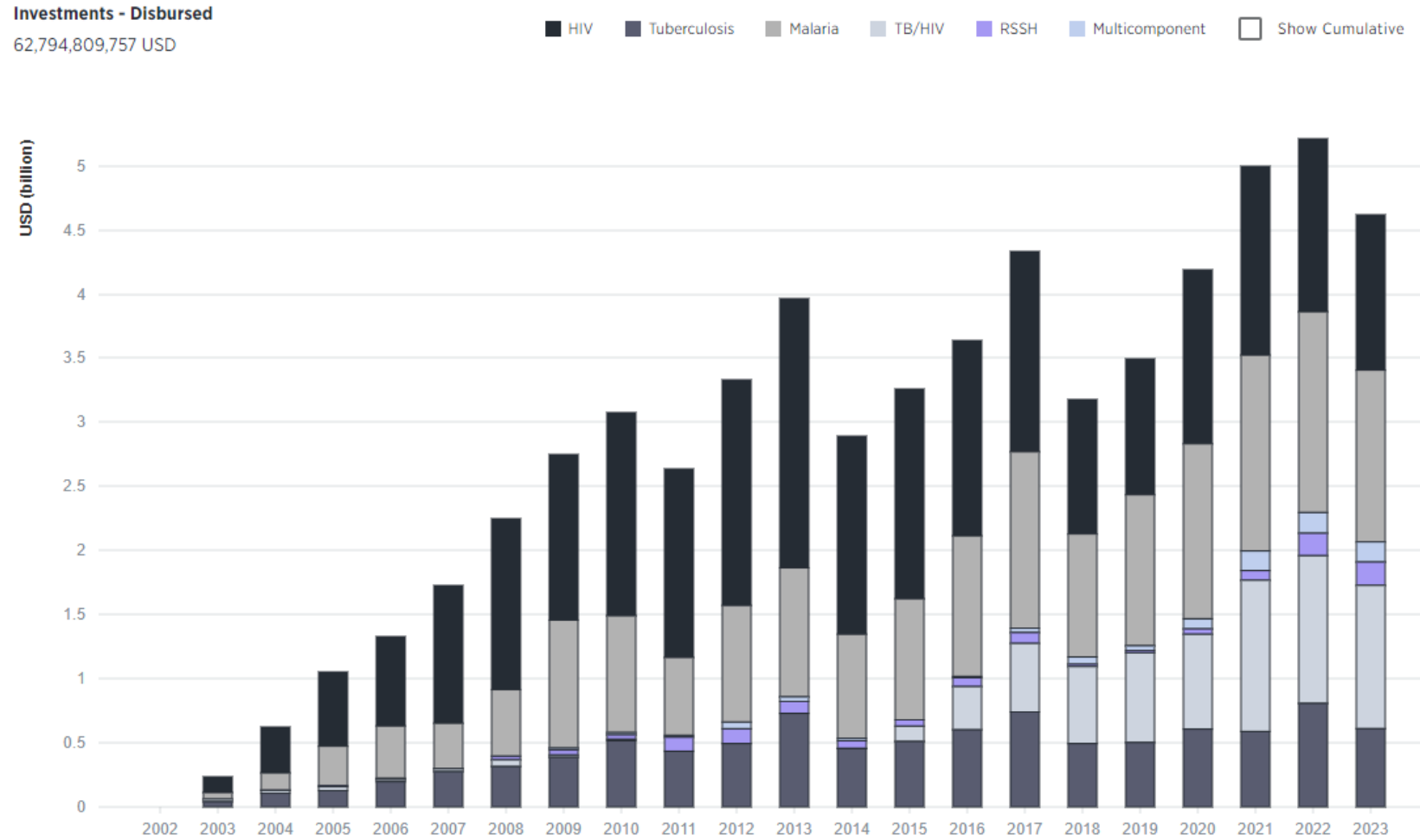
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			<p>to get a country risk rating and the portfolio/organizational level weighted by country allocations. This provides a more disaggregated view for each risk category.</p> <p>For risk not included in the risk appetite, the Organizational Risk Register provides a portfolio aggregated view (and which again are computed bottoms-up for grant facing risks).</p> <p>In addition, the OIG as part of their audits, from time to time review the maturity of risk management and its processes and control environment. The OIG reported the secretariat has reached an Embedded Level of Maturity for Risk management in 2019. In 2022, they undertook a Fraud Risk Maturity Assessment, and subsequent to which the AFC agreed on the ambition set for further maturing the various components of fraud risk management</p>
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Annex 2: Budget overview

