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**THIS ACTION IS FUNDED BY THE EUROPEAN UNION**

**ANNEX 1**

to the Commission Implementing Decision amending Commission Decision C(2022)6137 Final of 23.08.2022 on the financing of the multiannual action plan for the thematic programme on Global Challenges (People) for 2022-2024

**Action Document for 2022-2024 Contribution to the Global Fund and its COVID-19 Response Mechanism**

**ANNUAL ACTION PLAN**

This document constitutes the annual work programme within the meaning of Article 110(2) of the Financial Regulation, within the meaning of Article 23 of the NDICI-Global Europe Regulation.

## 1 SYNOPSIS

### 1.1 Action Summary Table

<b>1. Title CRIS/OPSYS business reference Basic Act</b>	2022 – 2024 Contribution to the Global Fund and its COVID-19 Response Mechanism OPSYS: ACT-61046 Financed under the Neighbourhood, Development and International Cooperation Instrument ( <u>NDICI-Global Europe</u> )
<b>2. Team Europe Initiative</b>	No
<b>3. Zone benefiting from the action</b>	Global. The action shall be carried out in Global Fund eligible countries
<b>4. Programming document</b>	NDICI Global Challenges Multiannual Indicative Programme (MIP) 2021-2027
<b>5. Link with relevant MIP(s) objectives / expected results</b>	This action will contribute particularly to the specific objectives 1 (Health), 3 (Gender Equality) and 4 (Youth & children) of the People's chapter of the MIP on Global Challenges.
<b>PRIORITY AREAS AND SECTOR INFORMATION</b>	
<b>6. Priority Area(s), sectors</b>	120 Health 130 Population Policies/Programme & Reproductive Health 160 Other Social Infrastructure and Services
<b>7. Sustainable Development Goals (SDGs)</b>	Main SDG : SDG 3 Ensure healthy lives and promote well-being for all at all ages Other significant SDGs : SDG 5 Achieve gender equality and empower all women and girls

	SDG 10 Reduced inequalities			
<b>8 a) DAC code(s)</b>	12250: Infectious Disease Control 12262 : Malaria control 12263 : Tuberculosis control 13040 : STD control including HIV/AIDS 16064 : Social mitigation of HIV/AIDS			
<b>8 b) Main Delivery Channel</b>	The Global Fund - 47045			
<b>9. Targets</b>	<input type="checkbox"/> Migration <input type="checkbox"/> Climate <input checked="" type="checkbox"/> Social inclusion and Human Development <input checked="" type="checkbox"/> Gender <input type="checkbox"/> Biodiversity <input type="checkbox"/> Education <input checked="" type="checkbox"/> Human Rights, Democracy and Governance			
<b>10. Markers</b>  (from DAC form)	<b>General policy objective @</b>	<b>Not targeted</b>	<b>Significant objective</b>	<b>Principal objective</b>
	Participation development/good governance	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Aid to environment @	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Gender equality and women's and girl's empowerment	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Trade development	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Reproductive, maternal, new-born and child health	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Disaster Risk Reduction @	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Inclusion of persons with Disabilities @	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Nutrition @	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>RIO Convention markers</b>	<b>Not targeted</b>	<b>Significant objective</b>	<b>Principal objective</b>
	Biological diversity @	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Combat desertification @	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Climate change mitigation @	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Climate change adaptation @	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>11. Internal markers and Tags</b>	<b>Policy objectives</b>	<b>Not targeted</b>	<b>Significant objective</b>	<b>Principal objective</b>
	Digitalisation @	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	digital connectivity digital governance	YES <input type="checkbox"/> <input type="checkbox"/>	NO <input type="checkbox"/> <input type="checkbox"/>	

	digital entrepreneurship	<input type="checkbox"/>	<input type="checkbox"/>	/
	digital skills/literacy	<input type="checkbox"/>	<input type="checkbox"/>	
	digital services	<input type="checkbox"/>	<input type="checkbox"/>	
	Connectivity @	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	digital connectivity	YES	NO	/
	energy	<input type="checkbox"/>	<input type="checkbox"/>	
	transport	<input type="checkbox"/>	<input type="checkbox"/>	
	health	<input type="checkbox"/>	<input type="checkbox"/>	
	education and research	<input type="checkbox"/>	<input type="checkbox"/>	
	Migration @ (methodology for tagging under development)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Reduction of Inequalities @ (methodology for marker and tagging under development)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Covid-19	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>BUDGET INFORMATION</b>				
<b>12. Amounts concerned</b>	<p>Budget line(s) (article, item): 14.020240 – Global Challenges People</p> <p>Total estimated cost: EUR 17 534 297 998,09<sup>1</sup> (2020 – 2022) and EUR 14 688 852 260 (2023 – 2025).</p> <p><b>Total amount of EU budget contribution: EUR 327 904 904.25</b></p> <p>The contribution is for an amount of EUR 190 460 476,36 from the general budget of the European Union for 2022, for an amount of EUR 102 040 441.89 from the general budget of the European Union for 2023 and for an amount of EUR 35 403 986 from the general budget of the European Union for 2024, subject to the availability of appropriations for the respective financial years following the adoption of the relevant annual budget, or as provided for in the system of provisional twelfths.</p> <p>The action is co-financed in parallel by other public and private donors, according to the following indicative contribution in a Team Europe approach for the periods of 2020-2022/2023-2025:</p> <ul style="list-style-type: none"> <li>- Belgium for an amount of EUR 45 000 000/30 000 000</li> <li>- Denmark for an amount of DKK 375 000 000 (EUR 50 000 000)/ 375 000 000 (EUR 50 000 000)</li> <li>- France for an amount of EUR 1 296 000 000 /1 596 000 000</li> <li>- Germany for an amount of EUR 1 465 000 000 /1 300 000 000</li> <li>- Ireland for an amount of EUR 50 000 000 / 65 000 000</li> <li>- Italy for an amount of EUR 161 000 000 / 185 000 000</li> <li>- Luxembourg for an amount of EUR 11 315 000 / 11 700 000</li> <li>- Netherlands for an amount of EUR 183 000 000 / 180 000 000</li> </ul>			

<sup>1</sup> USD 18,384,711,451 at InforEuro exchange rate May 2022

	<p>- Spain for an amount of EUR 100 000 000 / 130 000 000</p> <p>- Sweden for an amount of SEK 2 950 000 000 (EUR 274 000 000) / 3 000 000 000 (EUR 274 000 000)</p> <p>Other significant pledges: USA for an amount of USD 8 180 000 000/6 000 000 000; UK for an amount of GBP 1 460 000 000/ 1 000 000 000; Japan for an amount of USD 840 000 000/1 080 000 000; Canada for an amount of CAD 1 055 400 000/1 209 000 000; Norway for an amount of NOK 2 765 200 000/ 2 000 000 000; Switzerland for an amount of CHF 64 000 000 / 64 000 000; Australia for an amount of AUD 242 000 000 / 266 000 000; Gates Foundation for an amount of USD 760 000 000 / 926 000 000</p>
<b>MANAGEMENT AND IMPLEMENTATION</b>	
<b>13. Type of financing</b>	<b>Indirect management</b> with the Global Fund (assimilated to an International Organisation).

## 1.2 Summary of the Action

In contributing to achieving the global commitments on health, the Commission has been a strong supporter of the Global Fund to fight AIDS, Tuberculosis, and Malaria (Global Fund or GF) since it was established in 2002.

Through this Multi-annual action plan (MAAP), the Commission will fulfil its political pledge to the Global Fund made by President Juncker in 2019, of EUR 550 million for the sixth replenishment (2020-2022)<sup>2</sup>, and by President Von der Leyen in 2022, of EUR 715 million for the seventh replenishment (2023 – 2025).

This action will also support the Global Fund's COVID-19 Response Mechanism (C19RM) through a specific contribution of EUR 50 million, as a part of contribution envisaged for 2022. This specific mechanism supports all GF's eligible countries to mitigate the impact of the COVID-19 crisis on programs to fight HIV, Tuberculosis (TB) and malaria, reinforces key aspects of health and community-led response systems, to address advocacy services, accountability, and human rights-based approaches. The Global Fund, via the C19RM, has been highly active in providing needed essential packages of care to partner countries.

This intervention contributes to a partnership designed to accelerate the end of AIDS, tuberculosis and malaria as epidemics. The Global Fund mobilizes and invests more than USD 4 billion a year to support programs run by local experts in more than 100 countries. As a partnership of governments, civil society, technical agencies, the private sector and people affected by the diseases, the Global Fund pools the world's resources to invest strategically in programs to end AIDS, TB and malaria.

The Global Fund partnership has continued to achieve great impact against HIV, TB and malaria, saving 44 million lives since 2002. In 2020 alone, despite the COVID-19 crisis, 21.9 million people received lifesaving antiretroviral therapy for HIV, 188 million mosquito nets were distributed to protect families from malaria, and 4,7 million people were treated for TB. However, the knock-on effects of the COVID-19 crisis are catastrophic. The pandemic has exacerbated existing social and economic inequalities and has reversed hard won gains when it comes to gender equality<sup>3</sup>. Recent modelling studies show that deaths from HIV, TB and malaria could as much as double in the next year as a result of the COVID-19 crisis, wiping out decades of progress<sup>4</sup>.

