 **The Global Fund**
RESULTS REPORT 2019

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The Global Fund / David O'Dwyer

Letter from the Executive Director

This year's Results Report shows clearly why we must step up the fight against the epidemics of HIV, TB and malaria. While the Global Fund partnership continues to have huge impact, saving 32 million lives since 2002, the world is not on track to meet the Sustainable Development Goal 3 (SDG 3) target of ending the epidemics by 2030. We need a sharp change of trajectory.

In the fight against HIV, we continue to make progress through expanding testing and treatment towards UNAIDS's 90-90-90 targets. To maximize impact, we must improve retention and viral suppression rates and the treatment of coinfections through greater focus on the quality of treatment services, including more differentiated approaches to reflect the distinct needs of different communities, greater integration of services and swifter adoption of new regimens.

Yet, while effective diagnosis and treatment are fundamental to the strategy to defeat HIV, it is increasingly clear that we must get better at prevention and in particular, in addressing the underlying drivers of new infections. We will only beat HIV if we dismantle the human rights barriers faced by key populations that simultaneously increase their vulnerability to infection and impair their access to health services. Likewise, we will only beat HIV if we tackle the stark structural gender inequalities that make adolescent girls and young women in sub-Saharan Africa twice as likely to be infected with HIV than their male peers.

The United Nations High-Level Meeting on Tuberculosis in September 2018 represented a significant milestone in the fight against the infectious disease that is now responsible for more deaths than any other: for the first time, political leaders across the world acknowledged the scale of the epidemic, recognized the pace of progress is unacceptable and committed to a bold new goal of finding, and treating, 40 million people from 2018-2022.

The numbers in this Results Report largely pre-date the new global goal, so underscore why such a step up in political commitment is required – rather than show it has delivered. However, we have seen promising indications of progress in 2018, including a marked increase in case-finding and treatment in the countries prioritized in the Global Fund's catalytic initiative on TB, and the introduction of new treatments for multidrug-resistant tuberculosis. But this is just the start: We need a step change in the fight against TB.

On malaria, the good news is that many countries are now on track to eliminating the disease. Algeria and Argentina were certified by WHO as malaria-free in 2018, following Paraguay and Uzbekistan in 2017. The bad news is that while we continue to make progress

in saving lives, we are not breaking the transmission cycle in the most heavily affected countries, where malaria cases are increasing. Population growth, environmental factors, insecticide resistance and stagnant funding are fueling an alarming resurgence.

We also face the daunting prospect of increased resistance to artemisinin, the main treatment against the disease. Far too many people – mainly children – are still dying from malaria; far too many families and communities suffer from so many falling ill. The imperative to step up the fight against malaria is clear: we must accelerate progress towards elimination where achievable, and turn the tide in the most heavily affected places.

Progress towards ending the epidemics goes hand-in-hand with progress towards building more resilient and sustainable systems for health. Where health systems are extremely weak, interventions to fight the epidemics are not as effective. Where the disease burden from HIV, TB and malaria is highest, health systems are often overwhelmed by them.

To end the epidemics we must develop, more inclusive and effective primary health care, with stronger health workforce capacities, greater community engagement, more efficient and effective

supply chains, better data, and adequate and sustainable financing. Moreover, reducing the burden of these three diseases will free up significant capacity in the health care system, facilitating achievement of the broader objectives of SDG 3. The Global Fund invests over US\$1 billion per year in systems for health, and intends to step up the quality and scale of these investments.

None of this can be achieved by the Global Fund alone. We are a partnership, and the better we collaborate and coordinate with implementer governments, other multilateral agencies, bilateral partners, civil society and the private sector, the more impact we can have. We are committed to playing our part in making the Global Action Plan for Healthy Lives and Well-being for All a reality.

Of course, the most important actors in the fight against HIV, TB and malaria are the millions of extraordinary people affected by and fighting these diseases – with courage, skill and amazing determination. In 2018, I had the privilege to meet some of these wonderful people – like Dr. Zolelwa Sifumba (profiled in this report), who beat multidrug-resistant TB and is now an advocate fighting the stigma associated with the disease, Beverly

Mutindi Chogo, a young entrepreneur in Kenya using innovative tools to help peers stay HIV-free, and U San Htay, a village committee member helping his community win the fight against drug-resistant malaria along the Thai-Burmese border.

This Results Report shows that we are at a crucial stage in the fight against HIV, TB and malaria. Ending the epidemics is within our reach, but not yet firmly in our grasp. We owe it to people like Zolelwa, Beverly and U San Htay to end the epidemics by 2030. To get there, we must step up the fight, together.

Sincerely yours,

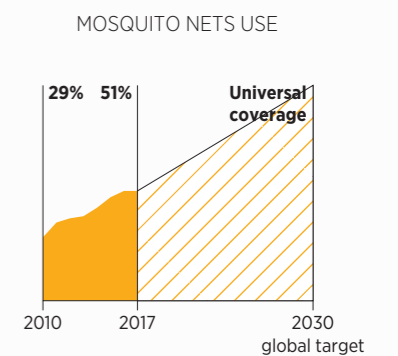
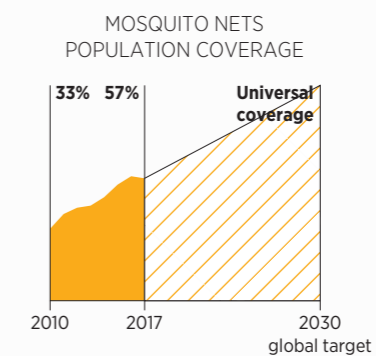
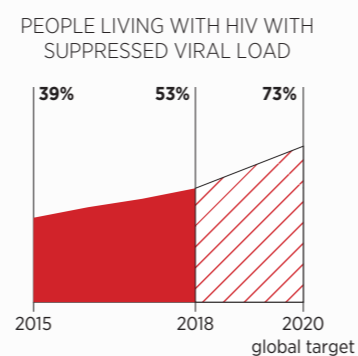
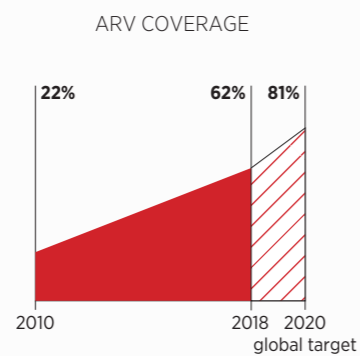
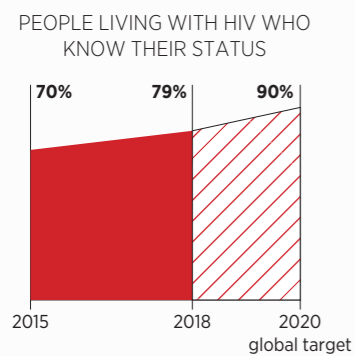
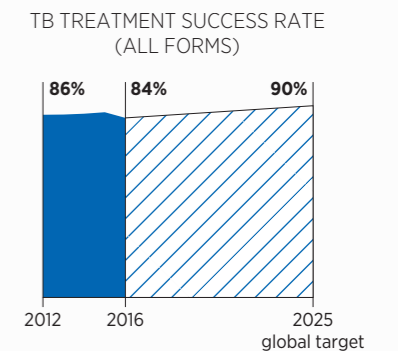
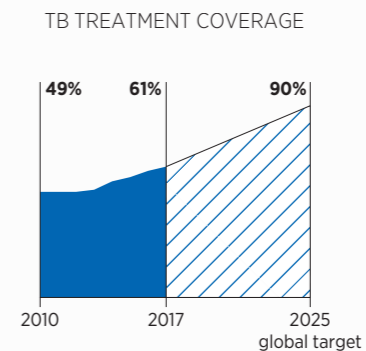
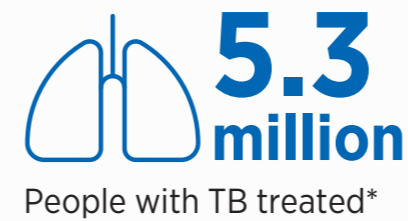
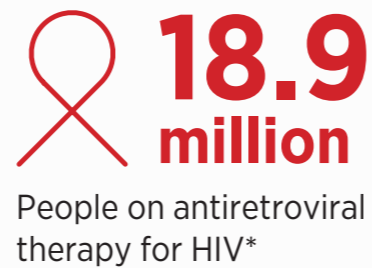
Peter Sands



Strong investments in health have contributed to a dramatic increase in the life expectancy of the people of Rwanda over the last two decades. The Global Fund / Vincent Becker.

Key Results and Lives Saved

In the fight to end AIDS, tuberculosis and malaria as epidemics, we measure our progress against the targets set in the global plans for HIV, tuberculosis and malaria¹ and in Sustainable Development Goal 3: Health and well-being for all. Key results in the countries where the Global Fund invests include:



¹ Targets for each disease are included in the UNAIDS Fast-Track Update on Investments Needed in the AIDS Response, 2016; WHO Global Technical Strategy for Malaria, 2015; WHO End TB Strategy, 2014; and The Stop TB Partnership Global Plan to End TB 2016 to 2020, 2015.

*Results achieved during 2018 by countries and regions where the Global Fund invests. Progress graphs are based on latest available data from WHO and UNAIDS.

32 million lives saved



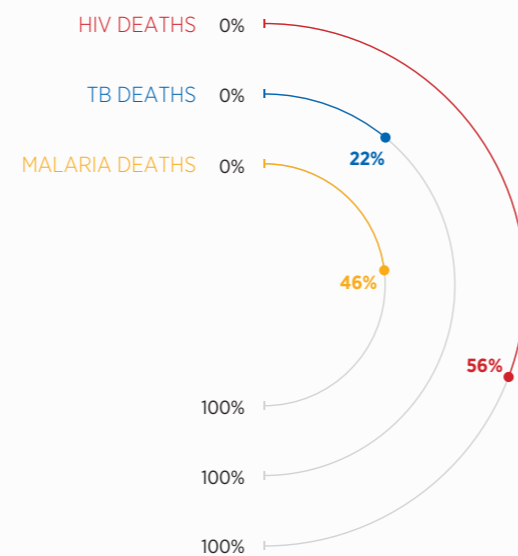
India is making rapid progress against malaria, reporting 3 million fewer cases between 2016-2017. The Global Fund / Vincent Becker

Health programs supported by the Global Fund partnership have saved 32 million lives as of the end of 2018. Overall, the number of deaths caused by AIDS, TB and malaria each year has been reduced by 40% since 2002 in countries where the Global Fund invests.

It is important to recognize that this achievement is the result of efforts by a wide array of actors comprising the Global Fund partnership, including significant investments and initiatives determined independently of the Global Fund. Key partners contributing to the progress against the three diseases include implementing countries; civil society groups; people affected by the diseases; bilateral partners such as the U.S. President's Emergency Plan for AIDS Relief (PEPFAR), the

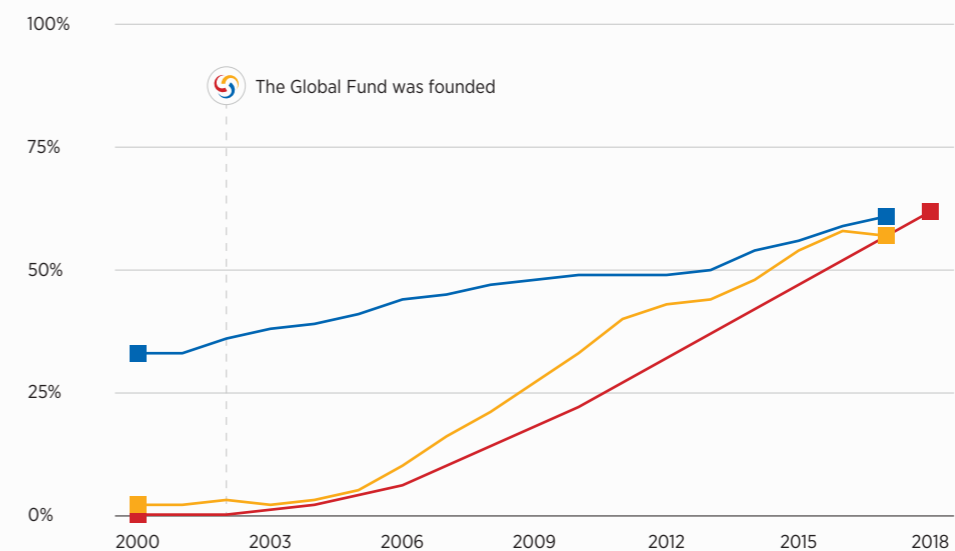
President's Malaria Initiative (PMI), Agence Française de Développement, the UK's Department for International Development, Germany and Japan; key multilateral and technical partners such as World Health Organization, UNAIDS, the RBM Partnership to End Malaria, the Stop TB Partnership, Unitaid and Gavi, the Vaccine Alliance; private sector partners such as (RED); and foundations such as the Bill & Melinda Gates Foundation. For more information, see Notes on Methodology section.

We've also seen a decline in...



Coverage of treatment and prevention interventions IN COUNTRIES WHERE THE GLOBAL FUND INVESTS

■ HIV - % of people living with HIV on antiretroviral therapy
 ■ TB - % of TB treatment coverage
 ■ Malaria - % of population with access to a long-lasting insecticide-treated net





HIV: State of the Fight

Overall HIV incidence rates are declining, but total number of infections are still unacceptably high, at 1.7 million new infections in 2018.

A patient is tested for HIV at the Pescadores Health Center in Mozambique.
The Global Fund / John Rae



Gladys, a sex worker and a peer educator, gives prevention education to fellow sex workers in Grand Bassam, Côte d'Ivoire. The Global Fund / JB Russel / Panos



Vernon and Zama benefit from services for people who inject drugs at Durban's TB/HIV Care Center in South Africa. The Global Fund / Vincent Becker

THE CHALLENGE

The world has made extraordinary progress in the fight against HIV: deaths have been cut in half since 2005, coverage of people on lifesaving antiretroviral therapy has nearly tripled in the past eight years, and we will soon see a generation born free of the disease. While the situation is much better than at the height of the epidemic in the early 2000s, key challenges remain.

Overall HIV incidence rates are declining (see table on page 17), but the total number of infections is still unacceptably high at 1.7 million new infections in 2018. This number is not dropping fast enough to meet the UNAIDS target of fewer than 500,000 people infected per year by 2020.

Persistent gender and human rights barriers drive new infections and reduce uptake and retention of health services. As a result, members of key populations and their partners now account for over half of all new infections. Men who have sex with men, sex workers, prisoners, transgender people and people who inject drugs are up to 22 times more likely to acquire HIV than the general population.

Girls and young women age 15-24 in sub-Saharan Africa are twice as likely to be HIV-positive compared to young men of the same age. In the hardest-hit countries, it's six times as high.

HIV drug resistance is an increasing global problem. In sub-Saharan Africa, over 10% of people starting antiretroviral therapy have a strain of HIV that is resistant to some of the most widely used first-line HIV drugs. To counter drug resistance, rapid adoption of the most recent WHO recommended therapies is required.

GLOBAL FUND RESPONSE

The Global Fund provides 20% of all international financing for HIV programs (8% of all available resources) and has invested US\$20 billion in programs to prevent and treat HIV and AIDS and US\$2.1 billion in TB/HIV programs, as of June 2019. Together with partners, the Global Fund is working to improve the scope and quality of comprehensive prevention and treatment programming. Our market shaping strategy has led to enormous savings in ARVs, enabling countries to put even more people on treatment, and we are increasing resources to fight gender and human rights barriers to health services.

719,000

HIV-POSITIVE MOTHERS RECEIVED MEDICINE TO PREVENT TRANSMITTING HIV TO THEIR BABIES

Treatment, care and support

Together with PEPFAR, the implementation of WHO's "treat all" guidance and the UNAIDS 90-90-90 strategy (global targets of 90% of HIV-positive people who know their status; 90% of HIV-positive people who know their status on treatment; 90% of people on ARVs with suppressed viral load by 2020) has led to a significant increase in the number of people tested and started on therapy. Timely antiretroviral therapy saves lives, drastically reduces onward transmission and is highly cost-effective. While the 90-90-90 strategy alone may not be enough to end the epidemic, achieving these targets is crucial to cutting the death toll and reducing new infections.

Key results for 2018 in countries where the Global Fund invests:

- 125 million HIV tests taken; HIV-positive people with knowledge of their status increased from 70% in 2015 to 79% in 2018. Global target: 90% by 2020.
- 18.9 million people on antiretroviral therapy for HIV. Coverage increased from 22% in 2010 to 62% in 2018. Global target: 81% by 2020.
- People living with HIV with suppressed viral load increased from 39% in 2015 to 53% in 2018. Global target: 73% by 2020.
- 719,000 HIV-positive mothers received medicine to keep them alive and prevent transmitting HIV to their babies in 2018; coverage increased from 43% in 2010 to 83% in 2018. Global target: 100% by 2020.