Datasource: <https://data.theglobalfund.org/viz/budgets/time-cycle>

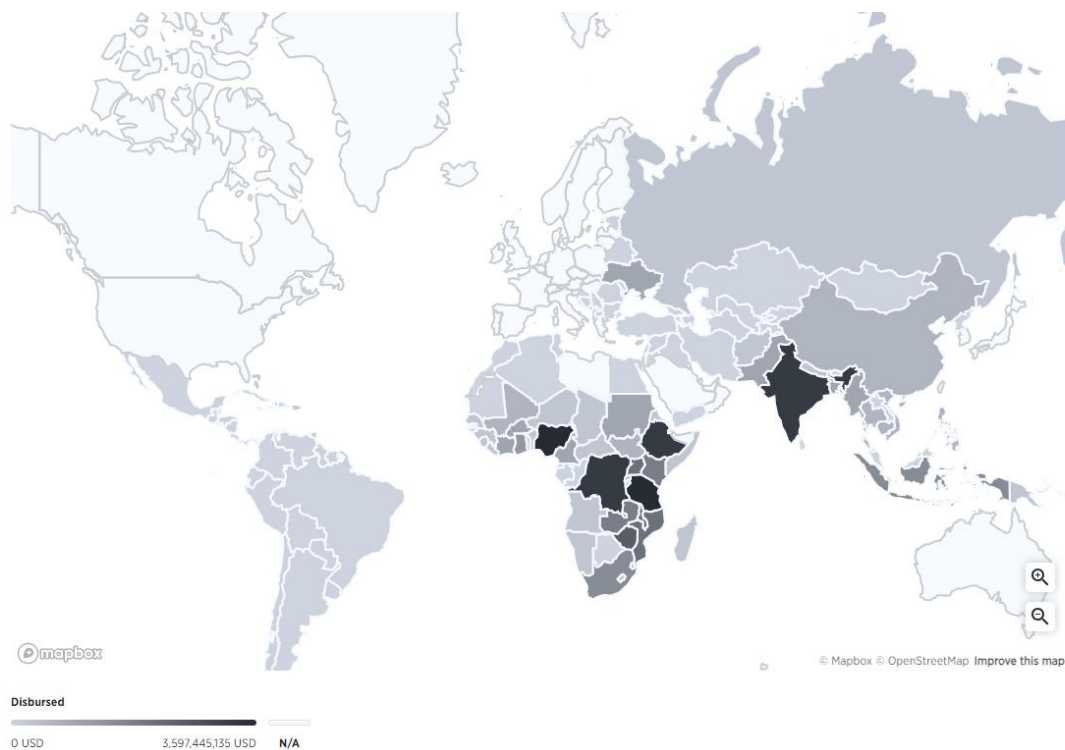


Figur 4: Investment disbursed since 2001

Country list

Allocation by 2023: https://www.theglobalfund.org/media/12674/fundingmodel_2023-2025-allocations_table_en.xlsx

Afghanistan, Angola, Armenia, Azerbaijan, Bangladesh, Belarus, Belize, Benin, Bhutan, Bolivia (Plurinational State), Botswana, Burkina Faso, Burundi, Cabo Verde, Cambodia, Cameroon, Central African Republic, Chad, Colombia, Comoros, Congo, Congo (Democratic Republic), Costa Rica, Cote d'Ivoire, Cuba, Djibouti, Dominican Republic, Ecuador, Egypt, El Salvador, Equatorial Guinea, Eritrea, Eswatini, Ethiopia, Gabon, Gambia, Georgia, Ghana, Guatemala, Guinea, Guinea-Bissau, Guyana, Haiti, Honduras, India, Indonesia, Iran (Islamic Republic), Jamaica, Kazakhstan, Kenya, Kosovo, Kyrgyzstan, Lao (Peoples Democratic Republic), Lesotho, Liberia, Madagascar, Malawi, Malaysia, Mali, Mauritania, Mauritius, Moldova, Mongolia, Montenegro, Morocco, Mozambique, Myanmar, Namibia, Nepal, Nicaragua, Niger, Nigeria, Pakistan, Papua New Guinea, Paraguay, Peru, Philippines, Russian Federation, Rwanda, Sao Tome and Principe, Senegal, Serbia, Sierra Leone, Somalia, South Africa, South Sudan, Sri Lanka, Sudan, Suriname, Tajikistan, Tanzania (United Republic), Thailand, Timor-Leste, Togo, Uganda, Ukraine, Uzbekistan, Venezuela, Viet Nam, Zambia, Zanzibar, Zimbabwe

