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ANNEX I

to the Commission Implementing Decision on the financing of the multiannual action plan for the Global Challenges (People) thematic programme for 2025-2027

Action Document for Support to the Global Fund for Fight against Aids, Tuberculosis and Malaria (GFATM)

MULTIANNUAL PLAN

This document constitutes the multiannual 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

1. Title CRIS/OPSYS business reference Basic Act	Support to the Global Fund for Fight against Aids, Tuberculosis and Malaria (GFATM) OPSYS number: ACT-62990 Financed under the Neighbourhood, Development and International Cooperation Instrument (NDICI-Global Europe)
2. Team Europe Initiative	No
3. Zone benefiting from the action	The action shall be carried out in Global Fund eligible countries
4. Programming document	NDICI Global Challenges Multiannual Indicative Programme (MIP) 2021-2027
5. Link with relevant MIP(s) objectives / expected results	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.
PRIORITY AREAS AND SECTOR INFORMATION	
6. Priority Area(s), sectors	120 Health 130 Population Policies/Programme & Reproductive Health 160 Other Social Infrastructure and Services
7. Sustainable Development Goals (SDGs)	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

8 a) DAC code(s)	12250: Infectious Disease Control 12262: Malaria control 12263: Tuberculosis control 13040: STD control including HIV/AIDS 16064: Social mitigation of HIV/AIDS				
8 b) Main Delivery Channel	The Global Fund - 47045				
9. Targets	<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				
10. Markers (from DAC form)	General policy objective @	Not targeted	Significant objective	Principal objective	
	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"/>	
	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"/>	
	RIO Convention markers	Not targeted	Significant objective	Principal objective	
	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"/>	
	11. Internal markers and Tags:	Policy objectives	Not targeted	Significant objective	Principal objective
		Digitalisation @	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
digital connectivity digital governance digital entrepreneurship		YES <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	NO <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	/	

	digital skills/literacy	<input type="checkbox"/>	<input type="checkbox"/>	
	digital services	<input type="checkbox"/>	<input type="checkbox"/>	
	Migration @	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Reduction of Inequalities @	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Covid-19	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
BUDGET INFORMATION				
12. Amounts concerned	<p>Budget line(s) (article, item): 14.020240 – Global Challenges People</p> <p>Total estimated cost: EUR 14 688 852 260</p> <p>Total amount of EU budget contribution: EUR 139 555 572.11</p> <p>The contribution is for an amount of EUR 104 555 572.11 from the general budget of the European Union for 2025 and for an amount of EUR 35 000 000 from the general budget of the European Union for 2027, 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 2025 contribution is the last contribution under the EUR 715 million pledge for Global Fund grant cycle 2023-2025. The 2027 contribution is for the grant cycle 2026-2028.</p> <p>This action is co-financed by:</p> <ul style="list-style-type: none"> - Belgium for an amount of EUR 30 000 000 - Denmark for an amount of DKK 375 000 000 (EUR 50 000 000) - France for an amount of EUR 1 596 000 000 - Germany for an amount of EUR 1 300 000 000 - Ireland for an amount of EUR 65 000 000 - Italy for an amount of EUR 185 000 000 - Luxembourg for an amount of EUR 11 700 000 - Netherlands for an amount of EUR 180 000 000 - Spain for an amount of EUR 130 000 000 - Sweden for an amount of 3 000 000 000 (EUR 274 000 000) <p>Other significant pledges: USA for an amount of USD 6 000 000 000; UK for an amount of GBP 1 000 000 000; Japan for an amount of USD 1 080 000 000; Canada for an amount of CAD 1 209 000 000; Norway for an amount of NOK 2 000 000 000; Switzerland for an amount of CHF 64 000 000; Australia for an amount of AUD 266 000 000; Gates Foundation for an amount of USD 926 000 000</p>			
MANAGEMENT AND IMPLEMENTATION				
13. Implementaton modality	Indirect management 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 (TB), 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 Von der Leyen in 2022, of EUR 715 million for the seventh replenishment (2023 – 2025), through the EUR 104 555 572.11 contribution from the general budget of the European Union for 2025.

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, contributing to save 65 million lives since 2002. In 2023 alone, 25 million people received lifesaving antiretroviral therapy for HIV, 227 million mosquito nets were distributed to protect families from malaria, and 7.1 million people were treated for TB.

