

INVESTMENT CASE

Eighth Replenishment 2025





CONTENTS

Executive Summary	4
Impact at Scale Against HIV, Tuberculosis and Malaria	20
Building Stronger Health and Community Systems	42
Agility and Resilience in the Face of Crises	54
Innovation, Efficiency and Sustainability Through Partnership	72
The Global Fund Needs US\$18 Billion	90
Conclusion	108
Methodology	110
Glossary	114

Cover: Mercy Zakaliya with her 9-month-old baby, Precious, at the Baylor College of Medicine Children's Foundation in Lilongwe, Malawi. Mercy was born HIV-positive and has been on treatment since she was 3 years old. Precious is on preventive medications to ensure he remains HIV-free. The Baylor Foundation is one of southern Africa's leading pediatric HIV centers. It receives support from the Global Fund and other partners.

The Global Fund/Tommy Trenchard



EXECUTIVE SUMMARY

The Global Fund partnership is a proven model for turning donor dollars into impact at scale. Combining local leadership with global expertise, the knowledge and passion of communities with the agility of the private sector, and the power of governments with the reach of civil society, we are unequalled in our efficiency, effectiveness and adaptability.

A child at the Maluku General Reference Hospital in Maluku, Democratic Republic of the Congo (DRC). Despite immense challenges, Global Fund investments have had a profound impact in DRC, with HIV incidence and mortality rates declining steadily over the past two decades and TB case notifications increasing. DRC is home to the second largest malaria burden in the world – since 2002, deaths from the disease have fallen by one-quarter.

The Global Fund/Vincent Becker

Children play at home in Ratodero, Pakistan, where in April 2019 hundreds of children tested positive for HIV. The outbreak was linked to unsafe medical practices and waste management. The Global Fund, along with other partners, continues to provide children in the community with lifesaving antiretroviral medicines and other vital health services.

The Global Fund/Vincent Becker

A moment of reckoning

This is a moment of reckoning in the fight against HIV, tuberculosis (TB) and malaria. In two decades, the Global Fund partnership has made remarkable progress, saving 65 million lives and reducing the combined death rate from the three diseases by 63%. People are living longer, healthier lives, and the life expectancy gap is narrowing between rich and poor countries. In Zambia for example, life expectancy has increased dramatically, from just 43 years in 2002 to 58 years in 2021. More than two-thirds of that extraordinary gain is due to fewer people dying from AIDS, TB and malaria.



Despite the disruptive effects of the COVID-19 pandemic, and the challenges posed by economic stresses, conflict, climate change and the erosion of human rights and gender equality, we have continued to make steady progress against HIV, TB and malaria. Through our steadfast commitment to save lives, improve livelihoods and bolster global health security, the Sustainable Development Goal 3 (SDG 3) target of ending the three diseases as public health threats by 2030 is within sight.

Yet seeing this goal is not the same as attaining it. Our gains are fragile and could be rapidly reversed. HIV, TB and malaria are formidable adversaries that are quick to punish any dilution of effort. Against such opponents there is no middle ground: If we are not winning, we are losing. We cannot allow ourselves to go backwards. We must sustain our investments and massively increase our focus on innovation and efficiency.

Winning the fight against HIV, TB and malaria would deliver a huge prize: not only the millions of lives that would be saved, but also better preparedness against future health threats, faster progress on the path toward universal health coverage (UHC), and stronger, healthier and more economically productive communities. Tackling the stark inequities in health that disadvantage women and girls, marginalized populations and the most vulnerable communities is a prerequisite for building a more just, peaceful and stable world.

To achieve this ambition, we must surmount a daunting array of epidemiological and other challenges. Yet the opportunities are immense. Game-changing innovations in testing, treatment and prevention offer the prospect of further radical reductions in infections and deaths across all three diseases. Digital technologies, including artificial intelligence (AI), are revolutionizing access and delivery of health services even in the most remote areas.

The Global Fund partnership is a proven model for turning donor dollars into impact at scale. Combining local leadership with global expertise, the knowledge and passion of communities with the agility of the private sector, and the power of governments with the reach of civil society, this unique partnership is unequalled in its efficiency, effectiveness and adaptability.

Working with countries to sustain the hard-won gains and progress made is fundamental to the Global Fund's approach. Strengthening sustainability requires both continued investments in reducing the burden of disease, while at the same time supporting countries

to assume greater financing and responsibility for ending the epidemics. The Global Fund takes a comprehensive approach to sustainability, supporting the scale-up of new technologies and service delivery, catalyzing better and more efficient use of domestic financing, and supporting strong national sustainability and transition planning to gradually support countries to assume full leadership of the national responses. Such plans must reflect the epidemiological and fiscal context of each country to ensure continued progress toward ending the three diseases and appropriate incentives. Ultimately, the goal is to ensure that the countries where we invest are equipped with the tools, resources and knowledge to continue the work independently.

To deliver on the Global Fund Strategy milestones for 2028 and ensure we keep the SDG 3 target within reach, we need to raise US\$18 billion to fund the Global Fund's next three-year grant cycle. With this sum, we could fully leverage the multiple biomedical innovations available to accelerate progress against the three diseases. We could invest in critical infrastructure and capacities to deliver lifesaving services. We could catalyze increased domestic funding for the three diseases and health, support countries to make additional investments in specific interventions critical to progress against the three diseases, and help countries make better use of such resources.

Most importantly, with US\$18 billion we could save 23 million additional lives and prevent 400 million infections or cases. We could cut the combined annual death toll from the three diseases from 2.3 million in 2023 to 920,000 in 2029 in Global Fund-supported countries.

Every life lost is one too many. But to be able to reduce the death toll from AIDS, TB and malaria from over 4 million in 2005 to under 1 million in 2029 would be an immense achievement. It took the world 18 years to cut the combined death toll from AIDS, TB and malaria by almost half; with the right resources we can more than halve that figure again in only six years.

Ending AIDS, TB and malaria is one of the most powerful ways to save lives and overcome poverty. By removing the shadow of these diseases, communities will have the opportunity to prosper and thrive. Children and young people will be able to reach for a future free from the threat of disease. By building stronger and more resilient systems for health, we can make the SDG 3 promise of health and well-being for all a reality. We will give it everything. We will stop at nothing.

Driving impact at scale

The Global Fund partnership continues to drive progress toward the SDG 3 target of ending AIDS, TB and malaria by 2030. By combining country-led programming with global scientific and technical expertise, and by leveraging the complementary strengths of governments, civil society, communities and the private sector, this unique partnership delivers extraordinary impact at scale.

In the fight against HIV, the SDG 3 target of ending AIDS as a public health threat by 2030 is now within reach. Over the last two decades, in countries where the Global Fund invests, new HIV infections have fallen by 61% and AIDS-related deaths by 73%. As more countries achieve or approach the UNAIDS 95-95-95 targets, and with the advent of powerful new prevention tools, such as long-acting injectable pre-exposure prophylaxis (PrEP), we can now bring to an end a pandemic that has killed over 42 million people globally. By deploying new prevention tools at scale, we can achieve a radical reduction in new infections, cutting the future human and economic costs of the disease dramatically. Ending AIDS as a public health threat by 2030 would prevent millions of deaths and new HIV infections and enable close to 40 million people living with HIV to live longer and healthier lives.

The fight against TB has suffered from inadequate financial resources and global attention. Since the inception of the Global Fund, deaths from TB have fallen by 40% (excluding deaths of people living with HIV), but new cases have risen by 1% in countries supported by the Global Fund. Yet we are now seeing unprecedented momentum against the world's deadliest infectious disease: In 2023, TB programs supported by the Global Fund fully rebounded from the setbacks caused by COVID-19 and delivered record results, with more people with TB found and treated than ever before. By sustaining this momentum, taking advantage of the price reductions achieved through market shaping and leveraging the potential of new diagnostic, prevention and treatment tools, we can achieve a decisive shift in the trajectory of TB infections and deaths. While ending TB by 2030 would be challenging, we can accelerate progress toward the End TB Strategy pathway to bring the TB pandemic to an end by 2035.

For malaria, the path to ending the disease by 2030 remains daunting. Since the inception of the Global Fund, deaths from malaria have been reduced by 29% in countries where the Global Fund invests, but the number of cases has actually increased since 2015. Climate change, conflict and growing resistance to antimalarial drugs and insecticides hinder our way forward. Inadequate funding has resulted in persistent gaps in vector control, prevention and treatment in many of the hardest-hit countries. To tackle these challenges, we need a step change in the reduction of incidence and mortality. We have demonstrably effective tools, plus a pipeline of exciting innovations in vector control, prevention, diagnostics and treatment. With the right resources, and by optimizing the deployment of tools to specific epidemiological contexts, we can counter the alarming epidemiological trends and dramatically accelerate progress toward ending the disease.