<sup>2</sup> The pledge for 2020-2022 is EUR 550 million: EUR 13 000 000 were committed in 2020 and EUR 396 539 523,64 in 2021. The outstanding balance to honour the pledge stands at EUR 140 460 476,36.

<sup>3</sup> Alon, T, M Doepke, J Olmstead-Rumsey and M Tertilt (2020), "The Impact of COVID-19 on Gender Equality", Covid Economics: Vetted and Real-Time Papers 4, London: CEPR Press.

<sup>4</sup> <https://www.theglobalfund.org/en/covid-19/news/2020-06-17-global-fund-survey-majority-of-hiv-tb-and-malaria-programs-face-disruptions-as-a-result-of-covid-19/>

This action will advance the achievement of the European Consensus on Development<sup>5</sup> and the United Nations 2030 Agenda for Sustainable Development, especially SDG 3 - Ensure healthy lives and promote well-being for all at all ages, notably on universal health coverage, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all. It contributes directly to the overall objective of the Global Challenges People pillar to strengthen the EU as a leading global actor in supporting the global agenda for inclusive and equal societies and human development for all, with a specific focus on women and girls, children, young people, and other populations living in vulnerable situations. It also contributes directly to the Global Challenges specific health objective to strengthen EU leadership in global health and support the achievement of the SDG 3.

Specifically, the action pursues objectives such as maximising the impact of the fight against HIV, TB and malaria, building resilient and sustainable systems for health, tackling stigma and discrimination, as well as promoting and protecting human rights and gender equality in line with the Gender Action Plan III<sup>6</sup>.

Continued collaboration with Member States acting in a Team Europe approach at the level of the Board of the Global Fund and at partner country level will be essential to achieve longer term and sustainable outcomes, continuing pushing and supporting the Global Fund to accelerate the integration of vertical disease programmes into primary health care, to strengthen national health systems, to increase focus on domestic health financing and sustainability, and to monitor and ensure that it aligns with country priorities, programmes and systems.

## 2 RATIONALE

### 2.1 Context

Human development is at the core of our multilateral commitment towards achieving the SDGs by 2030 and leaving no one behind. This means taking a human rights centred approach to guarantee that all individuals can be healthy and thrive and can have equal opportunities.

Engrained discriminations and inequalities, in all their senses, impede part of the population from exercising their rights, accessing basic services and contributing to their full potential, putting a break to sustainable development. Gender inequality is one of the most persistent forms of inequality in the world and greatest barriers to human development; it has a multiplier effect in achieving poverty eradication. Investing in the future of people and human development is also investing in children and in youth, as key agents of development.

The COVID-19 pandemic has not only exacerbated existing social and economic inequalities, it has also reversed hard won gains when it comes to gender equality.

It has exposed the lack of global health security preparedness and significantly hindered progress on global health. Essential health services are being interrupted, years of progress are reversed, for maternal and child health, access to family planning, immunisation, non-communicable diseases and communicable diseases. Despite impressive progress on global health in the past 20 years, only 50% of the world's population has access to basic health care, while inequalities persist within and between countries. Health systems in many partner countries remain fragile, underfunded and confronted with deadly diseases.

Founded in 2002, the Global Fund is a partnership between governments, civil society, the private sector and people affected by the diseases. The Global Fund raises and invests more than USD 4 billion a year to support programs run by local experts in countries and communities most in need. The Global Fund is a financing institution, providing support to more than 100 countries in the response to the three diseases. It does not implement programs on the ground but works through partners. Its new strategy: Fighting Pandemics and Building a Healthier and More Equitable World (2023 – 2028) has an emphasis on integrated, people-centered services and intensified action to address inequities, human rights and gender-related barriers. It also has a stronger focus on building resilient and strong health systems that contribute to pandemic preparedness and response.

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<sup>5</sup> [https://ec.europa.eu/international-partnerships/european-consensus-development\\_en](https://ec.europa.eu/international-partnerships/european-consensus-development_en)

<sup>6</sup> SWD(2020) 284 final.

Its support focuses on populations affected by the three diseases, including vulnerable communities and key populations that government policies sometimes marginalise, discriminate or even criminalise (LGBTIQ, drug users, sex workers, etc.). All programmes are expected to adhere to human rights principles including non-discriminatory access. The success of both broad and targeted (on key populations) investments depends on functioning health systems and an effective participation of these key populations in a broader sector dialogue.

The Fund is one of the largest external health financiers in many developing countries, e.g. it contributes approximately 20% to the national health budget in Zimbabwe. While these funds focus mainly on three diseases, the Global Fund strategy includes a health systems strengthening objective, with dedicated funding. In addition, the Global Fund's co-financing requirements encourage additional domestic investment in both the national disease programs and health systems. Continued effective cooperation and links with EU or like-minded health programmes implementing partners in countries is key to maximising and sustaining the impact of these funds, given also that the Global Fund has no country presence and relies on country ownership and technical partners on the ground.

In the context of the COVID-19 pandemic, the Global Fund is a core partner of the Access to COVID-19 Tools Accelerator (ACT-A). They are co-convenor of both the Diagnostics Partnership (with the Foundation for Innovative New Diagnostics – FIND) and the Health Systems Connector (with the World Bank). They are also a procurement and deployment partner in the Therapeutics Partnership. Through its COVID-19 Response Mechanism (C19RM), the Global Fund is now the primary channel for providing grant support to low- and middle-income countries for COVID-19 tests, treatments (including medical oxygen), personal protective equipment (PPE) and critical elements of health system strengthening. To date the Global Fund has approved USD 4,3 billion in emergency funding to assist 108 countries and 22 multicountry programs. These investments focus on reinforcing fragile health systems, scaling up tests, oxygen, and treatments, as well as other medical supplies like PPE to protect front-line community and health workers in low- and middle-income countries.

## 2.2 Problem Analysis

### **Short problem analysis:**

The Global Fund partnership has continued to achieve great impact against HIV, TB and malaria, saving 44 million lives since 2002, including 6 million in 2019 alone. However, the knock-on effects of COVID-19 have had a devastating impact on the fight against HIV, TB and malaria and the communities we support. In 2020, for the first time in the Global Fund's history, several key programmatic results for HIV, TB and malaria have declined:

- HIV testing fell by 22% and prevention services by 11%. New enrolment on lifesaving antiretroviral therapy has fallen.
- TB deaths have increased, fuelled by a surge in the number of undiagnosed and untreated cases. The number of people being treated for TB fell by over 1 million.
- Malaria deaths and cases increased significantly in 2020, mainly due to COVID-19 disruptions. New estimates suggest a child is dying nearly every minute because of this mosquito-borne parasite.

COVID-19 is having a catastrophic impact on the most vulnerable communities around the world and is threatening decades of progress in the fight against HIV, TB and malaria. Human rights barriers, stigma, discrimination faced by different groups (such as LGBTIQ, sex workers, minorities, IDPs, drug users, persons with disabilities) and gender inequality prevent accessing prevention and health care services, and continue to impede progress in the fight against the 3 diseases.

In the fight against HIV, these issues continue to make key populations and adolescent girls and young women much more vulnerable to infection. Major progresses have been made on prevention and treatment, with a decline in new HIV infections and deaths from HIV-related illnesses globally and increased access to treatment, but challenges to continued progress and to create an equitable response to the HIV epidemic still exist. Alarming, women in sub-Saharan Africa are twice as likely as their male counterparts to contract HIV. In every country in the world key and vulnerable populations are at substantially higher risk of acquiring HIV and are not benefiting equally from the scale-up of programs. While persons with disabilities are not the groups of highest risk of HIV or TB, they are often left out of prevention and advocacy efforts due to inaccessible and non-adapted information and

belief that they are sexually inactive. Lack of accessibility, reasonable accommodation and disability sensitivity at health facilities can result in poor adherence to treatment of HIV, TB and malaria.

Tuberculosis was also once a global pandemic, and while it is no longer a significant public health threat in much of the developed world, it remains the world's leading infectious disease killer, preying on poor and marginalized communities. For further progress in TB, substantial investment is still required, particularly with the existing and future threat of Multidrug Resistant Tuberculosis (MDR-TB) and Extensively drug-resistant Tuberculosis (XDR-TB), and its comorbidity with HIV. Drug resistant TB constitutes a serious threat with only a quarter of the estimated half a million drug resistant TB cases treated globally and only half of those who initiated treatment were successfully treated. In many places screening for active TB is still not routinely offered to those living with HIV, and individuals diagnosed with TB are not routinely offered HIV testing.