Through its work on the three diseases, the Global Fund is also a major player in Pandemic Prevention, Preparedness and Response and in responding to the growing impact of climate changes, notably through supporting the capacity building of national reference laboratories and addressing outbreaks such as COVID-19, cholera and mpox. The Global Fund is also investing in health systems strengthening, specifically in supporting introduction of new products/technologies. It is a major partner for the Commission's (EC) work on regional production of health products, due to its capacity on market shaping and its leverage on the Demand side of regionally-manufactured health products.

This action will advance the achievement of the European Consensus on Development¹ and the United Nations 2030 Agenda for Sustainable Development,² 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. Furthermore, this action will also contribute to the SDG 5, which targets to achieve gender equality and empower all women and girls. 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 and to the implementation of the EU Global Health Strategy.

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 III³, in particular the key thematic areas of engagement 'Promoting sexual and reproductive health and rights' and 'Strengthening economic and social rights and empowering girls and women.'

The Global Fund is often a vehicle for ensuring the EC support to health access in fragile and conflict settings where the EU does not have a targeted bilateral health programme such as Chad, Angola, Republic of Congo, Equador, Nicaragua, Senegal... to name just a few examples

Collaboration with EU Member States both at Board level and at partner country level is strong and will be essential to achieve longer term and sustainable outcomes, pushing and supporting the Global Fund to accelerate the integration of vertical disease programmes into primary health care, to increase focus on domestic health financing

¹ https://ec.europa.eu/international-partnerships/european-consensus-development_en

² [THE 17 GOALS | Sustainable Development](#); [21252030 Agenda for Sustainable Development web.pdf](#)

³ SWD(2020) 284 final.

and sustainability, and to monitor and ensure that it aligns with country priorities, programmes and systems, all priorities which have been highlighted in the Global Fund's strategy 2023 – 2028⁴, and in line with the principles of the Lusaka Agenda⁵.

1.3 Zone benefitting from the Action

The Action shall be carried out in Global Fund eligible countries, all included in the list of ODA recipients.

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 and discrimination of persons with disabilities are common 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.

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, and with Covid-19 worsening these inequalities. Climate change disproportionately affects vulnerable population groups and puts additional pressure on health systems, which 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 current 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 beyond the three diseases.

This strategy is in line with the EU Global Health Strategy⁶ and its three overarching priorities⁷, and contributes to the Guiding Principles of the Strategy. The Global Fund's programmes complement the EC bilateral programmes, in particular in complex and fragile settings where very few development partners are present.

One additional added-value of the Global Fund is its role in market shaping, and its potential to scale up innovation, linking with the Global Gateway objectives in health, in particular those related to strengthening supply chains and local vaccines production. As an illustration, one promising tool, and potential game-changer in HIV prevention is Lenacapavir, a pre-exposure prophylaxis, which production needs to be scaled up. The is exploring how to partner with other stakeholders, including the Global Fund, to support regional production of Lenacapavir and other health

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

⁵ [The Lusaka Agenda: Conclusions of the Future of Global Health Initiatives Process – FGHI](#)

⁶ [EU Global Health Strategy: Better Health for All in a Changing World - European Commission](#)

⁷ Deliver better health and well-being of people across the life course, Strengthen health systems and advance universal health coverage, Prevent and combat health threats, including pandemics, applying a One Health approach.

products, using various tools and mechanisms such as guarantee and technology transfers, eventually making it accessible and affordable to the population needing it.

2.2 Lessons learnt

The revised Global Fund Policy and Sustainability and Transition acknowledges the changed post-COVID-19 landscape in which countries are implementing health programs, including significant pressures on economic growth, increased debt burden in many contexts and challenges to increase health spending at the country level. The revisions also recognise the Global Fund's increased focus on sustainability, the importance of leveraging co-financing to strengthen country ownership of national responses (including specific interventions critical to programmatic impact) and the continued need to support countries to plan for transition from Global Fund financing.

The Global Fund is updating its approach to co-financing to incentivise countries to invest in their own health systems, thereby reducing reliance on external funding over time. Health system strengthening is crucial for building resilience to future shocks and for ensuring that gains in the fight against HIV, TB, and malaria are not lost. Strong health systems are the foundation on which all progress depends.

