The Global Fund's Funding for Community and Civil Society Organizations

An analysis of Grant Cycle 5 and Grant Cycle 6

19 July 2024

Table of Contents

1. Introduction and methodology

1.1 Introduction

Since its inception, the Global Fund to Fight AIDS, Tuberculosis and Malaria has partnered with communities and civil society to shape responses to the three diseases. The Global Fund's 2023-2028 Strategy commits to **maximize the engagement and leadership of most affected communities to leave no one behind**. In the Global Fund's Advocacy Roadmap 2023-2025, we committed to monitor our investments in communities and civil society through Global Fund grants.

This document presents a baseline analysis of the Global Fund's funding for civil society organizations in grant cycles 5 (GC5) and 6 (GC6), including C19RM funding, using information that was publicly available data from the Global Fund's Data Service.[1] The data is primarily at the Principal Recipient level. Data at the Sub-Recipient level is incomplete; there is no data on implementers below the Sub-Recipient level, nor is there data about civil society implementers that receive funding through alternative contracting arrangements. For GC5 and GC6, the budget data captured information about funding flows to community-based organizations, local and international non-governmental organizations, and local and international faith-based organizations. As such, the available data does not provide insight into levels of investments in community-led organizations, programs, or responses. Recognizing these limitations, this baseline assessment provides the best publicly available information about the levels of Global Fund resources implemented by civil society organizations. Given that the Grant Cycle 7 is underway, that data has not been included.

In GC5 and GC6, covering allocation periods 2017-2019 and 2020-2022 respectively, civil society organizations[2] have collectively managed US$9.25 billion as Principal Recipients and Sub-recipients of Global Fund grants.[3] This constitutes **upwards of 30% of the total amount of country grant funding**. In addition, **funding managed by civil society organizations increased by 36% in volume from $3.92 billion in GC5 to US$5.33 billion in GC6, though as a percentage of total funding remained relatively steady**. This includes COVID-19 Response Mechanism (C19RM) funding, which was primarily incorporated through GC6 grants.

[1] The data in this analysis for GC5 and 6 was downloaded from the Global Fund's Data Service on December 11, 2023.
[2] Civil society organizations include community-based organizations, local and international non-governmental organizations, and local and international faith-based organizations.
[3] As of December 11, 2023. The Global Fund's Grant Implementation Period Detailed Budgets database is continuously updated; since that time, there have been significant changes in the allocation of COVID-19 Response Mechanism funding, with remaining funds reprogrammed for use through 2025, focusing on a limited set of board-defined priorities. It is important to note that the data at the sub-recipient level is incomplete.

1.2 The Importance of Funding Communities and Civil Society

Through the implementation of the 2023-2028 strategy, the Global Fund is working to ensure that communities are fully and adequately supported to play their unique and critical role in HIV, TB and malaria responses. The data in this analysis does not provide meaningful information about the Global Fund's investments in communities living with and affected by the three diseases, including key and vulnerable populations. However, it does aim to increase understanding of how resources are flowing to civil society organizations generally, whether there are factors that enable or act as barriers to funding, and whether changes are needed in the Global Fund's policies and practices to increase or sustain resources to communities and civil society over time.

The evidence is clear that community-led interventions increase the effectiveness of HIV, TB, and malaria responses. A recent scoping review of peer- and community-led responses in HIV, for example, found that community-led prevention, including testing and counselling, risk reduction education and other behavior change programs, are more effective than interventions that are not community-led. Their impact results from their credibility with community members, as well as their ability to adapt to changing political and social contexts.[4] Similarly, investments in community- and civil society-led advocacy are critical for addressing barriers to health care and health inequities, shaping policies, and creating systems that ensure that no one is left behind.[5]

The Global Fund's commitment to investing in communities and civil society is increasingly critical. Over the past decade, civic space has been under increasing pressure, with governments across the world enacting restrictions on the registration, funding, and operations of community-led and civil society organizations, while also suppressing rights to information and freedoms to association, peaceful assembly, and expression. This trend has accelerated over the last few years, as many governments have worked with anti-rights movements to roll back legal and policies protections for the human rights of LGBTQ people, people who use drugs, sex workers and other key populations, as well as women and adolescents.[6]

Closing civic space and attacks on human rights have major implications for the fight against the three diseases: they create conditions that enable pandemics to thrive, as the communities most affected by the diseases face increasing restrictions on their ability to organize, fundraise, and operate. In 2023, only 10 of the 126 countries eligible for Global Fund grants were classified as "open", where civil society could operate freely. In 97 of the countries where the Global Fund provides resources, the community-led and civil society organizations it relies on to increase its impact and effectiveness work in contexts where

[4] Ayala G, Sprague L, van der Merwe LL-A, Thomas RM, Chang J, Arreola S, et al. (2021) Peer- and community-led responses to HIV: A scoping review. PLoS ONE 16(12): e0260555. https://doi.org/10.1371/journal.pone.0260555;
[5] Barr, D. and the National Health Advocacy Funding Coalition (2023). Internal Paper: The Case for Funding National Advocacy for Health by Civil Society.
[6] The Global Fund to Fight AIDS, Tuberculosis and Malaria (2023), Advocacy Roadmap. Geneva: The Global Fund to Fight AIDS, Tuberculosis and Malaria.

there are potential risks of surveillance, intimidation by both state and powerful nonstate actors, bureaucratic harassment, deregistration, closure, and in some cases violence.[7]

Community-led and local non-governmental organizations are also facing greater challenges raising funds from other sources. Funding for organizations working on HIV, TB and malaria is increasingly concentrated among a small and shrinking number of philanthropic organizations.[8] Funding from bilateral donors has flatlined and is primarily channeled through large international NGOs or multilateral agencies, resulting in serious impediments for community-led and local non-governmental organizations in receiving direct funding.[9, 10]

1.3 Methodology and limitations

This analysis is based on the Grant Agreement Implementation Period Detailed Budgets, which are publicly available through the Global Fund's Data Service[11] and include budget information for all grants, starting with Grant Cycle 5. These budgets provide information on how funding for each grant is distributed between implementers, including civil society, governments, the private sector, multilateral organizations, and other entities. The detailed budgets for GC5 and GC6 classify civil society organizations in six ways[12]:

1. Community-based organizations.
2. Local non-governmental organizations.
3. Local faith-based organizations.
4. Other community sector entities.
5. International non-governmental organizations.
6. International faith-based organizations.