While the achievements related to malaria are impressive, with more and more countries moving towards elimination of malaria, the fight still requires sustained investment. Over 3 billion people remained at risk of infection in 2015 and there continue to be major gaps in intervention coverage in places where the malaria burden is greatest, and with increased intervention pressure, both drug and insecticide resistance have increased. Vector-borne diseases such as malaria require strengthening inter-sectoral stakeholder collaboration and promoting integrated approaches to vector control beyond the health sector, as well as engaging and mobilizing communities and enhancing vector surveillance.

In addition, sustainable results against the three diseases can only be achieved if Global Fund investments also support the strengthening of broader health systems and encourage additional domestic financing of health and the three diseases. The existence of strong systems for health is essential to making progress against HIV, TB and malaria, and to ensuring that countries can address the varied health challenges they face from reproductive, men's, women's, children's, and adolescent health, to global health security threats, to non-communicable diseases.

Ensuring continued collaboration between Member States at Global Fund governance bodies level and at partner country level is hence essential to monitor and ensure that the Global Fund further aligns with country priorities, programmes and systems. This cooperation is already efficiently ongoing at HQ level, with regular meetings ahead of Board meetings, and submission of joint statements, but could be further institutionalised and strengthened at country level that will be followed up with delegations. EU support to the WHO at country level (through the UHC Partnership Program) aims to foster effective coordination and help the partner country Ministries of Health to exercise an effective stewardship role for the health sector, including of the Global Fund and other Global Health Initiatives (GHIs). Steering these GHIs and enforcing Effective Development Cooperation behaviours depends on defining common European (EC and MS) asks, and on pooled knowledge and capacity to engage in policy dialogue and technical discussions at country level.

The COVID-19 Response Mechanism (C19RM) supports countries to mitigate the impact of COVID-19 on programs to fight HIV, TB and malaria, and initiates urgent improvements in health and community systems. All countries, including regional and multicountry recipients, that are currently receiving funding from the Global Fund, are eligible to receive C19RM funding.

Identification of main stakeholders and corresponding institutional and/or organisational issues (mandates, potential roles, and capacities) to be covered by the action:

**Main stakeholders** covered by the action:

**Ministries of Health.** Ministries of Health sit in the Global Fund's Country Coordinating Mechanism (CCM, *see 4.7 Organisational set-up and responsibilities*). The CCM policy requires that funding requests be coordinated through transparent and documented processes that engage a broad range of stakeholders in the solicitation and the review of activities to be included in the funding request. In some countries, Ministries of Health become the Principal Recipients of the grants, once nominated by CCMs and approved by the Global Fund secretariat.

**Civil Society.** Civil Society Organisations, including community-based (communities affected by the three diseases), are represented in the Board of the Global Fund. At country level, they prove to be highly effective as programme implementers, serving not only as Principal Recipients but also as sub-recipients. In particular, civil society organizations have a key role to play in reaching out to those key affected populations not usually reached

by government services. They are increasingly supporting interventions that guarantee the sustainability of the response, empower key populations and promote social and structural changes in the fight against AIDS, at the same time helping to reduce stigma and discrimination. It is important to involve them at the very beginning of the programming process, as early as the development of the concept notes that lead to funding allocation. Civil Society- and Community organisations are members of the CCMs, but some of them need effective capacity building to play their full contribution. This is being addressed through Strategic Initiatives and will be intensified in the next cycle.

**Technical partners.** The Global Fund is a partnership working in collaboration with technical agencies and development organizations, such as WHO, UNAIDS, Stop TB, Roll Back Malaria, World Bank, which play an important role in the Global Fund model. Their contribution include offering technical expertise, supporting resource mobilization and advocacy efforts, providing or supporting country coordination, assisting with stakeholder engagement or monitoring and evaluating of Global Fund-supported programs. These partners are involved at every level of the Global Fund. At the international level, technical partners hold four non-voting seats on the Board. At the country level, they participate in the decision-making process through the CCMs and, in some cases, serve as Principal Recipients of Global Fund grants.

**Target populations.** All the population living in eligible countries, specifically the ones infected or affected by the three diseases, including children under-5 and pregnant women. Key populations<sup>7</sup> include any group which, because of stigma or discrimination, cannot access health care. In many cases these groups are disproportionately affected by AIDS, tuberculosis and malaria. All CCMs, based on epidemiological as well as human rights and gender considerations, are required by the Global Fund to show evidence of membership of: i. people that are both living with and representing people living with HIV; ii. people affected by and representing people affected by tuberculosis and malaria; and iii. people from and representing key populations..

## 3 DESCRIPTION OF THE ACTION

### 3.1 Objectives and Expected Outputs

The **Overall Objective (Impact)** of this action is to contribute to achieving the Sustainable Development Goals (specifically SDG3) and Universal Health Coverage by reducing the number of cases of ill-health, death and disability due to HIV/AIDS, malaria and tuberculosis in a way that strengthens the overall ability of recipient countries to provide the necessary health services in a sustainable manner.

This action contributes to the pooled funding of the Global Fund, and as such, contributes to the broader objectives of the Global Fund strategy. This action covers both the 2017-2022 Strategy “Investing to End Epidemics for 2017-2022” and the 2023-2028 strategy “Fighting Pandemics and Building a Healthier and More Equitable World”. This action will also support the Global Fund’s COVID-19 Response Mechanism (C19RM). This specific mechanism supports all GF’s eligible countries to mitigate the impact of COVID-19 on programs to fight HIV, TB and malaria, reinforces key aspects of health and community-led response systems.

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<sup>7</sup> Further details on key populations are available at: <https://www.theglobalfund.org/en/key-populations/>



From the 2017- 2022 strategy, the **Specific Objectives (Outcomes)** of this action are to contribute to:

1. Maximize impact against HIV, Tuberculosis and Malaria;
2. Build resilience and sustainability of systems for health;
3. Promote and protect human rights and gender equality
4. Support low- and middle-income countries for COVID-19 tests, treatments (including medical oxygen), personal protective equipment (PPE) and critical elements of health system strengthening.

The **Outputs** to be delivered by this action are:

#### **Contributing to Specific Objective 1**

- 1.1 Increased provision of treatment and other prevention commodities;
- 1.2 Evidence-based and accessible prevention and health care service delivery interventions delivered, sustainable responses for epidemic control supported

#### **Contributing to Specific Objective 2**

- 2.1 Community responses and systems strengthened, platforms for integrated service delivery supported;
- 2.2 Global and in-country procurement and supply chain systems strengthened;
- 2.3 Critical investments in human resources for health leveraged;
- 2.4 Data systems for health and countries' capacities for analysis and use strengthened

#### **Contributing to Specific Objective 3:**

- 3.1 Programs to support women and girls- including programs to advance sexual and reproductive health and rights- scaled up;
- 3.2 Programs that remove human rights barriers to accessing HIV, TB and malaria services introduced and scaled-up;
- 3.3 Meaningful participation of key and vulnerable populations in Global Fund-related processes supported;
- 3.4 Human rights considerations integrated throughout the grant cycle and in policies and policy-making processes.

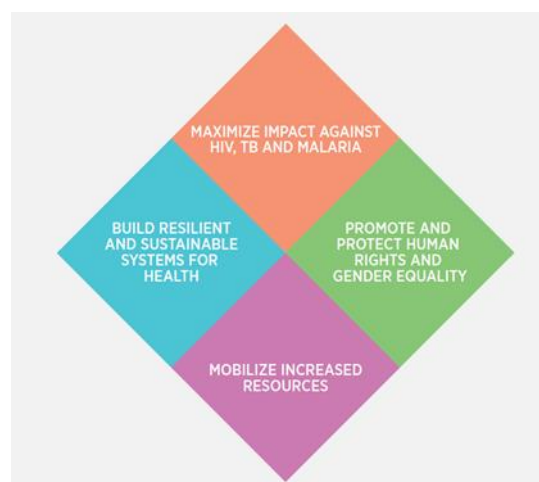
#### **Contributing to Specific Objective 4:**

- 4.1. Investments focused on reinforcing fragile health systems, scaling up tests, oxygen, and treatments, as well as other medical supplies like PPE to protect front-line community and health workers in low- and middle-income countries.