The Strategic Review 2023 carried out by the TERG (Technical Evaluation Reference Group) has informed the update of several policies, including the STC, which will have to be approved by the Board.

Climate change affects many of the fragile countries and settings in which the Global Fund operates. Drought and poverty can lead to malnutrition which negatively impacts the immune system, which in turn increases the risk of falling ill and reduces the immune systems ability to respond to illness. Poverty and displacement caused by climate change or conflict can lead to increased risk taking in terms of sexual transactions especially for adolescents and young women, which increases the risk of HIV infection and other sexually transmitted diseases. The Global Fund has a particular focus on vulnerable groups and designs and finances actions focussing on prevention, diagnostics and treatment for these population groups.

The malaria component of the action is vulnerable to climate variability and -change as this can increase the incidence of malaria. At the November 2024 Board of the Global Fund, a refinement of the Malaria Burden Indicator period was adopted to better reflect greater transmission intensity due to sustained epidemics. This will allow increased funding to areas with higher malaria incidence and mortality rates.

Several reports from the Office of the Inspector General (OIG) point out to further collaboration with other partners and Global Health Initiatives to minimise reporting burden, ensure efficient budgeting, and enhance complementarities for maximum impact. The Global Fund is now committed to the five shifts of the Lusaka Agenda, which needs to be translated at country level

The Commission has continuously pushed, through its presence in the different governance structures of the Global Fund (Board and Committees) for increased collaboration with partners, in particular GAVI and GFF. This has materialised in a joint technical working group including the three institutions, and the development of a roadmap for concrete actions (starting with the work on malaria).

2.3 Problem Analysis

Short problem analysis:

The Global Fund partnership has continued to achieve great impact against HIV, TB and malaria, contributing to save 65 million lives since 2002. However, the world faces multiple crises including climate change, conflict, anti-gender and anti-rights movements and attacks on civil society, causing deepening inequities within and between countries. In addition, current knock-on effects of COVID-19 have had a devastating impact on the fight against HIV, TB and malaria and the communities we support.

Human rights barriers, stigma, discrimination faced by different groups (such as LGBTQI, 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 three 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. While HIV incidence has decreased significantly since the creation of the Global Fund, rising incidence is now seen in some upper middle income countries. This is an example of the fact that when it comes to communicable diseases, no one is safe until we are all safe.

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 marginalised communities. For further progress in TB, substantial investment is still required, particularly with the existing and future threat of Drug-Resistant Tuberculosis (DR-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.

The impressive achievements related to malaria are now at risk, especially as the transmission is not contained, and as there continues to be major gaps in intervention coverage in places where the malaria burden is greatest. In addition, both drug and insecticide resistance are increasing and climate change contributes to increased disease burden in currently affected countries and poses an increased risk in non-endemic countries as recently experienced in some European countries. 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 mobilising communities and enhancing vector surveillance.

In addition, the growing frequency and intensity of climate-related disasters—such as floods, droughts, and heatwaves—are placing additional pressure on already fragile health systems, particularly in low- and middle-income countries. Climate change exacerbates the spread of infectious diseases, increases the vulnerability of communities to malnutrition, and disrupts essential health services. For example, in 2023 Malawi experienced its first cholera outbreak in 50 years after three consecutive years of cyclones and flooding, followed by a drought causing food insecurity and malnutrition, which in turn increases people's risk of falling sick. Health facilities and health records were destroyed by the floods.

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.

In addition, in line with the Lusaka Agenda, the Global Fund is committed to implement its activities using country systems and institutions, notably the Supreme Audit Institutions. The Global Fund is also investing resources for Public Financial Management strengthening in several countries, in coordination with GAVI.

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 are key duty bearers and 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.

Ministries of Finance. Ministries of Finance play an important role in financial sustainability, transparency and ensuring proper budget execution. The Global Fund, through its work on public finance management (PFM) works closely with Ministries of Finance and Supreme Audit Institutions, which are also important duty bearers.

