

Country Donor Report Cards

DRAFT

A civil society evaluation of past donor performance
(2008-2010) and contributions asked from donors in the
Global Fund Replenishment Process (2011-2013)

Participating organizations

Aids Fondet (Denmark)
AIDS Infoshare (Russia)
Action against AIDS Germany (Germany)
Africa Japan Forum (Japan)
Coalition of US Global Fund Advocates (United States of America)
Frank Amort a.o. (Austria)
GlobalSIDA (Spain)
Interagency Coalition on AIDS and Development (Canada)
Médecins Sans Frontières (Sweden)
Osservatorio AIDS (Italy)
Pacific Friends of the GFATM (Australia)
Stop AIDS Campaign (United Kingdom)
STOP AIDS NOW! (The Netherlands)

Vienna, July, 2010

Country Donor Report Cards

This report brings together civil society advocates' evaluation of past performance of the governments in their respective countries (for 2008-2010) and the contributions asked from these governments for 2011-2013 in the context of the IIIrd Replenishment Process of the Global Fund to Fight AIDS, Tuberculosis and Malaria (the Global Fund).

The information has gathered through a bottom up process with active involvement of country level advocates. The organizations/groups that have been involved in this effort are listed in Annex 3.

A Working Group of civil society stakeholders involved in advocacy work around the Global Fund Replenishment Process developed the Country Donor Report Cards tool, in consultation with a wider group of civil society stakeholders. International Civil Society Support (ICSS) supported this process (see Annex 1) and the Open Society Institute (Soros Foundation) financially supported the development and implementation. A grading template, a set of resources and instructions were provided to the participants to support the development of the country specific Donor Report Cards (Annex 2).

The participating country advocate groups were invited to lead the completion of the country Donor Report Cards in consultation with other key stakeholders in their countries in order to establish broad buy in and support for the country specific Donor Report Cards.

Main conclusions

1. Country advocates evaluation of past performance of their governments as donors to the Global Fund, varies from F to A. The lower grades reflect underperformance of donors in the past Replenishment period. Given that civil society's preferred scenario is US\$ 20 billion for 2011-2013 and that donors pledged US\$ 10 billion in Berlin (for 2008-2010), this means that even well performing donors need to substantially increase their contributions and some even need to more than double their contribution.
2. Evaluation of past performance varies per country. The notional shares estimates of the Global Fund Secretariat do not always match with country level discussions between governments and civil society. Many advocate groups take other legitimate parameters than only adjusted GNI into account when formulating their "ask". These parameters reflect the performance of the governments regarding i.e. level of ODA, the balance between multilateral and bilateral aid or overall spending on health. Country specific considerations are reflected in the individual Country Donor Report Cards.
3. The participating civil society advocates groups are asking of their governments to pledge according to scenario 3 which reflects a level of funding of the Global Fund of US\$ 20 billion for 2011-2013 which is considered the only way to get close to the MDG targets by 2015.

Individual Country Donor Report Cards

Country	AUSTRALIA			
Past performance: US\$114 million (grade: D) Civil society ask for 2011-2013: US\$342 million				
Past Performance	2 nd Replenishment Fair Share (US\$m)	2 nd Replenishment Pledge (US\$m)	% of fair share fulfilled	Corresponding Base Grade
	196	114	58%	F
	Qualifier 1: Trend in ODA as % of GNI	Qualifier 2: Bilateral spending on health (incl HIV)	Qualifier 3: Funding to other agencies	
	+	+	+	
	Rationale for Qualifier 1:	Rationale for Qualifier 2:	Rationale for Qualifier 3:	
	'08-09: 0.33% of GNI (estimated outcome) '09-10: 0.34% (budget allocation) ¹	A\$555m (US\$ 484m) in 2010-2011 (budget allocation) ²	The Australian Government stated that the advancement of MDG6 in the Pacific was a "high priority" among Australia's overseas development priorities. To that end, the Government announced an additional A\$173.4m would be invested in health over the coming four years "in order to support developing countries achieve the health MDGs". ³	
Final Grade	D			
Ask for 2011-2013	Amount in US\$m	Equivalent in country currency	Exchange Rate (USD: Country Currency)	
	342	Approx A\$389 as at 12 July 2010	1US\$ = A\$1.15	
Rationale	Australia's economy and public finances are in an extraordinary position relative to the rest of the world's major economies. It was the only developed economy not to have suffered a recession during the recent global economic downturn and has been repeatedly commended by the IMF for its "enviable fiscal position". The government recently announced that the public debt which it had accumulated in stimulating the economy during the GFC will be eliminated three years ahead of original forecasts and is now predicting an A\$3 billion surplus as early as 2012-2013.			

¹ http://www.aph.gov.au/library/pubs/RP/BudgetReview2009-10/FA_ODA.htm

² Page 12, Hhttp://www.budget.gov.au/2010-11/content/ministerial_statements/Hausaid/download/ms_ausaid.pdf

³ Page 12, Hhttp://www.budget.gov.au/2010-11/content/ministerial_statements/Hausaid/download/ms_ausaid.pdf

	Australia will be going into the 3rd replenishment not only with the strongest economic fundamentals of any developed country in the world but with a history of substantial underinvestment in the Fund. This is true according to every major measure of fair share contributions: contributions relative to world contributions, contributions relative to % of global GDP and ODA per \$1m of GDP.
Civil Society's Message	The relative strength of Australia's economy at the present time gives it an unprecedented opportunity to demonstrate its leadership on MDG 6 to the international community during the 3rd Replenishment. It can do so by substantially increasing its contributions to the Global Fund and thereby encouraging other country's to do likewise.

Country	AUSTRIA			
	Past performance: US\$ 0 (grade F) Civil society ask for 2011-2013: US\$180 million			
Past Performance	2 nd Replenishment Fair Share (US\$m)	2 nd Replenishment Pledge (US\$m)	% of fair share fulfilled	Corresponding Base Grade
	150 million (estimated)	0 million	0%	F
	Qualifier 1: Trend in ODA as % of GNI	Qualifier 2:	Qualifier 3: Funding to other agencies	
	--		--	
	Rationale for Qualifier 1:	Rationale for Qualifier 2:	Rationale for Qualifier 3:	
			Other funding provided by Austria for UNDP, UNICEF and UNAIDS of approx. 1 million Euro per year cannot be classified as committed and substantial engagement.	
Final Grade	F			
Ask for 2011-2013	Amount in US\$m	Equivalent in country currency	Exchange Rate (USD: Country Currency)	
	180 million	143,22 million	1 USD = 0,795665 EUR	
Rationale	Austria has failed so far to provide substantial funding for the Global Fund. A fair share could be achieved with 140 million US\$, but a serious engagement must take in account that funding was lacking over the past years.			
Civil Society's Message	<p>Austria has been engaged actively in HIV/AIDS politics at an international level in the early years of the epidemic (1985-1990). Over the past years HIV/AIDS became a less important issue in politics: Activities at the national level remained constant, but in the field of international cooperation Austria has failed to accept and take over its responsibility.</p> <p>Austria agreed host the 18th international AIDS conference, but fails to engage in committed and substantial HIV-politics in international affairs and ongoing funding for the Global Fund. Mayor financial support for international projects is at the moment only provided by private foundations such as the Life Ball, which cannot be seen as substitute to committed HIV/AIDS politics by the government.</p>			