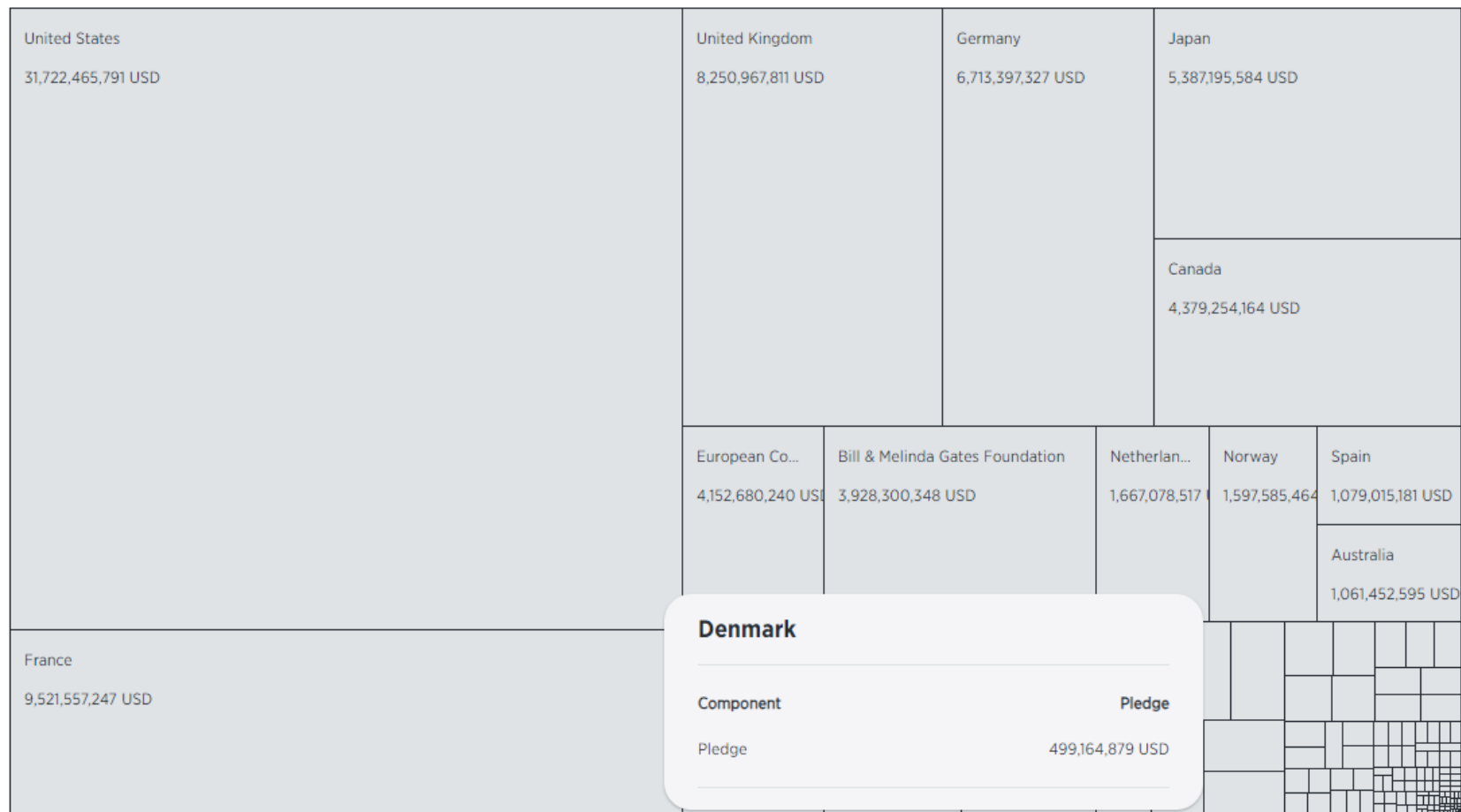


Figur 5: Country overview of investment disbursed

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Donors Pledges

88,962,623,726 USD



Figur 6: Donor pledges in total since 2001

Annex 3 – Global Fund Organizational Chart