Civil Society. Civil Society Organisations, including community-based (communities affected by the three diseases), represent right holders and 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 organisations 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 contributions 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. The target populations are primary right holders. Key populations 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

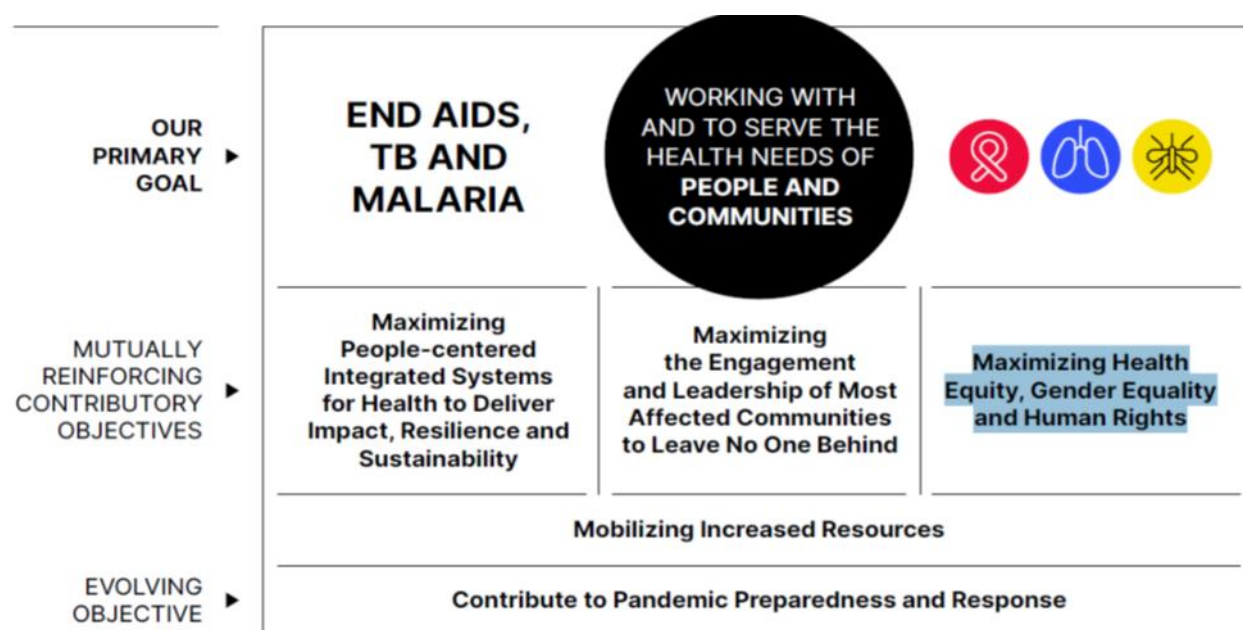
3.1 Objectives and Expected Outputs

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 the 2023-2028 strategy "Fighting Pandemics and Building a Healthier and More Equitable World".

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

1. Maximise impact against HIV, Tuberculosis and Malaria;
2. Maximise people-centred integrated systems for health to deliver impact, resilience and sustainability;
3. Maximise the engagement and leadership of most affected communities to leave no one behind;
4. Maximise health equity, gender equality and human rights



Maximising 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.

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 Integrated, people-centred quality services delivered: through supporting and incentivising HIV, TB and Malaria services integration
- 2.2 Community systems and community-led programming strengthened and reinforced, and integrated within national health and social systems

2.3 Generation and use of quality, timely, transparent, and disaggregated digital and secure data strengthened at all levels, and aligned with human rights principles

2.4 Ecosystem of quality supply chains to improve the end-to-end management of national health products and laboratory services strengthened

2.5 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 3

3.1 Evolution of CCMs and community-led platforms to strengthen inclusive decision-making, oversight and evaluation throughout Global Fund-related processes accelerated

3.2 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

3.3 Community- and civil society-led advocacy supported, to reinforce the prioritisation of health investments and drive toward UHC

3.4 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 4

4.1 Comprehensive programs and approaches to remove human rights and gender-related barriers across the portfolio scaled up

4.2 Comprehensive SRHR programs and their strengthened integration with HIV services for women in all their diversity and their partners supported

4.3 Youth-responsive programming, including for Adolescent Girls and Young Women (AGYW) and young Key and Vulnerable Populations (KVP) and their partners, advanced

4.4 Quantitative and qualitative data to identify drivers of HTM inequity and inform targeted responses, including by gender, age, geography, income and for KVP, deployed

4.5 Global Fund's diplomatic voice to challenge laws, policies and practices that limit impact on HTM leveraged

3.2 Indicative Activities

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

- 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 3

- 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 4

- 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 adolescent girls and young women (AGYW) and young Key Populations;
- Collect, analyse and use disaggregated quantitative data and qualitative data at national and sub-national levels.