The progress we have made against HIV, TB and malaria in the last two decades has reduced global inequality in life expectancy by one-third. Our progress has also made a major contribution to accelerating the path toward UHC, bringing better health care to millions worldwide. Recent analysis¹ shows that the UHC service coverage index score improved from 45% in 2000 to 68% in 2021, and that 70% of this improvement is due to progress made in the fight against the three diseases.

Moreover, the progress we have made in the fight against HIV, TB and malaria has freed up essential resources and capacities in health care systems to address other diseases. As a result, health and community systems are now better equipped to respond to outbreaks and pandemics, and to provide vital health interventions, such as those related to reproductive, maternal, newborn and child health. From our inception to the end of 2023, investments from the Global Fund partnership in HIV, TB and malaria programs are estimated to have freed up 2.9 billion hospitalization days and averted 5.5 billion outpatient visits, generating US\$103 billion in cost savings.² Annually, this translates to 131 million hospitalization days and 249 million outpatient visits, saving US\$4.7 billion. To put these findings into perspective, these efficiencies represent, on average, 22% of all available hospital beds in over 100 countries where the Global Fund invests.

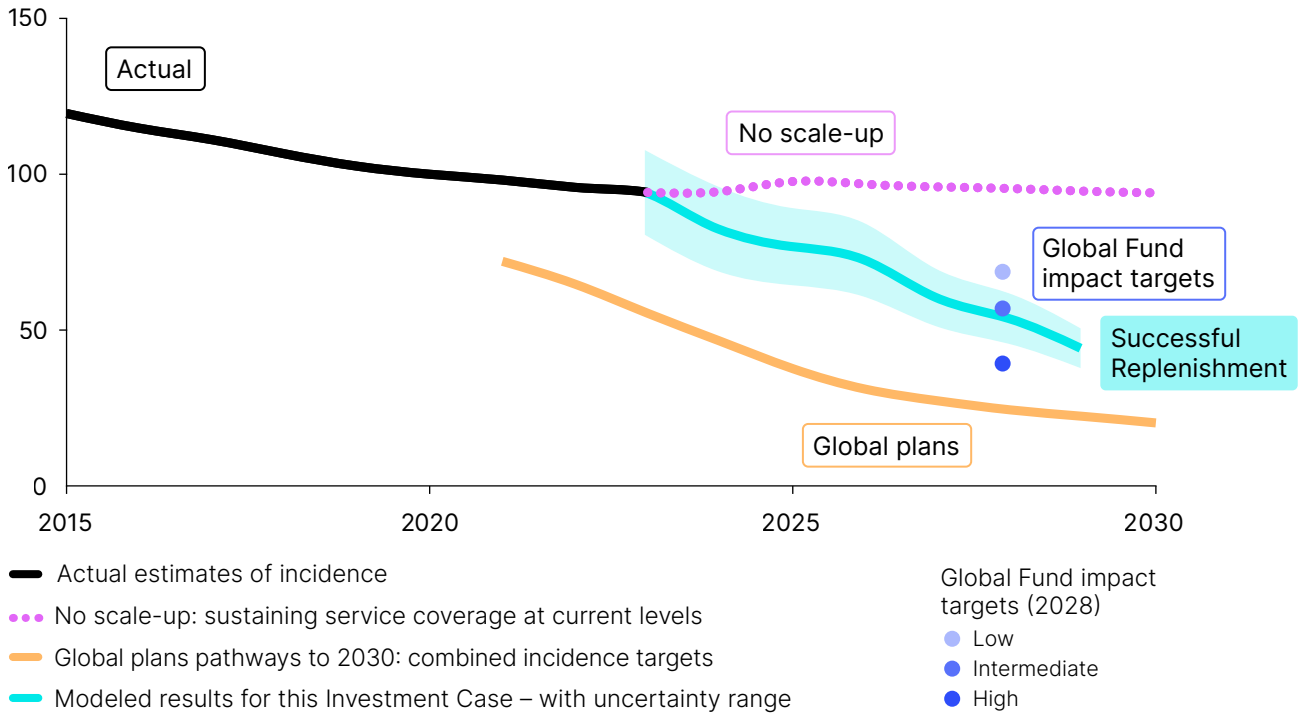
1. Tracking universal health coverage: 2023 global monitoring report. World Health Organization and the International Bank for Reconstruction and Development/The World Bank, 2023. <https://www.who.int/publications/i/item/9789240080379>.

2. These gains are calculated by comparing the scale-up of key HIV, TB and malaria services over the past two decades in Global Fund-supported countries with a counterfactual scenario assuming there was no scale up in HIV, TB and malaria services in the same countries and years. This includes countries that received an allocation from the Global Fund since our inception up until 2023.

Investment Case results for HIV, TB and malaria

Figure 1
Combined incidence rate

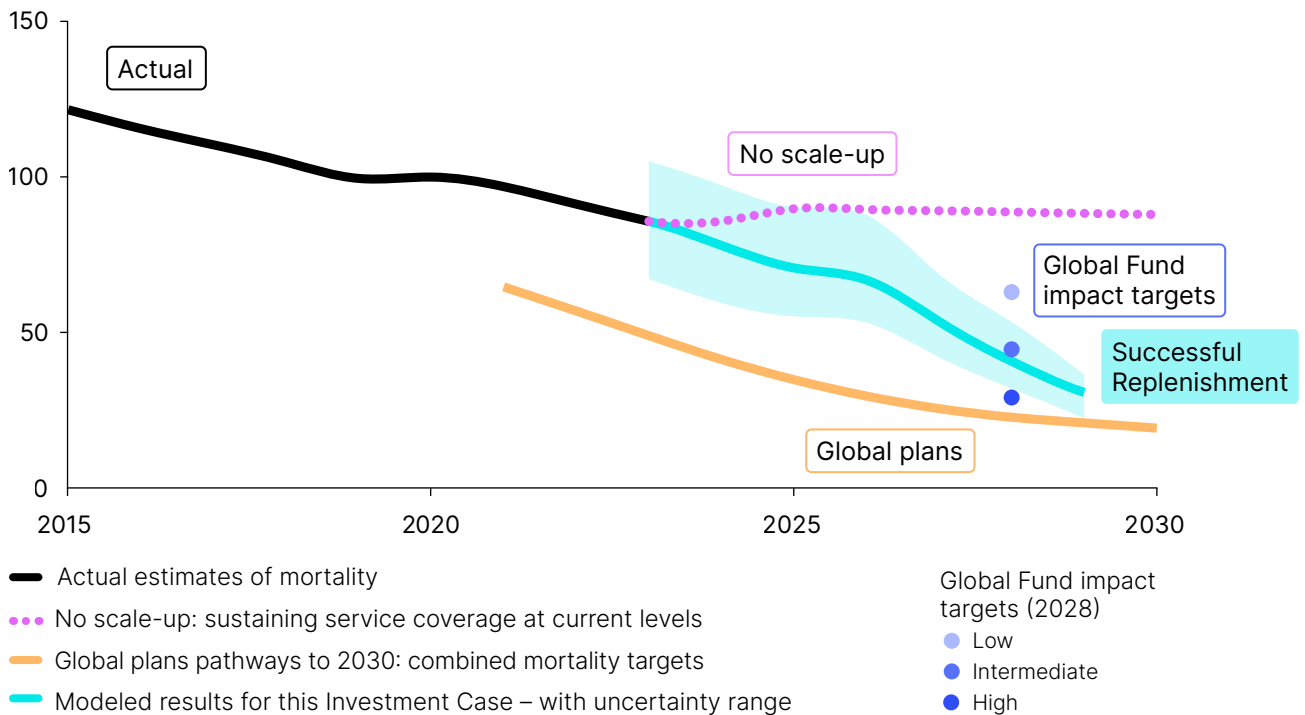
Data are first normalized to 100 in 2020 for each disease, and then combined with equal weighting across the three diseases.



Data for malaria are for sub-Saharan African countries, aligned to the KPI I1 and I2 definitions.

Figure 2
Combined mortality rate

Data are first normalized to 100 in 2020 for each disease, and then combined with equal weighting across the three diseases.