Country	CANADA			
	Past Performance: US\$450 million (grade C) Civil Society ask fro 2011-2013: US\$968 million			
Past Performance	2 nd Replenishment Fair Share	2 nd Replenishment Pledge	% of fair share fulfilled	Corresponding Base Grade
	USD 319 million	CAD 450 million	100%	A
	Qualifier 1: Trend in ODA as % of GNI	Qualifier 2: Trend in ODA over the past 3 years	Qualifier 3: Bilateral spending on health	
	0.33%	0.3%	\$411.4	
	Rationale for Qualifier 1:	Rationale for Qualifier 2:	Rationale for Qualifier 3:	
	Canada, together with other UN countries, committed to achieve a figure of 0.7% of GNI to be dedicated to overseas development assistance. In 2005, Canada committed to reach 0.5% by 2010 and 0.7% by 2015. However, there is still no firm timetable to achieve this.	Since 2000, Canada has steadily increased ODA (although it still remains far short of the target), but in 2010 announced that, after 2011, ODA would be frozen for 5 years. Canada has recently made a number of important and welcome international commitments, notably to Haiti and the Muskoka Initiative on maternal and child health (although there is concern at the unwillingness to fund a comprehensive range of reproductive health services for women). Canada is also expected to increase its commitment to the Global Fund. However, despite the promise of "new" money for these commitments, with ODA being frozen, it is unclear how future growth in these areas will be achieved without being drawn from other priorities.	This includes funding other than support to multilateral agencies, programmes and institutions. Of note is that funding that funding for vaccine and microbicide development (included in this envelope) has not been renewed in 2010.	
Final Grade	C			
Ask for 2011-2013	Amount in US\$m	Equivalent in country currency	Exchange Rate (USD : Country Currency)	
	\$968	CAD 1 billion	1:1.03	
Rationale	Civil society in Canada estimates Canada should contribute 5% of the funds needed by the Global Fund (which has been expressed by the Global Fund's Scenario 3 as US\$20 billion for the period 2011-13). This amounts to approximately US\$10 per Canadian per year – less than the cost of one movie ticket. The increased amount, above what Canada has been contributing over the past three years, would amount to approximately US\$1.75 per Canadian per year – about the cost of a cup of coffee.			

**Civil Society's
Message**

In calling for an increase to the Global Fund, Canadian civil society also calls for Canada to increase ODA and reverse the freeze on ODA set for 2011 – 16. If the overall ODA envelope does not increase, then the increase to the Global Fund will come at a cost to other programs and services vital for health and for broader development needs.

Country	DENMARK			
	Past performance: US\$90 million (grade: B) Civil society ask for 2011-2013: US\$189 million			
Past Performance	2 nd Replenishment Fair Share (US\$m)	2 nd Replenishment Pledge (US\$m)	% of fair share fulfilled	Corresponding Base Grade
	113	90,1	80%	C
	Qualifier 1: Trend in ODA as % of GNI	Qualifier 2: Trend in bilateral spending on health/AIDS, TB or Malaria	Qualifier 3: Trend of decreased political commitment on health and reductions in ODA in 2011 due to financial crisis	
	++	++	-	
	Rationale for Qualifier 1:	Rationale for Qualifier 2:	Rationale for Qualifier 3:	
	Danish ODA/GNI has been lying steadily above 0.7 % since 1978 ODA/GNI peaked in 2000 (at 1,06%) and has since been reduced to around 0,8% in 2009	Total (multilateral and bilateral) spending on HIV/AIDS is stable at around DKK 1 billion since 2007, with app. DKK 500 m for multilateral and bilateral initiatives respectively.	Recent overall development strategy does not include health as priority. Recently, the Danish government chose to cut its Development Aid budget from 0,83% of GDP to 0,76% – an overall cutback of 1,4 billion Danish kroner, or what the Danish government chooses to call “nominally maintaining the Development Aid budget”.	
Final Grade	B			
Ask for 2011-2013	Amount in US\$m	Equivalent in country currency	Exchange Rate (USD : Country Currency)	
	189 AIDS-Fondet has asked for a “substantial increase”	(1.118.880.000,00 DKK)	(1: 5,92)	
Rationale	We have not asked for 1,1 b DKK for the Global Fund as we find it unrealistic that the government would fulfill this ask, the total ODA budget being app. 15 b DKK annually and the government already spending app. 1 b on HIV/AIDS per year (multilat and bilat initiatives)			
Civil society's message	Denmark has a high profile in international development cooperation and a tradition for contributing its fair share to improve international health. An increase in the contribution for the Global Fund would be an important signal to other donors as well as a sound investment in a better future for all.			