Using the budget data, a spreadsheet was created to provide an overview of the total amount of funding that a country received for all grants across all grant cycles, and includes the COVID-19 Response Mechanism (C19RM) funding. [13] The spreadsheet includes breakdowns of the total funding implemented by civil society organizations overall, as well as the total funding managed by each type of civil society organization. The spreadsheet also includes information on whether at least one Principal Recipient (PR) is a local non-governmental organization, an international non-governmental organization, or UN agency,

[7] Advocacy Roadmap; CIVICUS Monitor (2023) National Civic Space Ratings: 38 rated as Open, 42 rating as Narrowed, 40 rated as Obstructed, 50 rated as Repressed & 27 rated as Closed. Available at: www.monitor.civicus.org (Accessed: 2023-03-16).
[8] The Global Fund to Fight AIDS, Tuberculosis and Malaria (2023).
[9] The Global Fund to Fight AIDS, Tuberculosis and Malaria (2023).
[10] #ShiftThePower Movement (2024). Too Southern To Be Funded: The Funding Bias against the Global South. Available at: https://globalfundcommunityfoundations.org/wp-content/uploads/2024/04/TooSouthernToBeFunded.pdf (Accessed: 2024-07-16).
[11] The data in this analysis for GC5 and 6 was downloaded on December 11, 2023.
[12] Starting with GC7 the detailed budgets include a specific category for community-led organizations.
[13] COVID-19 Response Mechanism funding was distributed through GC6 grants.

and whether the country is classified as having a challenging operating environment, as defined by the Global Fund.[14]

It is important to note that civil society Principal Recipients often employ different kinds of entities (e.g., governmental, multilateral, private sector organizations, community-led, community-based and other civil society organizations) to implement specific grant activities. These entities are called Sub-recipients. In many countries, Sub-recipients may also grant to Sub-sub-recipients and beyond. In addition, there may be alternative contracting models, such as service delivery or activity-based contracts.

All funding where civil society organizations were classified as the implementers of the funds is included in this analysis, irrespective of the type of Principal Recipient. Similarly, any funding where governmental, multilateral, or private sector organizations were identified as the implementers of the funding was excluded from the analysis, irrespective of the type of Principal Recipient.

Principal Recipients are responsible for classifying which type of civil society organizations are the implementers of funding in their detailed budgets. The instructions for completing GC7 budget templates[15] offer the following definitions of civil society:

[14] Countries with challenging operating environments include countries or regions that experience infectious disease outbreaks, natural disasters, armed conflicts or civil unrest, weak governance, climate change-related crises and/or mass displacement. The Global Fund to Fight AIDS, Tuberculosis and Malaria (2022). Conflicts, Crises and Displaced People: How the Global Fund Works in Challenging Operating Environments. Geneva: The Global Fund to Fight AIDS, Tuberculosis and Malaria.

[15] The Global Fund to Fight AIDS, Tuberculosis and Malaria (2023). Instructions for Completing the Detailed Budget Template: Allocation Period 2023-2025. Geneva: The Global Fund to Fight AIDS, Tuberculosis and Malaria.

Organization Type	Organization Sub-Type	International / Local Sub-type Distinction (if applicable)
Civil Society Organization (CSO): An organizations or group that undertakes collective action around shared interests, purposes and values, generally distinct from government and commercial for-profit actors. Civil society includes charities, development NGOs, community groups, women's organizations, faith-based organizations, professional associations, trade unions, social movements, coalitions and advocacy groups.	**Community-based Organization (CBO):** Non-profit groups that work at a local level to improve life of residents. The focus is to build equality across society in all streams: health care, environment, quality of education, access to technology, access to spaces and information for the disabled and others.	N/A
	Nongovernmental Organization (NGO): An organization which is independent of government involvement is known as a non- governmental organization or NGOs or non- government organizations. NGOs are a subgroup of organizations founded by citizens, which include clubs and associations providing services to its members and others. They are usually non-profit organizations. Many NGOs are active in humanitarianism or the social sciences, at local and international level.	**International Nongovernmental Organizations (INTNGO):** NGOs with global presence spanning across countries.
		Local Nongovernmental Organizations (LOCNGO): NGOs with mostly domestic presence (in-country).
	Faith-based Organization (FBO): An organization that has values based on faith and/or beliefs. It has a mission based on social values of the particular faith; and most often draws its activists (leaders, staff, volunteers) from a particular faith group. The faith relating to the FBO does not have to be academically classified as religion. Faith-based organizations are grass-root organizations active locally but also on an international scale.	**International Faith-based Organization (INTFBO):** FBOs with global presence spanning across countries.
		Local Faith-based Organization (LOCFBO): FBOs with mostly domestic presence (in-country).

Even with these definitions, there are limitations to our understanding of the types of organizations that receive Global Fund financing funding through this analysis. The classification of non-governmental, faith-based, and community-based organizations can be fluid and vary from country to country. For example, some international organizations that are also registered locally may be classified as local organizations in some countries, but as

international organizations in others. Similarly, some faith-based organizations might be classified as non-governmental organizations, and vice versa.