3.3 Mainstreaming

Environmental Protection & Climate Change

Outcomes of the SEA screening

The Strategic Environmental Assessment (SEA) screening concluded that no further action was required.

Outcomes of the EIA (Environmental Impact Assessment) screening

The EIA (Environment Impact Assessment) screening classified the action as Category C (no need for further assessment).

Outcome of the CRA (Climate Risk Assessment) screening

The Climate Risk Assessment (CRA) screening concluded that this action is no or low risk (no need for further assessment).

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.

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.

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.

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.

Reduction of inequalities

Action labelled as I-1

The mandate of the Global Fund includes tackling the inequalities that drive the three diseases. The Global Fund works to ensure rapid and equitable access to the best preventive and curative interventions, to advocate and support removing discriminatory laws that leave people behind because of their gender identities or sexual orientation, and to contribute to changing policies that exacerbate existing structural and social inequities.

Democracy

Not targeted by this action

Conflict sensitivity, peace and resilience

Not targeted by this action

Disaster Risk Reduction

Not targeted by this action

Other considerations if relevant

N.A

3.4 Risks

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	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 nd line) and the Inspector General (representing the 3 rd line). Annual assurance is also provided by the Ethics Officer (representing the 2 nd line in relation to ethics and integrity risk) and the Global Fund's independent external auditor (representing the 3 rd line in relation to the financial statements). Improved internal and fiduciary controls are in place.
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	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.

				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 current strategy. Accessibility and adapted information and communication is essential for facilitating the participation of key population with disabilities.
External environment	Risk of health systems support instead of strengthening	Low	Medium	<p>The EC liaises with EU Member States 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 is included in the current strategy.</p>
People and the organisation	Risk of sexual abuse and harassment	Low	Low	The Global Fund has developed an Operational Framework on the Protection from Sexual Exploitation and Abuse, Sexual Harassment, and Related Abuse of Power, and has a portal and hotline to report incidents, which are then assessed and investigated.

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, such as persons with disabilities. 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.

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.

Maximising 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 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 Lusaka Agenda. 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 rights⁸, 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 (GAPIII). 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.