Country	GERMANY			
	Past performance: US\$835 million (grade: C+) Civil society ask for 2011-2013: US\$1,880 million			
Past Performance	2 nd Replenishment Fair Share (US\$m)	2 nd Replenishment Pledge (US\$m)	% of fair share fulfilled	Corresponding Base Grade
	917	835	91%	B
	Qualifier 1: Trend in ODA as % of GNI We focus on real ODA transfers, i.e. the official (sugarcoated) ODA less debt forgiveness, imputed student costs, refugee costs (1st year) and administrative costs, items which are included according to DAC/OECD reporting guidelines, but do not represent real flows of ODA resources to recipient countries.	Qualifier 2: Trend in total disbursements on health promotion taking into account bilateral ODA as well as all contributions via relevant multilateral financing mechanisms (EC, IDA, UN organizations, GFATM, regional development funds, etc.). Total commitments are analyzed as well, mainly in order to assess recent trends and perspectives for the next years.	Qualifier 3: Trend in total disbursements on HIV/AIDS considering all relevant financing channels (see qualifier 2) as well as financing of HIV components within projects for reproductive health and sector-wide programmes (based on % shares according to OECD and IDA-World Bank studies and databases.	
	+	+	+	
	Rationale for Qualifier 1:	Rationale for Qualifier 2:	Rationale for Qualifier 3:	
	Financing of HIV as any specific health and human development issue depends on the overall ODA envelope, i.e. must be done without reducing funds for other basic human needs. Lasting success in confronting the HIV epidemic requires a response across different sectors in order to reduce vulnerabilities and strengthen resilience of threatened and affected individuals and communities. ODA in real terms as % of GNI: 2005: 0.20% 2008: 0.28% 2009: 0.31% 2010 projection: 0.32% (considering modest increase of cooperation budget by 256 million Euro) OECD projection of official ODA is 0.40% probably expecting an increase of ODA reportable debt relief.	Health systems represent absolutely essential elements of the HIV response, not only regarding treatment and care, but also several prevention activities. Thus, analyzing the overall support for health promotion is a necessary dimension of our assessment. 2005 health-related ODA: 0.019 % of GNI 2008 health-related ODA: 0.030 % of GNI Adequate target would be at least 0.10 % of GNI based on data from Commission on Macroeconomics and Health and Millennium Project, or better 0.11% of GNI considering UNAIDS resource needs estimates for achieving country targets towards universal access to HIV services.	Total disbursements for HIV 2005 HIV/AIDS-related ODA: 143 million Euro or 0.006% of GNI 2008: HIV/AIDS-related ODA: 289 million Euro or 0.011 % of GNI Targets for 2009 and 2010 based on 10.6% share of necessary donor contributions (two thirds of total financing needs according to UNAIDS). 10.6% is the fair share assuming European DAC members (EU+N+CH) contribute 50% of international cooperation needs and the corresponding GNI share within this country group. 2009: 1.45 billion US\$ (converting UNAIDS 2007 data applying OECD deflators in 2009 US\$) or 1.17 billion Euros (using UN operational rates of exchange June 2010)	

	Germany's ODA has increased but EU minimum target of 0.51 % in 2010 will not be achieved. Source: OECD, Alternative Report on ODA contributions for the HIV response by Germany, Switzerland, Austria by J. Rüppel (preliminary version, July 2010)	Source: Alternative Report on ODA contributions for the HIV response by Germany, Switzerland, Austria by J. Rüppel (preliminary version, July 2010)	2010: 1.83 billion US\$ (2009 constant US\$) or 1.49 billion Euro Source: Alternative Report on ODA contributions for the HIV response by Germany, Switzerland, Austria by J. Rüppel (preliminary version, July 2010)
Final Grade	C+		
Ask for 2011-2013	Amount in US\$	Equivalent in €	Exchange Rate (USD : Country Currency)
	1,880 million	1,525 million (or approximately 500 million per year)	0.811
Rationale	Fair share contribution by Germany according to its financial capacity measured by its GNI: 10% of total country contributions (20 billion US\$ less 6 % expected contributions by private foundations = 18.8 billion US\$)		
Civil society's message	Germany should at least double its contribution to the Global Fund (400 million €/equal to nearly 500 million US\$).		

Country	ITALY			
	Past performance: 1/3 of US\$478 million (grade E-) Civil society ask for 2011-2013: US\$731 million			
Past Performance	2 nd Replenishment Fair Share (US\$m)	2 nd Replenishment Pledge (US\$m)	% of fair share fulfilled	Corresponding Base Grade
	481	In Berlin, Italy pledged 130 million Euro/year for 2008-2010. Total: 390 million Euro, corresponding to 551,9 USD at 27 th Sept. 2007 exchange rate (at 1 st July 2010 exchange rate the pledge is 478,57 USD).	100%	A ⁺
	Qualifier 1: Trend in ODA as % of GNI	Qualifier 2: Coherence with pledges to the Global Fund		
	--	--		
	Rationale for Qualifier 1:	Rationale for Qualifier 2:		
	In 2009 Italian ODA decreased by 31% compared to 2008 figures and the ODA level dropped to 0,16% of GNI, from 0,22 in 2008 Source: OECD	Italy has still to contribute its 2009 and 2010 pledges to the GFATM Source: The Global Fund		
Final Grade	E-			
Ask for 2011-2013	Amount in US\$m	Equivalent in country currency	Exchange Rate (USD : Country Currency)	
	731	[Box 14] 596 Euro	[Box 15] 1 USD = 0.8149 Euro	
Rationale				
Civil society's message				

Country	JAPAN			
	Past performance: US\$625 million (grade: D) Civil society ask for 2011-2013: US\$1,835 million			
Past Performance	2 nd Replenishment Fair Share (US\$m)	2 nd Replenishment Pledge (US\$m)	% of fair share fulfilled	Corresponding Base Grade
	1,807	625	35%	F
	Qualifier 1: Trend in Global Fund Contributions	Qualifier 2: Partnership among Global Fund stakeholders	Qualifier 3: Political Commitment on Health	
	+	+	+	
	Rationale for Qualifier 1:	Rationale for Qualifier 2:	Rationale for Qualifier 3:	
	Increasing Global Fund contribution as % of ODA Continuing increase in contributions to the Global Fund: 2008: USD 184 Million 2009: USD 194 Million 2010: USD 246 Million (Source: Japan MoFA)	Strong Partnership among Civil Society, Ministry of Foreign Affairs, Private Sector, Japanese Politicians and Friends of the Global Fund Japan to increase contributions to the Global Fund.	During the 2008 G8 process, Japan led the call for strong health systems, expanded access to long-lasting insecticide treated nets and created an accountability mechanism to monitor G8 global health commitments. Furthermore, at the 2008 TICAD IV, to strengthen health systems, Japan committed to train 100,000 Health Workers in 5 years.	
Final Grade	D			
Ask for 2011-2013	Amount in US\$m	Equivalent in country currency JPY Million	Exchange Rate (USD : Country Currency)	
	USD 1,835	JPY 167,536	USD 1 = JPY 91.3	
Rationale	Japan, as one of the largest economies in the world, has the responsibility to pay its fair share to ensure Human Security and to attain the MDG.			
Civil society's message	Japan, as one of the founding countries of the Global Fund, has continued to increase its contributions to the Global Fund. However, the contribution is far from the global need and Japan's fair share. We call on Japan to significantly increase its commitment to the Global Fund and make a bold pledge at the 2010 Replenishment Conference FY 2011-2013.			

Country	THE NETHERLANDS			
	Past performance: US\$308 million (grade: A) Civil society ask for 2011-2013: US\$379 million			
Past Performance	2 nd Replenishment Fair Share (US\$m)	2 nd Replenishment Pledge (US\$m)	% of fair share fulfilled	Corresponding Base Grade
	204	308	150%	A
	Qualifier 1: Trend in ODA as % of GNI	Qualifier 2:	Qualifier 3:	
	+ +			
	Rationale for Qualifier 1:	Rationale for Qualifier 2:	Rationale for Qualifier 3:	
	2008 ODA: 6,993,000 0,8% GNI 2010 ODA: 5,323,000 0,8% GNI			
Final Grade	A			
Ask for 2011-2013	Amount in US\$m	Equivalent in country currency	Exchange Rate (USD : Country Currency)	
	379	€300	1 – 1,27	
Rationale	Dutch NGO´s decided in April to advocate for the \$407 amount, and converted it to Euro's: at that time €300 / €100 a year. We have been advocating €100 a year for quite some time now. However, due to the drop of the Euro against the dollar, this €300 is now only \$379 (instead of \$407)			
Civil society's message	The Dutch government has been a strong leader in the international aids response for many years. In this time of economic crisis, it is more important than ever that the Dutch government lives up to its reputation, by contributing its fair share to the Global Fund and calling upon other donors to do the same.			