The detailed budgets for GC5 and GC6 do not include a specific category for community-led organizations. As such, it is not possible to distinguish how much funding is going to and managed by organizations that are led by people living with or affected by the three diseases and key and vulnerable populations, including sex workers, people who use drugs, men who have sex with men, transgender people, adolescent girls and young women, TB survivors, or migrants.[16]

The detailed budgets define how funding for each grant is distributed between different types of implementers, including different types of civil society organizations, government entities, multilateral organizations, and the private sector. However, beyond that, they provide no information about how funding flows from the Principal Recipient to Sub-recipients, nor do they identify the number or names of organizations that are Sub-recipients of funding. For example, for any given grant the budget data identifies if there are implementers that are community-based organizations, but it does not indicate whether there are ten community-based organizations that are receiving funds, or just one. Similarly, if a Principal Recipient is local or international non-governmental organization, the budget data does not indicate if they are financing other local or international non-governmental organizations or implementing all local or international non—governmental organization funding within the grant themselves. The budgets provide no information about funding below the Sub-recipient level or that is provided to civil society organizations through alternative contracting arrangements.

Finally, some funding that is implemented by civil society organizations may not be captured by the available detailed budget data due to various reasons, such as the grant type[17] or lack of reporting.

Despite these limitations, this baseline assessment provides the best publicly available information about the funding that is being implemented by civil society organizations at regional and country levels.

In this document, if not otherwise specified, “civil society” is used as an umbrella term, including community-based organizations, other community sector entities, community-led organizations, local and international faith-based organizations, and local and international non-governmental organizations. The term “local organizations” includes community-led and community-based organizations, local non-governmental organizations, local faith-based organizations, and other community sector entities. The term “international

[16] Starting with GC7, Principal Recipients are being asked to identify funding flows to community-led organizations, however data to date is incomplete.
[17] In countries that have opted for payment for results or in countries where funding is budget support, detailed budget breakdowns are not available because funding is contingent on the verification of results being achieved, rather than the implementation of specific activities.

organizations" includes international faith-based organizations and international non-governmental organizations.[18]

2. Findings

2.1 The total amount of funding managed by civil society is increasing in volume, but remaining steady as a proportion of all funding

Over the past two grant cycles (GC5 and GC6), civil society organizations have managed US$9.25 billion as Principal Recipients and Sub-recipients of Global Fund grants: US$3.92 billion in GC5 and US$5.33 billion in GC6, including C19RM investments. While funding implemented by civil society increased by 36% between GC5 and GC6 in volume, funding as a proportion of all GC5 and GC6 grants remained roughly steady at 32.23% and 30.56% respectively. Overall funding increased from US$12.17 billion in GC5 to US$17.44 billion (including C19RM investments) for GC6.

If C19RM funds are discounted, the total amount of funding implemented by civil society increased from US$3.92 billion in GC5 to $4.47 billion, a 14% overall increase in volume. This is proportionate to the increase in overall allocations for GC6 of $13.69 billion, which rose by 12.5% over GC5 (US$12.17 billion).

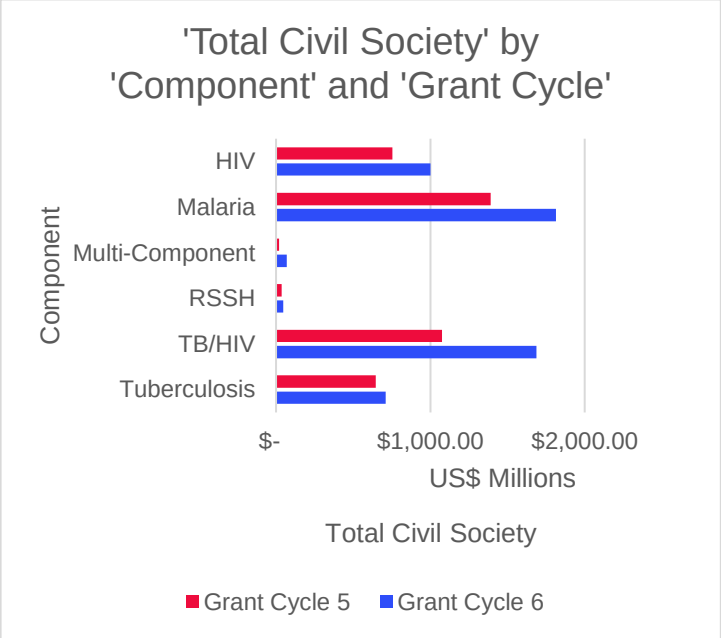
Funding Implemented by Civil Society (in US$)					
Component	Grant Cycle 5	% of Total	Grant Cycle 6	% of Total	Grand Total
HIV	753,694,574.12	19.71%	1,001,689,120.11	21.50%	1,755,383,694.23
Malaria	1,390,774,500.98	35.87%	1,812,897,283.64	36.02%	3,203,671,784.62
Multi-component	20,720,569.88	11.70%	70,371,942.87	11.45%	91,092,512.75
RSSH	35,942,318.57	34.37%	46,718,167.61	7.15%	82,660,486.18
TB/HIV	1,074,939,968.08	45.79%	1,686,722,605.01	40.21%	2,761,662,573.09
TB	646,377,589.92	35.12%	711,373,773.18	31.14%	1,357,751,363.10
Grand Total	3,922,449,521.55	32.23%	5,329,772,892.42	30.56%	9,252,222,413.97

The total amount of funding implemented by civil society organizations for each component

[18] UN agencies are classified as multilateral organizations, and not included in the definition of international non-governmental organizations.

also increased in volume between GC5 and GC6, by an average of 31% for HIV, malaria and TB components, and 56% for combined TB/HIV components.

While, as a proportion of all funding, funding implemented by civil society for HIV and malaria components increased slightly in GC6, compared to GC5, funding for RSSH, TB/HIV, and TB decreased.