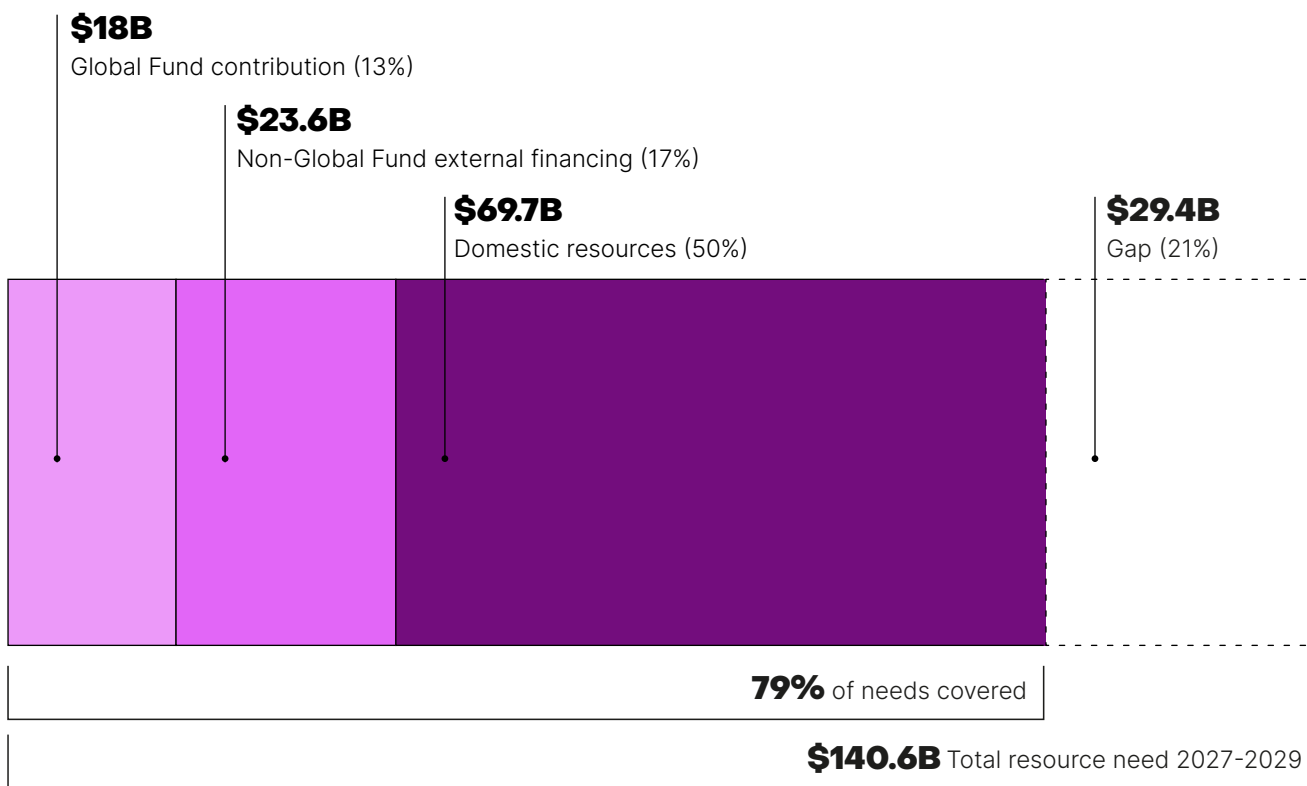


Data for malaria are for sub-Saharan African countries, aligned to the KPI I1 and I2 definitions. Data for TB mortality rate excludes HIV+ TB patients.

Figure 3

Overall resource needs and projected available resources for HIV, TB and malaria

In countries where the Global Fund invests



See Annex 1: Methodology for estimating the resource needs for HIV, TB and malaria and Annex 2: Methodology for the projection of available resources for HIV, TB and malaria.

In addition to our disease-specific interventions, the Global Fund is the largest multilateral provider of grants to strengthen health and community systems, investing around US\$2 billion³ annually to support countries to build climate-resilient, crisis-ready health and community systems that serve people in the poorest and most marginalized communities.

While these investments in health and community systems are essential to reach our objectives for HIV, TB and malaria, they also deliver much wider benefits. By supporting countries to build integrated, people-centric primary health care platforms, we are catalyzing much broader improvements in communities' health and well-being. For example, our unprecedented investment in the provision of medical oxygen, amounting to some

US\$564 million, is saving lives by improving maternal and neonatal care and the response to acute trauma, and by enabling a range of surgical procedures. The Global Fund is not only facilitating the fight against the three diseases, but is also reinforcing countries' pandemic preparedness and enhancing their ability to respond to the challenge of antimicrobial resistance (AMR). We do this by investing in critical infrastructure and human resource development in laboratories and diagnostics; health system supply chains; disease surveillance systems; digital platforms; infection prevention and control, including waste management; and public health capacities. The value of such investments to counter new threats was demonstrated in the response to COVID-19, and even more recently in the response to mpox.

3. This figure is based on a Global Fund Strategy Committee methodology that integrates direct investments in resilient and sustainable systems for health (RSSH) and contributions to RSSH through investments in the fight against HIV, TB and malaria (contributory RSSH). The amount is derived from approved and signed grant budgets and RSSH-related catalytic investments and includes C19RM. This methodology excludes Global Fund Secretariat operating expenses.

Our investments in human resources for health – including formal health workers, such as doctors and nurses, and community health workers and community-based networks – are fundamental to strengthening overall health system effectiveness and resilience. The Global Fund’s distinctive focus on tackling human rights and gender-related barriers to health service access is crucial to delivering on the “U” of UHC.

Across all our investments, we leverage the strengths of our unique partnership and operating model, our scale and our relentless focus on outcomes to ensure every dollar is used to maximum effect. With operating expenditure amounting to only 6.2% of donor pledges, disbursements against allocation of over 96% and in-country absorption of over 85%, the Global Fund is an extraordinarily effective and efficient mechanism for translating donor contributions into health impact at scale.

Our focus on efficiency means that more of every dollar invested by the Global Fund partnership achieves a high return on investment. We also leverage our purchasing power to procure lifesaving health products and medicines at scale. By harnessing that scale, we help shape markets and drive down prices, ensuring that game-changing innovations reach people most in need. As a result, more people, especially those who are most vulnerable, receive the lifesaving products they need to stay healthy. This approach not only maximizes the effectiveness of our funding, but also contributes to the long-term sustainability of health systems in the most underserved regions. This partnership is saving lives, improving livelihoods, and demonstrating that when we act with efficiency and purpose, we can achieve remarkable impact.

Demonstrating agility and resilience in the face of crises

In a world confronted by multiple colliding crises including climate change, conflict, economic stresses, political tensions and the erosion of human rights and gender equality, the Global Fund partnership can respond with agility and build resilience at the country level. While the impact and dynamics of these crises differ by region and country, they invariably put people at greater risk of deadly infectious diseases.

The Global Fund brings a distinctive combination of commitment and flexibility when supporting countries

to respond to such crises. For example, when COVID-19 struck, the Global Fund reacted immediately to enable countries to reprogram savings from existing grants to procure tests, treatments and medical supplies, protect frontline health workers with personal protective equipment, adapt lifesaving HIV, TB and malaria programs, and reinforce critical components of health systems, such as supply chains and laboratory networks. Within weeks, we also launched the COVID-19 Response Mechanism (C19RM) to provide additional funding. Supported by the generosity of donors, we have deployed approximately US\$5 billion via C19RM, enabling countries to respond to the pandemic with speed and at scale, and to build greater resilience against future threats.

The agility of our partnership has also been demonstrated in the swiftness of our response to other challenges, including conflicts and humanitarian crises, disasters including climate-driven extreme weather events, and other health threats such as mpox, Ebola, and Marburg virus disease. In addition to grant reprogramming, portfolio optimization and dedicated mechanisms like C19RM, the Global Fund’s Emergency Fund provides quick and flexible health financing to ensure health service delivery in times of crisis. We have deployed more than US\$149 million⁴ from the Emergency Fund since its inception in 2014 across several countries to ensure continuity of lifesaving HIV, TB and malaria services.

The Global Fund is not only supporting countries to respond to such crises, but is also backing them in their efforts to improve their resilience and preparedness. COVID-19 was a stark reminder of the human and economic costs of poorly prepared health systems. Through our investments in disease surveillance, laboratories and diagnostics, supply chains, community health workers, infection prevention and control and medical oxygen, the Global Fund is now the largest multilateral provider of grants to low- and middle-income countries for pandemic preparedness. Meanwhile, the increasing frequency of climate-driven extreme weather events – including flooding, extreme heat and cyclones – is showing the need to improve the climate resilience of health systems infrastructure in many of the countries in which we invest, a challenge we are responding to through our core investments as well as with the recent launch of the Climate and Health Catalytic Fund.