The Global Fund has helped develop models of differentiated care programs to tailor services to key and vulnerable populations.

18.9M

PEOPLE ON ANTIRETROVIRAL THERAPY FOR HIV



The MPlus Foundation in Thailand takes a human rights approach to HIV service delivery, with a focus on reaching key populations. The Global Fund / Jonas Gratzner

Improved implementation

To end the HIV epidemic by 2030, we need to step up the fight, doing all of this faster, better and more cost-effectively. Through leveraging economies of scale, working with partners such as USAID, and negotiating directly with manufacturers, the Global Fund has had remarkable success in reducing prices for key medicines and health equipment. In 2000, a one-year supply of antiretroviral treatment cost more than US\$10,000; now the figure is as low as US\$69 per year. In 2018, the Global Fund signed multi-year framework agreements with suppliers of HIV medication that will save US\$324 million by the end of 2021 and secure the supply of lifesaving drugs for over 4 million people. The Global Fund is also investing in improving the quality of program implementation across the prevention and treatment cascades with a focus on differentiated service delivery and overall program planning, continuous improvement and assurance.

Progress

In countries where the Global Fund invests, AIDS-related deaths since the Global Fund was founded in 2002 have been reduced by 56% and new infections have been reduced by 41% (see graphs on page 17). This achievement reflects steady progress toward the UNAIDS 90-90-90 targets. The Global Fund's allocation model channels investments to the countries with the highest disease burden and the lowest economic capacity to respond, so the impact is maximized: the percentage decline in deaths is 44% and incidence rates is 35% between 2010 and 2018, compared to the global average of a 34% reduction in deaths and 24% reduction in incidence rates over the same period. While girls are still disproportionately affected compared to their male peers, HIV infection rates among adolescent girls and young women have dropped by 42% since 2010 in the 13 priority countries (see graph below).

New multi-year framework agreements with suppliers of HIV medication will save US\$324 million by end-2021 and secure lifesaving drugs for over 4 million people.

Prevention

Recognizing that "treat all" alone will not end the HIV epidemic, the Global Fund is committed to increasing the reach and quality of prevention and care services. The Global Fund's commitment to primary prevention is manifest in our ongoing participation in the Global HIV Prevention Coalition and its 10-point plan to improve country delivery of prevention programming. Focused on the plan's five prevention pillars of adolescent girls and young women and their partners; key populations; condom use and behavior change; voluntary medical male circumcision; and pre-exposure prophylaxis (PrEP) for key populations at risk, the Global Fund has helped develop models of differentiated care programs to tailor services to key and vulnerable populations. Key results for 2018 in countries where the Global Fund invests:

- 8.3 million people reached with HIV prevention services, including 4.6 million members of key populations and 1.8 million young people.
- 1.5 million medical male circumcisions for HIV prevention.
- Working together with PEPFAR and other organizations, the Global Fund has increased our investments in adolescent girls and young women fivefold in the 2017-2019 period, to US\$200 million. The Global Fund's matching funds program used US\$55 million to mobilize an additional US\$140 million for programs to reduce new HIV infections, violence, and unintended pregnancies among 1 million adolescent girls and young women in 13 hardest-hit countries: Botswana, Cameroon, Eswatini, Kenya, Lesotho, Malawi, Mozambique, Namibia, South Africa, Tanzania, Uganda, Zambia, Zimbabwe.

8.3M

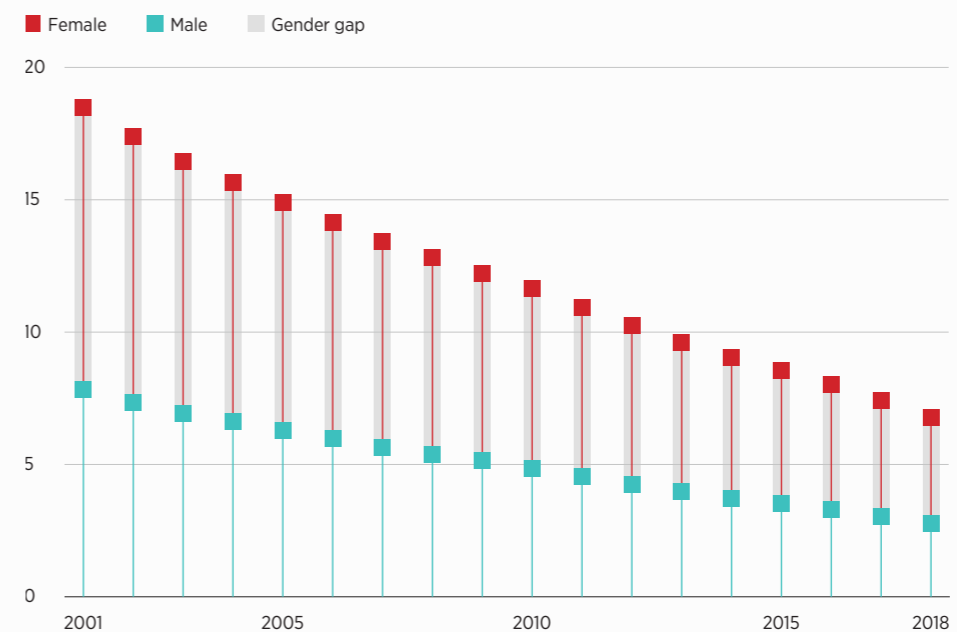
PEOPLE REACHED WITH HIV PREVENTION

5x

INCREASED INVESTMENT IN ADOLESCENT GIRLS AND YOUNG WOMEN

New cases of HIV among 15-24-year-olds

PER 1,000 PEOPLE, IN 13 PRIORITY COUNTRIES²



HIV burden estimates from UNAIDS, 2019 release.

² Botswana, Cameroon, Eswatini, Kenya, Lesotho, Malawi, Mozambique, Namibia, South Africa, Tanzania, Uganda, Zambia, Zimbabwe

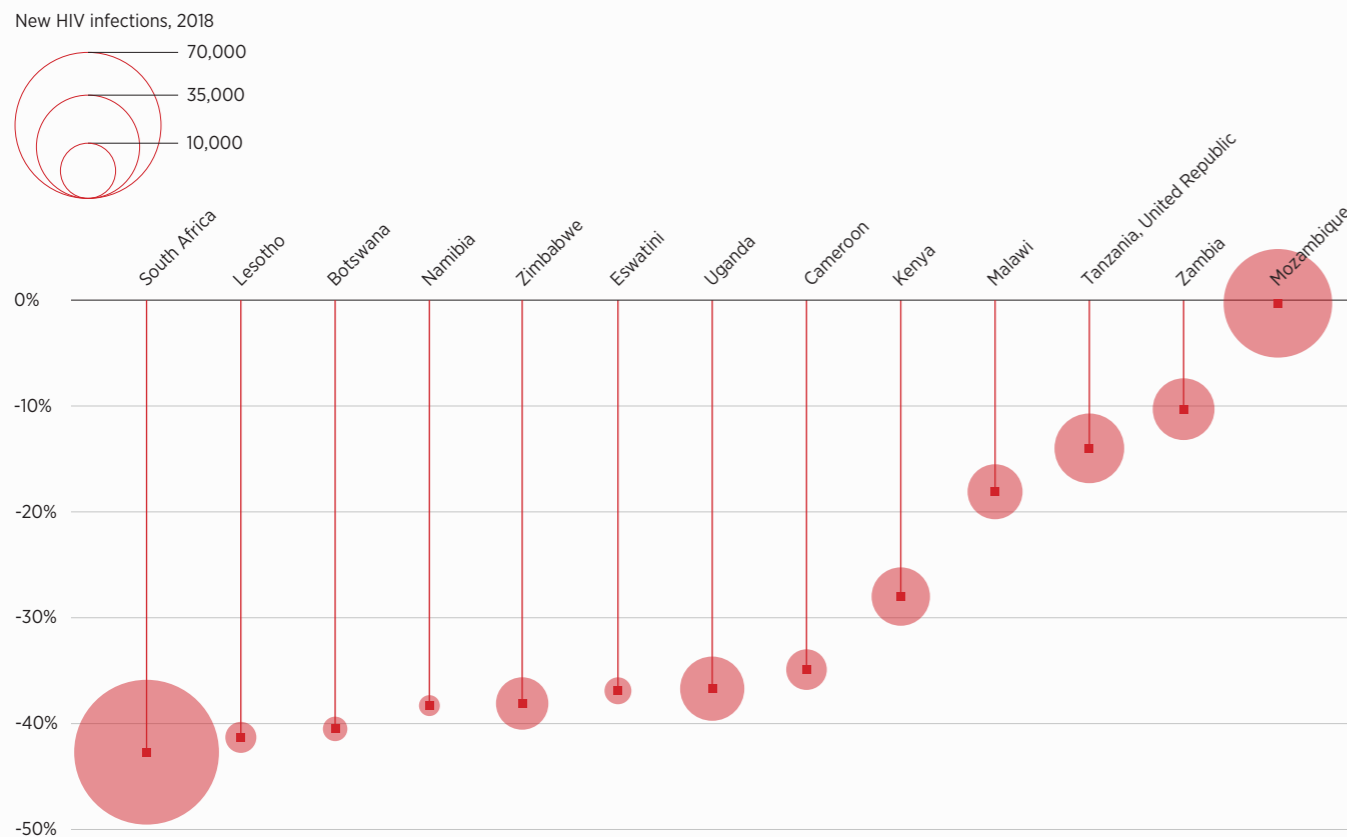
HER - HIV EPIDEMIC RESPONSE:

Building on PEPFAR's DREAMS initiative, the Global Fund launched HER in 2018 to drive down HIV infection rates among adolescent girls and young women through partnerships with the private sector in 13 priority countries. Partners such as Durex (through (RED)), Coca-Cola, ViiV Healthcare and Standard Bank have created girls' only health clubs in Eswatini, supported South Africa's Keeping Girls in School program, and funded the HER Voice initiative. HER Voice, a fund that was launched with a US\$500,000 initial investment from the Global Fund and is now continuing through private sector support, supports the meaningful engagement of adolescent girls and young women in the design and implementation of the programs that impact their lives. In its first year, nearly 200 groups, networks or organizations of adolescent girls and young women were supported with small grants enabling them to participate in Global Fund country processes.



New HIV infections among women age 15-24

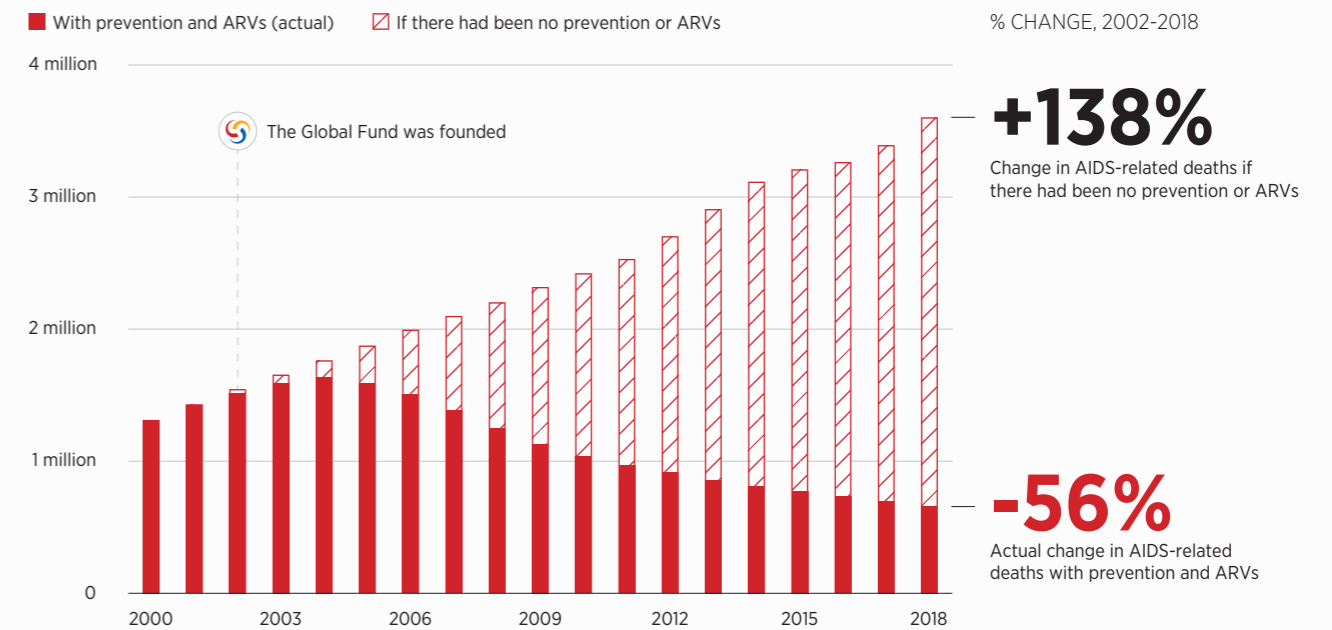
% CHANGE IN 13 PRIORITY COUNTRIES, 2010-2018



HIV burden estimates from UNAIDS, 2019 release.

Trends in AIDS-related deaths

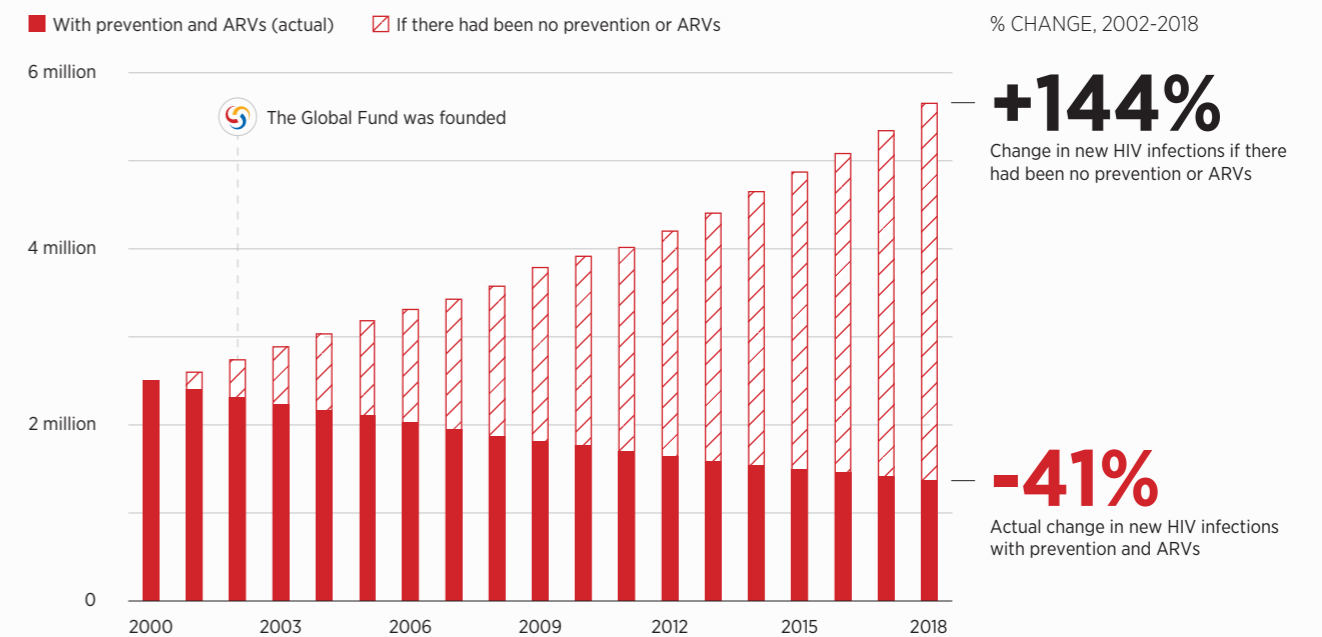
IN COUNTRIES WHERE THE GLOBAL FUND INVESTS



HIV burden estimates from UNAIDS, 2019 release. Estimation of "no ARV, no prevention" trends from Goals, AEM and AIM models.