Country	SPAIN			
	Past performance: US\$ 600 million (grade: B) Civil society ask for 2011-2013: US\$ 600 million			
Past Performance	2 nd Replenishment Fair Share (US\$m)	2 nd Replenishment Pledge (US\$m)	% of fair share fulfilled	Corresponding Base Grade
	548	600. The last 250 million compromised for 2010 still have not been delivered.	113%	A
	Qualifier 1: Trend in ODA as % of GNI	Qualifier 2: Policy and management add value		
	+	-		
	Rationale for Qualifier 1:	Rationale for Qualifier 2:	Rationale for Qualifier 3:	
	Spain has progressively increased its ODA reaching 0,46 % at the end of 2009. The Spanish Government had promised to achieve 0,56% by 2010 and 0,7% by 2012. However, the government announced a reduction of 2010 budget of 300 millions and another 500 million in 2011 budget. Although Spanish government had made a great progress toward 0,7% in the last years both the cuts announced for 2010 and 2011 as well as the postponed compromise with 0,7% until 2015 have meant a step back.	Spain has been a very committed country in terms of economic contributions, however Spanish cooperation, compared to others country champions, lacks of staff to monitor correctly the Global Fund programs and policies. Although the last ambassador to the GF has been really committed, a stronger higher level commitment is needed in order to dedicate more human resources to this cause.		
Final Grade	B			
Ask for 2011-2013	Amount in US\$	Equivalent in €	Exchange Rate (USD : Country Currency)	
	600 million	472 millions €	1 dollar = 1,25 euros	
Rationale	Fair share contribution by Spain according to its financial capacity measured by its GNI where all high income countries should be donors			
Civil society's message	Spain should maintain the same pledge that the one made in the last replenishment. Contributing with \$ 600 million Spain would be fulfilling its fair share and fulfilling its international responsibility. Doing that Spain would be sending a message to other big economies to follow its example.			

Country	RUSSIA			
	Past Performance: US\$136 million (grade: A) Civil society ask for 2011-2013: US\$ 70 million			
Past Performance	2 nd Replenishment Fair Share (US\$m)	2 nd Replenishment Pledge (US\$m)	% of fair share fulfilled	Corresponding Base Grade
	43,62	136	523%	A+
	Qualifier 1: Trend in ODA as % of GNI	Qualifier 2: Trend in Global Health Investment	Qualifier 3: Infectious diseases funding	
	+	+	+	
	Rationale for Qualifier 1:	Rationale for Qualifier 2:	Rationale for Qualifier 3:	
	ODA: 2008: 220 mln. USD 2009 ODA: 785,02 mln USD (aprox. 0.02-0.03 % of GNI) Source: G8 Health Expert Group	Aid to Health 2007: 117.95 mln USD 2008: 152.32 mln USD Source: G8 Health Expert Group Report	Contribution to the Global Polio Eradication 2008: \$9 million 2009: \$5 million Contribution to the World Bank Malaria Booster Program 2008-2010: \$20 million including : \$1.5 million for nets in Zambia. 2010 2010: \$8 million a year for 10 years to support the Advanced Market Commitment to pilot AMC for vaccine against pneumococcal disease. Source: G8 Health Expert Group Report	
Final Grade	A			
Ask for 2011-2013	Amount in US\$m	Equivalent in country currency	Exchange Rate (US\$: Country Currency)	
	70 \$ m	2.1 bln roubles	1: 30 roubles	
Rationale	To ask for 70 \$ m. Despite the fact that officially Russia committed to double its pledge to the Global Fund to Fight AIDS, Tuberculosis and Malaria to \$40 million and to reimburse the Global Fund, up to 2010, nearly \$217 million which was distributed to fund projects in the Russian Federation there is still a strong possibility to advocate for tripling its pledge to Global Fund and asking for 70 mln USD.			
Civil Society's Message	In 2007 Russia passed a law that committed it to raising global ODA levels to \$400–\$500 million per year in the short term, with a longer-term goal of scaling up development assistance to reach 0.7% of its gross national income. The short-term target has been reached. Russia showed a good example of transiting from recipient to a donor to all emerging donors and fast developing economies such as China and Brasilia. Russia with average annual contribution to GF of \$68,3 mln. in 2007-2009 holds the first place among new development partners In funding Global Fund and 12th place among all donor countries. New Russian pledge will keep Russia among leaders in supporting the GF and support their role as a champion among new development partners. Russia will now go through a detailed review by OECD committees covering most areas of government and reveal Russia's compliance with more than 200 OECD legal standards. It is a good opportunity to advocate for increasing Russia's pledge to Global Fund in a situation when Russia plans to join ODA countries.			

Country	UNITED KINGDOM
----------------	----------------

	<p>Past performance: US\$486 million (grade C+)</p> <p>Civil society ask for 2011-2013: US\$1,245 million – £840m</p>			
Past Performance	2 nd Replenishment Fair Share (US\$m)	2 nd Replenishment Pledge (US\$m)	% of fair share fulfilled	Corresponding Base Grade
	791	486	61%	E
	Qualifier 1: Trend in ODA as % of GNI	Qualifier 2: Long term commitments to other health multilaterals and high quality bi-lateral initiatives.	Qualifier 3: Long term commitment to the Global Fund	
	++	++	++	
	Rationale for Qualifier 1:	Rationale for Qualifier 2:	Rationale for Qualifier 3:	
	The new UK government has ring-fenced ODA from cuts and says it remains committed to increasing the aid budget to achieve the 0.7 target.	The UK delivers significant resources to other critical health multilaterals such as WHO and UNITAID. They also invest in high-quality bi-lateral health programmes including vital access to medicines initiatives, politically sensitive areas such as reproductive health and provide direct budget support so southern governments can lead on vital health system strengthening.	The UK has made a laudable long term commitment to the fund through to 2015, showing critical leadership on the need for sustainable investment in the Fund.	
Final Grade	C+			
Ask for 2011-2013	Amount in US\$m	Equivalent in country currency	Exchange Rate (USD : Country Currency)	
	1,245	£840m	0.67	
Rationale	The ask for 2011-13 is based on the Global Fund's figures highlighting the UK's fair share of the \$20bn we need to scale up to deliver the health MDGs.			
Civil Society's Message	The UK must be praised for the leadership it has demonstrated in international development, global health, and specifically for its commitment to the Global Fund. In particular it has shown crucial commitment to delivering access to medicines and equitable access to health systems. Their investment in direct budget support allows southern governments to make the long term plans and investments needed to deliver strong health systems for their country. However the reality is that in order to deliver on the Millennium Development Goals, a dramatic increase in resources is required. The UK must start to pay its fair share – that means £840m to reach the \$20bn that is needed to continue scaling up the Global Fund's life saving work. If we don't see this investment, the UK will be accepting and ensuring defeat in the effort to deliver the Health MDGs.			