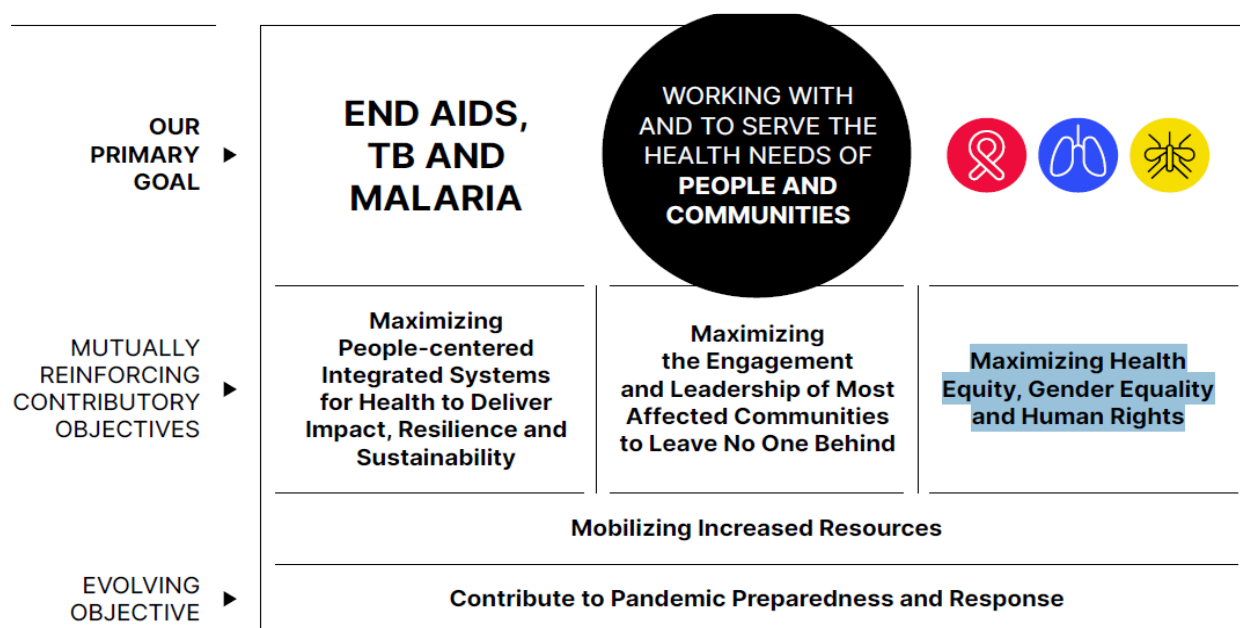
With the adoption of the Global Fund 2023-2028 strategy by the Board, while the mandate and impact of the Global Fund remains the same, the outcomes have slightly evolved.

The **Specific Objectives (Outcomes)** of this action are to contribute to:

1. Maximising People-centred Integrated Systems for Health to Deliver Impact, Resilience and Sustainability;
2. Maximising the Engagement and Leadership of Most Affected Communities to Leave No One Behind;



### 3. Maximising Health Equity, Gender Equality and Human Rights



The **Outputs** to be delivered by this action are:

#### Contributing to Specific Objective 1

- 1.1 Integrated, people-centred quality services delivered: through supporting and incentivising HIV, TB and Malaria services integration
- 1.2 Community systems and community-led programming strengthened and reinforced, and integrated within national health and social systems
- 1.3 Generation and use of quality, timely, transparent, and disaggregated digital and secure data strengthened at all levels, and aligned with human rights principles
- 1.4 Ecosystem of quality supply chains to improve the end-to-end management of national health products and laboratory services strengthened
- 1.5 Partnerships between governments and non-public sector actors to enhance sustainability, transition-readiness and reach of services, including through social contracting deepened

#### Contributing to Specific Objective 2

- 2.1 Evolution of CCMs and community-led platforms to strengthen inclusive decision-making, oversight and evaluation throughout Global Fund-related processes accelerated
- 2.2 Global Fund business processes, guidelines, tools and practices to support community-led organisations to deliver services and oversight evolved, community-led organisations engaged as providers of technical expertise
- 2.3 Community- and civil society-led advocacy supported, to reinforce the prioritisation of health investments and drive toward UHC
- 2.4 Partnerships with communities living with and affected by emerging and related health areas expended, to support more inclusive, responsive and effective systems for health

#### Contributing to Specific Objective 3

- 3.1 Comprehensive programs and approaches to remove human rights and gender-related barriers across the portfolio scaled up
- 3.2 Comprehensive SRHR programs and their strengthened integration with HIV services for women in all their diversity and their partners supported
- 3.3 Youth-responsive programming, including for Adolescent Girls and Young Women (AGYW) and young Key and Vulnerable Populations (KVP) and their partners, advanced
- 3.4 Quantitative and qualitative data to identify drivers of HTM inequity and inform targeted responses, including by gender, age, geography, income and for KVP, deployed
- 3.5 Global Fund's diplomatic voice to challenge laws, policies and practices that limit impact on HTM leveraged

## 3.2 Indicative Activities

The Global Fund is an international organisation and is the beneficiary of a trust fund for which the International Bank for Reconstruction and Development (IBRD) serves as trustee. It provides resources to enable beneficiary countries and their development partners to scale up national responses to the three diseases, supporting programmes that reflect national ownership and respect country-led formulation and implementation processes. The Global Fund sets requirements that national funding requests must meet<sup>8</sup>.

Activities that may be supported by the Fund include, for the 2017-2022 strategy:

### **Related to Outputs 1**

- increased access to and improved quality of health services;
- provision of critical health products including drugs (bed nets, condoms, anti-retroviral, -tuberculosis and -malarial drugs, treatment for sexually transmitted infections, laboratory supplies and materials, diagnostic kits);
- strengthening community systems for increased advocacy, monitoring and service delivery capacity;
- community-based programmes including care for the sick and orphans;

### **Related to Outputs 2**

- training of personnel and community health workers;
- reinforcing community health systems;
- supporting countries to invest in data systems able to accurately inform effective programs for key and vulnerable populations;

### **Related to Outputs 3**

- addressing human rights policy and barriers that impact access to health services;
- behaviour change and outreach interventions

### **Related to Outputs 4**

- provision of COVID-19 tests, treatments (including medical oxygen), and personal protective equipment (PPE).

For the 2023 – 2028 strategy, activities that may be supported include:

### **Related to Outputs 1**

- Programme resources in a way that promotes Integrated, People-Centred, Quality Services;
- Support efforts to improve the quality of care in health facilities and in the community;
- Provide comprehensive and differentiated support for institutional capacity building for community-based and community-led organisations;
- Integrate the development of comprehensive community health strategies into national disease responses and grant implementation;
- Support active routine data analysis and use to improve programme performance and quality;
- Reinforce the monitoring of health inequalities and inequities;
- Build national and regional capabilities in procurement, supply chain and laboratory service;
- Strengthen regional and in-country regulatory systems for health products and services;
- Build government capacity to engage and contract non-public actors.

### **Related to Outputs 2**

- Support CCMs and community representatives to access, analyse and ;
- Elevate the expertise of communities living with and affected by the three diseases;
- Build and strengthen the resource mobilisation advocacy of civil society and community networks;
- Support civil society and communities to advocate for their health and rights, to hold decision-makers accountable, and swiftly respond to pandemics.

### **Related to Outputs 3**

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<sup>8</sup> [https://www.theglobalfund.org/media/4755/fundingmodel\\_applicanthandbook\\_guide\\_en.pdf](https://www.theglobalfund.org/media/4755/fundingmodel_applicanthandbook_guide_en.pdf)

- Strengthen country ownership, commitment and capacity to implement, monitor and evaluate the impact of evidence-based programs to reduce human rights and gender-related barriers;
- Catalyse a renewed partnership-wide commitment to confront the criminalisation of communities most affected by the three diseases and support enabling legal and policy environments;
- Strengthen SRHR partnerships to support the intrinsic linkages between HIV and SRHR;
- Support targeted Sexual and Gender Based Violence prevention and response interventions and systems;
- Improve health service delivery sensitivity toward AGYW and young Key Populations;
- Collect, analyse and use disaggregated quantitative data and qualitative data at national and sub-national levels.

Additionally, the Action will contribute to strengthen monitoring and evaluation systems of the Global Fund itself.

### 3.3 Mainstreaming

#### **Environmental Protection & Climate Change**

Outcomes of the SEA screening: Not applicable

Outcomes of the EIA (Environmental Impact Assessment) screening: Not applicable

Outcome of the CRA (Climate Risk Assessment) screening: Not applicable

The Global Fund is committed to upholding environmental standards and having its recipients and suppliers comply with applicable regulations that include environmental regulations, recognising that their activities may change the way people use and rely on the environment, or may affect or be affected by environmental conditions.

The recently approved Global Fund Strategy Fighting Pandemics and Building a Healthier and More Equitable World clearly addresses the threat and impact of climate change and provides an opportunity for the Global Fund to increase its efforts in this area and look at innovative ways to address, mitigate and adapt to the effects of climate change.

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#### **Gender equality and empowerment of women and girls**

As per OECD Gender DAC codes identified in section 1.1, this action is labelled as G1. This implies that the Global Fund invests in gender transformative approaches for equitable access to life-saving services and advance gender equality. It works with communities of women and girls not as beneficiaries of Global Fund supported programs, but as the agents of change and leaders that will bring us closer to our shared goal of health care for all. Addressing gender inequality is indeed essential as it drives increases in infection rates, and contributes to differential access to health services for men, women and transgender people. Gender inequality reduces the ability of women and girls to protect and keep themselves healthy, and access social services like education.