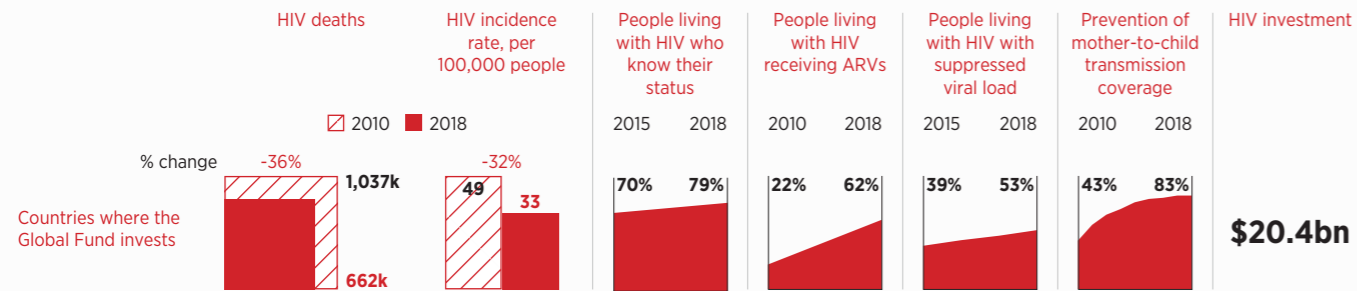
Trends in new HIV infections

IN COUNTRIES WHERE THE GLOBAL FUND INVESTS

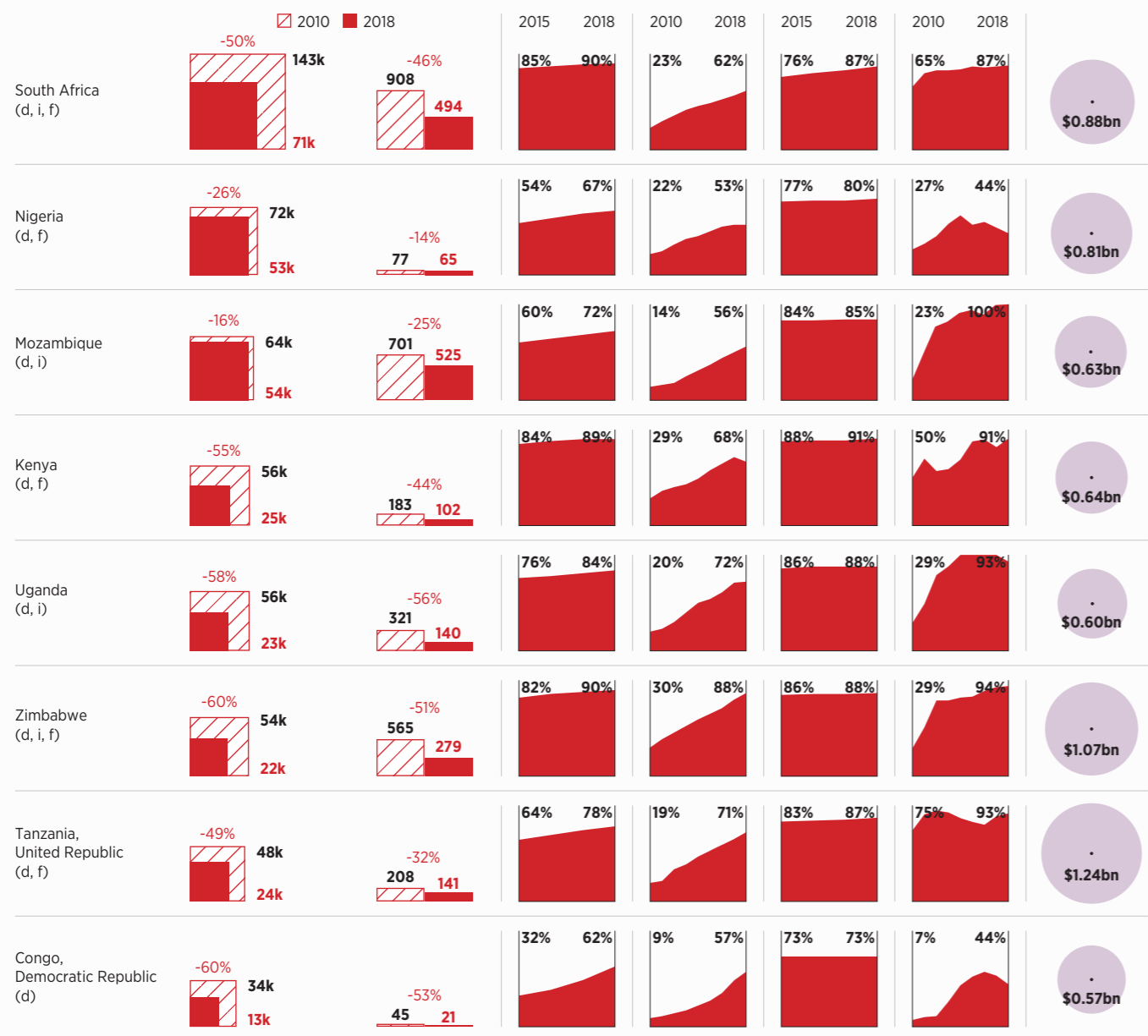


HIV burden estimates from UNAIDS, 2019 release. Estimation of "no ARV, no prevention" trends from Goals, AEM and AIM models.

Investments and Impact: HIV



Countries with highest HIV burden and high level of Global Fund investments



Notes: 1. Countries listed on this page were selected based on three criteria: being among the top 10 countries with the highest number of deaths in 2010 (d) or being among the top 10 countries with the highest incidence rate in 2010 (i) or being among the top 10 countries receiving the highest amount of funding from the Global Fund from 2002 through June 2019 to support HIV programs (f). Some countries appear in multiple lists; therefore, the total number of countries is less than 30. 2. The aggregate numbers presented as "where the Global Fund invests" are limited to countries that received an allocation for the 2017-2019 cycle. These countries received US\$20.4 billion from 2002 through June 2019 to support HIV and a portion of TB programs. Additionally, they received US\$829 million to support cross-cutting support across three diseases. Countries that did not receive an allocation over 2017-2019 cycle received US\$1.3 billion since 2002, resulting in a total of US\$21.7 billion. 3. Having received US\$1.2 billion from the Global Fund, India ranks third in terms of share of Global Fund investment in HIV, however, the data for disease burden estimate and service coverage was not available from UNAIDS at the time of publication. 4. In line with the Global Fund results reporting methodology, these charts reflect the achievements of national health programs, representing the outcomes and efforts and investments of all partners domestic and international. For High Impact countries, Country Results Profiles provide further detail including investment from all funding sources: <https://data.theglobalfund.org/home>. See <https://www.theglobalfund.org/en/methodology/> for a description of the Global Fund results methodology.

FOR A DETAILED LOOK AT HIV RESULTS PER COUNTRY, VISIT THE GLOBAL FUND DATA EXPLORER AT [DATA.THEGLOBALFUND.ORG](https://data.theglobalfund.org)



Faces of the Fight: Davi



The Global Fund / Joubert Loots

“For friends with the same experience as mine, I hope you all fight on. Because humans are equal.”

Sepi Maulana Ardiansyah, known to his friends and followers as Davi, was sexually abused as a teenager, trafficked into sex work, and became infected with HIV. This harrowing experience altered the trajectory of his life. But once diagnosed, Davi took control. He started on treatment, left sex work and became a national coordinator for Inti Muda Indonesia, an organization building the capacity of young key populations to shape sexual and reproductive health services. He is also a social media influencer, using his channels to push back against the stigma and discrimination he has faced.

“Many people out there think that people living with HIV must be skinny, weak, helpless and powerless. Reality proves the opposite. I will use all my strength to educate more people.

“Some people posted negative comments on my social media, but my followers listen to me. They strongly support me and even see me as a treatment role model. I want them to learn from me. Because taking ARV every day and consistently will result in a better quality of life.”

22x

MEMBERS OF KEY POPULATIONS - MEN WHO HAVE SEX WITH MEN, SEX WORKERS, PRISONERS, TRANSGENDER PEOPLE AND PEOPLE WHO INJECT DRUGS - ARE UP TO 22 TIMES MORE LIKELY TO ACQUIRE HIV THAN THE GENERAL POPULATION



The Global Fund / Joubert Loots



Tuberculosis: State of the Fight

TB kills more people than any other infectious disease; about 1.6 million people (including HIV-positive people) died from TB in 2017, mainly the poor and marginalized.

Private sector chemists who sell TB treatment in India are working more closely with the public health sector, improving case notification and treatment adherence.
The Global Fund / Vincent Becker



Tsetsegmaa, a retired nurse, walks 10 km every day to provide TB treatment to patients in rural Ulaanbaatar, Mongolia. These visits have dramatically increased treatment success. The Global Fund / Kevin Keen

Key results in countries where the Global Fund invests, as per the year with the latest available global data:

- 5.3 million people treated for TB in 2018. TB treatment coverage increased from 49% in 2010 to 61% in 2017, and TB treatment success rate reached 84% in 2016³. Global targets for coverage and treatment success rates: 90% by 2025.
- 114,000 people on treatment for multidrug-resistant TB in 2018; treatment coverage reached 28% in 2017 and MDR-TB treatment success rate increased from 48% in 2009 to 57% in 2015. Global targets: 90% MDR-TB treatment coverage and success by 2030.
- 6,771 people with extensively drug-resistant TB on treatment in 2018.
- 332,000 HIV-positive TB patients on antiretroviral therapy during TB treatment in 2018; coverage of ARVs in HIV-positive TB patients increased from 45% in 2010 to 86% in 2017.

5.3M 114,000

PEOPLE TREATED FOR TB IN 2018

PEOPLE ON TREATMENT FOR MDR-TB

The Global Fund provides 69% of all international financing for tuberculosis (10% of total available resources).

THE CHALLENGE

The year 2018 marked a big step forward in the fight against TB. For the first time, the United Nations convened a High-Level Meeting on Tuberculosis. Global leaders set ambitious new goals: find and treat 40 million people with active TB between 2018 and 2022, and provide preventive treatment for 30 million people with latent TB – particularly vulnerable people like children and people living with HIV. In setting the new targets, world leaders acknowledged that much more is needed if we are to eliminate TB as an epidemic by 2030.

TB kills more people than any other infectious disease; about 1.6 million people (including HIV-positive people) died from TB in 2017, mainly the poor and marginalized. TB is the leading killer of people living with HIV; about one in three deaths among people with HIV are due to TB. An estimated 1 million children became ill with TB in 2017 and 230,000 of them died (including children with HIV-associated TB).

“Missing” people with TB – people who go undetected, untreated or unreported – contribute to ongoing

transmission of the disease and the spread of drug-resistant TB. Globally, more than 10 million people fell ill with TB in 2017, and 36% of those were missed. Drug-resistant TB is on the rise and makes up one-third of all global deaths from antimicrobial resistance, posing a potentially catastrophic risk to global health security. Globally, the rate of decline in TB incidence has been slow, at 2% per year from 2000 to 2017, mainly due to low case detection and treatment. To achieve the milestones set in the End TB Strategy, we must find and successfully treat more people with TB.

GLOBAL FUND RESPONSE

The Global Fund provides 69% of all international financing for tuberculosis (10% of total available resources) and has disbursed US\$6.6 billion for TB programs and US\$2.1 for TB/HIV programs as of June 2019. As the leading international funder of TB programs, the Global Fund is a critical partner in achieving the new targets set at the UN High-Level Meeting.

Testing and treatment

Progress against the TB epidemic depends on improved case finding. The Global Fund is investing US\$125 million in catalytic funding in 13 countries that account for 75% of missing people with TB globally to find an additional 1.5 million cases by the end of 2019 (2015 baseline), working together with WHO and the Stop TB Partnership. In 2018, we found and placed an additional 920,000 TB patients on treatment in the 13 strategic initiative countries compared to the baseline of 2015. The new TB investments also address cross-border programs among key populations, such as responding to drug-resistant TB among migrant workers and providing treatment to refugees and internally displaced people.

Prevention

About 30% of the Global Fund’s TB investments support interventions on TB care and prevention, particularly for children and other vulnerable groups such as people living with HIV. In line with the global targets set at the UN High-Level Meeting on Tuberculosis, 142,740 children in contact with TB patients received preventive therapy in 2018 in countries where the Global Fund invests. In support of the global targets and WHO Latent TB Infection guidelines released in 2018, the Global Fund has invested in a number of countries to expand TB preventive treatment. South Africa, for example, has included scale-up of TB preventive treatment in its newest grant – including a request for US\$12 million to expand treatment of latent TB using a new combination of drugs in a shorter regimen, the largest such scale-up in the world.

³ Due to the improved method for monitoring treatment outcomes in India, which is the driving country of Global Fund portfolio-level results, the 2016 results cannot be compared with the historical results. The TB patients reported from the private sector to the national program were excluded from the 2016 cohort for India since the monitoring system for assessing their outcome was not fully in place.



Near Chiang Mai, Thailand, a community health worker gives TB information and screening in Shan language to migrant workers from Myanmar. The Global Fund / Jonas Grätzer

About 30% of the Global Fund's TB investments support interventions on TB care and prevention.

Improved implementation

To increase detection rates, the Global Fund partnership is investing heavily in expansion of diagnostic molecular technology, a transformational approach that increases the speed and accuracy of diagnosis of drug-resistant TB. The new diagnostics can also be used to detect other illnesses. The Global Fund is working with partners to support introduction of new drugs that provide better and faster treatment of drug-resistant TB, and the uptake of new, shorter TB preventive therapies. Since the release of the WHO rapid communication on the new drug-resistant TB treatment regimen in August 2018, the Global Fund has provided US\$46.6 million to 18 countries through portfolio optimization to support transition to the new regimens. Given the more encouraging pipeline for new TB medicines and tools, the Global Fund will need to continue to be quick and adaptable in helping countries implement new treatment guidelines and approaches.

Progress

In countries where the Global Fund invests, tuberculosis deaths since the Global Fund was founded in 2002 have been reduced by nearly one-quarter (see Trends in TB deaths graph on page 28). TB control measures have stopped the TB epidemic from expanding (see Trends in TB cases graph on page 28: cases would have been 29% higher in the absence of TB control measures). However, current efforts are not enough to bend the curve of incidence sufficiently downward. Key challenges to progress are finding missing people with TB and the rise of drug-resistant TB, which negatively impact otherwise good results seen in high-burden countries.



Polina, a patient with multidrug-resistant TB in Minsk, Belarus. The Global Fund / Vincent Becker

For example, the tables on pages 30-31 shows that even though successful treatment rates of those diagnosed with TB have increased in high-burden countries – six countries have already met the 90% target and an additional 11 are above 85% – combined outcome is just 84%.

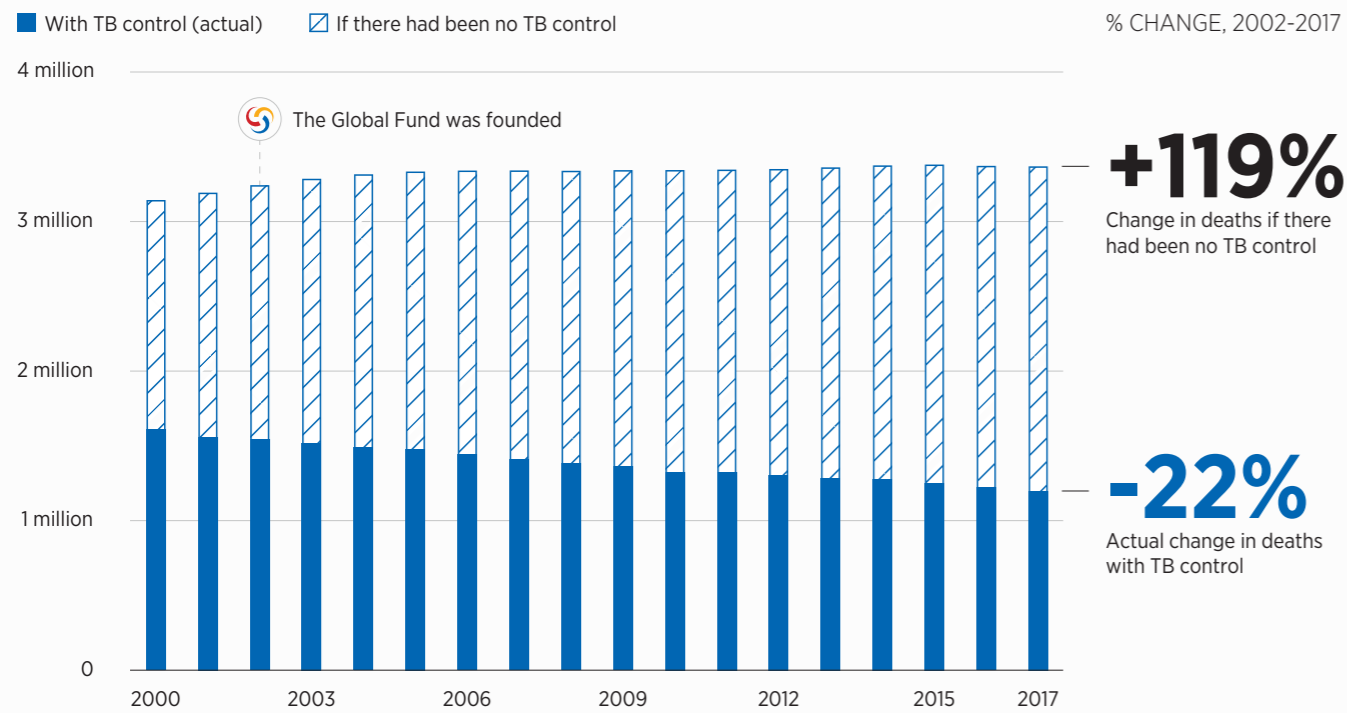
To increase coverage rates and accelerate progress against the disease, we need to find more of the missing people with TB. Early results from the Global Fund's increased collaboration with partners and investments to find 1.5 million additional missing people with TB by 2019 indicate that these initiatives are already having considerable impact, particularly in countries in Asia such as India, which have comparatively higher TB burdens. In 2018, we found and placed an additional 920,000 TB patients on treatment in 13 priority countries, compared to the 2015 baseline.