Country	UNITED STATES			
	Past performance: US\$2,890 million (grade C) Civil society ask for 2012-2014: US\$6 billion			
Past Performance	2 nd Replenishment Fair Share (US\$m)	2 nd Replenishment Pledge (US\$m)	% of fair share fulfilled	Corresponding Base Grade
	5,273	2,890	55%	F
	Qualifier 1: Trend in ODA as % of GNI	Qualifier 2: Substantial contributions to Global Health/Health Systems Strengthening	Qualifier 3: Being largest donor by far	Qualifier 4: US commitment to contribute 1/3 of the sum over
	++	++	++	
	Rationale for Qualifier 1:	Rationale for Qualifier 2:	Rationale for Qualifier 3:	
	0.19 in 2008, 0.20 in 2009, no data for 2010 Though there is a small increase in GNI as % of ODA, the contribution was so far short of fair share that an F is deserved	Global Health Initiative, \$43 billion over 6 years	US is consistently the largest donor by far to the Global Fund The US also made a bold commitment to contribute 1/3 of the sum of other donor contributions	
Final Grade	C			
Ask for the 2012-2014	Amount in US\$m	Equivalent in country currency	Exchange Rate (USD : Country Currency)	
	\$6 billion for FY 12,13,14			
Rationale	The President's Global Health Initiative has back loaded most of its allotted funding, and needs to disburse more than \$40 billion dollars over fiscal years 2012 to 2014. A \$6 billion contribution to the Global Fund would allow for the dedication of a good portion of GHI funding towards GHI goals and through the world's most effective multilateral global health mechanisms. The reason the ask is for FY 12 to 14 and not FY 11 TO 13 is due to the fact that FY 11 budget is nearly finalized and there is likely little or no space for advocacy to increase the Global Fund allocation in that budget.			
Civil Society's Message	\$6x3 is a golden opportunity for President Obama to make good on the promise of the Global Health Initiative and to lead the world in sufficiently replenishing the Global Fund in 2010			

SWEDEN

While there has not been a civil society coalition constituted to contribute with a donor report card for Sweden, the medical humanitarian organization Médecins Sans Frontières-Sweden is advocating for an increase in contributions to hiv treatment efforts. MSF-Sweden is calling upon the Swedish government to provide a sustained support to the Global Fund and an important increase in the Swedish contribution to the 3rd replenishment.

Sweden has been a strong actor in the international aids response for many years. In this time of economic crisis it is even more important that the Swedish government shows leadership by increasing its support to the Global Fund and calling upon other donors to do the same. Sweden has pledged more than its fair share (2,8% of total contributions) in the previous replenishment and should also now be capable in doing so.

MSF-Sweden believes that the estimate of a resource need of at least USD 20 billion for 2011-2013 is a minimum to assure that WHO guidelines for improved and earlier initiation of ARV treatment can be implemented and to meet the challenge of significantly scaling up access to ARV treatment.

Funding scenarios for the Global Fund IIIrd Replenishment Process

The Global Fund engaged in its third Replenishment Process, aimed a resource mobilization for 2011-2013. In October 2010, UN Secretary-General Ban Ki-moon will chair a meeting of the Global Fund's donors where they will pledge resources for the next period. The Global Fund estimated that it would need between US\$17 billion and US\$20 billion to respond to demand from developing countries for resources to fight the three diseases during the coming three years.

Civil society activists from around the World have reviewed the estimates as presented in three funding scenarios (see the attached list of resources). Based on this civil society advocates issued the following position:

*"The purpose of the Fund is to attract, manage and disburse additional resources through a new public-private partnership that will make a sustainable and significant contribution to the reduction of infections, illness and death, thereby mitigating the impact caused by HIV/AIDS, tuberculosis and malaria in countries in need, and contributing to poverty reduction as part of the Millennium Development Goals."*⁵

The Global Fund Resource Scenarios paper⁶ presents three funding scenarios that help to understand what is needed to fulfill the Global Fund mission in controlling the three diseases.

The paper clearly states that Scenario 1 (US\$13 billion) is not putting us on the right track, and would in fact slow down momentum and likely reverse progress. The cost of slowing momentum implied in Scenario 1 should be calculated in terms of future extra financial and public health costs. For example, Scenario 1 practically means a freeze on enrolment of new patients for ART, which among others will increase the cost of orphan care in the future when children loose their parents to the diseases. In addition, the momentum gained in scale-up against the three diseases – such as the aggressive scale-up against malaria – might be difficult or impossible to recover if stopped now.

We therefore need to explore Scenario 2 (US\$ 17 billion) and Scenario 3 (US\$20 billion) in order to see what is required to get us on track to bend the curves of the three diseases downward. Scenario 2 (US\$17 billion) would essentially maintain the current level of financing, but would not seriously allow for acceleration toward achieving the MDG targets in 2015. Of the three Scenarios, Scenario 3 presents the only option for seriously scaling up interventions towards achieving these targets.

However important gaps can be identified within Scenario 2 and 3 that are not included in the calculations:

1. The costs of **diagnosis and treatment of MDR TB**. Timely diagnosis and treatment of MDR TB will reduce the spread of drug resistance and avoid unnecessary mortality and morbidity of MDR patients. Strengthened laboratory systems, including newer, more effective diagnostic tools, are critical. Action now will limit the future needs for far more costly treatment as well as reduce the huge global public health risk of TB strains that do not respond to any treatment.

⁵ *The Framework Document of the Global Fund to Fight AIDS, Tuberculosis and Malaria* - http://www.theglobalfund.org/documents/TGF_Framework.pdf

⁶ http://www.theglobalfund.org/documents/replenishment/2010/Resource_Scenarios_en.pdf

2. The cost of implementing the newly published WHO **guidelines in malaria**. The move towards universal diagnostic testing of malaria is a critical step forward as it will allow for the targeted use of treatments. This will help to reduce the emergence and spread of drug resistance. It will also help identify patients who do not have malaria, so that alternative diagnoses can be made and appropriate treatment provided. The new Guidelines will therefore help improve the management of not only malaria, but other childhood febrile illnesses.
3. The cost of implementing the WHO **treatment guidelines for ART**, which implies 50% more people on treatment, and the use of improved (but more costly) first line treatment and higher levels of second line treatment. These are essential to avoid the cost of treating side effects of current medicines and avoid the economic and social cost of sickness. In addition, aggressive scale-up of earlier treatment initiation would have major collateral benefits including reduced transmission.
4. The cost of keeping mothers alive so that they can look after their children and their families - let alone fulfilling their right to live. Evidence shows clear linkages between infant survival and mothers' survival.