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#### **Human Rights**

Human rights and gender-related barriers to health have long blocked national responses to HIV, TB and malaria, including: stigma and discrimination; gender inequality and violence; punitive practices, policies and laws; and social and economic inequality. The Global Fund supports programs that empower affected populations to know their health-related rights, mobilize around these rights, and demand changes that improve delivery of services in health facilities and in communities. Thus, these programs also serve to improve health systems and to mobilize and support communities to be part of health systems and decision-making. Its Sustainability, Transition and Co-financing Policy now requires all countries, regardless of income level, to include programs to address these barriers in their proposals.

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#### **Disability**

As per OECD Disability DAC codes identified in section 1.1, this action is labelled as D1 meaning that this action has the objective to contribute to realisation also of the rights of persons with disabilities to HIV, TB and Malaria prevention and treatment and to improve the life of those experiencing disability due to HIV.

While AIDS causes less disability thanks to modern treatment, many people living with the infection in resource poor countries and not accessing adequate treatment experience disability in their daily life.

While in general persons with disabilities are not the group at highest risk of HIV or TB, there are persons with disabilities among the key population groups. Lack of physical accessibility, adapted communication and information, reasonable accommodation and disability sensitivity at health facilities result in risk of 3 diseases as well as poor adherence to treatment of HIV, TB and malaria. Persons with disability, especially women, are often left out of HIV prevention and advocacy efforts due to inaccessible and non-adapted information and belief that they are sexually inactive.

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**Democracy**

Not targeted by this action

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**Conflict sensitivity, peace and resilience**

Not targeted by this action

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**Disaster Risk Reduction**

Not targeted by this action

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**Other considerations if relevant**

N.A.

### 3.4 Risks and Lessons Learnt

Category	Risks	Likelihood (High/ Medium/ Low)	Impact (High/ Medium/ Low)	Mitigating measures
People and the organisation	With the Global Fund funding model and allocation to high impact countries, risks of mismanagement and misuse of funds	Low	Medium	<p>The Global Fund Board has approved a three line Risk Management Policy and amended Risk Appetite Statements. Regular reporting and an annual assurance opinion are provided to the Board by the Chief Risk Officer (representing the 2<sup>nd</sup> line) and the Inspector General (representing the 3<sup>rd</sup> line). Annual assurance is also provided by the Ethics Officer (representing the 2<sup>nd</sup> line in relation to ethics and integrity risk) and the Global Fund's independent external auditor (representing the 3<sup>rd</sup> line in relation to the financial statements).</p> <p>Improved internal and fiduciary controls are in place.</p>
People and the organisation	All stakeholders are included in the Country Coordinating Mechanism (CCM), but risk of limited effective contribution for communities and key populations	Low	Medium	<p>The CCM Policy requires engagement of key populations in the development of funding requests. This must be documented and compliance is assessed. Continued engagement throughout the grant lifecycle is established as a principle.</p> <p>Capacity building is a component of the CCM strengthening strategic initiative; Effective involvement of all stakeholders is an area of work that is the focus for the new strategy. Accessibility and adapted</p>

				information and communication is essential for facilitating the participation of key population with disabilities.
External environment	Risk of health systems support instead of strengthening	<b>Low</b>	<b>Medium</b>	<p>The EC liaises with EU MS to establish joint positions in the Global Fund Board and also with other like-minded constituencies, in order to exert maximum influence in shaping its strategy.</p> <p>KPIs related to Health System Strengthening will be included in the new strategy (this is for adoption by the Board during its May 2023 meeting)</p>

A number of risks are identified for the Global Fund in the coming years particularly for the way it chooses to operationalise its resources to achieve its objectives. One set of these risks is associated with working in partnerships. Specifically, there may be a need for trade-offs between, on the one hand, working with others more cooperatively within the framework of strengthening country health systems while on the other hand, fully achieving disease specific organisational mandates and all strategic objectives (including full fund disbursement and continuously reaching ambitious KPIs).

#### **Assumptions**

- Political continuity exists in countries involved.
- Paris Declaration and Busan Partnership for Effective Development Cooperation agenda endorsed and supported by the governments involved and by other partners at country level.

#### **Lessons Learnt:**

The Global Fund has fairly efficient organisational arrangements, and effective admin and financing systems. As an organisation, it also has many of the attributes that are critical for adaptation and for managing periods of uncertainty. These include responsiveness, a culture of internal debate, transparency around data (the Global Fund is a member of the IATI Registry and has been ranked highly<sup>9</sup>), lessons learned and an ability to learn, and a responsive approach that enables a rapid shift as contexts change, as demonstrated by their rapid positioning during the pandemic. Many of the barriers to making faster progress on vertical diseases concern bigger problems that require engagement well beyond vertical disease programmes, and is part of the focus of the Global Fund strategy 2023-2028.

### **3.5 The Intervention Logic**

The underlying intervention logic for this action is that it contributes directly to the overall objective of the GC People pillar to strengthen the EU as a leading global actor in supporting the global agenda for inclusive and equal societies and human development for all, with a specific focus on women and girls, children, young people, and other populations living in vulnerable situations. This action contributes to a partnership designed to accelerate the end of AIDS, tuberculosis and malaria as epidemics. The Global Fund mobilizes and invests more than US\$4 billion a year to support programs run by local experts in more than 100 countries. As a partnership of governments, civil society, technical agencies, the private sector and people affected by the diseases, the Global Fund pools the world's resources to invest strategically in programs to end AIDS, TB and malaria.

It also contributes directly to the GC specific Health objective to strengthen EU leadership in global health and support the achievement of the SDG 3.

<sup>9</sup> <https://www.publishwhatyoufund.org/the-index/2020/global-fund/>

The logic of intervention involves:

- strategic investment in areas with high potential for impact and strong value for money, and fund based on countries' national strategies;
- funding determined by country envelopes that comprise a fixed and a variable amount. The country envelope is determined by need (disease burden, ability to pay) and other important variables (co-financing, other external financing, past performance, etc.);
- inclusive dialogue with all stakeholders in the grant development at country level, through the Country Coordinating Mechanisms.

Maximizing the impact of investments for HIV, TB and malaria requires differentiated approaches for diverse country contexts, increased alignment, and planning for sustainability of programs. Countries will be supported to implement and sustain impactful programs targeting the three diseases and health system strengthening from both a programmatic and financial perspective over the longer term.

In March 2020, following the start of the COVID-19 pandemics, the Global Fund acted swiftly to respond to the crisis, through introducing grant flexibilities and launching the COVID-19 Response Mechanism (C19RM). By the end of the year, \$990 million had been deployed through these mechanisms, entirely exhausting available funding.

The Global Fund's COVID-19 response has been coordinated with partners through the Access to COVID-19 Tools Accelerator (ACT-A). The Global Fund is a founding partner of ACT-A and co-leads the Diagnostics Pillar and the Health Systems Connector, and leads the Supply Workstream of the Therapeutics Pillar.

Since C19RM uses existing systems and implementation partners, and leverages the Global Fund's well-established procurement, financial control, risk and assurance systems, money awarded through C19RM can be deployed quickly and effectively. Leveraging two decades of experience in fighting HIV, tuberculosis and malaria across more than 130 countries, the Global Fund is uniquely placed to provide effective support.

The Global Fund's C19RM is by far the largest source of grant-funded support to low and middle income countries for the non-vaccine components of their COVID-19 responses. All funding requests are reviewed by a COVID-19 technical advisory group comprised of ACT-A partners with technical COVID-19 expertise who will review C19RM Funding Requests, along with GAC partners, in parallel with the Global Fund Secretariat's review. The Global Fund Board requires that C19RM awards will finance interventions that are consistent with WHO guidance on COVID-19 and national Strategic Preparedness and Response Plans.

In order to achieve the longer term outcome, the EU, through its participation in its governance mechanisms and through a Team Europe approach, will ensure that the Global Fund accelerates progress on integration of vertical disease programmes into primary health care, ensures wider participation in the CCM by health systems and UHC partners including Ministries of Finance, and increases focus on domestic health financing and sustainability. The Global Fund is encouraged to ensure strong coordination between global health organisations, as committed to in the Global Action Plan for Healthy Lives and Well-being for All. In addition to increased and better coordinated investments to strengthen health systems with the other global health initiatives and agencies, the EU also expects a more practical framework for these investments, including agreed joint monitoring, tracking and results measurements.

The EU will also use its seat in the governing structures to promote the mainstreaming of climate and environment considerations in line with the Green Deal, in particular in relation to building resilient and sustainable health systems, as well as gender and sexual and reproductive health and rights<sup>10</sup>, in the work of the Global Fund and in the national programmes that it finances, in line with the ambition of the Green Deal and the Gender Action Plan III (GAP III). More specifically: promoting enhanced attention of health systems to the environmental determinants of health, including climate change adaptation measures (malaria incidence notably is strongly related to climatic conditions), attention to pollution, and promoting a One Health approach in line with recent EU and G20 commitments.