4. As of December 2024.

Seizing the opportunity to end AIDS, TB and malaria

The Global Fund's Eighth Replenishment is a pivotal moment in the fight against HIV, TB and malaria. Building on the success of the last two decades, we can seize the opportunity presented by a range of powerful innovations to accelerate progress toward ending the three diseases. Deploying new, long-acting HIV prevention tools at scale to those most at risk could have a dramatic impact on new infections and thus radically change the trajectory of this disease. Ensuring the sustainability of the fight against HIV is a much more tractable problem if the number of new infections is cut significantly. Scaling and optimizing the deployment of new malaria tools, including dual active ingredient (dual AI) insecticide-treated mosquito nets, alternative first-line treatments, vaccines and seasonal malaria chemoprevention, will get us back on track to end malaria. New tools in the fight against TB, such as mobile X-rays and lower-cost molecular diagnostics, as well as new curative and preventive treatments, can help us build on the momentum generated over the last two years.

Accelerating equitable access at scale to such innovations is essential to regaining and sustaining momentum in the fight against HIV, TB and malaria. Renewed commitments through the Eighth Replenishment would enable the Global Fund to work with partners, including private sector innovators, technical partners, governments, philanthropists and civil society and communities, to shape markets and ensure those who most need these tools get access to them.

A robust Eighth Replenishment would also allow us to continue to invest vigorously in health and community systems capacities, such as human resources for health, including community health workers; supply chains; laboratory systems and diagnostics; disease surveillance; health management information systems; medical oxygen and respiratory care; antimicrobial resistance and infection prevention and control;

human rights and gender equality programming; and community-led monitoring. It would also enable us to advance the integration of HIV, TB and malaria interventions into broader health and community systems. Such investments are essential to delivering on our HIV, TB and malaria goals, and are also crucial to reinforcing health security and accelerating progress toward UHC.

Donor commitments through the Eighth Replenishment must be accompanied by at least equally ambitious commitments by countries to increase the scale and quality of their domestic expenditure to fight the three diseases, strengthen health systems and tackle barriers to access. Domestic resourcing of the fight against the three diseases already substantially exceeds external funding, yet there is a clear imperative to step up the pace of shifting the financing burden and supporting countries to invest in specific programmatic interventions that are essential to progress, such as antiretroviral medicines or services for key and vulnerable populations. By directing more of our resources to the poorest countries, by making our co-financing requirements more rigorous and specific, and by working in collaboration with partners to support countries to devise robust sustainability and transition plans, the Global Fund is committed to advancing this sustainability agenda.

Investing in health has proven to be one of the most powerful and cost-effective ways to improve people's lives and reinvigorate their communities, promote broader social and economic development and reduce inequities and global health risks. The logic and the return on such investments remain compelling. We have made huge progress in reducing the death toll and the impact of morbidity from the three diseases, and in improving the performance and resilience of health systems in even the poorest countries. Now is the moment to seize the opportunity to build on what has already been achieved, leverage the innovations and grasp the ultimate prize of ending the three diseases for good.



**The Global Fund
needs**

**\$18
billion**

Ida Neni Haryanti, head of the Virology Lab at the Center for Environmental Health in Batam, Indonesia, uses a genome sequencing machine to determine an organism's genetic details. This method helps fight disease and prepare for future health threats.

The Global Fund/Jiro Ose



To meet our Strategy objectives and get within reach of the 2030 SDG 3 target related to the three diseases, the Global Fund needs to raise US\$18 billion for the Eighth Replenishment. That sum is essential to drive the required pace of progress in the fight against HIV, TB and malaria, and to maintain the necessary investments in health and community systems. This figure is derived from extensive and rigorous modeling analyses conducted in collaboration with our technical partners, including the World Health Organization (WHO), the Joint United Nations Programme on HIV/AIDS (UNAIDS), the Stop TB Partnership and the RBM Partnership to End Malaria, as well as leading academic modeling institutions.

According to the latest available global plans⁵ from technical partners, total projected resource needs for HIV, TB and malaria in countries where the Global Fund invests for Grant Cycle 8 (GC8), or the 2027-2029 period, amount to US\$140.6 billion. This represents a US\$10.4 billion, or 8%, increase in identified resource needs compared to Grant Cycle 7 (GC7), the 2024-2026 period.

Against this total, we estimate domestic resourcing of US\$69.7 billion and other external financing of US\$23.6 billion. With a Global Fund contribution of US\$18 billion, and these projected levels of domestic resourcing and other external financing, 79% of the global plan resource need for 2027-2029 would be covered, leaving a gap of US\$29.4 billion. However, despite this gap, the analysis shows that when used in the most efficient way, and taking full advantage of the most recent price reductions secured through market shaping, a US\$18 billion contribution by the Global Fund should still enable us to get within reach of the total impact required by the global plans. For example, our market-shaping efforts have led to price reductions in core commodities and medicines, which are estimated to lead to projected cost efficiencies of US\$9.8 billion over 2027-2029.⁶

If US\$18 billion is raised, we anticipate that about one-third of this target – US\$6 billion – would be directed by countries toward strengthening and integrating health and community systems, to underpin the fight against the three diseases and enhance pandemic preparedness, climate resilience and the path to UHC.

At US\$18 billion, the target for the Eighth Replenishment is the same as the target set for the Seventh Replenishment, despite the 8% increase in total needs. We did not hit this target at the Seventh Replenishment in 2022, but we did secure US\$15.7 billion in total pledges, a record amount. Combined with the remaining resources in C19RM, the result of the Seventh Replenishment is

enabling the Global Fund partnership to invest almost US\$18 billion in the current grant cycle (GC7). Securing US\$18 billion in the Eighth Replenishment would therefore enable the partnership to sustain around the current level of support to countries. Since Global Fund investments will be broadly flat, accelerated deployment of innovative tools and substantially improved and increased domestic resourcing will be essential to accelerate our trajectory against the three diseases.

On domestic financing, the Global Fund incentivizes countries to focus their co-financing investments on the areas that can achieve the greatest impact. This targeted approach is crucial to our efforts to build sustainability and maximize the efficiency of investments as we drive progress toward ending the three diseases. This approach is essential to accelerate global disease responses, incentivize stronger domestic financing of health programs, and it is in line with the five key shifts of the Lusaka agenda.

We recognize that we are setting the US\$18 billion target at a time when donors are facing fiscal pressures, and when there are many competing asks. Yet slowing down the fight against HIV, TB and malaria will inevitably prove much more expensive, both in lives and in dollars. There are already too many examples of sharp reversals when money and political commitment have been diverted. Moreover, the return on investment is extraordinarily high: Ending AIDS, TB and malaria would not just save millions of lives – it would also boost productivity, unlock social and economic development and enhance stability for many communities across the world.

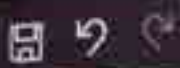
Stop at nothing

The Global Fund partnership has a vital role to play in creating a healthier and more equitable world for all. Twenty-three years ago, the global community came together and committed to the goal of a world free from the burden of AIDS, TB and malaria. Since then, we have fought to make this aspiration a reality, and together, we have made tremendous progress.

We now have the tools to end these diseases. And the Global Fund is a vibrant and robust partnership that can deliver them to the people who need them most. Constantly adapting and improving, the Global Fund is a superbly efficient and effective mechanism for maximizing the health impact of donor dollars. The Global Fund's Eighth Replenishment is the world's opportunity to rise to this moment of reckoning and take bold action. We must give it everything. We must stop at nothing.

5. See figure 5.

6. These efficiencies arise when comparing currently available prices for long-lasting insecticide-treated mosquito nets and antiretroviral medicines with those assumed in the latest available global plans. A robust Eighth Replenishment is essential for the Global Fund to be able to sustain these cost efficiencies.



Fichier

Accueil

Insérer



Nouvelle page

Page



Nouveau flux de visual

Commentaire visual



Questions réponses



Cumul de cas 2024

5387



Cumul de décès 2024

490



LETALITE

9,10 %

REP

Cas par tranche d'age



Décès par tranche d'age



REP	CAS
YU	100
NGO	100
KASA	100
HAUT S...	100
EGORTE	25
NIS XI	10
COMAMI	277
SUD S...	294
KISSA...	175
MOTG...	174
BAV HILL	169
JAMBU	190

Page 3 sur 6

30°C
Ciel couvert



DEMOCRATIC REPUBLIC OF THE CONGO

DIGITAL SOLUTIONS TRANSFORM DISEASE SURVEILLANCE

Epidemiologist Leatycia Kabange Banza at the Ministry of Health's Epidemiological Surveillance Department's Early Alert Room in Kinshasa, Democratic Republic of the Congo (DRC). The Early Alert room is the epicenter of DRC's vast digital disease surveillance system, receiving data on 21 infectious diseases from across the country.

The Global Fund/Vincent Becker

Robust disease surveillance is vital to protecting people from infectious diseases everywhere. In the Democratic Republic of the Congo (DRC), it is crucial – but particularly challenging.