Leaving out the impact of this on the resource needs undermines the Global Fund's capacity to maximize "Value For Money" as well as our efforts to achieve public health goals. Finally, the scenarios also do not include the cost of additional investment in Health Systems Strengthening, nor maximizing the Global Fund's role in MDGs 4 and 5.

In conclusion, civil society advocates believe that Scenario 3 represents the best way forward in terms of scaling up interventions towards achieving the health MDGs. If the financial implications of the above listed gaps are taken into consideration, it is expected that even Scenario 2 would exceed 20 billion US\$. The estimate of a resource need of at least 20 billion for 2011 – 2013 therefore seems to be a minimum.

About the Global Fund to Fight AIDS, Tuberculosis and Malaria

The Global Fund is a unique global public-private partnership dedicated to attracting and disbursing additional resources to prevent and treat HIV/AIDS, tuberculosis and malaria. This partnership between governments, civil society, the private sector and affected communities represents a new approach to international health financing. The Global Fund works in close collaboration with other bilateral and multilateral organizations to supplement existing efforts dealing with the three diseases.

Since its creation in 2002, the Global Fund has become the dominant financier of programs to fight AIDS, tuberculosis and malaria, with approved funding of US\$ 19.3 billion in 144 countries.

To date⁷ the Global Fund provides life-saving antiretroviral (ARV) treatment to 2.8 million people with HIV, a 22 percent increase on results reported in June 2009.

Global Fund-supported tuberculosis programs have so far provided 7 million people with effective TB drugs treatment. This is a 30 percent increase from mid-2009. Tuberculosis remains the leading cause of death among people infected with HIV; the World Health Organization estimating that one in four TB deaths worldwide is HIV-related.

⁷ Press release Global Fund, June 8, 2010

The Global Fund also reported progress in the fight against malaria, with a cumulative total of 122 million insecticide-treated bed nets delivered through its funded programs to families at risk of contracting the disease. This is a rise of 39 percent from 88 million nets distributed one year ago.

Global Fund results – June 2010	mid 2010	mid 2009	% increase
Number of people currently receiving ARVs	2.8m	2.3m	22%
New smear-positive TB cases detected and treated	7m	5.4m	30%
Nets distributed (ITNs and LLINs)	122m	88m	39%

ITN: Insecticide-treated net
 LLIN: Long-lasting insecticidal net

As a result, 5.7 million lives have been saved. These are people who would have been dead, had it not been for interventions supported by the Global Fund. According to this calculation, every day, another 4,000 deaths are averted. With more than US\$ 10 billion disbursed to more than 500 grants so far, the Global Fund currently provides around one-fifth of international resources to fight AIDS, as well as 63 percent of international funding to fight tuberculosis and 60 percent of international funding to fight malaria.

“In less than a decade, the Global Fund has gone from an idea to a highly efficient tool to turn donor resources into lives saved,” said Prof. Michel Kazatchkine, Executive Director of the Global Fund. “We have made dramatic progress. No other area of development has seen such a rapid correlation between investment and desired results and impact as has been produced by the efforts of recent years to fight AIDS, TB and malaria. Every dollar contributed to the Global Fund goes to fund programs in countries. If donors provide sufficient resources, by 2015 we could virtually eliminate transmission of HIV from mother to child, dramatically reduce deaths from AIDS and prevent millions of new HIV infections, and achieve significant declines in TB prevalence and mortality.”

Additional results showed that a total of 2.3 billion condoms have been distributed; 930,000 HIV-positive pregnant women have received a complete course of ARV prophylaxis to reduce mother-to-child transmission; 120 million HIV counseling and testing sessions have been conducted and 4.9 million basic care and support services have been provided to AIDS orphans and vulnerable children since the Global Fund started financing grants in 2003.

The results reported today combine data from individual programs supported by the Global Fund in 144 countries. Measuring performance is at the core of the Global Fund’s financing system that only disburses money based on progress in reaching agreed targets. The quality of the data is assured through the work of the Global Fund’s verifying agency in each country and independent data and systems reviews.

In May 2010 the Global Fund launched its tenth call for proposals from countries. Applicants may submit proposals until 20 August 2010. The Global Fund Board is expected to approve successful applications for this round in December 2010 at its 22nd Board Meeting -- initially for a two-year period, with an option to renew funding for a second three-year phase if the programs achieve targets.

List of resources

Contributions based on funding scenario 3 (2011-2013)

Source: http://www.theglobalfund.org/documents/replenishment/2010/Resource_Scenarios_en.pdf