Of the funding implemented by civil society across the two grant cycles, 42% was focused in West and Central Africa, with another 24.5% in Southern and Eastern Africa and 23.6% focused in South and South-East Asia and the Pacific. While these are also the regions with the largest Global Fund allocations, civil society-implemented funding in West and Central Africa was significantly higher than the region's overall share of funding, while the amount of funding managed by civil society in Southern and Eastern Africa was significantly lower. Another 4.9% of funding managed by civil society was concentrated in Latin America and the Caribbean, while 3.6% was focused in Eastern Europe, and 1.4% in the Middle East and North Africa.

Region	Total GC5 Funding	GC5 Funding Implemented by Civil Society	Total GC6 Funding	GC6 Funding Implemented by Civil Society
Southern and Eastern Africa	$5,311,076,153.67	**$998,927,327.34**	$7,078,784,804.57	$1,251,277,121.51
Western and Central Africa	$3,266,840,867.02	**$1,522,790,500.04**	$5,445,316,660.88	$2,404,904,273.39
South and South-East Asia and the Pacific	$2,427,379,032.57	**$954,656,116.94**	$3,320,511,281.97	$1,221,920,279.60
Eastern Europe and Central Asia	$414,784,008.56	**$146,886,976.44**	$560,876,570.32	$187,433,420.85
Latin America and the Caribbean	$419,679,753.15	**$225,265,421.15**	$542,167,830.96	$218,503,673.44
Middle East and North Africa	$331,305,792.56	**$73,923,179.64**	$493,074,495.70	$45,734,123.63
Total	**$12,171,065,607.53**	**$3,922,449,521.55**	**$17,440,731,644.40**	**$5,329,772,892.42**

Civil society organizations in West and Central Africa and Latin America and the Caribbean managed the greatest proportions of overall funding available in their regions, at an average of 45.4% and 47% respectively in GC5 and GC6. Civil society organizations in South and

South-East Asia and the Pacific managed an average of 38.6% across the two grant cycles, while organizations in Eastern Europe and Central Asia managed 34.42%. The regions with the lowest proportions of civil society-managed funding were Southern and Eastern Africa, where civil society organizations managed an average of 18.2% of all funding, and the Middle East and North Africa, with an average of 15.8%.

Snapshot: The Impact of COVID-19

The budget data used in this analysis includes funding from the COVID-19 Response Mechanism (C19RM), which was largely distributed through existing GC6 grants. However, it is important to note that there are differences in the way C19RM funding was applied for, allocated, and managed.[19]

According to the budget data, C19RM investments totaled US$3.75 billion. The funds were allocated among various Principal Recipients and across disease components. Civil society organizations implemented US$875 million (23%) of this funding. Overall, this percentage represents a smaller proportion than the percentage managed by CSOs for core GC5 and GC6 grants. CSOs managed 32.64% of all GC6 funding and 32.23% of all GC5 funding.

2.2 Civil society managed significant amounts of funding at the country level, but the amounts vary widely between countries

Civil society organizations managed funding in most countries that received GC5 and GC6 grants. The amounts of funding they managed varied significantly between countries, with funding levels ranging from US$783 million in the Democratic Republic of the Congo to US$41,000 in Zanzibar in GC6. The differences in funding levels are often a function of the overall size of the funding allocation to countries, which is based their disease burden and economic capacity.

Civil society organizations in three countries—the Democratic Republic of the Congo, Nigeria, and South Africa—managed 34% (US$1.32 billion) of all civil society funding in GC5 and 36% (US$1.91 billion) in GC6. Proportionately, these are also among the countries with the highest overall amount of Global Fund funding, accounting for 14.3% (US$1.74 billion) of all funding in GC5, and 15.7% (US$2.74 billion) in GC6.

In both grant cycles another seven countries accounted for 22% of the funds for civil society organizations, amounting to US$897 Million for GC5[20] and US$1.25 billion for GC6.[21] This

[19] In November 2024, the Board decided to extend time frames for implementation of remaining C19RM funding by two years, and to reprogram that funding towards a set of priority activities. As such, there may be significant changes to these numbers since December 11, 2023, when the budget data for this analysis was downloaded.
[20] Myanmar, India, Kenya, Bangladesh, Philippines, Mozambique, and Ukraine.
[21] India, Mozambique, Philippines, Kenya, Central African Republic, Ukraine and Mali.

means that more than 50% of all civil society funding was concentrated in ten countries in GC5 and GC6. All countries with the largest amount of funding for civil society had one or more civil society organizations acting as the Principal Recipient. In GC5, US$1.53 billion was distributed to civil societies in 84 countries, and in GC6 US$2 billion in 80 countries.

Though the countries with the largest amount of funding managed by civil society and those with the largest overall funding are not necessarily the same, the funding to civil society does reflect the distribution of the overall grant portfolio. The 10 countries that received the largest amount of funding in GC6 received 44% of the total amount allocated for that grant cycle.