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<sup>10</sup> The EU remains committed to the promotion, protection and fulfilment of all human rights and to the full and effective implementation of the Beijing Platform for Action and the Programme of Action of the International Conference on Population and Development (ICPD) and the outcomes of their review conferences and remains committed to sexual and reproductive health and rights (SRHR), in this context. The new European Consensus on Development: our world, our dignity, our future, 26.06.2017



### 3.6 Logical Framework Matrix

This indicative logframe constitutes the basis for the monitoring, reporting and evaluation of the intervention.

On the basis of this logframe matrix, a more detailed logframe (or several) may be developed at contracting stage. In case baselines and targets are not available for the action, they should be informed for each indicator at signature of the contract(s) linked to this AD, or in the first progress report at the latest.

New columns may be added to set intermediary targets (milestones) for the Output and Outcome indicators whenever it is relevant.

- At inception, the first progress report should include the complete logframe (e.g. including baselines/targets).
- Progress reports should provide an updated logframe with current values for each indicator.
- The final report should enclose the logframe with baseline and final values for each indicator.

The indicative logical framework matrix may evolve during the lifetime of the action depending on the different implementation modalities of this action.

The activities, the expected Outputs and related indicators, targets and baselines included in the logframe matrix may be updated during the implementation of the action, no amendment being required to the Financing Decision.

This action contributes to the pooled funding of the Global Fund, and as such, contributes to the broader objectives of the Global Fund strategy for 2017-2022. The Global Fund's Key Performance Indicator framework, which will be the basis for the monitoring and reporting of this action, is presented below for reference. The logframe below is based on this framework and includes selected indicators, with their targets for each of the outcomes.

The C19RM does not have a specific KPI framework, as its objective is to support countries in sustaining the response to the 3 diseases. The impact of the EC contribution to this mechanism will thereby be reflected in the overall Global Fund KPI framework and in the selected indicators in the logframe below.

While the new Global Fund strategy for 2023 – 2028 has been adopted by the Board in May 2022, its related Monitoring and Evaluation framework, including the targets for some of the Key Performance Indicator (KPI) framework, is still being finalised. It will be presented to the Board during its May 2023 meeting for formal adoption.

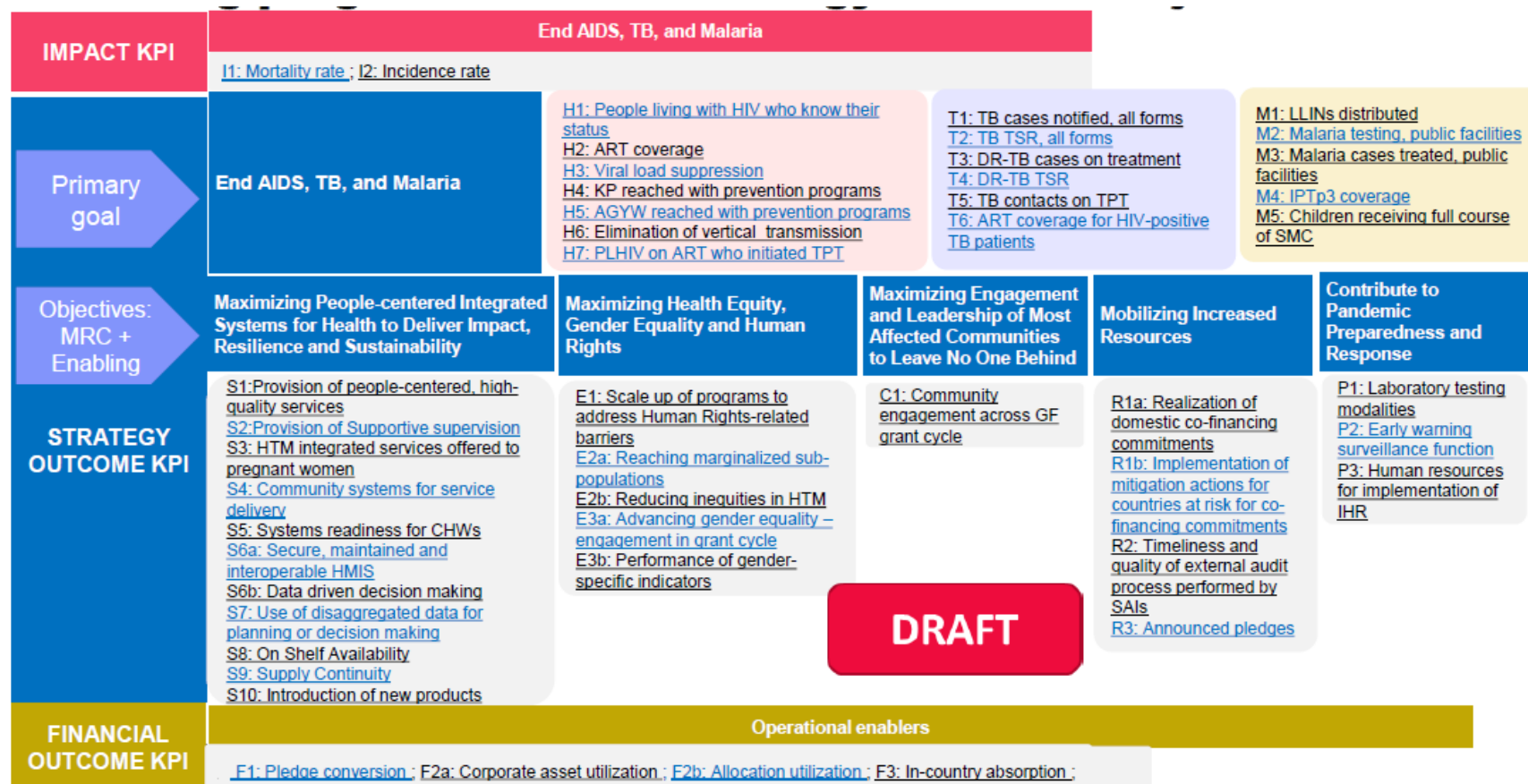
The implementation of the activities under the 2020 - 2022 cycle will continue until end 2023, while in parallel countries develop their Funding Request for the 2023 – 2025 funding cycle, along the new strategic objectives.

The draft 2023-2028 Key Performance Indicators framework is presented below for reference. It is subject to final revisions before adoption by the GF Board in May 2023. The logframe below is based on this framework and includes selected indicators.

#### **Global Fund' 2017 – 2022 KPI Framework**

Strategic Targets	Strategic Targets			
	1 Performance against impact targets	2 Performance against service delivery targets		
Strategic Objectives	Maximize Impact Against HIV, TB and malaria	Build resilient & sustainable systems for health	Promote and protect human rights & gender equality	Mobilize increased resources
Strategic vision	Invest funds to maximize portfolio impact	Improve the performance of strategically important components of national systems for health	Reduce human rights barriers to service access; & Reduce gender and age disparities in health	Increase available resources for HIV, TB & Malaria; & Ensure availability of affordable quality-assured health technologies
Strategic KPIs	3 Alignment of investment & need	6 Strengthen systems for health a) Procurement b) Supply chains c) Financial management d) HMIS coverage e) Results disaggregation f) NSP alignment	8 Gender & age equality	10 Resource mobilization
	4 Investment efficiency  5 Service coverage for key populations	7 Fund utilization	9 Human rights a) Reduce HR barriers to services b) KP & HR in middle income countries c) KP & HR in transition countries	11 Domestic investments  12 Availability of affordable health technologies a) Availability b) Affordability

## Global Fund 2023 – 2028 KPI Framework



Results	Results chain (a): Main expected results (maximum 10)	Indicators (a): (at least one indicator per expected result)	Baselines (values and years)	Targets (values and years)	Sources of data	A ssumptions
Impact	To contribute to achieving the Sustainable Development Goals (specifically SDG3) and Universal Health Coverage by reducing the number of cases of ill-health, death and disability due to HIV/AIDS, malaria and tuberculosis	1. Estimated number of lives saved, disaggregated by region 2. Percentage reduction in new infections/cases (average rates across the 3 diseases), disaggregated by region	2017 for current strategy / 2001 for long term impact (LTI) 1. 22 million (in 2017)	1. 29 million (end 2022) 2. 38% (end 2022)	-GF reports -GF partners reports: WHO, UNAIDS, Stop TB, RB Malaria -DHIS	Not applicable
Outcome 1	Impact against HIV, Tuberculosis and Malaria maximised	<i>Disaggregated by gender, age and region:</i> 1.1 Number of people living with HIV currently receiving antiretroviral therapy 1.2 Percentage of notified cases of all forms of TB - new and relapses-, among all estimated cases 1.3 Number of LLINs distributed to at-risk-populations	2017 for current strategy / 2001 for LTI 1.1 11 million in 2017 1.3 795 million in 2017	1.1 23 million (22-25) by 2022 1.2 73% (62-85%) by 2022 1.3 1,350 million (1,050-1,750) by end 2022	-GF reports -GF Partners reports: WHO, UNAIDS, Stop TB, RB Malaria -DHIS	
Outcome 2	Resilient and sustainable systems for health strengthened	<i>Indicators disaggregated by region:</i> 2.1 Supply chains: percentage of health facilities with tracer medicines available on the day of the visit; 2.2 HMIS: Percent of high impact countries with fully deployed, functional HMIS; 2.3 Percentage of funding requests rated by the TRP to be aligned with National Strategic Plans	2017 for current strategy / 2001 for LTI	2.1 Target to be revised 2.2 70% by end 2022 2.3 90% by end 2022	-GF reports -GF Partners reports: WHO, UNAIDS, Stop TB, RB Malaria -DHIS	
Outcome 3	Human rights and gender equality promoted and protected	3.1 Percentage reduction in HIV incidence in women aged 15-24, disaggregated by region	2017 for current strategy / 2001 for LTI	3.1 58% (47-64%) over 2015-2022 period	-GF reports -GF Partners reports: WHO, UNAIDS,	