Decades of conflict and displacement, weak health systems and environmental conditions that fuel vector-borne diseases may lead to more frequent outbreaks. The country's size, terrain, inconsistent internet connectivity and limited transportation networks pose additional logistical challenges to respond quickly.

To ramp up the country's response to outbreaks and stop them before they spread, the Ministry of Health is digitizing the national disease surveillance system with support from the Global Fund.

This begins by equipping frontline health workers with mobile devices, which they use to encode and transmit data on new cases of 21 infectious diseases, including cholera, malaria, measles, mpox and yellow fever.

Data is sent to provincial authorities, who combine it with data from other health districts before sending it to the National Centre for Epidemiological Intelligence in Kinshasa.

There, health authorities can monitor and rapidly respond to outbreaks and share the latest information with health counterparts across Africa and beyond. The system has been vital in responding to the most recent mpox outbreak.

Before digitization, it could take two to three weeks for data to reach national authorities in Kinshasa – now it takes hours.

Approximately half of DRC's 516 health districts are sharing disease surveillance data digitally, with the goal of digitizing the entire country in the next six years.

**With an investment of US\$18 billion,
the Global Fund partnership would:**



Save 23 MILLION LIVES

between 2027 and 2029, reducing the mortality rate by **64%** across the three diseases by 2029, relative to 2023 levels. Reduce the death toll from 2.3 million in 2023 to 920,000 in 2029.

Avert 400 MILLION INFECTIONS OR CASES

between 2027 and 2029, reducing the incidence rate by **54%** across the three diseases by 2029, relative to 2023 levels. Reduce infections or cases from 271 million in 2023 to 119 million in 2029.

Deliver a RETURN ON INVESTMENT OF 1:19

Every dollar invested in fighting HIV, TB and malaria would result in US\$19 in health gains and economic returns. A US\$18 billion Replenishment would result in **US\$323 billion** in returns over 2027-2029.

- **Strengthen health and community systems and pandemic preparedness** by investing approximately US\$6 billion in human resources for health, including community health workers; laboratories and diagnostics; disease surveillance; supply chains; oxygen and respiratory care; digital health and health information systems; and resilient community systems.
- **Close the equity gaps and accelerate service coverage** and health outcomes for populations being left behind across the HIV, TB and malaria responses by tackling human rights-related and gender-related barriers and by working closely with civil society and communities.
- **Reduce global inequality in life expectancy** (where people in low-income countries live much shorter lives than people in high-income countries) by 7% between 2023 and 2029.
- **Catalyze improved and more targeted domestic investments** for HIV, TB, malaria and health and community systems to advance universal health coverage and equitable access to quality health care.
- **Improve resilience to climate change** to safeguard progress against HIV, TB and malaria and protect these gains from the effects of climate-related disasters by building climate-resilient health systems.
- **Save US\$42 billion in primary health care costs** through our investments in HIV, TB and malaria between 2024-2029, bringing the total savings since 2002 to US\$145 billion. This would imply freeing up 1.6 billion hospital days that would have otherwise been needed for activities related to the three diseases, and averting 3.1 billion outpatient visits, in addition to the results achieved so far.

With an Eighth Replenishment of US\$18 billion, the Global Fund would contribute to achieving these results alongside sustained levels of other external funding, scaled-up domestic financing, and more innovation, collaboration and rigorous execution.

Liz Tatiana Mereles and her children in Asunción, Paraguay. Liz and her family have been forced from their home eight times over the past 13 years due to flooding. Each time they took shelter with family or found temporary housing. Liz was screened for TB at the San Felipe Health for All Mutual Aid Center, which is part of a national TB awareness campaign that provides people with a safe and convenient place to be tested.

The Global Fund/Johis Alarcón/Panos

Paul Okware is the Chief Stores and Operations Officer at the National Medical Stores warehouse in Entebbe, Uganda. With support from the Global Fund and other partners, the facility holds and distributes essential health commodities including medicines, diagnostics and 14 types of vaccines to more than 3,500 health facilities across the country.

The Global Fund/Brian Otieno



IMPACT AT SCALE AGAINST HIV, TUBERCULOSIS AND MALARIA

Today the Global Fund partnership faces a decisive moment: Interconnected crises including conflict, poverty, climate change and economic uncertainty are jeopardizing the remarkable progress that the world has made against HIV, TB and malaria over the past two decades, putting millions of lives at risk.

In this challenging context, global cooperation is needed more than ever. At the Summit of the Future in September 2024, governments reiterated their commitment to collective action through the Pact for the Future, pledging to move faster toward achieving the SDGs. With a relentless focus on value-for-money and impact, the Global Fund is a vital partner to deliver on these goals.

Since 2002, the Global Fund partnership has invested US\$66.9 billion⁷ in over 100 countries, delivering maximum impact against the three diseases and advancing progress toward UHC. We follow a unique country-led approach, working

with local partners to place lifesaving tools and resources directly where they are most needed.

Across the world, countries have made remarkable progress, building robust national responses to HIV, TB and malaria and strengthening their capacity to respond to other infectious diseases. These achievements have not only improved health outcomes but have also enhanced economic prospects and global health security, fostering a more resilient and equitable global community.

The Global Fund plays a key role in catalyzing change by supporting areas where countries face challenges, accelerating innovation, and incentivizing better domestic funding and sustainability of disease responses. Together with our partners, we are fully committed to maximizing the impact of our work and ensuring our efforts are complementary, without duplication. We share a common aim to collaborate, to do things differently wherever needed, to leverage our shared flexibility and to focus relentlessly on outcomes.

7. As of 31 October 2024.

Key results in countries where the Global Fund invests in 2023:

25M

People on antiretroviral therapy for HIV



7.1M

People treated for TB



227M

Mosquito nets distributed

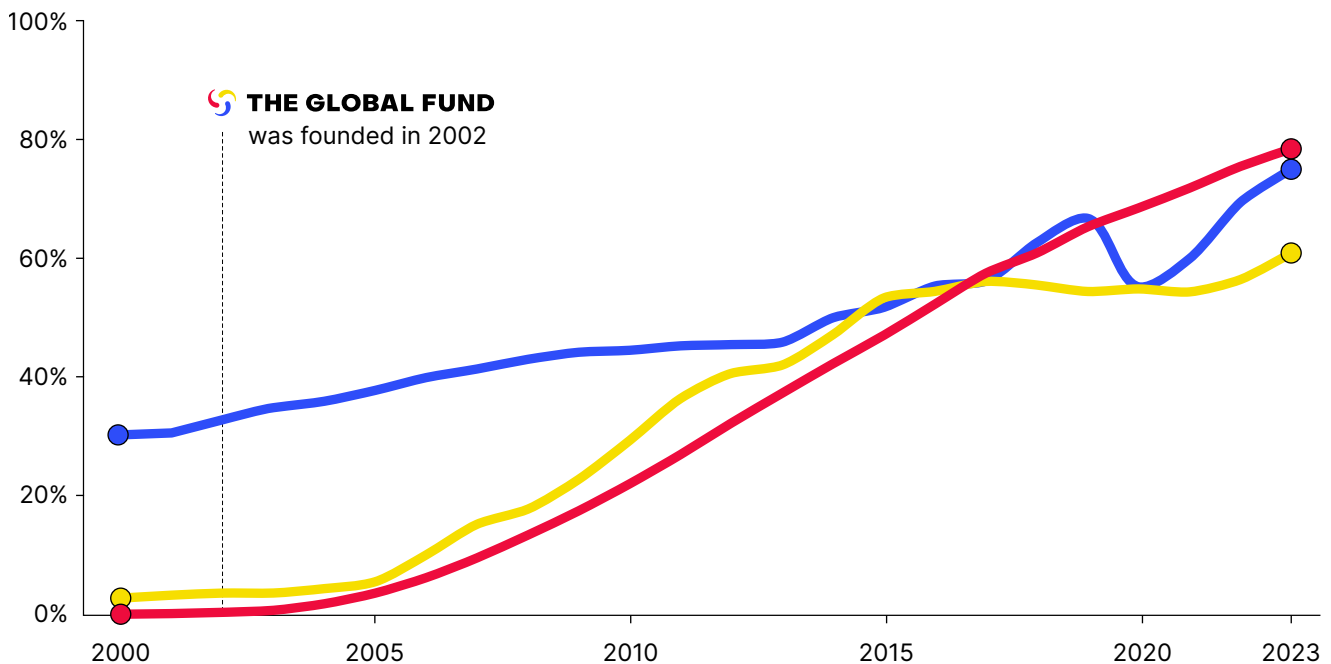


Figure 4

Coverage of key treatment and prevention interventions

In countries where the Global Fund invests

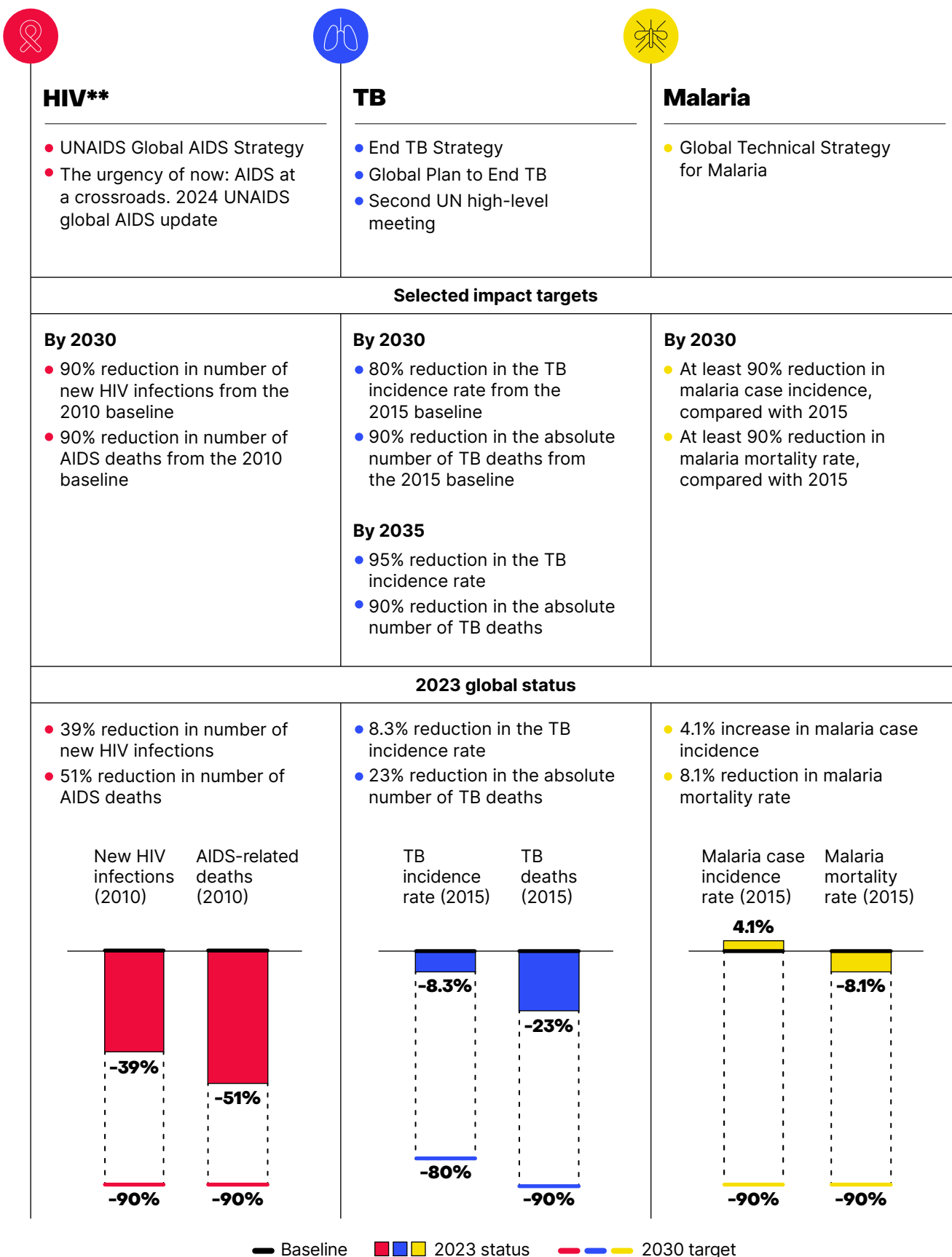
- HIV: % of people living with HIV on antiretroviral therapy
- TB: % of TB treatment coverage
- Malaria: % of population with access to a long-lasting insecticide-treated net



Malaria coverage is calculated based on 38 African countries where the Global Fund invests, for which data is available from WHO/Malaria Atlas Project estimates. HIV and TB estimates are based on countries where the Global Fund invests. Based on published data from UNAIDS (2024 release), WHO Global Tuberculosis Report 2024, and WHO World Malaria Report 2024.

Figure 5

Summary of global plan milestones and targets*



*See Annex 8: Global plan milestones and targets to see the full list of milestones and targets plus references. **And Global health sector strategies on, respectively, HIV, viral hepatitis and sexually transmitted infections for the period 2022-2030. Geneva: World Health Organization, 2022.



HIV and AIDS

We expand access by leveraging our ability to drive down prices through market shaping. When we began our mission in the early 2000s, the cost of first-line antiretroviral medicines was around US\$10,000 per patient per year. Today this cost is as low as US\$37 per year.

In the fight against HIV, we face a defining moment. Ending AIDS is finally on the horizon. The Global Fund provides 28% of all international financing for HIV programs,⁸ and our partnership has made a huge contribution to the fight against HIV. Since 2002, we have invested US\$26.9 billion in programs to prevent and treat HIV and AIDS and US\$7.9 billion in HIV/TB programs as of 31 October 2024. Our partnership has massively expanded the number of people receiving antiretroviral therapy by driving down the price of antiretroviral medicines and removing barriers to access. In Global Fund-supported countries, 25 million people are currently on treatment.

In countries where we invest, new HIV infections fell by 61% and AIDS-related deaths dropped by 73% between 2002 and 2023. Without prevention and treatment, infections would have risen by 119% and deaths by 115%. Sub-Saharan Africa – the region most affected by HIV – has achieved a remarkable decline in new infections, registering a 56% decrease between 2010 and 2023. For the first time, more than half of all new HIV infections in 2023 occurred outside of sub-Saharan Africa.

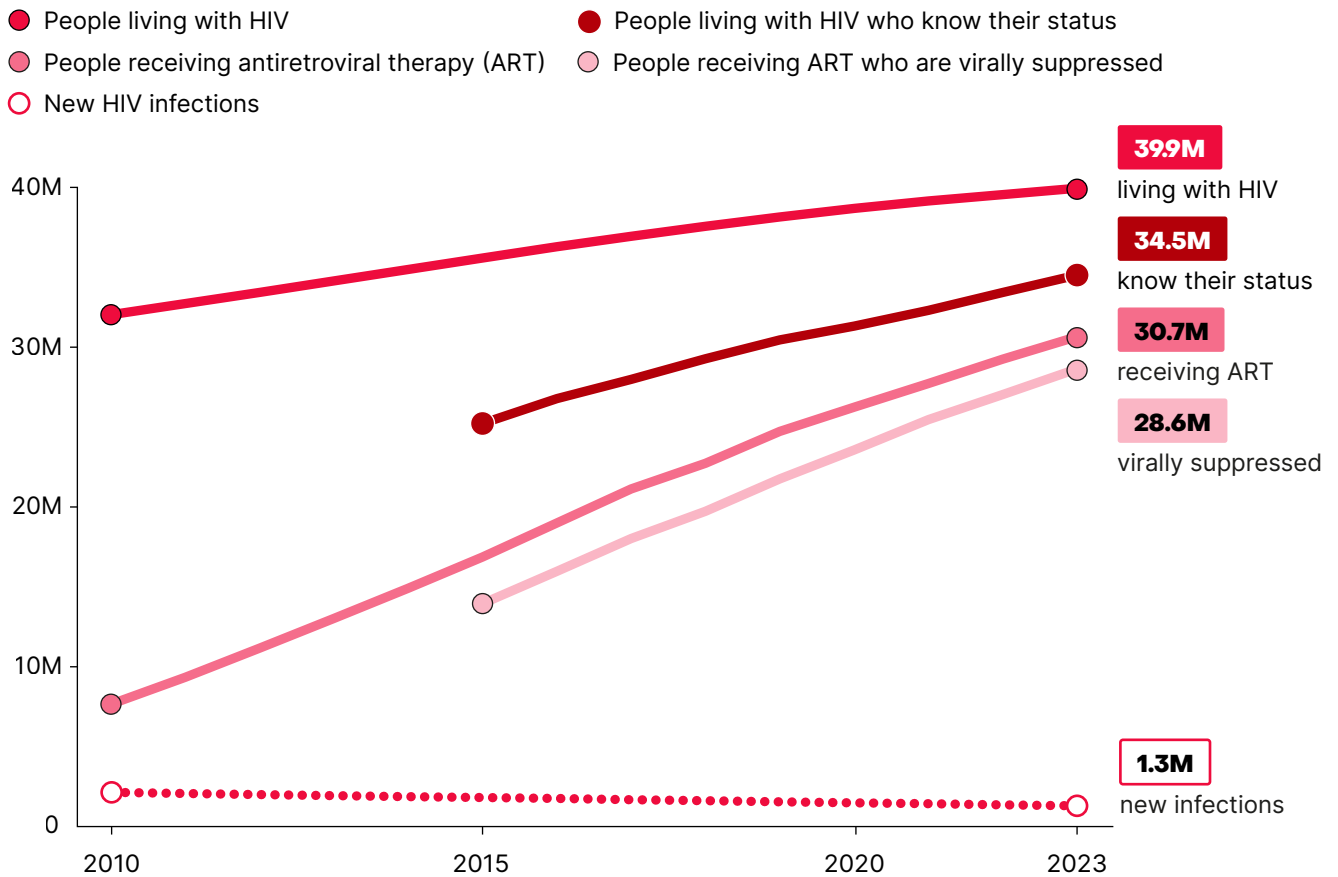
Working with partners, the Global Fund has supported many countries to attain or make progress toward the global UNAIDS 95-95-95 targets – where 95% of people living with HIV know their status, 95% of those who know their status are on treatment, and 95% of those on treatment achieve viral suppression. Yet there are still an estimated 7 million people living with HIV who are not receiving antiretroviral therapy in the countries where the Global Fund invests, underscoring the need for continued expansion of testing. Community engagement, integration of HIV interventions with other health services, and support for community-led organizations will be key to expanding equitable access to HIV prevention, treatment and care, delivering trusted, peer-led services that reach those most affected.