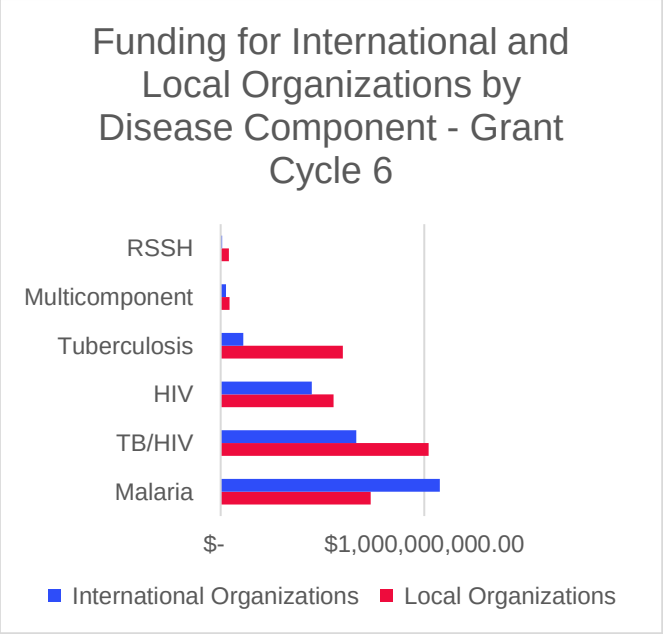
While civil society organizations manage significant proportions of Global Fund funding at the country level, the proportion of funding implemented by them varies considerably between countries. For GC5, civil society organizations managed 100% of country-level funding in three countries—Peru, Costa Rica, and Malaysia. In GC6, civil society organizations in Kosovo and the Russian Federation also managed 100% of country-level funding. These countries only have civil society acting as Principal Recipients, and the grant size is relatively small ranging from US$3.9 to US$33 million.

In addition to the above-mentioned countries, civil society organizations managed more than half of all Global Fund funding in another 23[22] and 20[23] countries in GC5 and GC6 respectively. In all, civil society managed more than 25% of country-level funding in half of all countries[24] that received funding in GC5 and 40% of all countries[25] in that received funding in GC6, making civil society a critical actor in national health responses.

Some of the countries where civil society manages higher proportions of funding are classified as having Challenging Operating Environments. These are countries experiencing infectious disease outbreaks, disasters, armed conflicts or civil unrest, weak services, and ensures that no one is left behind by providing funding to civil society organizations to lead responses on HIV, TB and malaria. governance, climate change-related crises and/or mass displacement. In these countries, the Global Fund supports the continuation of programs,

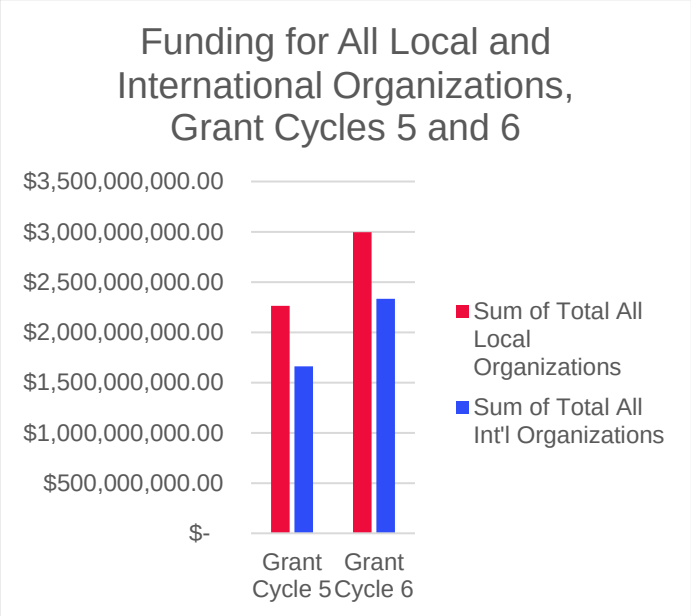
[22] In descending order of percentage of funds managed by civil society: Paraguay, Papua New Guinea, Philippines, Kosovo, Haiti, Democratic Republic of the Congo, Nigeria, Ecuador, Bangladesh, Nepal, Myanmar, Ukraine, Madagascar, South Africa, Botswana, Guinea, Niger, Gabon, Jamaica, Mali, Nicaragua, and South Sudan.
[23] In descending order of percentage of funds managed by civil society: Papua New Guinea, Central African Republic, Philippines, Ecuador, Democratic Republic of the Congo, Nepal, Nicaragua, Paraguay, South Africa, Niger, Guinea, Nigeria, Tunisia, Botswana, Ukraine, Haiti, Madagascar, Mali, Liberia, Jamaica.
[24] Civil society organizations in the following countries managed between 25% and 50% of funding, in descending order of percentage of funds managed by civil society: Tunisia, Mauritius, Dominican Republic, Central African Republic, Algeria, Thailand, Morocco, Somalia, Lesotho, Honduras, Angola, Liberia, Kenya, Côte d'Ivoire, Guatemala, Belarus, India, Korea (DPR), Moldova, Romania, Zambia, Cambodia, Bolivia, Belize, Montenegro, El Salvador and Albania.
[25] Civil society organizations in the following countries managed between 25% and 50% of funding, in descending order of percentage of funds managed by civil society: Dominican Republic, Congo, Myanmar, Thailand, Honduras, Bangladesh, India, Belize, Mongolia, Kenya, Côte d'Ivoire, Somalia, Benin, Moldova, Morocco, Cambodia and Indonesia.

minimizes disruptions in essential and ensures that no one is left behind by providing funding to civil society organizations to lead responses to HIV, TB and malaria. This is a significant driver of the overall higher proportions of funding managed by civil society organizations in West and Central Africa.