142,740

CHILDREN EXPOSED TO TB RECEIVED PREVENTIVE THERAPY

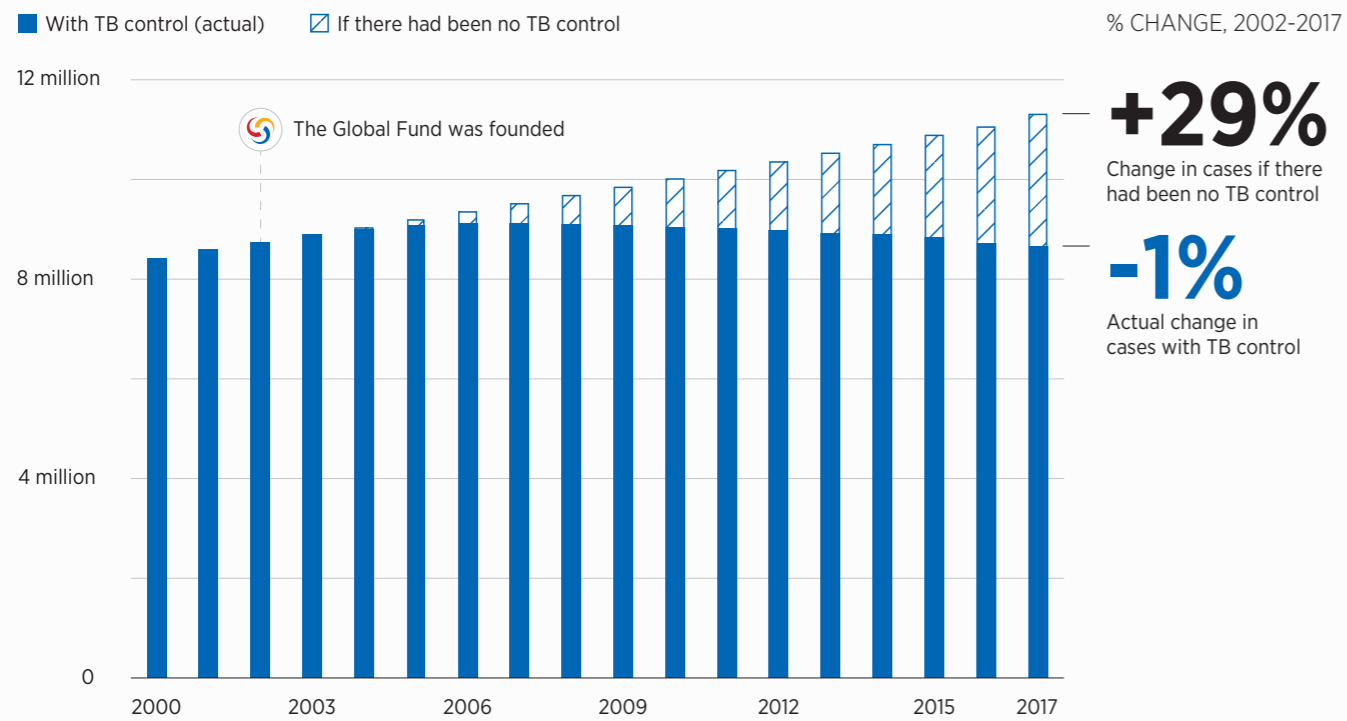
Trends in TB deaths (excluding HIV-positive)⁴

IN COUNTRIES WHERE THE GLOBAL FUND INVESTS



Trends in new TB cases (all forms)

IN COUNTRIES WHERE THE GLOBAL FUND INVESTS



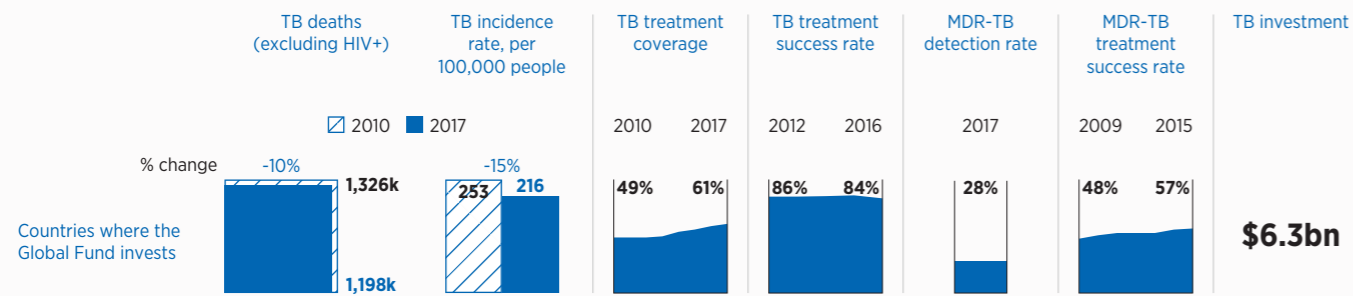
TB burden estimates from WHO Global TB Report 2018. Estimation of "no TB control" trends for TB deaths from WHO and for new TB cases based on the assumption of constant trend in new TB cases since 2000.

4. While major control efforts for malaria and HIV began with the launch of the Millennium Development Goals in 2000, TB control efforts began much earlier. The counter-factual and actual results therefore diverged from each other much earlier, making this graph look considerably different than its HIV and malaria counterparts.



Annoor Sanatorium in Al-Mafraq, Jordan, offers free treatment for TB to refugees from countries such as Iraq and Syria.
The Global Fund / Vincent Becker

Investments and Impact: Tuberculosis

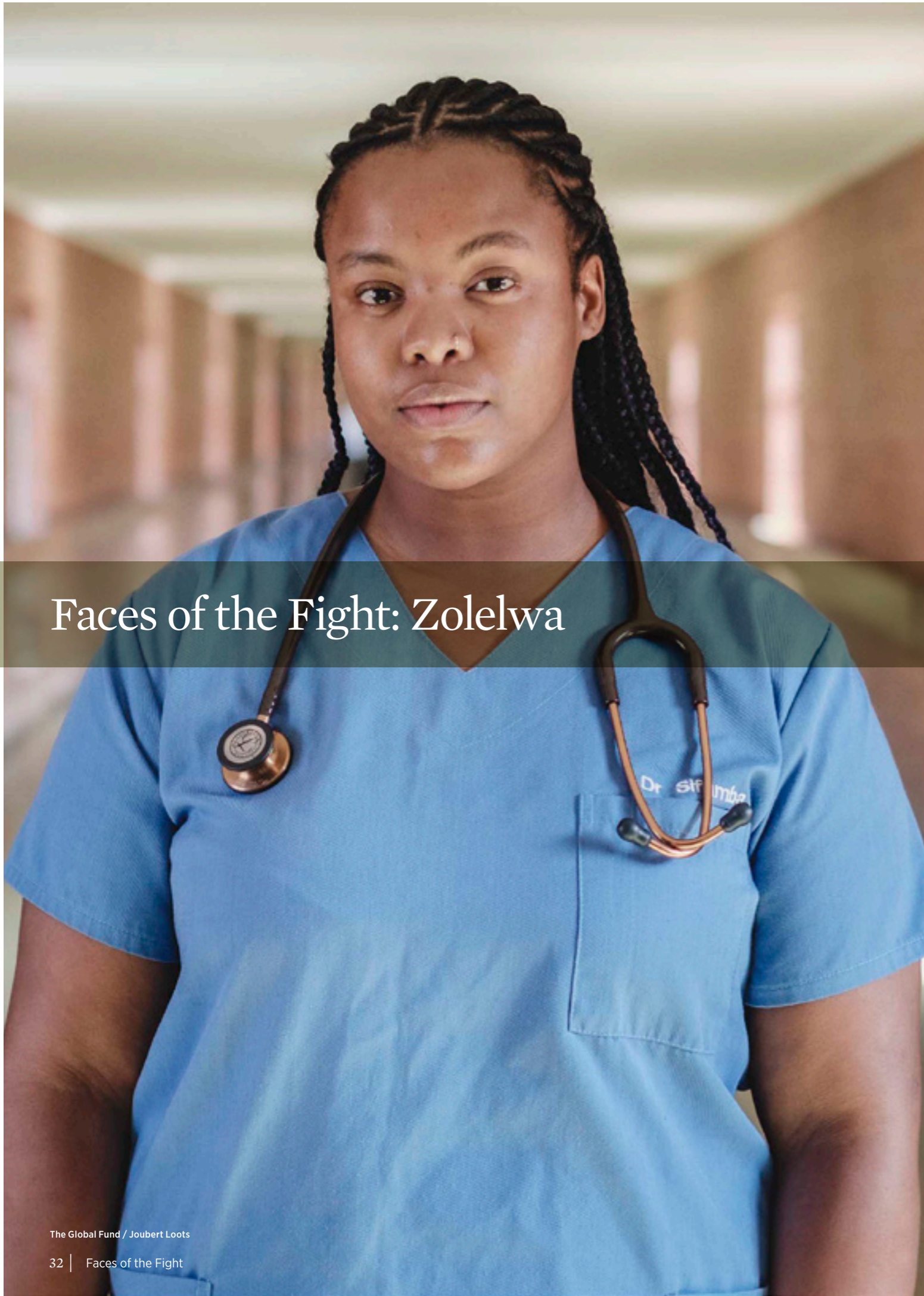


Countries with highest TB burden and high level of Global Fund investments



Notes: 1. Countries listed on this page were selected based on four criteria: being among the top 10 countries with the highest number of deaths in 2010 (d) or being among the top 10 countries with the highest incidence rate in 2010 (i) or being among the top 10 countries with the highest number of MDR-TB cases in 2017 (m) or being among the top 10 countries receiving the highest amount of funding from the Global Fund from 2002 through June 2019 to support TB programs (f). Some countries appear in multiple lists; therefore, the total number of countries is less than 40. 2. The aggregate numbers presented as "Countries where the Global Fund invests" are limited to countries that received an allocation for the 2017-2019 cycle. These countries received US\$6.3 billion from 2002 through June 2019 to support TB and a portion of HIV programs. Additionally, they received US\$829 million to support cross-cutting support across three diseases. Countries that did not receive an allocation over 2017-2019 cycle received US\$757 million since 2002, resulting in a total of US\$7.1 billion. 3. Due to the improved method for monitoring treatment outcomes in India, which is the driving country of Global Fund portfolio-level results, the 2016 treatment success rate results cannot be compared with the historical results. The TB patients reported from the private sector to the national program were excluded from the 2016 cohort for India since the monitoring system for assessing their outcome was not fully in place. 4. In line with the Global Fund results reporting methodology, these charts reflect the achievements of national health programs, representing the outcomes and efforts and investments of all partners domestic and international. For High Impact countries, Country Results Profiles provide further detail including investment from all funding sources: <https://data.theglobalfund.org/home>. See <https://www.theglobalfund.org/en/methodology/> for a description of the Global Fund results methodology.

FOR A DETAILED LOOK AT TB RESULTS PER COUNTRY, VISIT THE GLOBAL FUND DATA EXPLORER AT [DATA.THEGLOBALFUND.ORG](https://data.theglobalfund.org)



Faces of the Fight: Zolelwa

Dr. Zolelwa Sifumba of South Africa was a medical student in 2012 when she contracted multidrug-resistant tuberculosis. She learned at the time the success rate for MDR-TB treatment was 40%. It has since improved, but remains unacceptably low at 55%.

Zolelwa was forced to suspend her studies, as TB treatment consumed her life for 18 months. "It was a constant storm. TB is able to reduce a person to feeling that either they must end their life or the TB will end it for them - or the medication for the TB will end it."

"My support came from other TB survivors. I'm so grateful I can tell a patient: I'm a survivor."



The Global Fund / Joubert Loots

"But something in me didn't want to give up.

"TB is seen to be a dirty disease that can only infect a certain kind of person. But the truth is that anyone can get TB. The only thing that makes us susceptible to TB is the fact that we breathe. TB is all of our problem because we all breathe.

"Since the TB, I am operating from a place of purpose. My fight is inspiring others to fight."

6x

HEALTH CARE WORKERS ARE UP TO SIX TIMES MORE LIKELY TO BE HOSPITALIZED FOR MDR-TB THAN THE GENERAL POPULATION



The Global Fund / Joubert Loots



Malaria: State of the Fight

Globally, approximately 435,000 people died of malaria in 2017 – two-thirds of them children under 5. A child still dies from malaria every two minutes.

In Burkina Faso, health workers administer seasonal malaria prevention to children. This cost-effective intervention can reduce cases by more than 50%.
The Global Fund / JB Russel / Panos



Mali is one of the first countries in Africa to pilot new mosquito nets to combat insecticide-resistance. The Global Fund / Catalina Martin-Chico / Panos

Key results in countries where the Global Fund invests:

- 131 million mosquito nets distributed to protect families from malaria in 2018⁵, coverage of population with access to a long-lasting insecticide treated net increased from 33% in 2010 to 57% in 2017, and coverage of population using a net increased from 29% in 2010 to 51% in 2017. Global target: Universal access to vector control for populations at risk.

- 9.4 million pregnant women received preventive therapy in 2018.
- 6.7 million structures covered by indoor residual spraying in 2018.

131M

MOSQUITO NETS DISTRIBUTED TO PROTECT FAMILIES FROM MALARIA IN 2018⁵

9.4M

PREGNANT WOMEN RECEIVED PREVENTIVE THERAPY FOR MALARIA IN 2018

6.7M

STRUCTURES COVERED BY INDOOR RESIDUAL SPRAYING IN 2018

THE CHALLENGE

The fight against malaria is one of the biggest public health successes of the 21st century. Global malaria death rates have dropped by 60% since 2000. In 2018, Paraguay and Uzbekistan were certified by WHO as malaria-free; Algeria and Argentina joined them in 2019. But after years of steady declines, malaria cases are on the rise. Funding has plateaued, and drug and insecticide resistance are increasing, risking a resurgence of the disease and loss of hard-won gains.

Globally, approximately 435,000 people died of malaria in 2017 – two-thirds of them children under 5. A child still dies from malaria every 2 minutes. Insecticide resistance is gaining ground across Africa, where disease burden is highest. In Asia's Mekong region, we are seeing growing resistance to the today's most effective malaria drug, artemisinin. The 10 highest burden countries in Africa – including Nigeria, Madagascar and the Democratic Republic of the Congo – reported increases in cases of malaria in 2017 compared with 2016.

THE GLOBAL FUND RESPONSE

The Global Fund provides 65% of all international financing for malaria programs (42% of total available resources) and has invested more than US\$12 billion in malaria control programs as of June 2019.

Prevention

Effective vector control to stop people being bitten by mosquitos carrying the parasite is key to beating the epidemic. Moreover, targeted preventive therapy can significantly reduce the vulnerability of those most at risk, such as young children and pregnant women. The Global Fund, working closely with PMI and other organizations, has vastly expanded access to long-lasting insecticide-treated nets, which are one of the most cost-effective tools to reduce malaria incidence. However, in some countries, mosquitoes are developing resistance to certain insecticides.

In addition to mass distribution campaigns of long-lasting insecticide-treated nets, the Global Fund is investing US\$35 million in catalytic funding to work with Unitaid (in collaboration with PMI and the Bill & Melinda Gates Foundation) to pilot new mosquito nets to combat insecticide resistance in Africa, starting in Burkina Faso, Rwanda, Mali and Mozambique.

In the hardest-hit countries across the Sahel, the Global Fund supports seasonal malaria chemoprevention (SMC) campaigns, a cost-effective and targeted intervention for young children that can reduce malaria cases by more than 50%. In Niger, the 2018 SMC campaign included the additional health intervention of malnutrition screening; 165,000 children were referred to nutritional centers for treatment. In partnership with WHO, Gavi, the Vaccine Alliance, and Unitaid, the Global Fund committed US\$15 million in a separate catalytic fund to support the pilot introduction of RTS,S, a new malaria vaccine, in Ghana, Kenya and Malawi.

Testing and treatment

Community health workers are on the front lines in testing and treating people for malaria, and the Global Fund invests to increase access to quality case management through public health facilities and via community health workers. Responding to the threat of increasing drug resistance in the Greater Mekong region, the Global Fund is investing more than US\$244 million through the Regional Artemisinin-resistance Initiative (RAI) – Global Fund's largest regional grant – to accelerate malaria elimination in the region. Key results in countries where the Global Fund invests:

- 220 million suspected cases tested for malaria in 2018.
- 110 million cases of malaria treated in 2018.