		3.2 Percentage of investment in signed HIV and HIV/TB grants dedicated to programs to reduce human rights barriers to access		3.2 Target to be revised	Stop TB, RB Malaria -DHIS	
<b>Outcome 4</b>	Support low- and middle-income countries for COVID-19 tests, treatments (including medical oxygen), personal protective equipment (PPE) and critical elements of health system strengthening.	No indicators set: Support is based upon country needs and requests following the principle of country ownership	No baseline set for C19RM interventions	No target set		

Log frame related to 2022-2024 contribution:

Results	Results chain (a): Main expected results (maximum 10)	Indicators (a): (at least one indicator per expected result)	Baselines (values and years)	Targets (values and years)	Sources of data	Assumptions
Impact	To contribute to achieving the Sustainable Development Goals (specifically SDG3) and Universal Health Coverage, thereby reducing health inequities, by attracting, leveraging and investing additional resources to end the epidemics of HIV, tuberculosis and malaria	1. Reduction in combined mortality rate across the 3 diseases 2. Reduction in combined incidence rate across the 3 diseases 3. Anti-Retroviral Therapy (ART) Coverage (% of people on ART among all people living with HIV at the end of the reporting period) 4. TB treatment success rate, all forms <sup>11</sup> 5. Number of Long Lasting Insecticidal Nets distributed	2021 for current strategy / 2001 for long term impact (LTI) TBC pending Board adoption	2028 TBC pending Board adoption	-GF reports -GF partners reports: WHO, UNAIDS, Stop TB, RB Malaria -DHIS	<i>Not applicable</i>
Outcome 1	People-centred Integrated Systems for Health to Deliver Impact, Resilience and Sustainability maximised	1.1 Provision of people centred, high quality services 1.2 Community systems for service delivery 1.3 Secure, maintained and interoperable HMIS 1.4 On Shelf Availability (OSA): Percentage of health facilities with tracer health products available on the day of visit for HIV, TB and malaria respectively 1.5 Introduction of new products	TBC pending Board adoption	TBC pending Board adoption	-GF reports -GF Partners reports: WHO, UNAIDS, Stop TB, RB Malaria -DHIS	
Outcome 2	Engagement and Leadership of Most Affected Communities to Leave No One Behind maximised	<i>Indicators disaggregated by region:</i> 2.1 Community engagement across GF grant cycle: Satisfaction of communities with engagement across the grant cycle consistently above minimum acceptable level	TBC pending Board adoption	TBC pending Board adoption	-GF reports -GF Partners reports: WHO, UNAIDS, Stop TB, RB Malaria	

					-DHIS	
<b>Outcome 3</b>	Health Equity, Gender Equality and Human Rights maximised	3.1 Scale up of programs to address Human Rights related barriers 3.2 Reaching marginalised sub populations ( % of countries with at least half of the custom equity indicators performing at minimum acceptable level) 3.3 Advancing gender equality - engagement in grant cycle <sup>12</sup>	TBC pending Board adoption	TBC pending Board adoption	-GF reports -GF Partners reports: WHO, UNAIDS, Stop TB, RB Malaria -DHIS	

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<sup>11</sup> % of patients with all forms of TB, bacteriologically confirmed plus clinically diagnosed, successfully treated (cured plus treatment completed) among all TB patients notified during a specified period

<sup>12</sup> Satisfaction of women and gender-diverse communities with engagement in grant cycle consistently above minimum acceptable level

## 4 IMPLEMENTATION ARRANGEMENTS

### 4.1 Financing Agreement

In order to implement this action, it is not envisaged to conclude a financing agreement with the partner countries.

### 4.2 Indicative Implementation Period

The indicative operational implementation period of this action, during which the activities described in section 3 will be carried out and the corresponding contracts and agreements implemented, is 60 months from the date of adoption by the Commission of this Financing Decision.

Extensions of the implementation period may be agreed by the Commission's responsible authorising officer by amending this Financing Decision and the relevant contracts and agreements.

### 4.3 Implementation Modalities

The Commission will ensure that the EU appropriate rules and procedures for providing financing to third parties are respected, including the protection of the EU's financial interests, review procedures, where appropriate, and compliance of the action with EU restrictive measures<sup>13</sup>.

#### 4.3.1. Indirect Management with a pillar assessed entity

This action may be implemented in indirect management with the Global Fund to fight AIDS, Tuberculosis and Malaria (the Global Fund), in accordance with Article 62(1)(c) of Regulation (EU, Euratom) No 2018/1046.

This implementation entails the supervision of grants implemented by Principal Recipients (Ministries of Health, INGOs/NGOs, UN agencies and other international organisations). The Global Fund was selected to implement this Action due to its specific international mandate and its proven technical capacity to identify and implement high impact interventions in the area of the communicable diseases.

The entrusted entity would carry out the following budget-implementation tasks: undertaking the analysis, selection and concluding contracts of grants with Principal Recipients and making payments resulting from those contracts. The Global Fund will use the pooled resources of all donors for the funding of these contracts.

Exception to the non-retroactivity of costs. The Commission exceptionally authorises that the costs incurred may be recognised as eligible as of 10 February 2022, when President von der Leyen had announced the contribution to the C19RM<sup>14</sup>. Fast diagnosis and treatment of COVID-19 and other infectious diseases such as AIDS and TB help contain the spread of the diseases. The C19RM is underfunded and retroactive recognition of costs will enable the Global Fund to better contribute to minimising the negative impact of COVID-19 on the three diseases and the affected populations.

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<sup>13</sup> [www.sanctionsmap.eu](http://www.sanctionsmap.eu). Please note that the sanctions map is an IT tool for identifying the sanctions regimes. The source of the sanctions stems from legal acts published in the Official Journal (OJ). In case of discrepancy between the published legal acts and the updates on the website it is the OJ version that prevails.

<sup>14</sup> [https://ec.europa.eu/commission/presscorner/detail/en/statement\\_22\\_902](https://ec.europa.eu/commission/presscorner/detail/en/statement_22_902)



## 4.4 Indicative Budget

Indicative Budget components	EU contribution (amount in EUR)	Third-party contribution, in EUR
Implementation modalities – cf. Section 4.3		
Indirect management with the Global Fund to fight Aids, Tuberculosis and Malaria (the Global Fund) – cf. section 4.3.1	<b>327 904 904.25</b>	31 895 245 353,84 EUR
<b>Evaluation</b> – cf. section 5.2 <b>Audit</b> – cf. section 5.3	Will be covered by another Decision <sup>15</sup>	N.A.
<b>Totals</b>	<b>327 904 904.25</b>	31 895 245 353,84 EUR

## 4.5 Organisational Set-up and Responsibilities

The Global Fund is governed by an international Board consisting of twenty voting members and eight non-voting members. The Commission holds a joint constituency with Italy, Belgium, Spain and Portugal and very closely works with the other European constituencies. Voting members include government representatives from donor and implementer countries and representatives of affected communities, private sector businesses, philanthropic foundations and NGOs. Representatives of UNAIDS and the World Health Organisation (WHO) also participate as ex-officio (non-voting) members, as does the World Bank, which serves as the Fund's trustee. Other technical partners such as Unitaids, RBM Partnership to End Malaria and Stop TB are represented by the Partners constituency. The Board is advised by three standing committees<sup>16</sup> set up to address specific areas of strategy development, ethics and governance oversight, and audit, financial and risk management.

The core functions of the Board are: strategy development; governance oversight; commitment of financial resources; assessment of organisational performance; risk management; partnership engagement, resource mobilisation and advocacy. All decisions reserved to it on specific areas of strategy development, ethics and governance oversight, and audit, financial and risk management are approved by the Board of the Global Fund, based on advices from the specific committees. The Fund's Secretariat is responsible for day-to-day operations, in relation to mobilising resources from the public and private sectors, managing grants, providing financial, legal and administrative support, and reporting on the Fund's activities to the Board and the public. To support the Global Fund in financing effective programmes, the Board relies on an independent panel of international experts on health and development. The Technical Review Panel (TRP) reviews eligible grant proposals on grounds of technical merit (soundness of approach, feasibility and potential for sustainability). Based on this review, the TRP recommends programmes for funding to the Board. The TRP mandate also includes advising the Board and Strategy Committee and reporting on lessons learned to inform strategy, policy and operations.