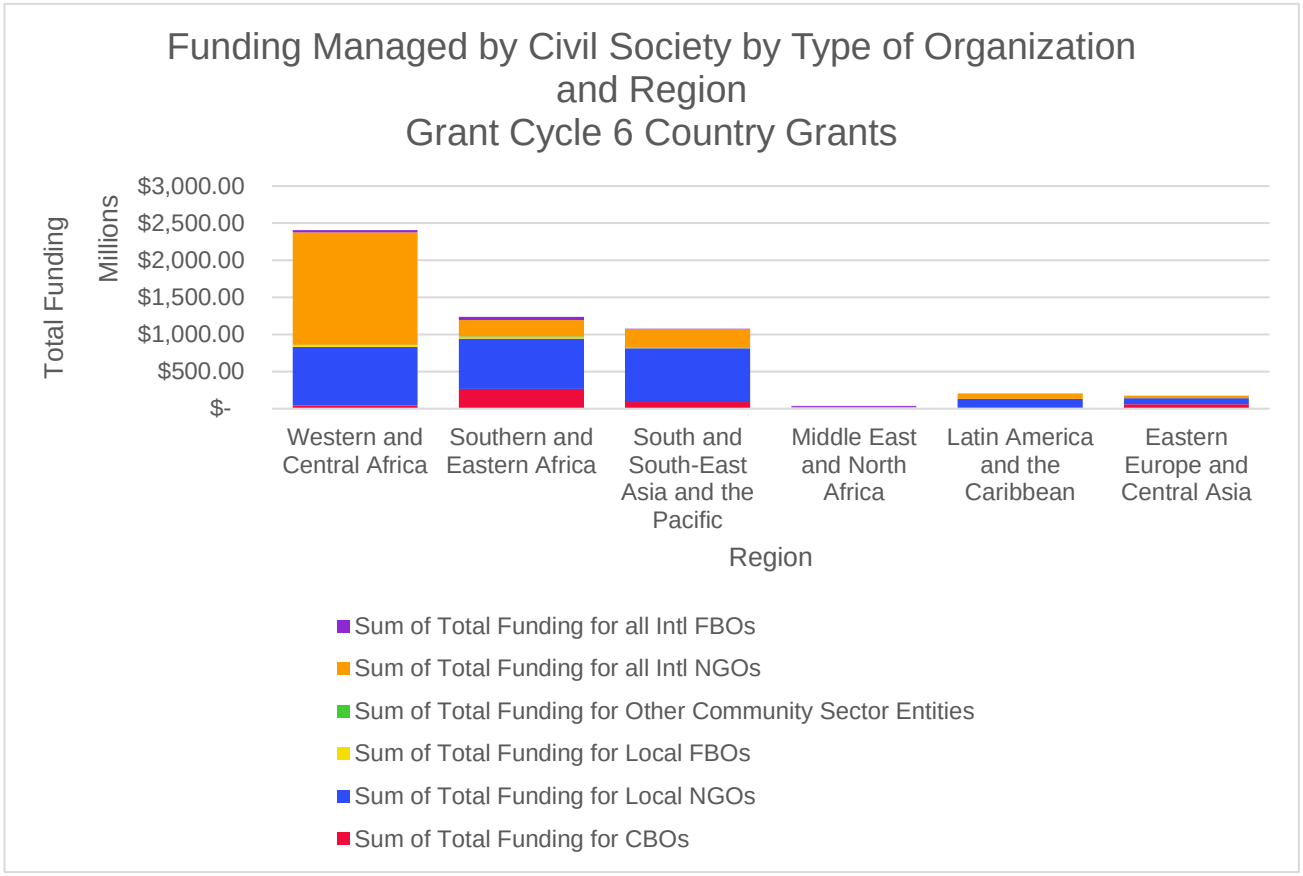
In countries where civil society manages significant funding, there are more balanced partnerships between civil society organizations and governments. For example, in Côte D'Ivoire, Eswatini, India, Indonesia, South Africa, Kenya, Thailand, Ukraine, and Zambia governmental and civil society organizations both receive and manage funds as Principal Recipients, taking responsibility for different elements of the responses to the three diseases.

2.3 Local organizations manage significantly more country-level funding than international organizations



Local organizations—which may include community-led and community-based organizations, other community sector entities, local non-governmental organizations and local faith-based organizations—managed an average of 57% of all civil society funding: US$2.26 billion in GC5, and US$3.00 billion in GC6. International organizations—which include international non-governmental organizations and international faith-based organizations—managed an average of 43% of civil society funding: US$1.66 billion in GC5 and US$2.33 billion in GC6.

Local organizations also managed more funding than international organizations across all disease components, except for malaria and RSSH in GC5, and malaria in GC6.