220M

SUSPECTED CASES TESTED FOR MALARIA IN 2018

Improved implementation

Success depends on increased access to, and quality of vector control methods. Through leveraging economies of scale, working with partners and negotiating directly with manufacturers, the cost of an insecticidal mosquito net is now down to less than US\$2 and the cost of antimalarial treatment dropped 20% in 2018 – savings that enabled us to purchase more than 11 million extra nets and treat more than 15 million additional people for malaria. To assess whether programs effectively reach all populations affected by malaria, the new Malaria Matchbox tool has been piloted in Niger and India to analyze gender and human rights barriers to access to treatment and prevention, and levels of community engagement.

Progress

Since 2010, the highest burden countries have achieved significant declines in the overall number of deaths and incidence rates (see graphs on page 38). For malaria, significant reductions in deaths correspond with an increase in access to and use of long-lasting insecticide-treated nets, a highly effective malaria prevention tool, along with improved access and coverage of diagnostics and treatment. To further reduce malaria incidence rates and deaths and recover the momentum in the fight against malaria, investment in the scope and quality of prevention and treatment must be increased.

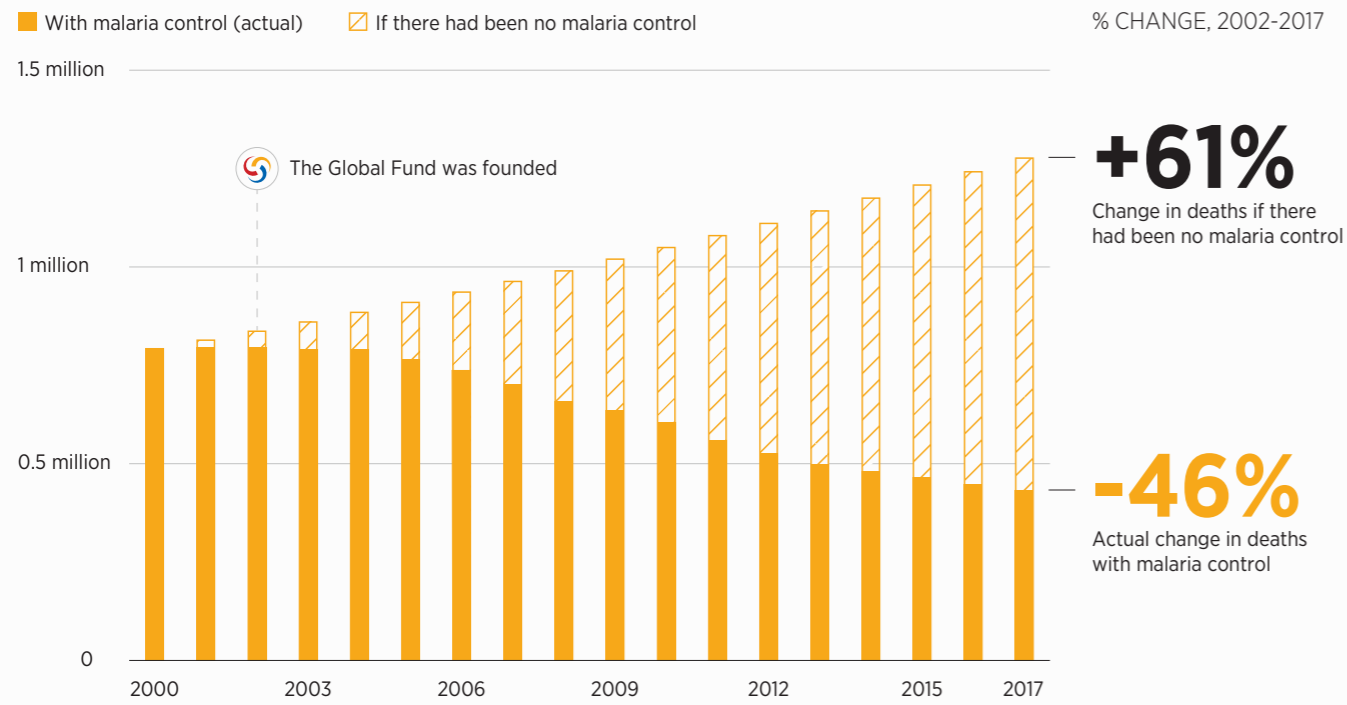
110M

CASES OF MALARIA TREATED IN 2018

⁵ Country mass net distribution campaigns occur every 3 years and are not evenly distributed across the 3-year implementation cycle. As 2018 was the first year of the current implementation cycle, many countries procured nets for distribution in 2019, so net distribution will increase again in 2019 and 2020.

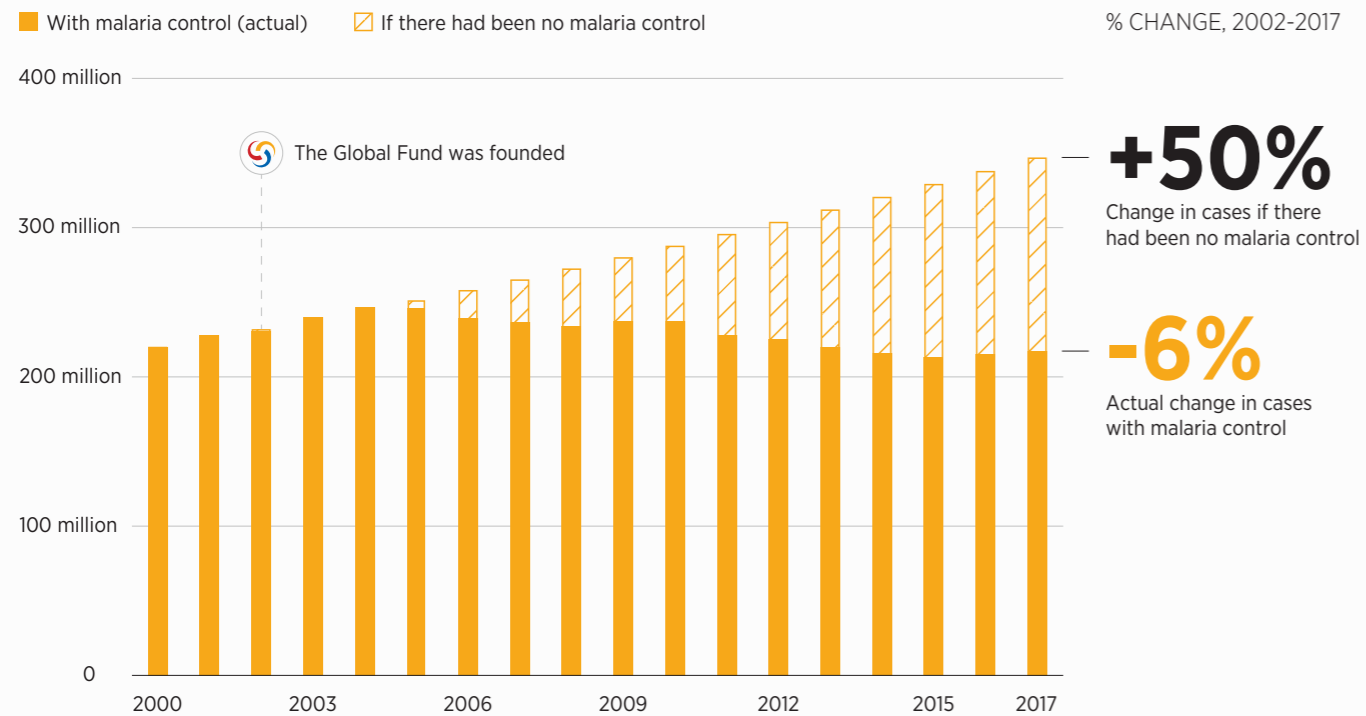
Trends in malaria deaths

IN COUNTRIES WHERE THE GLOBAL FUND INVESTS



Trends in malaria cases

IN COUNTRIES WHERE THE GLOBAL FUND INVESTS

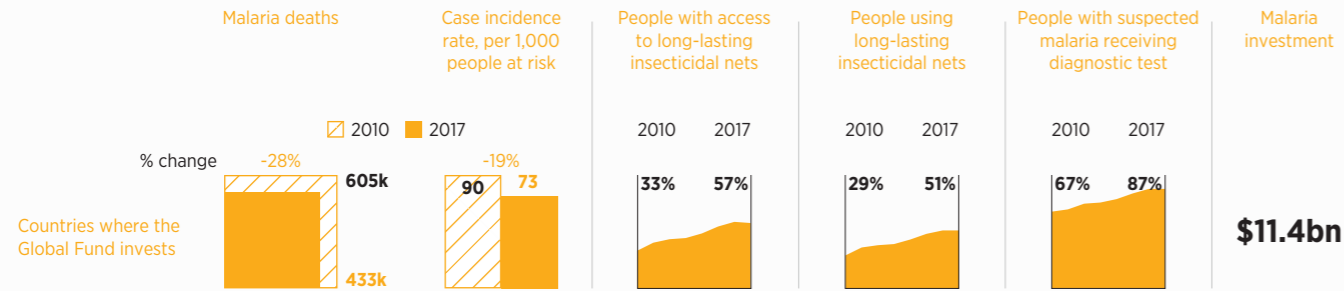


Malaria burden estimates and estimation of "no malaria control" from WHO Global Malaria Program, 2018 release.

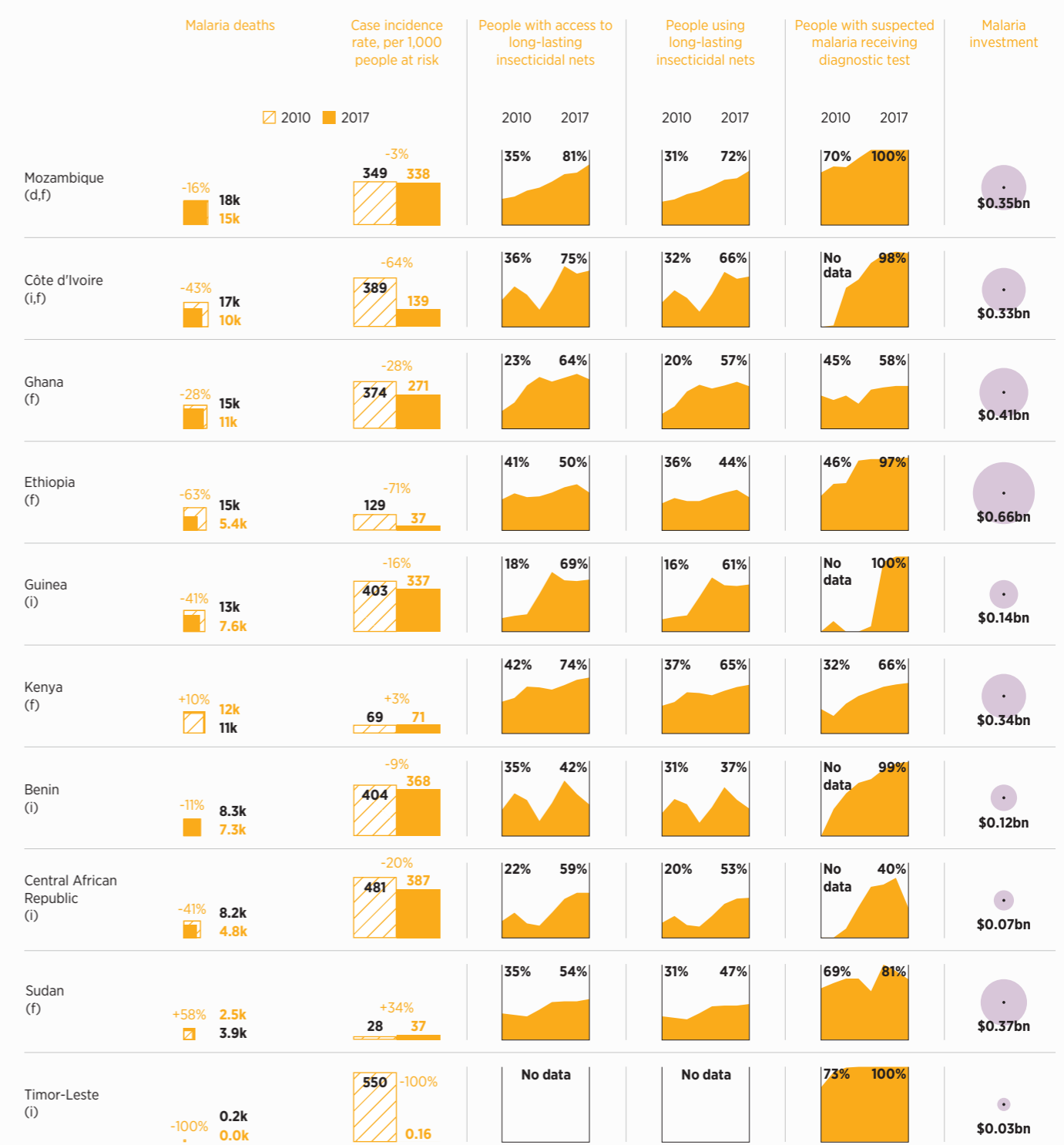


Alhafis Mahamat Tahir and his 20-month-old daughter Zahra, who was recently treated for malaria in Dosseye refugee camp in Chad. NOOR / Robin Hammond for the Global Fund

Investments and Impact: Malaria



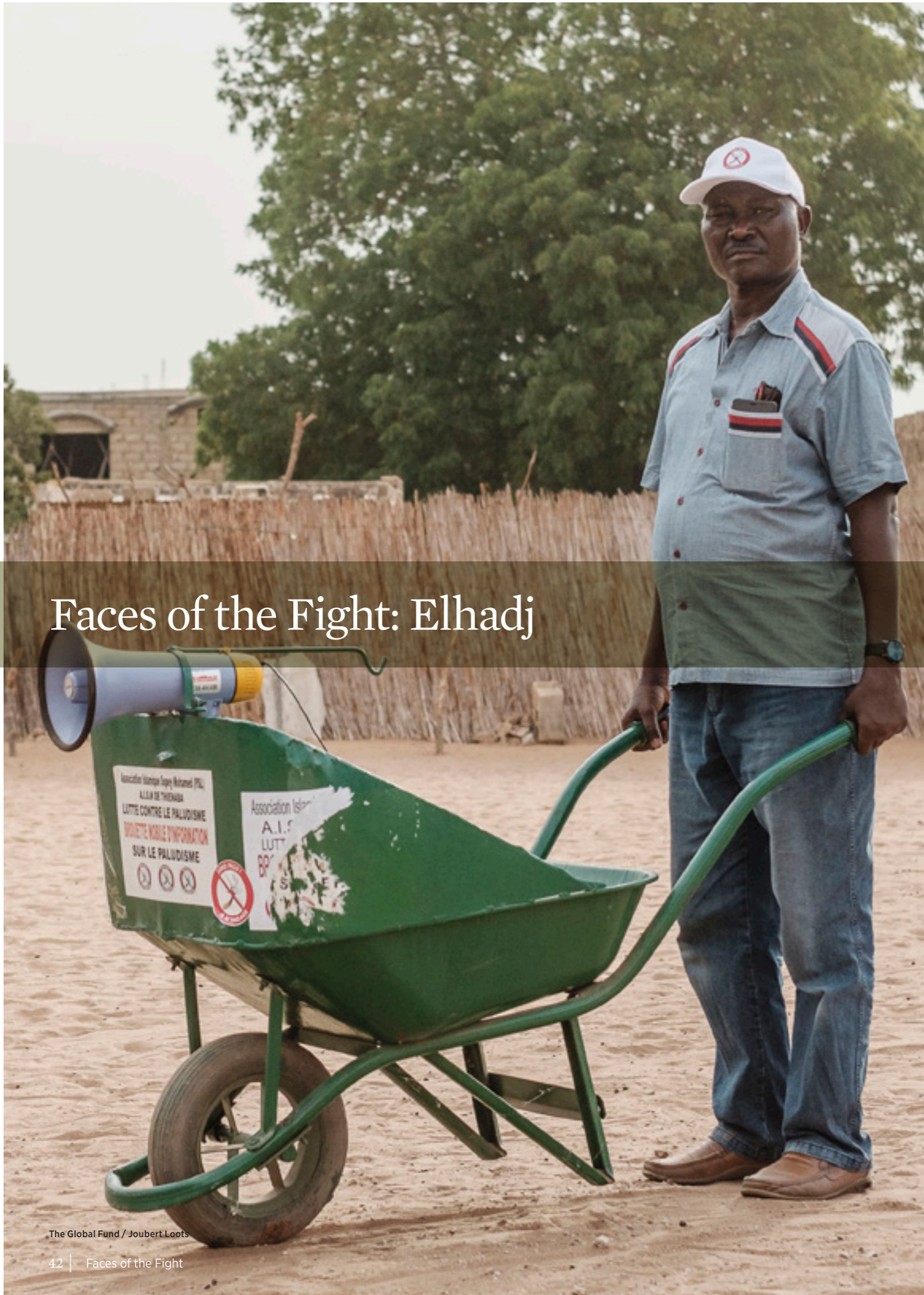
Countries with highest malaria burden and high level of Global Fund investments



Notes: 1. Countries listed on this page were selected based on three criteria: being among the top 10 countries with the highest number of deaths in 2010 (d) or being among the top 10 countries with the highest incidence rate in 2010 (i) or being among the top 10 countries receiving the highest amount of funding from the Global Fund from 2002 through June 2019 to support malaria programs (f). Some countries appear in multiple lists; therefore, the total number of countries is less than 30. 2. The aggregate numbers presented as "where the Global Fund invests" are limited to countries that received an allocation for the 2017-2019 cycle. These countries received US\$11.4 billion from 2002 through June 2019 to support malaria programs. Additionally, they received US\$829 million to support cross-cutting support across three diseases. Countries that did not receive an allocation over 2017-2019 cycle received US\$666 million since 2002, resulting in a total of US\$12 billion. 3. In line with the Global Fund results reporting methodology, these charts reflect the achievements of national health programs, representing the outcomes and efforts and investments of all partners domestic and international. For High Impact countries, Country Results Profiles provide further detail including investment from all funding sources: <https://data.theglobalfund.org/home>. See <https://www.theglobalfund.org/en/methodology/> for a description of the Global Fund results methodology.