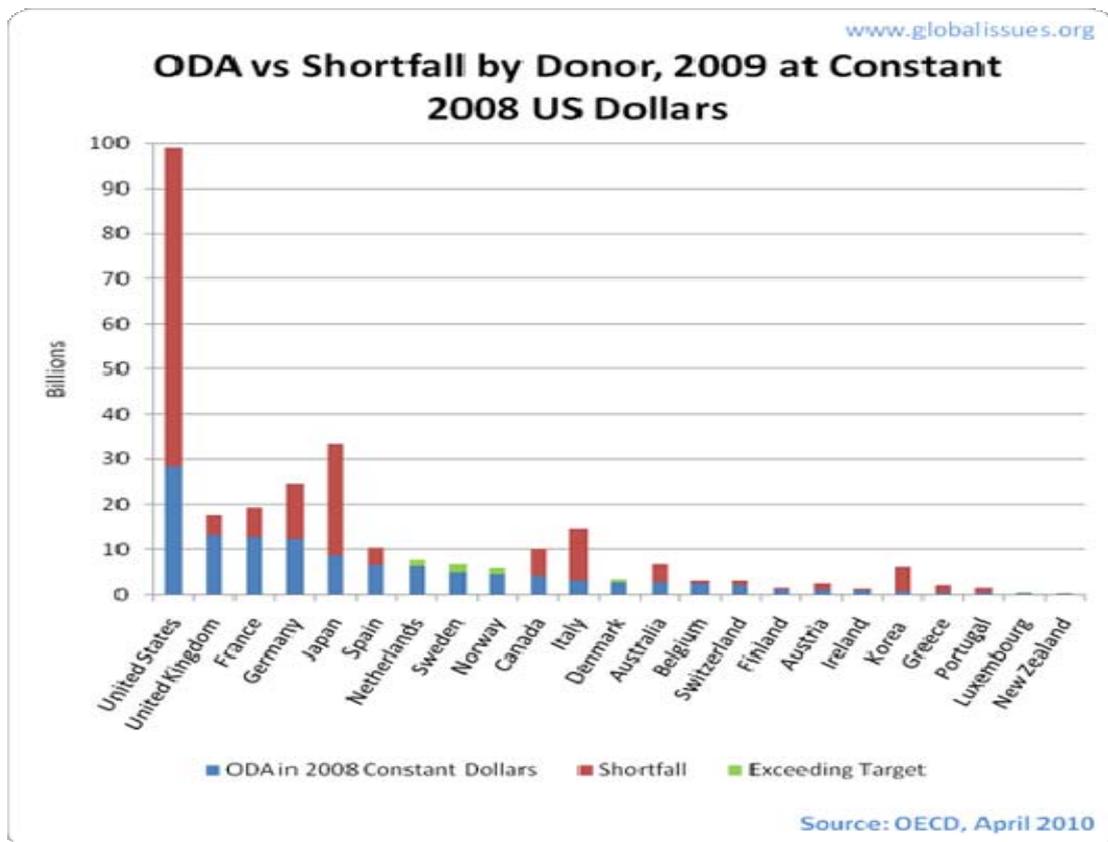
Berlin Scenarios

Fair shares for the 2nd Replenishment based on adjusted GNI 2005 and \$15 bn USD need for 2008 to

2010: http://www.theglobalfund.org/documents/replenishment/2010/Technical_Note1_Illustrative_Contribution_Tables.pdf

It should be noted here that at the time, civil society had a clear preference for Scenario C (18 billion) and considered Scenario B the bare minimum. In 2007 donors pledged in Berlin around 10 billion. In evaluating the performance of donors from an advocacy perspective however it makes less sense to use the highest scenario (which would result in very low grades for all donors). For this reason Scenario B was chosen that still shows the need for higher levels of funding in the past 3 years, and provides a more realistic base for the required increases in the next Replenishment period.

ODA levels as % of GNI



www.globalissues.org

Table 3. DAC Members' Commitments and Performance: Summary Table of OECD Secretariat Projections
April 2010

Country	Actual ODA 2004	Net ODA (2004 USD m)			ODA/GNI		
		2005 projection for 2010	Growth-adjusted 2005 projection for 2010	Current projection for 2010	Actual 2004	2005 projection for 2010	Current projection for 2010
Austria	678	1 673	1 621	1 178	0.23%	0.51%	0.37%
Belgium	1 463	2 807	2 706	2 706	0.41%	0.70%	0.70%
Denmark	2 037	2 185	2 213	2 299	0.85%	0.80%	0.83%
Finland	680	1 475	1 379	1 112	0.37%	0.70%	0.56%
France	8 473	14 110	13 474	10 130	0.41%	0.61%	0.46%
Germany	7 534	15 509	14 906	11 691	0.28%	0.51%	0.40%
Greece	321	1 196	1 275	525	0.16%	0.51%	0.21%
Ireland	607	1 121	951	824	0.39%	0.60%	0.52%
Italy	2 462	9 262	8 892	3 426	0.15%	0.51%	0.20%
Luxembourg	236	328	304	304	0.79%	1.00%	1.00%
Netherlands	4 204	5 070	5 323	5 323	0.73%	0.80%	0.80%
Portugal	1 031	933	912	608	0.63%	0.51%	0.34%
Spain	2 437	6 925	6 552	5 652	0.24%	0.59%	0.51%
Sweden	2 722	4 025	3 865	3 915	0.78%	1.00%	1.01%
United Kingdom	7 905	14 600	13 873	14 185	0.36%	0.59%	0.60%
DAC EU members, total	42 789	81 221	78 245	63 877	0.35%	0.59%	0.48%
Australia	1 460	2 460	2 518	2 460	0.25%	0.36%	0.35%
Canada	2 599	3 648	3 648	3 542	0.27%	0.33%	0.33%
Japan	8 922	11 906	11 906	8 501	0.19%	0.22%	0.18%
New Zealand	212	289	282	324	0.23%	0.28%	0.32%
Norway	2 199	2 876	2 849	2 849	0.87%	1.00%	1.00%
Switzerland	1 545	1 728	1 646	1 881	0.40%	0.41%	0.47%
United States	19 705	24 000	24 705	24 705	0.17%	0.18%	0.19%
DAC members, total	79 432	128 128	125 799	108 139	0.26%	0.36%	0.32%

Source: OECD, 14 April 2010.

Source: http://www.oecd.org/home/0,2987,en_2649_201185_1_1_1_1_1,00.html

G8 MUSKOKA ACCOUNTABILITY REPORT

As part of the G8 that was recently held in Canada, an accountability report was issued with information on aid spent on health by G8 countries and the EC. No recent information on this is yet available for other countries. This Report can be found on: <http://g8.gc.ca/g8-summit/accountability/>

Annex 1 Donor Report Card Working Group

The Working Group consists of the following members:

Diarmaid McDonald
Stop AIDS Campaign Coordinator
www.stopaidscampaign.org.uk

Nicci Stein
Executive Director-Directrice générale
nstein@icad-cisd.com

Vanessa Lopez
Directora GlobalSIDA
vanessa.lopez@globalsida.org

Labib El-Ali
Multilateral Campaigns Coordinator (ACTION)
RESULTS Educational Fund
lelali@results.org

Peter van Rooijen
Executive Director International Civil Society Support
pvr@icssupport.org

Maria Bordallo
Global Campaign Officer, International Civil Society Support
mb@icssupport.org

About the Free Space Process and ICSS

Ten global HIV/AIDS Networks and International Civil Society Support (ICSS) have agreed to work together and join forces in the fight against HIV/AIDS through the establishment, further development and implementation of the *Free Space Process partnership*.

The ten networks are the Global Network of People Living with HIV/AIDS (GNP+), the International Community of Women Living with HIV/AIDS (ICW), the International Council of AIDS Service Organisations (ICASO), the International Treatment Preparedness Coalition (ITPC), the International HIV/AIDS Alliance & HDN (IHAA/HDN), the World AIDS Campaign (WAC), the Ecumenical Advocacy Alliance (EAA), the MSM Global Forum (MSMGF), the global Network for Sex Work Projects (NSWP) and the International Network of People who Use Drugs (INPUD).

ICSS supports the Free Space Process in its role as impartial convenor and secretariat.