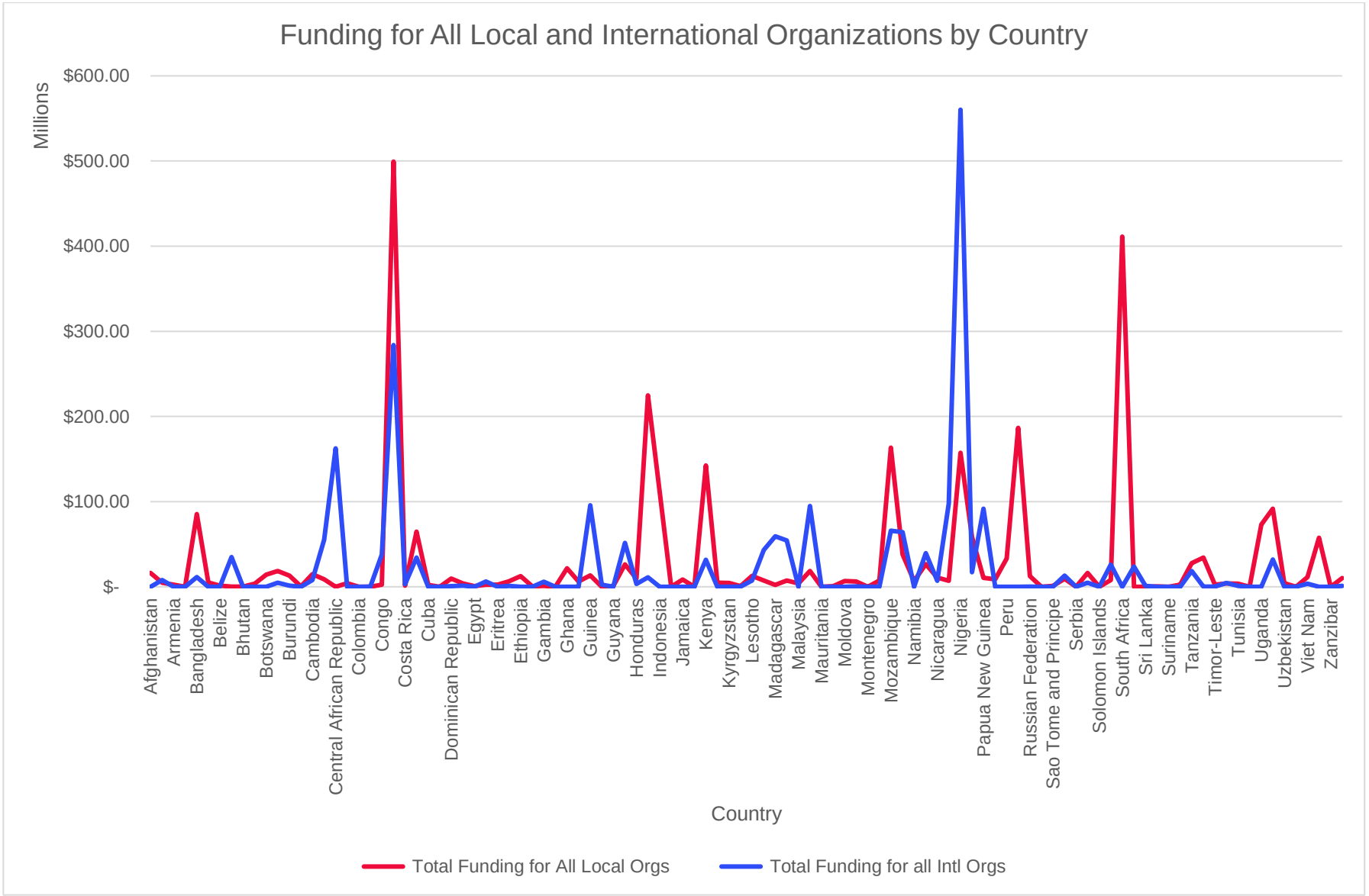


At the regional level, the picture is more diverse. In Western and Central Africa and the Middle East and North Africa, where there are higher numbers of countries with challenging operating environments and a significant number of international organizations acting as principal recipients, international organizations managed most civil society funding. In all other regions, local non-governmental organizations, followed by community-based organizations, were the primary civil society implementers.

The number of countries with local and international organization acting as Principal Recipients was relatively equal: 36 countries in GC5 and 34 countries in GC6 had one or more local organizations as Principal Recipients, while 31 and 32 countries in GC5 and GC6 respectively had one or more international organization acting as Principal Recipients. There are significant overlaps: in GC6, 11 countries had both local and international organizations acting as Principal Recipients.

At the country level, there is significant variation in the distribution between local and international organizations, where the distribution of funding between local and international organizations is more closely linked to the type of Principal Recipient.

In GC6, for example, international organizations received 94.6% of their funding in countries with one or more international organization acting as Principal Recipient. In contrast, in GC6, 87% of funding for all local organizations, including 90% of funding for all community-based


Funding for All Local and International Organizations by Country
Millions
$600.00
$500.00
$400.00
$300.00
$200.00
$100.00
$-
Afghanistan
Armenia
Bangladesh
Belize
Bhutan
Botswana
Burundi
Cambodia
Central African Republic
Colombia
Congo
Costa Rica
Cuba
Dominican Republic
Egypt
Eritrea
Ethiopia
Gambia
Ghana
Guinea
Guyana
Honduras
Indonesia
Jamaica
Kenya
Kyrgyzstan
Lesotho
Madagascar
Malaysia
Mauritania
Moldova
Montenegro
Mozambique
Namibia
Nicaragua
Nigeria
Papua New Guinea
Peru
Russian Federation
Sao Tome and Principe
Serbia
Solomon Islands
South Africa
Sri Lanka
Suriname
Tanzania
Timor-Leste
Tunisia
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Uzbekistan
Viet Nam
Zanzibar
Country
Total Funding for All Local Orgs
Total Funding for all Intl Orgs

organizations (CBOs), occurred in countries where there was at least one local NGO acting as Principal Recipient. In Indonesia, for example, where there are only local organizations and governmental organizations acting as Principal Recipients, local organizations managed all civil society funding in the country, of which CBOs received 30%.

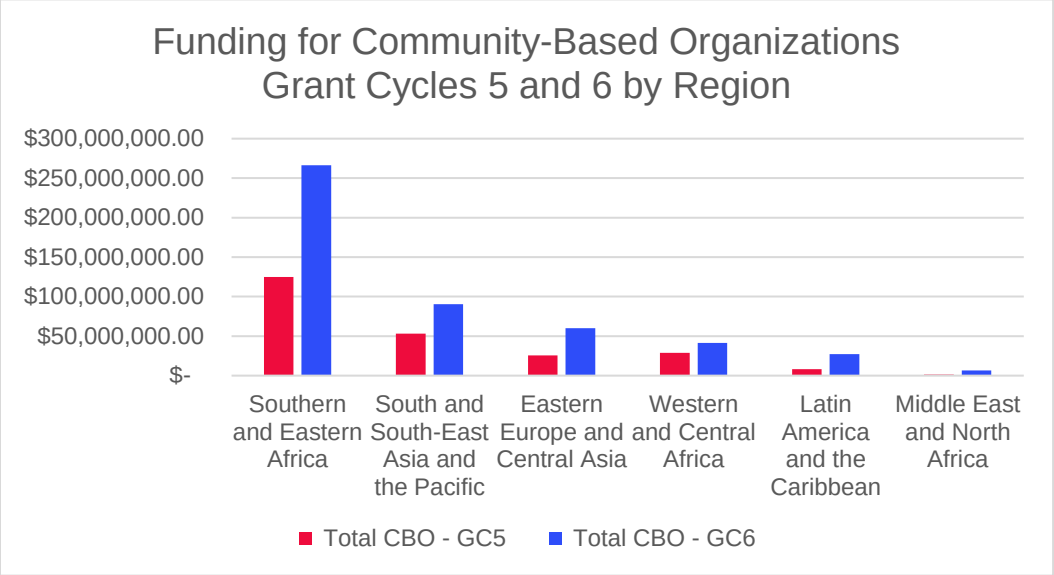
2.4 Funding managed by community-based organizations (CBOs) more than doubled from GC5 to GC6