Working with UNAIDS, WHO, the U.S. President's Emergency Plan for AIDS Relief (PEPFAR), Unitaid, the Gates Foundation and other partners, the Global Fund is playing a key role in scaling up the accessibility and affordability of innovative and key HIV prevention tools.

8. This data is provided by UNAIDS.

Figure 6

Progress toward testing and treating people living with HIV



UNAIDS (2024 release), global data.

For example, the dapivirine vaginal ring is the first-ever effective, woman-controlled HIV prevention option – giving women more agency and discretion in their prevention measures. Long-acting injectable PrEP tools, like lenacapavir and cabotegravir, have the potential to be game-changing innovations if provided at scale. Partnerships with private sector innovators and generic manufacturers are critical to expanding equitable access to such tools. Partnerships with governments, civil society and communities are also vital to address persistent structural, human rights-related and gender-related barriers to ensure that innovative tools reach those who need them the most.

The fight is not over. In 2023, 630,000 people died of AIDS-related causes globally – more than one life lost every minute. Progress is inconsistent across regions and too many people are being left behind. Many countries in Eastern Europe and Central Asia, Latin America and the Middle East and North Africa are experiencing rising numbers of new HIV infections. In the fight against HIV, children have been left behind in too many parts of the world. Only 57% of the 1.4 million children living with HIV globally were reported to be receiving treatment in 2023,

compared to 77% of adults. In 2023, children accounted for 12% of all AIDS-related deaths globally, even though they constitute only 3% of people living with HIV. While prevention of mother-to-child transmission interventions have significantly reduced the numbers of children being infected with HIV, with new infections globally falling by 73% between 2010 and 2023, the overall decline in vertical HIV infections has slowed notably in recent years, particularly in Western and Central Africa. An estimated 120,000 children acquired HIV in 2023.

Given that key populations – such as gay men and other men who have sex with men, sex workers, trans and gender-diverse people, people who inject drugs, people in prison – and their sexual partners continue to be disproportionately affected by HIV, we invest in expanding access to HIV prevention services for these populations, and work with the communities themselves to design and deliver these programs.

Deep structural gender inequalities remain a powerful driver of the HIV epidemic, particularly in Southern and Eastern Africa. Our targeted investments focused on adolescent girls and young women and their male sexual



Investing in the Global Fund has been one of the most important decisions CIFF has made. Over the last six years we have seen the Global Fund catalyze enormous progress on issues like ending the testing gap and scaling preventive tools that are making a measurable difference. We must do more and do it now. Millions of young lives and the lives of future generations depend on the Global Fund being fully funded, and continuing its exceptional performance. The next three years are crucial. For me it is one of the best investments we can make.



Chris Hohn
Founder
Children's Investment Fund Foundation
© CIFF



partners have helped to reduce HIV incidence among adolescent girls and young women by 69% in 13 sub-Saharan African countries since 2010. Nevertheless, in 2023, globally around 4,000 adolescent girls and young women were still being infected with HIV every week, driven by a combination of economic disempowerment, educational disadvantage and gender-based power imbalances, including gender-based violence.

Adjusted for inflation, funding for HIV is at its lowest in over a decade.⁹ Yet despite funding gaps, we continue to make progress by achieving continuous reductions in the costs of lifesaving commodities and through constant innovation in delivery models. But to win the fight and finally end the epidemic, we must prevent new infections. Since there is no cure for HIV, treatment is lifelong. Preventing a 16-year-old from being infected with HIV avoids the need to provide many decades of ongoing care. So the return on investment from effective prevention interventions is extraordinarily high. Making the fight against HIV sustainable, and transferring greater financing responsibility to countries, becomes much more feasible the more we cut the rate of new infections.

Global Fund investments in HIV not only drive progress against the disease but also strengthen health and community systems. Investments in training health care workers, improving laboratory infrastructure and integrating HIV services into broader health systems have been crucial for sustainable HIV care, especially as people living with HIV age and face additional health challenges, such as noncommunicable diseases and co-infections. These efforts enhance the capacity of health systems to address HIV as part of broader sexual and reproductive health care that can save the lives of women and girls, including antenatal services, testing and treatment for other sexually transmitted infections and cervical cancer screening. Holistic, well-coordinated systems improve overall health outcomes, support aging individuals with HIV, and enhance the quality of life for those with multiple health needs.

With sustained investment and steadfast political commitment, we could achieve a dramatic fall in new infections and turbocharge progress to an AIDS-free generation. Even without a cure or vaccine, we have the tools to get us to the finish line, and we know what works – ensuring those who need protection and treatment get rapid, equitable and safe access to the tools they need.

9. The urgency of now: AIDS at a crossroads – 2024 global AIDS update. UNAIDS, 2024. <https://www.unaids.org/en/resources/documents/2024/global-aids-update-2024>.



INNOCENT MPANGO

“Now that I’m grown up, I realize there is nothing I cannot do.”



Innocent Mpango, Photographer
Lilongwe, Malawi

The Global Fund/Tommy Trenchard

Innocent was 6 years old when his father died from an AIDS-related illness.

Three years later, he was told he was also HIV positive. Innocent says that at first, the diagnosis was terrifying, and he questioned how his future would unfold.

“I had thoughts that I am limited in some way. That there will be things I cannot do, and cannot achieve,” he says.

Innocent received treatment at the Baylor College of Medicine Children's Foundation in Lilongwe, Malawi, one of Southern Africa's leading pediatric HIV centers, which receives support from the Global Fund.

At the Baylor Foundation, Innocent joined the Teen Club, which provides young people living with HIV with health services and career and life-skills counseling.

He says that over the last 13 years, the care and support he received through the Baylor Foundation changed his life.

Today, Innocent is an ambitious 21-year-old – passionate about photography and working to turn that passion into a successful career. He is also a Teen Club mentor supporting other young people living with HIV.



Tuberculosis

The fight against TB has unprecedented momentum, with strong political leadership, markedly better results, and a combination of price reductions and new innovations that promise to deliver significant impact. If the world capitalizes on the successes of the last two years, we can make a decisive shift toward ending this age-old disease.

The Global Fund partnership plays a major role in the global TB response, providing 76% of all international financing for TB programs.¹⁰ Since 2002, we have invested US\$10.1 billion in the global TB response and an additional US\$7.9 billion in HIV/TB programs as of 31 October 2024. We work closely with governments, civil society and community-based organizations, as well as partners including the Stop TB Partnership, Unitaid, the U.S. Agency for International Development (USAID), WHO and the Gates Foundation. In countries where the Global Fund invests, TB deaths (excluding deaths of people living with HIV) reduced by 40% and new TB cases increased by 1% between 2002 and 2023.

Without TB control measures, deaths would have increased by 134% and TB cases by 40% over the same period.

In 2023, TB deaths (including HIV-positive TB patients) fell to 1.25 million globally after two years of increases, and the number of people falling ill with TB stabilized. A record 8.2 million people were newly diagnosed, showing continued progress in closing the gap between the number of people falling ill with TB and the number of people being diagnosed, reported and treated. The number of "missing" people with TB globally – an estimated 2.7 million¹¹ in 2023 – is lower than ever before.