Contact:

International Civil Society Support | Van Diemenstraat 192 | 1013 CP Amsterdam | The Netherlands | Phone: +31 (0) 20 4280657 | Fax: +31 (0) 20 6275221 | Mobile: + 31 6 5314 8908 | secretariat@icssupport.org | www.icssupport.org

Annex 2: Country Donor Report Card

Template and instructions

Country	[Box 1]			
2 nd Replenishment Performance	2 nd Replenishment Fair Share (\$\$\$ USD)	2 nd Replenishment Pledge (\$\$\$ USD)	% of fair share fulfilled	Corresponding Base Grade
	[Box 2]	[Box 3]	[Box 4]	[Box 5]
	Qualifier 1: Trend in ODA as % of GNI	Qualifier 2: Description of your selected qualifier	Qualifier 3: Description of your selected qualifier	
	[Box 6]	[Box 7]	[Box 8]	
	Rationale for Qualifier 1:	Rationale for Qualifier 2:	Rationale for Qualifier 3:	
	[Box 9]	[Box 10]	[Box 11]	
Final Grade for the 2 nd Replenishment	[Box 12]			
3 rd Replenishment Ask (for the 3 years)	\$\$\$ USD	Equivalent in country currency	Exchange Rate (USD: Country Currency)	
	[Box 13]	[Box 14]	[Box 15]	
Rationale for 3 rd Replenishment Ask	[Box 16]			
Qualitative Advocacy Message (may include some rationale for the ask)	[Box 17]			

Instructions

Box 1:

Country Name

Box 2:

From Annex 2, the 'illustrative contributions tables' presented in Berlin for the 2nd Replenishment were suggested for determining base past performance. Country advocates were however free in selecting their own base line figures, like the contribution asked by civil society of their government at the time.

Box 3:

The contribution of the country to the Global Fund for 2008-2010: <http://www.theglobalfund.org/en/pledges/?lang=en> (“Access the current list of [pledges and contributions](#) XLS - 97 KB).

Box 4:

The percentage of the country’s contribution of its fair share for the 2nd replenishment.

Box 5:

The country’s grade for the 2nd replenishment.

A= Excellent = the pledge is in the range of 100-110% of the requested contribution.

B= Good = the pledge is in the range of 90-99 % of the requested contribution

C= Needs improvement = the pledge is in the range of 80-89% of the requested contribution.

D= Unacceptable - the pledge is in the range of 70-79% of the requested contribution.

E=Embarrassing = the pledge is in the range of 60-69% of the requested contribution.

F= Failure = the pledge is in the range of <59% of the requested contribution.

(Note: the requested contribution could be the civil society ask or estimates taken from the ‘illustrative contributions tables’).

Box 6:

A positive or negative development in ODA could be used to adjust the base grade.

++ if the country has achieved 0.7% of GNI to ODA

+ if the country’s ODA has increased from 2008 to 2010

- if the country has made no progress towards 0.7%

-- if the country’s ODA has in fact decreased

Box 7 and Box 8:

Additional qualifiers could be identified by civil society advocates in order to adjust the grade of the country. For consideration the following qualifiers were suggested: trend in bilateral spending on health (the G8 MUSKOKA Accountability Report provides some data for the G8 countries (see Annex 5); trend in bilateral spending on AIDS, TB or Malaria; the country’s contribution to UNAIDS or other relevant multilateral agencies, etc.

Box 9:

Provides the figures used to determine Box 6 and source (likely OECD – see Annex 4).

Box 10:

Provides the rationale for box 7.

Box 11:

Provides the rationale for box 8.

Box 12:

To arrive at a final grade for a country, the following grading scheme was used:

A+ > A > A- > B+ > B > B- > C+ > C > C- > D+ > D > D- > E+ > E > E- > F+ > F > F-

Box 13⁸:

The country coalition’s civil society “asks” of a government for the 3rd Replenishment.

For this participants could use the estimated donor contributions for Scenario 3 (2011-2013) based on Adjusted GNI as listed in tables that the Global Fund Secretariat prepared for the IIIrd Replenishment Process (Annex 1), or use the ask as identified by advocates

⁸ We note and acknowledge that civil society has raised concerns in the past regarding the Global Fund adjusted GNI tables: (i) the tables don’t include all High Income Countries, (ii) its does include some Middle Income Countries and (ii) an argument can be made for GNI instead of adjusted GNI.

based on country specific considerations or realities.

Box 14:

The amount of the civil society ask in the country's currency.

Box 15:

The *USD : country* currency exchange rate used.

Box 16:

A brief rationale for the country's "ask" for the 3rd Replenishment.

Box 17:

The main advocacy message of civil society.

Annex 3: Participants in developing this report

Australia

Pacific Friends of the GFATM, Jonathan Stambolis (jstambolis@gmail.com)
Mobile: +43 676 452 4372

Austria, Frank Amort, HIV/AIDS- Consultant, in collaboration with various Austrian NGO´s in the field of HIV/AIDS and international cooperation, (frank.amort@gmail.com)
Mobile: + 43 - 680 - 232 19 04.

Canada

Interagency Coalition on AIDS and Development, in collaboration with Global Treatment Access Group, Nicci Stein (nstein@icad-cisd.com)
Mobile: + 1 613 292-9509

Denmark

AIDS-fondet / The Danish AIDS Foundation, Henriette Laursen, (henriette@aidsfondet.dk)
Mobile: +45 28 11 10 93 (Laura Kirkegaard, Mobile: +45 25 64 96 33)

France

Coalition PLUS, Khalil Elouardighi (kelouardighi@coalitionplus.org)
Mobile: + 33 6 33207466

Germany

Action against AIDS Germany, Sandy Harnisch (harnisch@aids-kampagne.de)
Tel.: +49 (0) 176 2419 4898

Italy

Osservatorio AIDS, Stefania Burbo (osservatorioaids@ong.it)
Mobile: +39 388 8414818.

Japan

Africa Japan Forum, Masaki Inaba (masaki.inaba@gmail.com)

Netherlands

STOP AIDS NOW!, Mark Vermeulen (Mvermeulen@stopaidsnow.nl)
Mobile: +31 6 41470864

Russia

AIDS Infoshare in collaboration with the Civil Society G8 working group, Alena N. Peryshkina (alenajhu@yandex.ru)
Tel: + 7 495 714-6645

Spain

GlobalSIDA, Vanessa López (vanessa.lopez@globalsida.org)
Mobile: +34 670 21 52 41

United States

Coalition of US Global Fund Advocates, Labib El-Ali (labibelali@gmail.com)

Mobile: + 1 202 5693 783

United Kingdom

Stop AIDS Campaign, Diarmaid McDonald (Diarmaid@aidsconsortium.org.uk)

Mobile: + 44 789 4455 781

Sweden

Médecins Sans Frontières, Kerstin Akerfeldt

(Kerstin.akerfeldt@stockholm.msf.org)