The detailed budgets for GC5 and GC6 do not distinguish funding to community-led organizations, which are run by and serve people living with and affected by HIV, TB or malaria, including key and vulnerable populations, from other organizations that work at the community-level to implement programs. As such, data on CBOs cannot be used to draw conclusions about the extent to which community-led organizations manage Global Fund resources.

Funding managed by community-based organizations (CBOs) more than doubled from to $242.2 million in GC5 to $491.4 Million in GC6. In GC6, CBO-managed funding represented more than 9% of all funding managed by civil society and about 2.8% of all GC6 funding. Most of the funding for CBOs was allocated in Southern and Eastern Africa, where CBOs managed an average of 53% of all CBO funding across the two grant cycles. In both GC5 and GC6, another 20% of CBO funding was focused in South and South-East Asia and the Pacific, 11.5% in Eastern Europe and Central Asia, 10% in Western and Central Africa, 4.5% in Latin America and the Caribbean, and 1% in the Middle East and North Africa.

The number of countries where CBOs received funding increased from 42 (39.2%) in GC5 to 48 (46.1%) in GC6. In GC5 and GC6, ten countries[26] accounted for more than 80% of all funding for community-based organizations within country grants. In all countries with the highest levels of funding managed by CBOs across the two grant cycles, except for Zimbabwe, civil society and primarily local organizations acting as principal recipients, played a critical role in directing funding toward them.

[26] GC5: Kenya, Mozambique, Ukraine, Bangladesh, Côte d'Ivoire, Indonesia, Lesotho, Pakistan, Nigeria, and Botswana. GC6: Kenya, Ukraine, South Africa, Mozambique, Indonesia, Uganda, India, Côte d'Ivoire, Pakistan, and Zimbabwe.



2.5 Multicountry grants direct critical funding to civil society organizations

In GC5 and GC6 there were 20 and 18 multicountry grants respectively. These grants address priorities that are essential for achieving the Global Fund's strategy, such as artemisinin resistance, malaria elimination in Southern Africa, or the sustainability and impact of key population HIV programs, where coordinated, multi-country responses are the most effective approach. Civil society organizations managed 35% of all funding for multi-country grants across the two grant cycles: US$166.4 million in GC5 and US$198.4 million in GC6. The median grant size for multicountry grants tends to be much smaller than country-level grants, at US$9.6 million for GC6. Two exceptions include a grant for the regional artemisinin initiative in South-East Asia totaling US$339.3 million, managed by the United Nations Office for Project Services (UNOPS) and a multi-component grant focusing on TB among migrants in the Middle East, managed by the International Organization of Migration totaling $71 million.

Four multicountry grants, totaling US$45.6 million in GC5 and US$46.4 million in GC6, were implemented by international NGOs acting as Principal Recipients. Almost all funding from these grants was directed towards a mix of international, local, and community-based organizations to support initiatives to strengthen and sustain work with key populations that were not already being addressed through country-level HIV grants. One grant, for example, focused on key populations in the Middle East and North Africa, where there are few country-level grants and where stigma and discrimination against key populations results in barriers to their inclusion in country programs.

Civil society organizations also received significant funding from multicountry grants that were managed by regional intergovernmental organizations and UN agencies. For example, civil society organizations managed almost 90% of the Southern African Development

Community's grant focused on malaria elimination in the region, while civil society organizations in the Caribbean managed 62% of the Caribbean Community's grant focused on HIV key populations.

Among the multicountry grants for both grant cycles, the largest amount of funding for civil society organizations came from a malaria-focused grant managed by the United Nations Office for Project Services (UNOPS) in Asia and the Pacific on behalf of the Regional Artemisinin Initiative. This grant channeled US$129.86 million (38.3%) of the US$339.25 million grant through civil society organizations in GC6, illustrating an increase from US$89.46 million (31.8%) of the US$262.19 million grant in GC5.

3. Conclusion

Communities and civil society are critical partners to the Global Fund. The Global Fund's Strategy commits to put communities at the center and to work towards strengthening their engagement in the design, delivery and implementation of programs.

The Global Fund allocated more than 30% of its funding to civil society organizations in Grant Cycles 5 and 6, though as noted in the methodology there are important limitations to the data.

The Global Fund's dual-track financing model and its continued investments in civil society organizations are critical to fight the three diseases, strengthen health systems and prepare for future pandemics. The countries where local NGOs and CBOs are Principal Recipients alongside governments, are also the countries with the highest levels of funding for community-based and local civil society organizations, based on available data. Encouraging dual-track financing and targeted investments to support and strengthen local community-led and civil society organizations will be even more important in the years ahead, as challenges to civic space, attacks on human rights, and conflicts mount.

The depth and strength of the Global Fund's collaboration with communities and civil society is unique. The role that communities and civil society have played since the establishment of the Global Fund ensures that they have a seat at decision-making tables, advocate for supportive legal and policy environments, design and deliver programs, and push for accountability and action, both within their communities, their countries and at the global level. Continuing to support the leadership of communities and civil society at all levels is the key to reaching the Global Fund's goal to end HIV, TB and malaria.