FOR A DETAILED LOOK AT MALARIA RESULTS PER COUNTRY, VISIT THE GLOBAL FUND DATA EXPLORER AT [DATA.THEGLOBALFUND.ORG](https://data.theglobalfund.org)

Faces of the Fight: Elhadj



The Global Fund / Joubert Loots

Elhadj Diop became a malaria crusader after the heartbreaking death of his daughter Ami nearly 20 years ago. Thanks in large part to his tireless efforts, the malaria mortality rate in his rural community in Senegal has been slashed from 37% to less than 1%.

“Elhadj Diop can’t fight it alone. It’s everyone, the whole village, the whole community.”



The Global Fund / Joubert Loots

“Ami’s death was a very difficult situation, because we didn’t know about this disease at that time. But it was at that moment I said, ‘I have a mission.’” Elhadj left his job in Dakar and returned to his village to start his malaria control work.

“It means reaching out to people, informing them about this disease and asking them to change their behavior. It’s a little difficult sometimes because we are dealing with an illiterate community. But we have implemented innovative strategies.

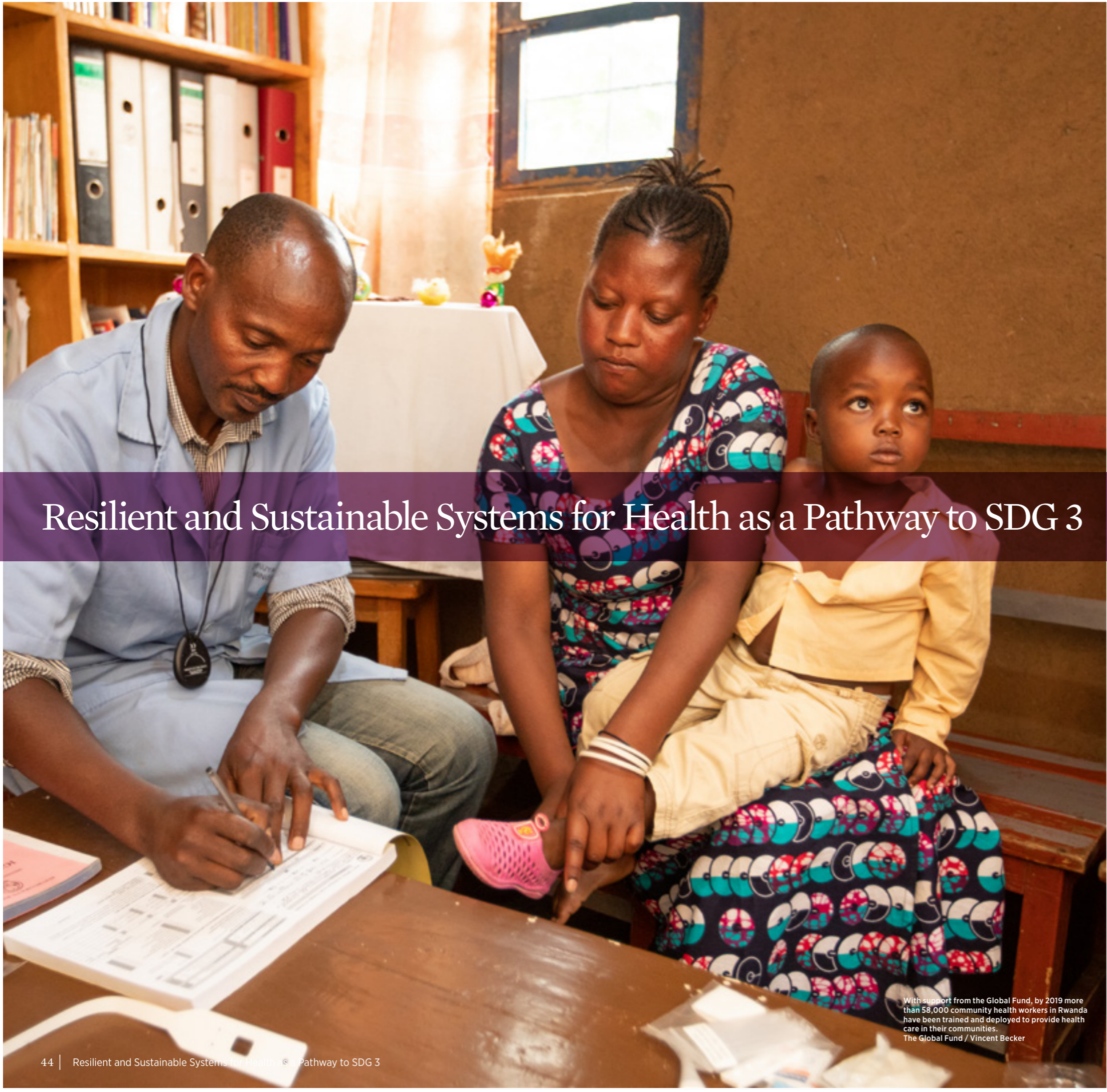
“There has been a visible impact on the entire community. Because children go to school, parents and mothers now have time to go to work and this has an economic impact.”

2

A CHILD DIES FROM MALARIA EVERY 2 MINUTES



The Global Fund / Joubert Loots

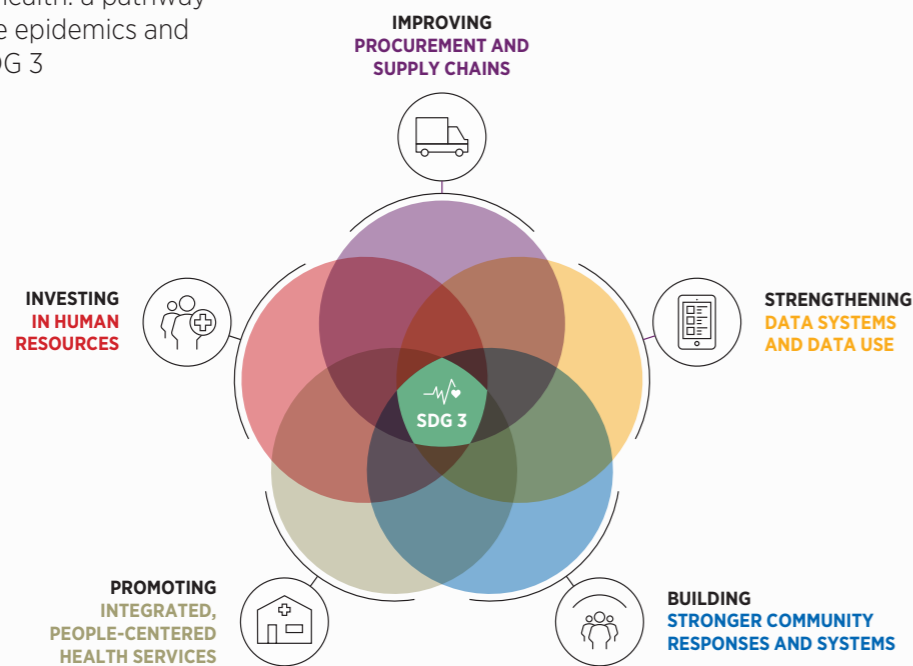


Resilient and Sustainable Systems for Health as a Pathway to SDG 3

Ending the epidemics of HIV, TB and malaria is critical to enabling the development of an effective health system that can deliver the overarching aspiration of SDG 3: health and well-being for all.

With support from the Global Fund, by 2019 more than 58,000 community health workers in Rwanda have been trained and deployed to provide health care in their communities.
The Global Fund / Vincent Becker

Building resilient and sustainable systems for health: a pathway to ending the epidemics and achieving SDG 3



In Guinea-Bissau, the introduction of real-time monitoring using mobile tablets makes it easier to map, track, prevent and respond to malaria outbreaks. UNDP Guinea-Bissau/ Gwenn Dubourthoumieu

THE CHALLENGE

Building an inclusive, sustainable and resilient system for health, responsive to the needs of communities, and effective and efficient in delivering services, is an essential part of the strategy to defeat HIV, TB and malaria. Yet many developing countries face acute challenges in building their health systems, lacking the required skilled workforce, infrastructure, processes and financial resources. In many such countries, people cannot access testing and treatment because they are unable to pay, live too far from health services, or are denied access due to discrimination or stigma. Strengthening health systems and improving health equity are therefore crucial to ending the epidemics.

Ending the epidemics of HIV, TB and malaria is also critical to enabling the development of an effective health system that can deliver the overarching aspiration of SDG 3: health and well-being for all. We have seen repeatedly that where the disease burden is most intense, HIV, TB and malaria can overwhelm or put extreme strain on already overstretched health systems. Ending the epidemics does not just remove the deaths and illness caused directly by these three diseases, but frees up capacity to treat and prevent other illnesses. Worldwide, approximately 70% of the decline in deaths of children under 5 since 2000 was due to the prevention and treatment of infectious diseases.

To achieve the SDG 3 objective of health and well-being for all, we must simultaneously end the epidemics and build stronger systems for health that can deliver universal health coverage.

THE GLOBAL FUND RESPONSE

The Global Fund's strategy for 2017-2022 commits us to supporting resilient and sustainable systems for health and promoting and protecting human rights and gender equality – two critical pillars of universal health coverage. Communities can and should play a vital role in designing effective interventions, implementing and evaluating health services, and in helping reach those who may lack access to health care, particularly the most vulnerable or marginalized. The Global Fund invests to support countries in better integrating community systems and responses in national health strategies, with a focus on sustainability. Whether it's investing in health information systems in Democratic Republic of Congo, health insurance for migrants in Thailand, health extension workers in Ethiopia or supply chains in Tanzania, the Global Fund is supporting key components of sustainable systems for health, which form the foundation for universal health coverage and the achievement of SDG 3.

The Global Fund is the largest multilateral provider of grants to support sustainable systems for health, investing more than US\$1 billion a year on health system strengthening, including: improving procurement and supply chains; strengthening data systems and data use; training qualified health care workers; building stronger community responses and systems; and promoting the delivery of more integrated, people-centered health services so people can receive comprehensive care throughout their lives. In 2018, the Global Fund launched the Resilient and Sustainable Systems for Health (RSSH) Roadmap to enhance the effectiveness of our approach by elevating RSSH in the country dialogue process; more proactively advancing integration of RSSH programming in a cross-cutting and holistic manner; deepening collaboration with partners like Gavi to maximize impact; and improving measurement of outcomes.

In the next cycle of grants, a catalytic funding mechanism will support activities that strengthen ongoing programs in the areas of service delivery integration, data quality and data usage, human resources for health, procurement and supply chain management, and improving health sector governance.

We will build on the experience from the current cycle of grants and augment with catalytic resources. For example, Burkina Faso has developed a community health system strategy and operational plan that serves as a pillar of the health system. Nearly 18,000 community health workers have been recruited and trained with the goal of reducing inequalities in access to basic health services, working closely with primary health centers and 326 community-based organizations. The community health workers provide comprehensive integrated community case management in 30% of the country's hard-to-reach districts, and their reports are compiled and integrated into the district health information system.

Integrated health care

The Global Fund supports programs that go beyond a narrow focus on HIV, TB and malaria to deliver integrated, people-centered health services to maximize efficiency and improve overall health outcomes. For example, interventions to prevent mother-to-child transmission of HIV, ensure early diagnosis of HIV in infants, screen pregnant women and children for TB, and protect pregnant women and infants from malaria should be designed

and implemented as components of an integrated strategy for strengthening overall antenatal and postnatal care.

With support from the Global Fund and other partners, Kenya has significantly expanded integrated service delivery as part of the effort to achieve universal health coverage by 2022. The Global Fund has supported the country's integration of reproductive, maternal, newborn, child and adolescent health services, and optimized links between other programs in HIV, malaria and TB. Antenatal clinics serve as "one-stop shops" for pregnant women to address their health care needs, including sexual and reproductive health and cervical cancer screening. Improving quality of health services is equally important. In Zimbabwe, where frequent power cuts often left women to deliver babies in the dark and interrupted IT systems needed for stock management and patient case histories, the Global Fund works with the United Nations Development Program to equip health centers with solar panels to provide ongoing electricity.



South Africa adopted a new national human rights plan to tackle the legal and social barriers to HIV and TB services, and gender inequality. The Global Fund / Vincent Becker

Through our **Breaking Down Barriers** initiative, we are providing intensive support, including **US\$45 million** in additional funds, to **20 countries** to scale up evidence-based programming to reduce human rights barriers to HIV, TB and malaria services.

Eliminating barriers to health care

Too often, the people most vulnerable to disease are the same people who don't have access to health care because of stigma, gender inequality or discrimination. The Global Fund and our partners seek to knock down those barriers by investing in human rights and gender-responsive programs, by supporting greater involvement of communities in the design, delivery and monitoring of interventions, and by making health services more financially sustainable.

Through our Breaking Down Barriers initiative, we are providing intensive support, including US\$45 million in additional funds, to 20 countries to scale up evidence-based programming to reduce human rights barriers to HIV, TB and malaria services. In June 2019, South Africa launched a new three-year plan to tackle gender inequality and human rights barriers to HIV and tuberculosis health services – a plan that was shaped by the rigorous baseline assessment and extensive consultation conducted with Global Fund support.

Universal health coverage

Universal health coverage means all people everywhere have access to the health care they need without facing financial hardship. Recognizing that universal health coverage is key to promoting equity, global health security, and development and growth, world leaders embedded it in the SDGs. The UN High-Level Meeting “Universal Health Coverage: Moving Together to Build a Healthier World” to be held in September 2019 will bring together heads of state, political and health leaders, policymakers, and universal health coverage champions to advocate for health for all. Working with partners through the WHO-led Global Action Plan for SDG 3, the Global Fund supports the achievement of universal health coverage through investing in health system capacities, tackling barriers to access so health services are truly “universal” and supporting and catalyzing the sustainable financing of systems for health.

Domestic resource mobilization

Ultimately, ending the epidemics of HIV, TB and malaria and achieving the SDG 3 goal of health and well-being for all is the responsibility of national governments, and governments have significantly increased domestic investment in health. Despite these increases, many countries still face a significant shortfall relative to the needs of the population and too great a reliance on out-of-pocket expenditure. Thus, many low-income countries continue to require international assistance for health to help fill the gap. Most countries in Africa fail to meet the Abuja Declaration target of dedicating 15% of public spending to health.

In the next funding cycle, the Global Fund is looking to catalyze increased domestic investment of around US\$46 billion for the fight against the three diseases and the pursuit of SDG 3 through a combination of our co-financing policy and targeted technical support.

The Global Fund is working closely with partners to develop and implement the Sustainable Financing Accelerator as a key element of the SDG 3 Global Action Plan. This will facilitate more effective coordination and collaboration among the key global actors engaged in supporting countries on domestic resource mobilization for health, including WHO, the World Bank, the Global Financing Facility and Gavi. The Global Fund is also closely engaged with the African Union to enhance the capacity of countries to raise more domestic resources, give greater priority to health spending, and improve the efficiency and equity of investments in health.

THE GLOBAL FUND AIMS TO CATALYZE

US\$46B

IN INCREASED DOMESTIC INVESTMENT FOR HIV, TB AND MALARIA AND THE PURSUIT OF SDG 3 OVER THE NEXT THREE YEARS



Faces of the Fight: Martha

Martha Clara Nakato was 14 years old when she learned she had been born with HIV. At first gripped by fear, she fought to overcome the misconceptions in her community. Today she is an advocate for young people living with HIV.