⁸ 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

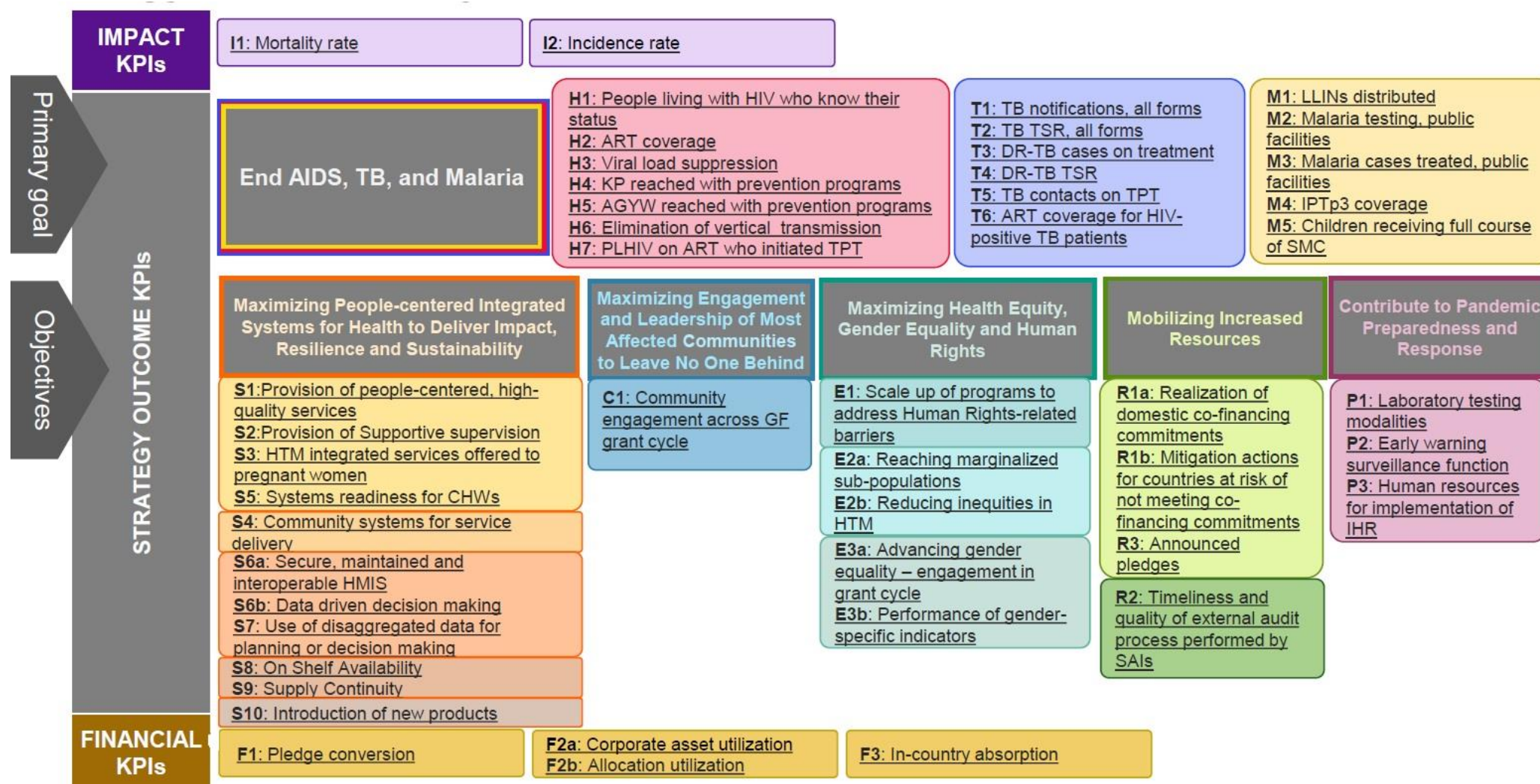
This indicative logical framework constitutes the basis to design more detailed logical framework matrix(-ces) at contracting which will be use for monitoring, reporting and evaluation. The logical framework matrix(-ces) at contract level should include relevant indicators identified in this section.

The expected outputs and related indicators (with baselines and targets) may be updated during the implementation of the action, no amendment being required to the Financing Decision.

In case baselines and targets are not available for the action at the time of adoption of the Financing Decision, they should be provided for each indicator at signature of the contract(s) linked to this Financing Decision, or in the first progress report at the latest. New columns may be added to set intermediary targets for the output and outcome indicators whenever relevant.

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 2023-2028. 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.

Global Fund' 2023 – 2028 KPI Framework



PROJECT and BUDGET SUPPORT MODALITIES						
Results	Results chain (e): Main expected results (maximum 10)	Indicators (e): (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 by reducing the number of cases of ill-health, death and disability due to HIV/AIDS, malaria and tuberculosis	1. Reduction in combined mortality rate across the 3 diseases 2. Reduction in combined incidence rate across the 3 diseases	2021 for current strategy / 2001 for long term impact (LTI) WHO/UNAIDS latest estimates of burden of the three diseases published in their annual reports	Combined mortality rate reduction of [35% -54% - 70%] across the three diseases from 2021 to end 2028	-GF reports -GF partners reports: WHO, UNAIDS, Stop TB, RB Malaria -DHIS	Not applicable
OUTCOMES						
Outcome 1	Impact against HIV, Tuberculosis and Malaria maximised	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	1.1 95% portfolio performance for year 2021 1.2 78% portfolio performance for year 2021 1.3 76% portfolio performance over 2019-2021	1.1 Achieve or sustain Global Fund grant portfolio performance at or above 90%, assessed annually 1.2 Achieve or sustain Global Fund grant portfolio performance at or above 90%, assessed annually 1.3 Achieve or sustain Global Fund grant portfolio performance at or above 90%, assessed annually	-GF reports -GF partners reports: WHO, UNAIDS, Stop TB, RB Malaria -DHIS	