Country Coordinating Mechanisms (CCMs) are country-level partnerships tasked to develop and submit concept notes to the Fund based on existing strategies and priority needs agreed at national level. After the approval of grants, they are mandated to oversee grant implementation and PRs. CCMs have often been set up and run as separate entities. They include representatives from both the public and private sectors, including governments, multilateral or bilateral agencies, NGOs, academic institutions, private businesses and people living with the diseases.

EU Delegations are in a number of cases members of CCMs, playing an active role in certain countries, in collaboration with the Member States. For each grant, the CCM nominates one or more public, private, or civil society organisation as the Principal Recipient, which is responsible for grant implementation, in

<sup>16</sup> Strategy Committee ; Audit and Finance Committee ; Ethics and Governance Committee

particular on the financial and programmatic components, and on the reporting on progress and results obtained.

The Global Fund does not have a country-level presence beyond its headquarters in Geneva, Switzerland. Instead, it hires Local Fund Agents (LFAs) to oversee, verify and report on grant performance. They evaluate and monitor activities before, during and after the implementation of a grant. LFAs are selected through a competitive bidding process. The Fund normally has one LFA in each country where it has approved a grant. This gives it access to local knowledge that may be relevant to grant performance.

The Global Fund employs a Three Lines of Defence model. This ensures a clear delineation of risk management responsibilities across different functions within the organization, with each line responsible for a specific set of risk management activities. The 1st line, which is made up of business functions such as Grant Management, owns and manages risks on a day-to-day basis. The 2nd line, which is made up of monitoring and control functions such as the Risk Management Department, defines the risk management framework and provides oversight and guidance. The 3rd line, e.g. OIG, provides independent audit and assurance to the Board

The C19RM is within the operating modality of the Global Fund and is monitored and overseen by its Board and standing committees using the same control framework and policies established for the operations of the organization. The envisaged entity has been selected using the following criteria: the Global Fund to fight Aids, Tuberculosis and Malaria (the Global Fund)'s specific international mandate and its proven technical capacity to identify and implement high impact interventions in the area of the communicable diseases.

The Fund's accounts are audited annually by independent external auditors appointed by the Board upon recommendation of the Audit and Finance Committee.

As part of its prerogative of budget implementation and to safeguard the financial interests of the Union, the Commission may participate in the above governance structures set up for governing the implementation of the action.

## 5 PERFORMANCE MEASUREMENT

### 5.1 Monitoring and Reporting

Performance measurement will be based on the Global Fund's Key Performance Indicator framework for 2017-2022.

In addition to the regular reports from the OIG (see 5.3 below), the Global Fund publishes an annual result report, shared with all stakeholders. This report is a core component of the performance measurement.

The Fund has well-established mechanisms for monitoring, control and oversight, and provides regular and detailed reports to partners and the Board while publishing the details of funding requests and awards on its website. In addition to the regular reports from the OIG, the Global Fund publishes an annual result report, shared with all stakeholders. This report is a core component of the performance measurement for the Commission. The day-to-day technical and financial monitoring of the Fund operations is a continuous process, and part of its responsibilities.

For the COVID-19 Response Mechanism, the day-to-day technical and financial monitoring of the implementation will be a continuous process and part of the Global Fund responsibilities, using its internal, technical and financial monitoring system for the action. The annual reports of the Global Fund will serve as the narrative and financial progress and final reports.

The Global Fund provides monthly update reports about C19RM to the Board which are published on its website. Biannual reports are submitted through the Board and/or Committees on C19RM awards to countries and C19RM implementation. The reporting will indicate the amount of C19RM funds approved by the C19RM Investment Committee by priority area and by key COVID-19 health product, as described in policies approved by the Global Fund Board. Reporting on aggregated C19RM outcomes and impact will be developed taking into account the Global Fund Monitoring and Evaluation Framework and presented thereafter to the Board and/or Committees.

The Commission may undertake additional project monitoring visits both through its own staff in Headquarters and EU Delegations and through independent consultants recruited directly by the Commission for independent monitoring reviews.

The Commission also uses the reports compiled by Aidspace. Aidspace is an international NGO working as an independent observer of the Global Fund. It provides the Global Fund's stakeholders with information and analysis to understand and evaluate the Global Fund's progress, and aims to influence the transparency and effectiveness of the Global Fund at the global and country-level.

## 5.2 Evaluation

Having regard to the nature of the action, a final evaluation will not be carried out for this action or its components. The Commission may, during implementation, decide to undertake one or several evaluations focusing on specific Global Fund operations or its compliance with Effective Development Cooperation principles.

The evaluation reports shall be shared with the Global Fund and other key stakeholders following the best practice of evaluation dissemination. The Fund and the Commission shall analyse the conclusions and recommendations of the evaluations and, where appropriate, jointly decide on the follow-up actions to be taken and any adjustments necessary.

The individual country grants are evaluated as part of the grant agreements between principal recipients and the Global Fund. The Fund also commissions independent evaluations of various aspects of the Global Fund model, grants, and implementation of the strategy and it is evaluated itself at two to three-year intervals.

The Commission also relies on the independent evaluations produced by the Technical Evaluation Reference Group (TERG). The TERG is an advisory body providing independent evaluations and advice to the Board on issues that, in its view, require the Board's attention. It advises the Secretariat on evaluation approaches and practices, reporting procedures and other technical and managerial aspects of monitoring and evaluation at all levels.. It also assesses and reports on the monitoring and evaluation work conducted by the Global Fund Secretariat.

The Commission has also become (since September 2021) an observer in the Multilateral Organisation Performance Assessment Network (MOPAN) for one year, giving us access to qualitative assessments of multilateral organisations and processes. MOPAN is currently conducting an assessment of the Global Fund. The EU will use the analysis and conclusions of this upcoming assessment.

## 5.3 Audit and Verifications

The Global Fund's accounts are audited annually by independent external auditors appointed by the Board upon recommendation of the Audit and Finance Committee.

The Office of Inspector General (OIG) operates as an independent unit of the Global Fund, reporting directly to the Board. The primary purpose of the OIG is to provide the Global Fund with independent and objective assurance over the design and effectiveness of controls or processes in place to manage the key risks impacting the Global Fund's programs and operations, including the quality of such controls and processes. The OIG assists the Fund in protecting assets and preventing and detecting fraud, waste, abuse, malfeasance or mismanagement. The OIG safeguards the assets, investments, reputation and sustainability of the Global Fund by ensuring that it takes the right action to accelerate the end of AIDS, tuberculosis and malaria as epidemics. Its activities cover: internal audit, in-country reviews, assurance validation, inspections, investigations, counter-fraud, consulting and other services.

The European Anti-Fraud Office (OLAF) has an administrative agreement with the OIG of the Global Fund that includes early exchange of sensitive information.

Without prejudice to the obligations applicable to contracts concluded for the implementation of this action, the Commission may, on the basis of a risk assessment, contract independent audit or verification assignments for one or several contracts or agreements.

## 6 STRATEGIC COMMUNICATION AND PUBLIC DIPLOMACY

The 2021-2027 programming cycle has adopted a new approach to pooling, programming and deploying strategic communication and public diplomacy resources.

Action documents for specific sector programmes are no longer required to include a provision for communication and visibility actions promoting the programmes concerned.

However, in line with Article 46 and subject to Article 47 of the NDICI Regulation, all entities implementing EU-funded external actions shall take all reasonable measures to publicise the European Union support. This obligation will continue to apply equally, regardless of whether the actions concerned are implemented by the Commission, partner countries, service providers, grant beneficiaries or entrusted or delegated entities such as UN agencies, international financial institutions and agencies of EU member states.

## Appendix - REPORTING IN OPSYS

An Intervention (also generally called project/programme) is the operational entity associated to a coherent set of activities and results structured in a logical framework aiming at delivering development change or progress. Interventions are the most effective (hence optimal) entities for the operational follow-up by the Commission of its external development operations. As such, Interventions constitute the base unit for managing operational implementations, assessing performance, monitoring, evaluation, internal and external communication, reporting and aggregation.

Primary Interventions are those contracts or groups of contracts bearing reportable results and respecting the following business rule: ‘a given contract can only contribute to one primary intervention and not more than one’. An individual contract that does not produce direct reportable results and cannot be logically grouped with other result reportable contracts is considered a ‘support entities’. The addition of all primary interventions and support entities is equivalent to the full development portfolio of the Institution.

The present Action identifies as

<b>Action level</b>		
<input checked="" type="checkbox"/>	Single action	Present action: all contracts in the present action
<b>Group of actions level</b>		
<input type="checkbox"/>	Group of actions	Actions reference (CRIS#/OPSYS#):
<b>Contract level</b>		
<input checked="" type="checkbox"/>	Single Contract 1	Indirect management with the Global Fund to fight Aids, Tuberculosis and Malaria (GFATM)