“In my country, Uganda, many of the people think whoever is living with HIV has been a mess. But many of the people are victims of circumstances. Many of us were born with HIV.”

“I believe my story can break the stigma in communities. I also believe my story can empower other people living with HIV to stay strong.”



The Global Fund / Joubert Loots

“We didn’t make that choice, we only found ourselves there. And maybe others were vulnerable because they didn’t have the power to negotiate and they found themselves infected.

“We cannot end AIDS if we do not address the shaming of people living with HIV. And that can only be achieved if we, the people living with HIV, are strong enough, we are empowered enough and we are able to throw our faces to the public and tell them, ‘Hey, this is me. I am beautiful. I am human. I am intelligent. But I am living with HIV and it doesn’t define me.’”

6,200

ADOLESCENT GIRLS AND YOUNG WOMEN ARE INFECTED WITH HIV EVERY WEEK



The Global Fund / Joubert Loots



The Global Fund / Joubert Loots



Global Health Security

In the last decade, some of the world's biggest infectious disease killers have mutated into newer and more dangerous forms, including the H1N1 and H7N9 influenza and drug-resistant strains of tuberculosis and malaria.

Eastern Europe's burden of multidrug-resistant (MDR) TB is among the highest in the world. In Belarus, nearly 38% of new TB cases are MDR. The Global Fund / Vincent Becker



A screen shows Ebola awareness messages as people wait to cross the border from the Democratic Republic of Congo to Rwanda. Nichole Sobecki / VII for The Global Fund

600,000 people

AFFLICTED WORLDWIDE WITH MDR-TB IN 2017

THE CHALLENGE

In the last decade, the world has seen dozens of deadly infectious disease outbreaks and a growing threat from antimicrobial resistance (AMR). Diseases new to science have emerged such as severe acute respiratory syndrome and Middle East respiratory syndrome. Previously known diseases like Ebola and Zika have expanded in geographic range and severity. And some of the world's biggest infectious disease killers have mutated into newer and more dangerous forms, including the H1N1 and H7N9 influenza and drug-resistant strains of tuberculosis and malaria. Meanwhile, increasing AMR poses a fundamental challenge to the provision of health care across the world.

THE GLOBAL FUND RESPONSE

Strengthening global health security means being ready to detect new threats early and prevent outbreaks, while at the same time improving our responses to the diseases that kill and sicken millions of people now. The Global Fund invests to help countries end the biggest epidemics affecting communities and to build the systems that safeguard against future health threats. Recent analysis by Georgetown University of Global Fund-supported programs in three countries indicates that a significant proportion of Global Fund investments – in these examples, approximately one-third of the total – supports improvements in critical attributes of health security preparedness, as measured by the Joint External Evaluation Tool.

Building resilient and sustainable systems for health

The 2014-2015 Ebola outbreak in West Africa illustrated how weak health systems can be quickly overwhelmed by the spread of a deadly infectious disease.

The Global Fund reinforces health security by supporting more resilient health systems, with stronger surveillance, diagnostic and emergency response capabilities, and by directly tackling key threats to global health security, such as multidrug-resistant TB.

Affordable laboratory systems, diagnostics technology and disease surveillance are also critical for disease preparedness and response strategies. In the Democratic Republic of Congo where the ongoing Ebola outbreak was declared a global emergency, the Global Fund has invested US\$3 million to purchase GeneXpert diagnostic machines. Though the machines' primary function is to test for TB, several of them have been used to test for Ebola as part of the government's Ebola response, enabling health workers to diagnose the virus in hours, instead of days or weeks.

There are about 250 GeneXpert machines in use across the country.

Global Fund supports supranational laboratory experts in Uganda and Benin to provide technical assistance to other countries in Africa to strengthen their lab systems, including sample referral, and facilitating accreditation by relevant regulatory bodies. This model can pick up pandemic threats early, making it a vital advancement in global health security.

Fighting antimicrobial resistance

Antimicrobial resistance – when microorganisms such as bacteria and viruses become resistant to the drugs meant to kill them – is one of the biggest threats to our future global health security.

Such drug resistance can render useless the antibiotics we have come to count on for health care since the 1950s. If new antibiotics are not found, or if resistant infections are not able to be quickly treated, resistant strains can spread and become almost untreatable. Resistance isn't limited to antibiotics: in fighting HIV, TB and malaria, we are increasingly seeing resistance to artemisinin, the principal ingredient in key malaria therapies; to a range of TB therapies; and to key antiretroviral drugs.



A nurse checks a blood sample for malaria at the Simao Mendes hospital in Bissau, Guinea-Bissau, where malaria is the leading cause of mortality. UNDP Guinea-Bissau/ Gwenn Dubourthoumieu

Drug-resistant tuberculosis

Drug-resistant TB is one of the most frightening forms of antimicrobial resistance, representing one-third of all deaths due to AMR worldwide. Drug-resistant TB poses a potentially catastrophic risk to global health security. Multidrug-resistant TB (MDR-TB) is on the rise, with nearly 600,000 people afflicted worldwide in 2017. Treating drug-resistant TB is costlier and can take three to four times as long – not all people survive.

Globally, only half of MDR-TB patients who initiate treatment are successfully treated, mostly due to high mortality and falling out of the treatment programs. Outcomes for individuals with extensively drug-resistant tuberculosis (XDR-TB) are even worse – only 30% of patients were successfully treated in 2017.

Almost a quarter of a million people die each year from MDR-TB – almost one every two minutes. Untreated, a person with active TB can transmit the infection to 10-15 people over the course of a year.

The Global Fund is the largest external source of financing for the drug-resistant TB response in low- and middle-income countries. The amount of MDR-TB funding available through the Global Fund has more than tripled over the last six years through reprogramming of existing grants.

The Global Fund is investing to accelerate care and treatment for populations disproportionately affected by drug-resistant TB, and is providing special funding to address cross-border issues including MDR-TB treatment for migrant workers, refugees and internally displaced people. The Global Fund is also rapidly rolling out new drugs that provide better and faster treatment of drug-resistant TB.

10-15 people

CAN BE INFECTED BY
A SINGLE UNTREATED PERSON
WITH ACTIVE TB OVER
THE COURSE OF ONE YEAR.

Drug-resistant malaria

In addition to mosquitos' increasing resistance to commonly used insecticides, which risks undermining the effectiveness of strategies to protect people from malaria and other vector-borne diseases, resistance of malaria parasites to artemisinin – the core compound of the best available antimalarial medicines – has been detected in six countries of the Greater Mekong. If the resistance seen in the Mekong were to spread to India or sub-Saharan Africa, where the malaria burden is highest, it would exact a huge toll in human lives and economic losses.

In response, the Global Fund launched the Regional Artemisinin-resistance Initiative (RAI) in 2013. RAI's second phase became operational in 2018. Projected to total more than US\$242 million over three years, it's the Global Fund's largest regional grant, and the first with the defined goal of disease elimination from a specific geography.

HIV drug-resistance

HIV drug resistance is an increasing global problem. In sub-Saharan Africa, over 10% of people starting antiretroviral therapy have a strain of HIV that is resistant to some of the most widely used first-line HIV drugs. To counter drug resistance, rapid adoption of the most recent WHO recommended therapies is required. To address HIV drug resistance, the Global Fund is aligning funding requests with the WHO Global Action Plan on HIV Drug Resistance (2017-2021).

To strengthen global health security, we need to invest in both the systems that can prevent, detect and respond to new infectious disease threats, and fight the largest infectious disease killers today.



Faces of the Fight: Olga



Olga Aniskevich of Belarus was blindsided by a diagnosis of multidrug-resistant tuberculosis. "I didn't feel sick. I thought it definitely couldn't be tuberculosis. It was beyond imaginable."

Then came two years of treatment. "Every day of treatment seems like an eternity. But the support from my family and friends made all the difference. This disease helped me figure out what's most important in my life."

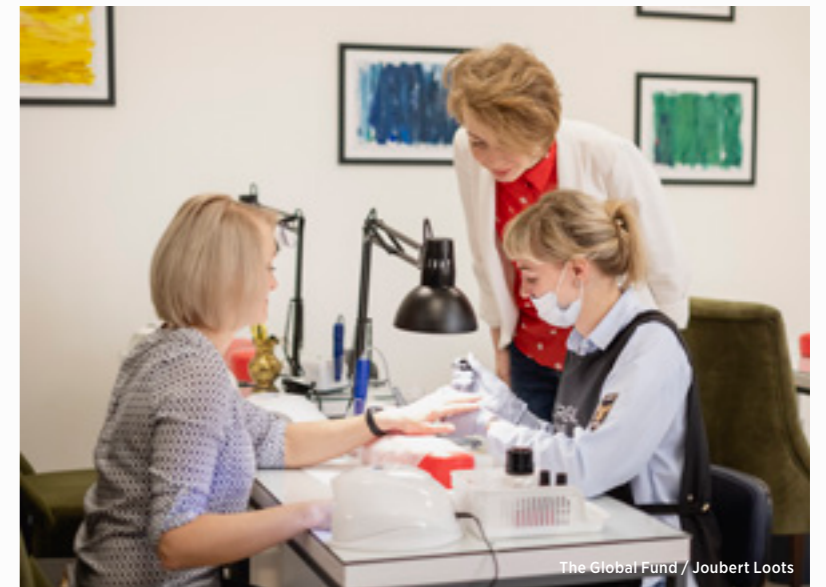


The Global Fund / Joubert Loots

"Beauty moves us. It has a positive emotional impact that helps the body mobilize all of its strength and fight; to work at getting better."

"I immersed myself in the world of books, and painting was something else that really helped me. I wanted my paintings to depict purity, light, beauty, colors; all the things to which I aspired in my life. I feel happy when I create beauty and share it with others.

"Now I've managed to beat tuberculosis, I should help, even if just one other person in the world. I should help them deal with some of the most difficult situations when being treated for tuberculosis. I hope that my story is a kind of example. You need to find the thing that will help you fight, that you can grab hold of in order to survive."



The Global Fund / Joubert Loots

38%

OF NEW TB CASES IN BELARUS ARE DRUG-RESISTANT. GLOBALLY, THE FIGURE IS ROUGHLY 4%



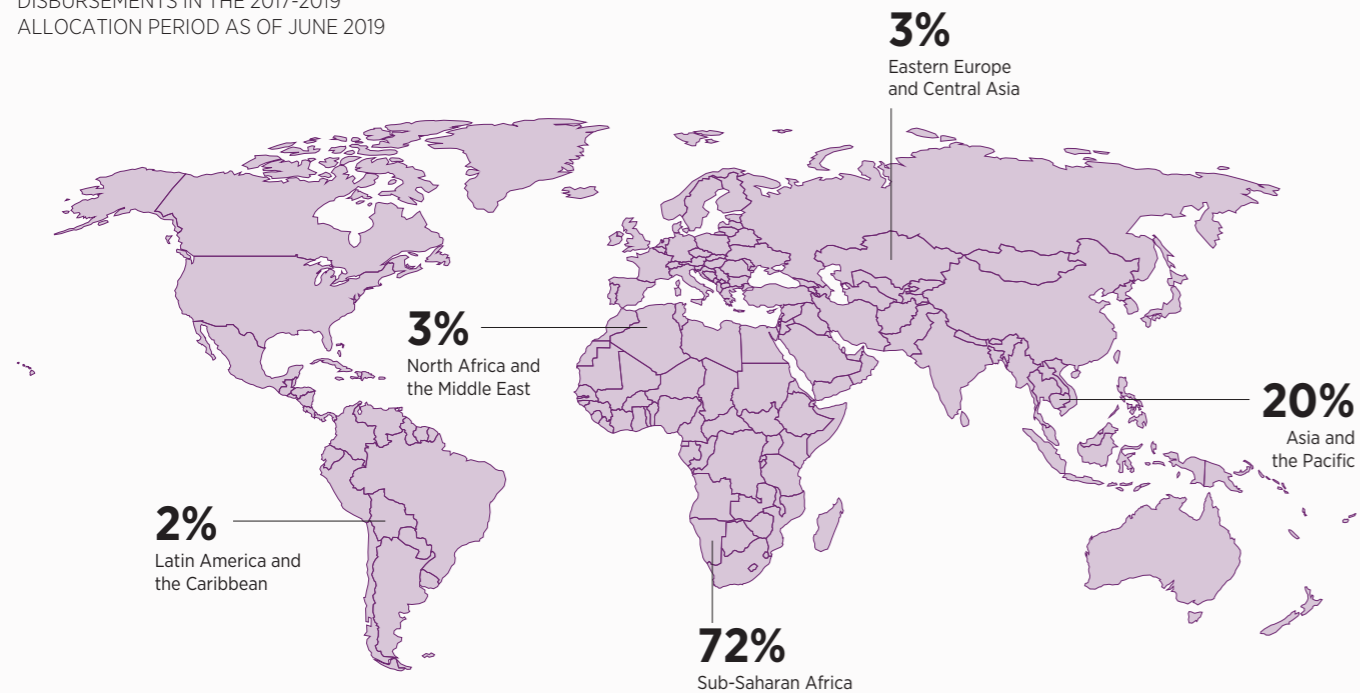
Investing for Impact

The Global Fund strives to maximize impact through leveraging innovations, deepening collaboration, and continuously improving the implementation of programs.

HIV infection rates among adolescent girls and young women have dropped by 42% since 2010 in 13 priority countries, of which South Africa is one. The Global Fund / Karin Schermbrucker

Global Fund investments by region

DISBURSEMENTS IN THE 2017-2019 ALLOCATION PERIOD AS OF JUNE 2019



US\$41.6B

DISBURSED BY THE GLOBAL FUND AS OF JUNE 2019

The Global Fund has disbursed more than US\$41.6 billion toward the fight against AIDS, tuberculosis and malaria and for programs to strengthen systems for health across more than 142 countries as of June 2019, making it one of the largest global funders. In 2018, the Global Fund disbursed US\$3.2 billion⁶ across 124 countries, including regional grants. To maximize the impact of donor resources, the Global Fund uses a formula that directs funding to the countries with the highest burden of disease and lowest economic capacity. In line with this methodology, as of June 2019 approximately 72% of disbursements in the current funding cycle went to countries in sub-Saharan Africa, where HIV and malaria are most prevalent.

The Global Fund strives to maximize impact through innovation, collaboration, and continuously improving the implementation of programs. In 2018, the Global Fund continued to diversify our donor base, increase domestic resource mobilization, expand partnerships, and increase efficiencies and effectiveness through greater collaboration and economies of scale.

An evolving resourcing model

The financial model of the Global Fund partnership continues to evolve, reflecting the strengths of our diverse stakeholders and the changing needs and capacities of implementing

countries. While public donors continue to be the primary source of funding for the Global Fund itself, private sector donors are playing a more significant role, complementing the contributions of other development partners. Yet the biggest change is the increasing role of domestic resource mobilization, as national governments take on more of the challenge of funding the fight against the three epidemics and the overall SDG 3 and universal health coverage agenda.

Global Fund resources

The Global Fund raises funds in three-year periods known as “replenishment cycles.” The Fifth Replenishment was launched at the Replenishment Conference in Montreal, Canada, in September 2016. During the Fifth Replenishment cycle, which runs through 2019, pledges amounted to US\$12.2 billion as of the end of 2018⁷, with public donors continuing to be the main source of funding, at 93% of total contributions. The largest contributors to the Global Fund (on a cumulative basis) are the United States, France, UK, Germany, Japan and the European Commission. Following their public pledge announcements, donors then make payments over the replenishment cycle, based on an agreed payment schedule. As of June 2019, donors had converted 64% of their pledges into contributions, for a total of US\$7.9 billion and are on track for full conversion of expected contributions under the Fifth Replenishment cycle.

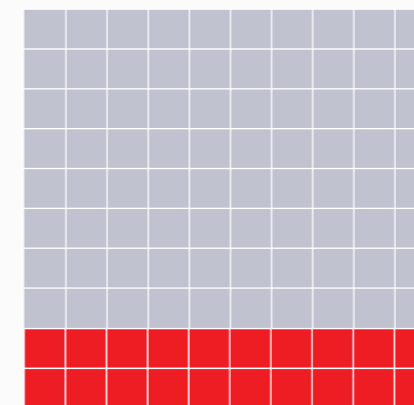
At the time of publication, preparation for the Global Fund’s Sixth Replenishment is well underway and will officially commence at the Replenishment Conference hosted by President Macron of France in Lyon on 10 October 2019. The Global Fund aims to raise at least US\$14 billion for the Sixth Replenishment, a 15% increase on the previous cycle. Success in raising this sum, coupled with significantly increased domestic resource mobilization, will enable the Global Fund partnership to step up the fight against HIV, TB and malaria, putting the world back on track to meet the SDG 3 goal of ending the epidemics by 2030 and accelerating progress toward the overall objectives of SDG 3, including universal health coverage. The Investment Case for the Sixth Replenishment sets out the case for increased investment to step up the fight in more detail⁸.