Outcome 2	People-centred Integrated Systems for Health to Deliver Impact, Resilience and Sustainability maximised	<p>2.1 Provision of people-centred high-quality services (Percentage of countries with improvement in scores for provision of integrated, people-centred, high quality service delivery from latest baseline)</p> <p>2.2 Community systems for service delivery (Percentage of countries with systems in place for community health service delivery)</p> <p>2.3 Secure, maintained and interoperable HMIS (Percentage of countries with digital HMIS functionality baseline maturity level of 3 or less that increased by at least one maturity level)</p> <p>2.4 On Shelf Availability (OSA): Percentage of health facilities with tracer health products available on the day of visit for HIV, TB and malaria respectively</p> <p>2.5 Introduction of new products (Percentage of new products introduced, from an agreed list of new products)</p> <p>2.6 Progress in laboratory testing modalities</p>	<p>2.1 2023 results used as baseline for 2024 and 2025 results. 2025 results used as baseline for 2026-2028 results</p> <p>2.2 18% (19 countries) met 3/4 criteria in 2020-2022 Allocation Period</p> <p>2.3 distribution of 51 High Impact and Core countries (excl. acute emergency countries) on the 5-point HMIS maturity scale⁹ 2022 baseline year</p> <p>2.4 OSA for HIV= 83%; TB= 81%, Malaria=84%</p> <p>2.5 NA (new indicator)</p> <p>2.6 As of March 2024, distribution of 38 countries on the 5-point SPAR scale¹⁰</p>	<p>2.1 100% countries improved scores compared to latest baseline (2023, 2025) by mid Strategy (2025) and end of Strategy (2028)</p> <p>2.2 38% (40 countries) meet at least 3/4 criteria by end of Strategy (2028)</p> <p>2.3 100% of countries increase by at least one maturity level by end of Strategy (2028)</p> <p>2.4 Achieve OSA of at least 90% by 2025 and maintain annual 90% result till end Strategy (2028) for HIV, TB, malaria respectively</p> <p>2.5 80% of new products available for country procurement, assessed annually</p> <p>2.6 90% of countries show significant improvement, or have maintained high performance by end of Strategy (2028)</p>	<p>-GF reports</p> <p>-GF partners reports: WHO, UNAIDS, Stop TB, RB Malaria</p> <p>-DHIS</p> <p>- WHO IHR SPAR</p>	
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⁹ “Level 1”: 3 countries; “Level 2”: 20 countries; “Level 3”: 13 countries; “Level 4”: 8 countries; “Level 5”: 7 countries.

¹⁰ “Level 1”: 1 country; “Level 2”: 1 country; “Level 3”: 15 countries; “Level 4”: 18 countries; “Level 5”: 3 countries.

Outcome 3	Engagement and Leadership of Most Affected Communities to Leave No One Behind maximised	3.1 Community engagement across GF grant cycle: Satisfaction of communities with engagement across the grant cycle consistently above minimum acceptable level	3.1 notavailable (new KPI)	3.1 3 stages (out of 3), i.e., each stage of the grant cycle has at least 75% satisfaction level, assessed annually	-GF reports -GF partners reports: WHO, UNAIDS, Stop TB, RB Malaria -DHIS	
Outcome 4	Health Equity, Gender Equality and Human Rights maximised	4.1 Scale up of programs to address Human Rights related barriers 4.2 Reaching marginalised sub populations (% of countries with at least half of the custom equity indicators performing at minimum acceptable level) 4.3 Advancing gender equality - engagement in grant cycle ¹¹	4.1 staggered baseline data provided by countries at time of Funding Request submission for 2023-2025 Allocation Period. 4.2 not available (new KPI) 4.3 not available (new KPI)	4.1 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. 4.2 70% countries have at least half of the custom equity indicators with a performance of 90% or more, assessed annually 4.3 3 stages (out of 3), i.e., each stage of the grant cycle has at least 75% satisfaction level, assessed annually	-GF reports -GF partners reports: WHO, UNAIDS, Stop TB, RB Malaria -DHIS	

As this action is a support to a Global Initiative, through pooled funding the logframe builds on the Key Performance Indicators linked to the Global Fund Strategy 2023-2028. Most of the indicators in this KPI framework relate to the outcome level, which is the reason why this logframe remains at outcome level.

¹¹ 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 country.

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 rules and procedures for providing financing to third parties are respected, including review procedures, where appropriate, and compliance of the action with EU restrictive measures¹².

4.3.1 Indirect Management with an entrusted 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 2024/2509.

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.

The envisaged entity has been selected using the following criteria:

- Technical expertise and operational capacity to deliver on the objectives of the action.
- Established position in the global health architecture and existing relationship with partner countries and other relevant stakeholders.
- Track record of delivering results with adequate transparency and governance mechanisms.
- Ability to ensure continuity, considering that the European Commission has a longstanding and strategic partnership with the Global Fund to fight AIDS, Tuberculosis and Malaria (the Global Fund), which is indicated as a key action under the EU Global Health Strategy.

4.4 Scope of geographical eligibility for procurement and grants

Not applicable

4.5 Indicative Budget

	2025	2027 (for Grant Cycle 8)

¹² See www.sanctionsmap.eu. 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.

Indicative Budget components	EU contribution (amount in EUR)	Third-party contribution, (amount in EUR)	EU contribution (amount in EUR)	Third-party contribution, (amount in EUR)
Implementation modalities – cf. section 4.4				
Indirect management with the Global Fund to fight Aids, Tuberculosis and Malaria (the Global Fund)	104 555 572.11	14 584 296 687.89	35 000 000	TBC
Evaluation – cf. section 5.2 Audit – cf. section 5.3	may be covered by another Decision	N.A.	may be covered by another Decision	N.A.
Totals	104 555 572.11	14 584 296 687.89	35 000 000	TBC

4.6 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 works very closely 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 committees¹³ 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 advice 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

¹³ Strategy Committee ; Audit and Finance Committee ; Ethics and Governance Committee

organisation as the Principal Recipient, which is responsible for grant implementation, in 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

Ensuring continued collaboration between Member States at Global Fund governance bodies level and at partner country level is 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 Universal Health Coverage Partnership Program (UHC-P) 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 (Commission and Member States) asks, and on pooled knowledge and capacity to engage in policy dialogue and technical discussions at country level.

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 and may sign or enter into joint declarations or statements, for the purpose of enhancing the visibility of the EU and its contribution to this action and ensuring effective coordination.

5 PERFORMANCE MEASUREMENT

5.1 Monitoring and Reporting

The day-to-day technical and financial monitoring of the implementation of this action will be a continuous process, and part of the implementing partner's responsibilities. To this aim, the implementing partner shall establish a permanent internal, technical and financial monitoring system for the action and elaborate regular progress reports (not less than annual) and final reports. Every report shall provide an accurate account of implementation of the action, difficulties encountered, changes introduced, as well as the degree of achievement of its results (Outputs and direct Outcomes) as measured by corresponding indicators, using as reference the logframe matrix (for project modality) and the partner's strategy, policy or reform action plan list (for budget support).

Performance measurement will be based on the Global Fund's Key Performance Indicator framework for 2023-2028.

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.

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. reviews (or recruited by the responsible agent contracted by the Commission for implementing such 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 Independent Evaluation Panel (IEP) and the Evaluation and Learning Office. The Global Fund has established a new independent evaluation and learning function to ensure that evaluations are relevant, timely and of high quality, providing findings and recommendations that drive the Global Fund closer to achieving our goal of ending AIDS, tuberculosis (TB) and malaria as epidemics.

The evaluation and learning function is a shared responsibility between Global Fund governance bodies and the Global Fund Secretariat. Independent evaluation is delivered by two structures: a new Evaluation and Learning Office, 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 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.

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 will adopt a new approach to pooling, programming and deploying strategic communication and public diplomacy resources.

In line with the 2022 “[Communicating and Raising EU Visibility: Guidance for External Actions](#)”, it will remain a contractual obligation for all entities implementing EU-funded external actions to inform the relevant audiences of the Union’s support for their work by displaying the EU emblem and a short funding statement as appropriate on all communication materials related to the actions concerned. 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.

However, action documents for specific sector programmes are in principle no longer required to include a provision for communication and visibility actions promoting the programmes concerned. These resources will instead be consolidated in Cooperation Facilities established by support measure action documents, allowing Delegations to plan and execute multiannual strategic communication and public diplomacy actions with sufficient critical mass to be effective on a national scale.