93%

OF CONTRIBUTIONS FROM PUBLIC DONORS

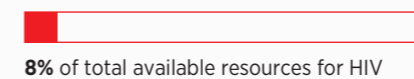
The Global Fund aims to raise at least US\$14 billion for the Sixth Replenishment, a 15% increase on the previous cycle.

The Global Fund is a leading international provider of grants to fight HIV, TB and malaria

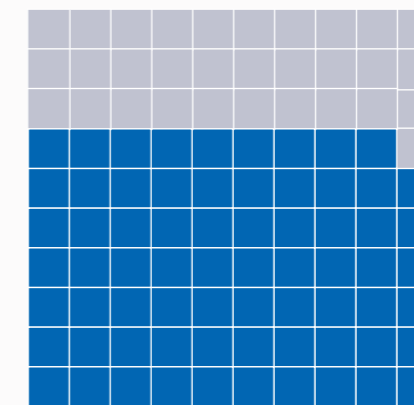


20%

of all international financing for HIV

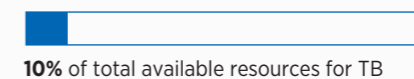


8% of total available resources for HIV

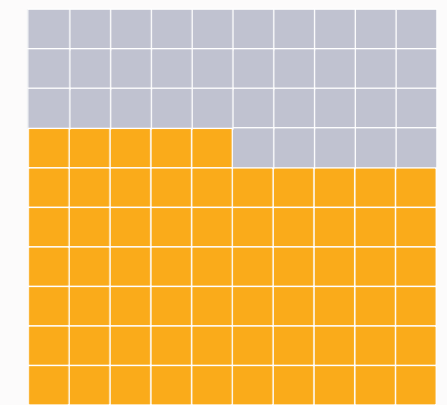


69%

of all international financing for TB



10% of total available resources for TB



65%

of all international financing for malaria



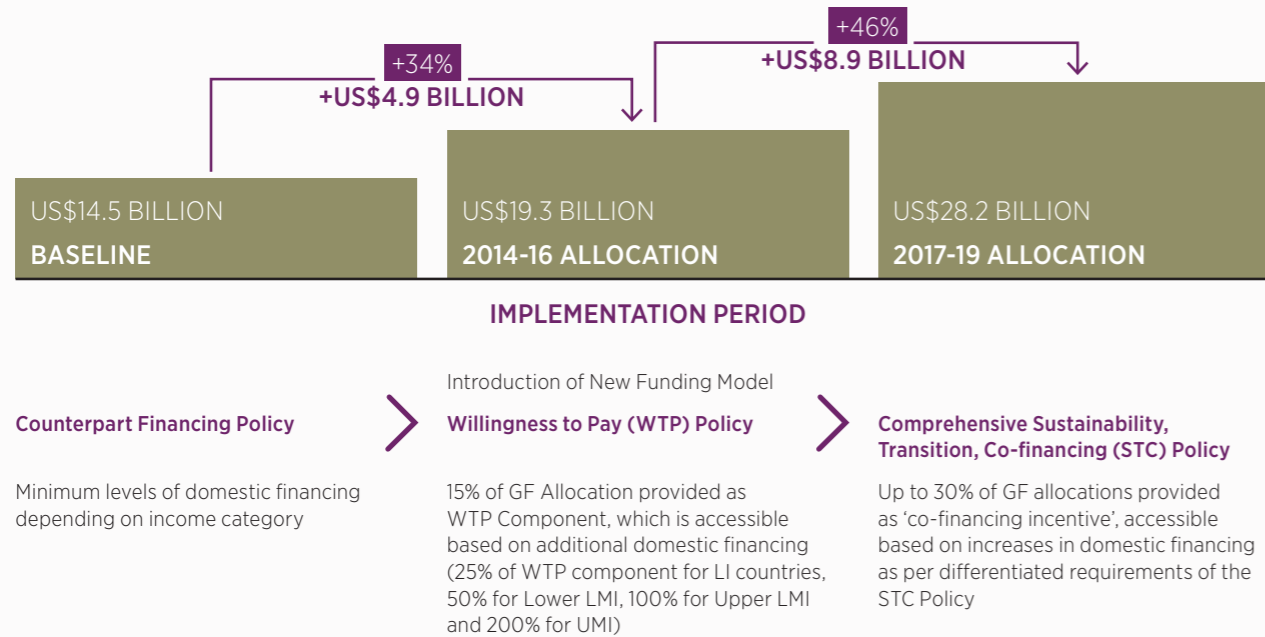
42% of total available resources for malaria

⁶ The Global Fund disburses funds over a three-year cycle according to the implementation plans of the national government. As these disbursements are unique to each country, the total amount of disbursements varies year by year.

⁷ The Global Fund measures overall funding in U.S. dollars, but pledges and contributions are made in multiple currencies. The total amount raised for the Fifth Replenishment period from 2017-2019 is US\$12.2 billion as of 31 December 2018, using exchange rates as of 31 December 2018.

⁸ https://www.theglobalfund.org/media/8279/publication_sixthreplenishmentinvestmentcase_report_en.pdf

Domestic spending and commitments for Global Fund-supported programs



Domestic resources

As countries progress in terms of development, they increasingly take on more of the burden of financing health services, including the fight against HIV, TB and malaria. Domestic resource commitments have risen rapidly, in part catalyzed by Global Fund co-financing requirements. Typically, 15-30% of the Global Fund country allocation is provided as a co-financing incentive which is accessible when the country invests additional domestic resources. This mechanism has proved remarkably successful in incentivizing increased domestic investment in health, with co-financing commitments in the current cycle up 46% compared with 2015-2017. As outlined in the Investment Case for the Sixth Replenishment, the Global Fund is looking to see domestic resource commitments increase by another 48% over the next three-year cycle. Several countries, such as Benin, India, Kenya, South Africa and Thailand, have shifted from being purely recipients of Global Fund grants to being donors as well.

Innovative partnerships

Contributions from the private sector and foundations for the Fifth Replenishment doubled over the previous cycle, rising to a total of 7% of all contributions to the Global Fund. Partnerships involving compatible private sector entities and other development actors provide critical additional resources, plus innovation and know-how.

During 2018, (RED), a groundbreaking initiative that has worked with the world's biggest brands to raise more than US\$600 million for the fight against HIV, partnered with new companies including Air Asia, Montblanc and Durex. In Asia, the Global Fund has joined forces with the Asia Pacific Leaders Malaria Alliance and private sector partners to support M2030, a business leadership initiative that will also raise money from Asian consumers to support malaria elimination in the region.

In April 2018, the United Kingdom announced a further £100 million commitment to the Global Fund to match new contributions from private donors pound for pound. The Bill & Melinda Gates Foundation pledged £50 million in matching funds, and the Global Fund committed to raising another £50 million from the private sector.

Contributions from the private sector doubled for the Fifth Replenishment funding cycle.

£100M

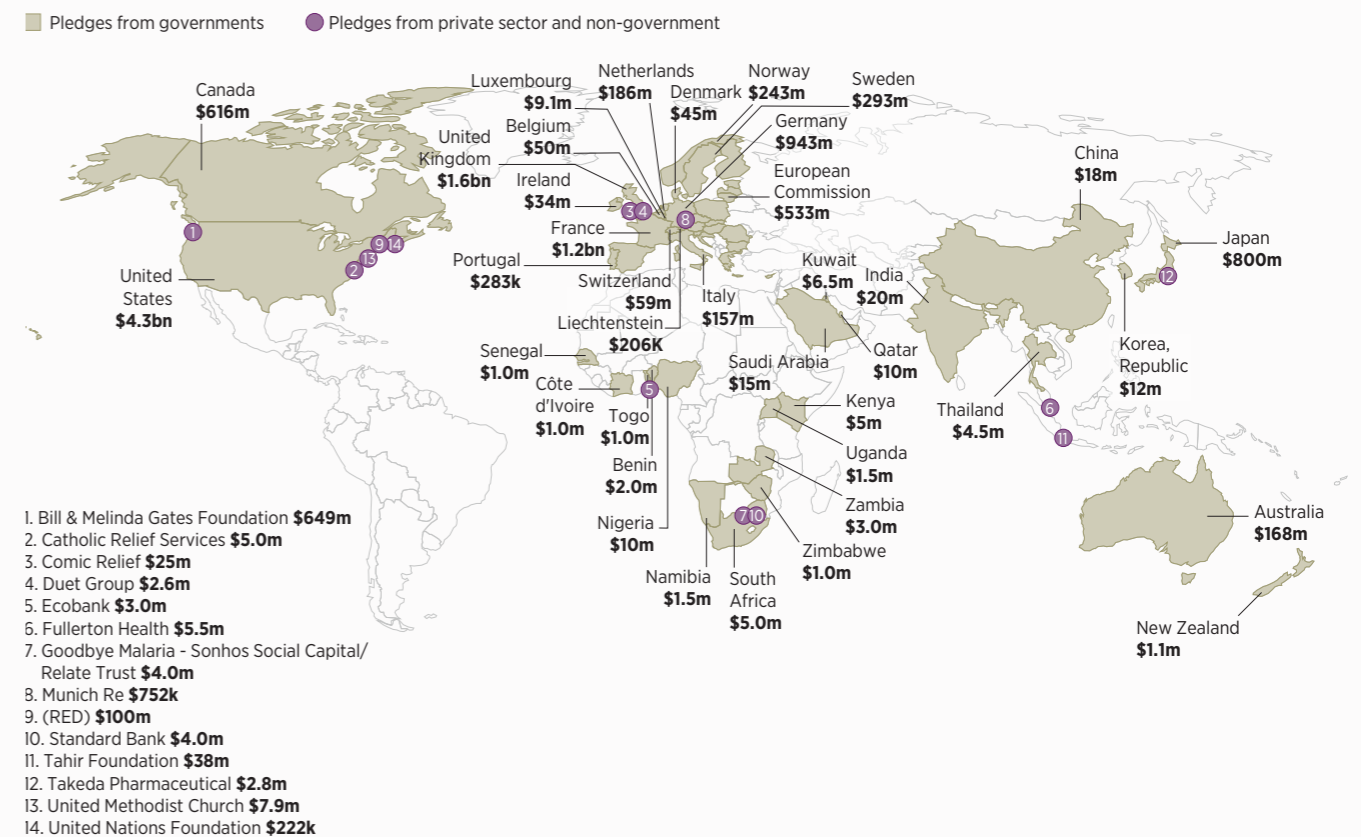
MATCH FUND COMMITMENT FROM THE UK

Digital technology and better access to information will play an increasingly important role in ending the epidemics and making universal health coverage a reality for millions of people. On this front, the Global Fund has partnered with Zenysis, a US-based software company that integrates fragmented and siloed data into a powerful analytical overview, allowing decision-makers to make better, more informed health decisions. Implementers of Global Fund-supported programs in Ethiopia, Liberia, Togo and South Africa are using Zenysis to strengthen their health programs.

With contributions by the Democratic Republic of the Congo as part of its debt swap agreement with Spain in 2018, cumulative support by Debt2Health to programs against AIDS, tuberculosis and malaria exceeded US\$130 million as of 2018.

As we look forward, important partnerships to support domestic finance will be facilitated by the enhanced collaboration through the Global Action Plan's Sustainable Financing Accelerator.

Financial pledges for the Fifth Replenishment As of June 2018 (All figures in USD)



US\$175M

SAVED THROUGH THE GLOBAL FUND'S POOLED PROCUREMENT MECHANISM

Increased collaboration and efficiencies

In addition to savings outlined in the HIV and malaria sections, savings in 2018 achieved through the Global Fund's pooled procurement mechanism amounted to US\$175 million, expanding the ability of partners to achieve greater value for money that can, in turn, be invested to save more lives. On-time and in-full deliveries of health commodities remained high at 83% in 2018, which has significantly contributed to decreasing reports of stock-outs.

Our move to the Global Health Campus in early 2018 with partner organizations Gavi, the Vaccine Alliance, Unitaid, the Stop TB Partnership and the RBM Partnership to End Malaria, is already beginning to provide efficiency gains in the Global Fund's operating costs. Besides the tangible economic benefits from sharing space and administrative functions, co-location in the Global Health Campus is facilitating enhanced collaboration and coordination between the organizations.

Consolidated financial statements and external audit

In terms of audited financial results, we are pleased to report yet another year of clean audit opinion by KPMG SA. The Global Fund has elected to maintain our financial statements in compliance with the International Financial Reporting Standards and our financial year follows a standard calendar year. Since 2012, the Global Fund has kept operating costs steady at less than US\$300 million per year. Full financial data is available in our Annual Financial Report⁹.

The 2018 results show considerable progress to save lives. However, the results show the scale of the challenges still ahead, and the need to step up the fight and accelerate progress to end the epidemics and achieve SDG 3 by 2030.

Since 2012, the Global Fund has kept operating costs steady at less than US\$300 million per year.

⁹ https://www.theglobalfund.org/media/8470/corporate_2018annualfinancial_report_en.pdf?u=636939343860000000



The Global Fund partnership supports some 20,000 malaria volunteers in Lao PDR and four other countries in the Mekong region – a pillar of the elimination strategy.
The Global Fund / Jonas Gratzner



Note on Methodology

The Global Fund Results Report 2019 presents selected programmatic results (e.g., people on antiretroviral therapy, people with TB treated, mosquito nets distributed) achieved by supported programs in 2018.

Vector control activities such as spraying stagnant waterbodies with insecticide have helped Indonesia make great progress in the fight against malaria.
The Global Fund / Jiro Ose

The Global Fund Results Report 2019 presents selected programmatic results (e.g., people on antiretroviral therapy, people with TB treated, mosquito nets distributed) achieved by supported programs in 2018. The full, aggregated 2018 and 2017 annual results are available at theglobalfund.org/en/archive/annual-reports and country-specific results are available at data.theglobalfund.org with the most up-to-date data, which might differ from the previously published annual reports due to retroactive updates and corrections.



TB incidence in Uganda has steadily declined since 2002, but more than half of children with the disease are not diagnosed or not reported. The Global Fund / Jiro Ose

To measure results and impact, the Global Fund uses the official disease burden and impact estimates developed and published by our technical partners, including WHO, UNAIDS, Stop TB and the RBM Partnership to End Malaria. We do not create our own disease burden and impact estimates. The disease burden and impact numbers are based on the latest available data from UNAIDS and WHO; in this report, data for HIV are as of 2018, but data for TB and malaria are as of 2016 or 2017, as indicated, as the 2018 data from WHO was not yet available at the time of publication. The Global Fund's results (nets distributed, people on ARVs, etc.) are calculated using the data for HIV, TB and malaria in countries where we invest in a given year. This means our results are different from the global figures presented in the WHO and UNAIDS reports, which include all data from all countries worldwide.

The Global Fund reports full national results for the countries where we invest, rather than reporting solely on the specific projects or interventions we fund. This reflects a core principle of the Global Fund: that we support national health programs and strategies to achieve national goals. By reporting full national

results, we can show the impact of the programs we support together with all partners and demonstrate where countries are on the trajectory toward achieving 2030 targets to end the epidemics.

The "lives saved" figure in the Global Fund's results is calculated in conjunction with technical partners using the most advanced modeling methods currently available, yielding sophisticated estimates, not scientifically exact figures. The number of lives saved in a given country in a particular year is estimated by subtracting the actual number of deaths from the number of deaths that would have occurred in a scenario where key disease interventions did not take place. For example, consider a country in which there is a TB program that provides treatment to people with TB and in one year, 1,000 people diagnosed with TB were treated and 100 people died of TB. If in that same country, studies showed that the probability of dying with TB was 70%, it would be reasonable to assume that 700 people would have died had there not been the availability of treatment for TB. Therefore, the estimate of the impact of the treatment intervention in this case would be 600 lives saved.

The same principle is used in all countries and for all diseases, using the best available estimates of intervention effectiveness and epidemiology.

2018 marks the first year in the 2018-2020 grant implementation cycle. The Country Coordinating Mechanism – the committee of local community, government and health experts that develops and guides Global Fund-supported programs in a country – adapts performance framework agreements for each new grant cycle, as part of the tailoring and targeting of Global Fund investments to maximize impact and build on lessons learned from the previous cycle. As the associated indicators identified by the CCMs can significantly change from one cycle to the next, some 2018 results are not directly comparable to the results of the previous year. This is particularly notable for HIV prevention services, which are an aggregation of a range of services determined by countries and tracked at national or subnational level. For a full explanation of the Global Fund's reporting methodology, visit theglobalfund.org/en/methodology.



About the cover: In 2018, the Global Fund invested in health programs in 124 countries around the world.

The Global Fund to Fight AIDS,
Tuberculosis and Malaria

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