We have seen increased political commitment to ending TB in recent years, with increases in domestic funding in certain countries, stronger national TB programs and greater engagement of the private sector. Many of the countries most affected by TB are demonstrating unprecedented determination to beat this disease.

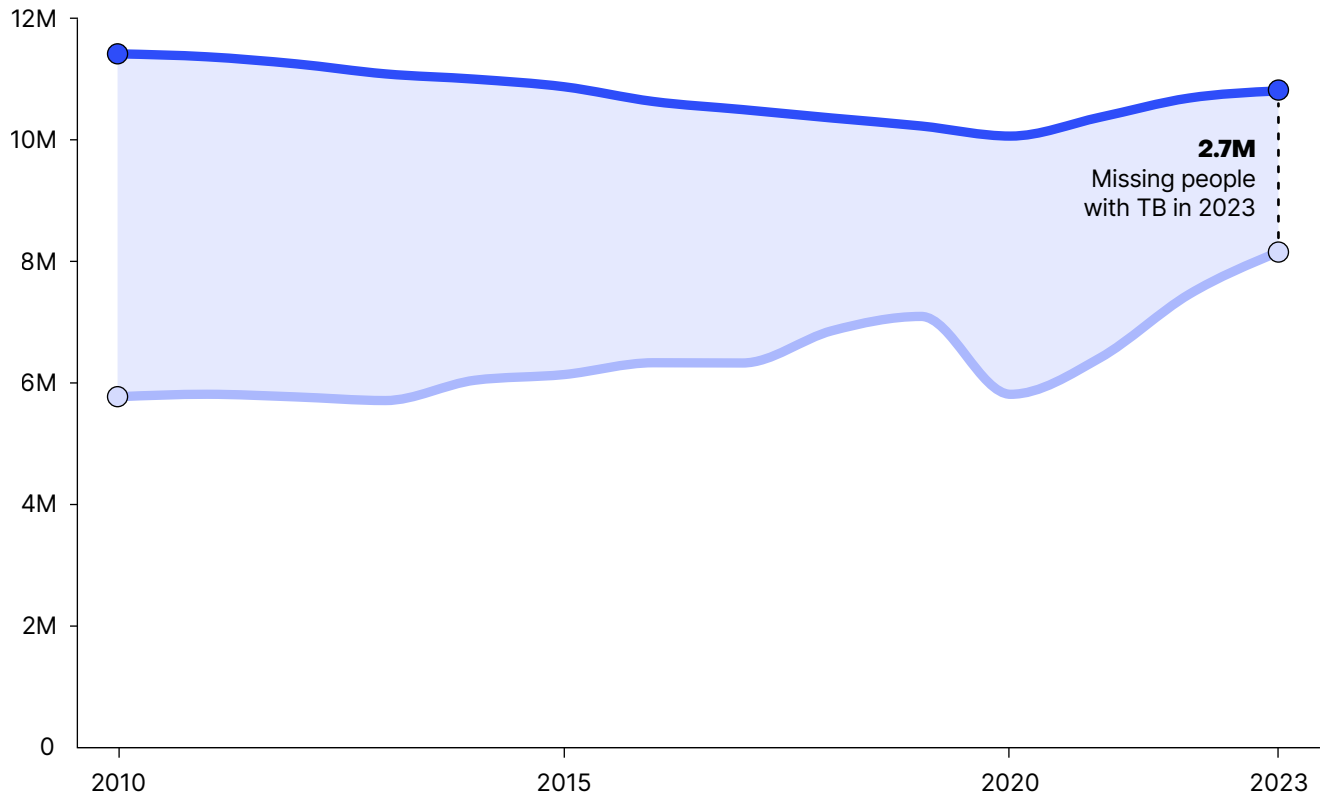
10. This data is provided by the World Health Organization.

11. WHO Global Tuberculosis Report 2024.

Figure 7

Progress toward finding missing people with TB

● Estimated number of incident TB cases ○ Reported new and relapse TB cases



WHO Global Tuberculosis Report 2024, global data.

Two UN high-level meetings on TB in 2018 and 2023 reaffirmed commitments and targets set in SDG 3 and the WHO End TB Strategy. While ending TB by 2030 looks unlikely, given the current trajectory and scale of the gaps, meeting the End TB Strategy of ending TB by 2035 is potentially achievable. Renewed commitment, focused investment and new developments in research and tools can drive us toward these targets.

The Global Fund is expanding targeted screening, prevention and treatment for vulnerable populations, addressing TB stigma and harmful gender norms, and investing in finding and treating all people with TB. This includes scaling up new tools, increasing private sector engagement, expanding community-based services, prioritizing at-risk groups, tackling social determinants like poverty and malnutrition, and integrating TB services with other health initiatives for greater efficiency and sustainability. We support countries in delivering cost-effective TB interventions, rolling out patient-friendly treatment regimens, and expanding screening and diagnostics. Through market shaping and working with partners including USAID and the Stop TB Partnership, we have achieved a 55% reduction in the

price of bedaquiline, a key drug to treat drug-resistant TB. We have also achieved a 20% price reduction in GeneXpert cartridges, an essential tool for molecular diagnosis, and we are promoting innovations like digital chest X-rays and AI-powered detection to improve screening efficiency, even in remote areas. The Global Fund has also used innovative finance tools – including blended finance – to support greater investments in TB responses and health reforms.

Despite being preventable and curable, TB continues to be the number one infectious killer and among the top 10 leading causes of all deaths worldwide. Far too many people continue to suffer without treatment and can transmit the disease to others. And the challenge of tackling drug-resistant TB remains immense. In 2023, over 175,000 people globally were diagnosed and treated for drug-resistant TB – a number that represents just 44% of the 401,000 people estimated to have developed this form of the disease. Nearly 60% of people who need treatment for drug-resistant TB are not receiving it. This is a glaring indication of a huge challenge in the global response to one of the deadliest health threats of our time.



“

Because of Global Fund support and collaboration, we managed to get people tested for HIV, tuberculosis and malaria. We managed to help Tanzanians access cheaper, safe drugs. Support for health system strengthening has helped improve outcomes for maternal, reproductive, adolescent and young people's health.

We are committed to the Global Fund and its Replenishment process because we know that, at the end of the day, it means we are going to deliver better health outcomes for our citizens.

”

Ummy Mwalimu

Member of Parliament and former Minister of Health for Tanzania

The Global Fund/Vincent Becker

Our investments focus on key and vulnerable populations who bear a substantially higher burden of TB compared to the general population. For instance, the Global Fund invests in mobile clinics that provide TB services to communities who may not have access to health care, including people in prison, displaced people, Indigenous communities and people living in informal settlements. Our interventions take into account the gender dynamics that affect TB, with 55% of TB cases globally occurring in men, 33% in women, and 12% in children and adolescents in 2023.

The TB response faces multiple challenges, including program funding gaps, catastrophic costs for people affected by TB, and the converging crises of climate change, conflict and drug-resistance. Diagnosis and treatment success rates for multidrug-resistant TB – one of the biggest causes of AMR-related mortality – remain far too low. Stigma, discrimination and other human rights-related barriers to health care, coupled with gender inequalities and underlying poverty, contribute to the ongoing challenge of finding and treating missing people with TB.

The Global Fund's investments in TB programs are strengthening health and community systems, making them more resilient and inclusive. Improvements in laboratory and diagnostic capabilities as a result of TB investments played a critical role in the COVID-19 response, and are helping detect other pandemic threats today, including mpox. Optimized surveillance and data systems track both TB and other disease outbreaks, while better infection control and waste management benefits all health services. Streamlined procurement of TB medical products enhances supply chains, bringing quality-assured products to more people faster. Additionally, TB programs are training health care workers to identify and report unusual symptoms, acting as an early warning system for infectious disease outbreaks. This integrated approach is not only more efficient, but also delivers more sustainable impact.

We must continue to accelerate progress. There is an exciting pipeline of innovative tools, including improved diagnostics, better treatments and a broader range of long-acting preventive tools. Following recent results from clinical trials, there are also several TB vaccines on the horizon. Together, these advancements bring us closer to a future where TB is no longer a global health threat.



OXANA RUCSINEAU

“We are still here and we are not giving up.”

Former schoolteacher Oxana Rucsineau contracted drug-resistant TB in her late twenties. Overcome with dizziness and fatigue, she was unable to work for three years while fighting the disease.

She met her husband, Pavel, during this difficult time. He was also on treatment for drug-resistant TB – they bonded over the challenges they faced to get well, and the stigma that came with their diagnoses.

In 2010, the pair founded the Society of Moldova against Tuberculosis (SMIT) to protect the rights of people affected by TB. With support from the Global Fund and other partners, SMIT connects people with TB to comprehensive care – including legal and mental health services for those shunned or otherwise discriminated against because of the disease.

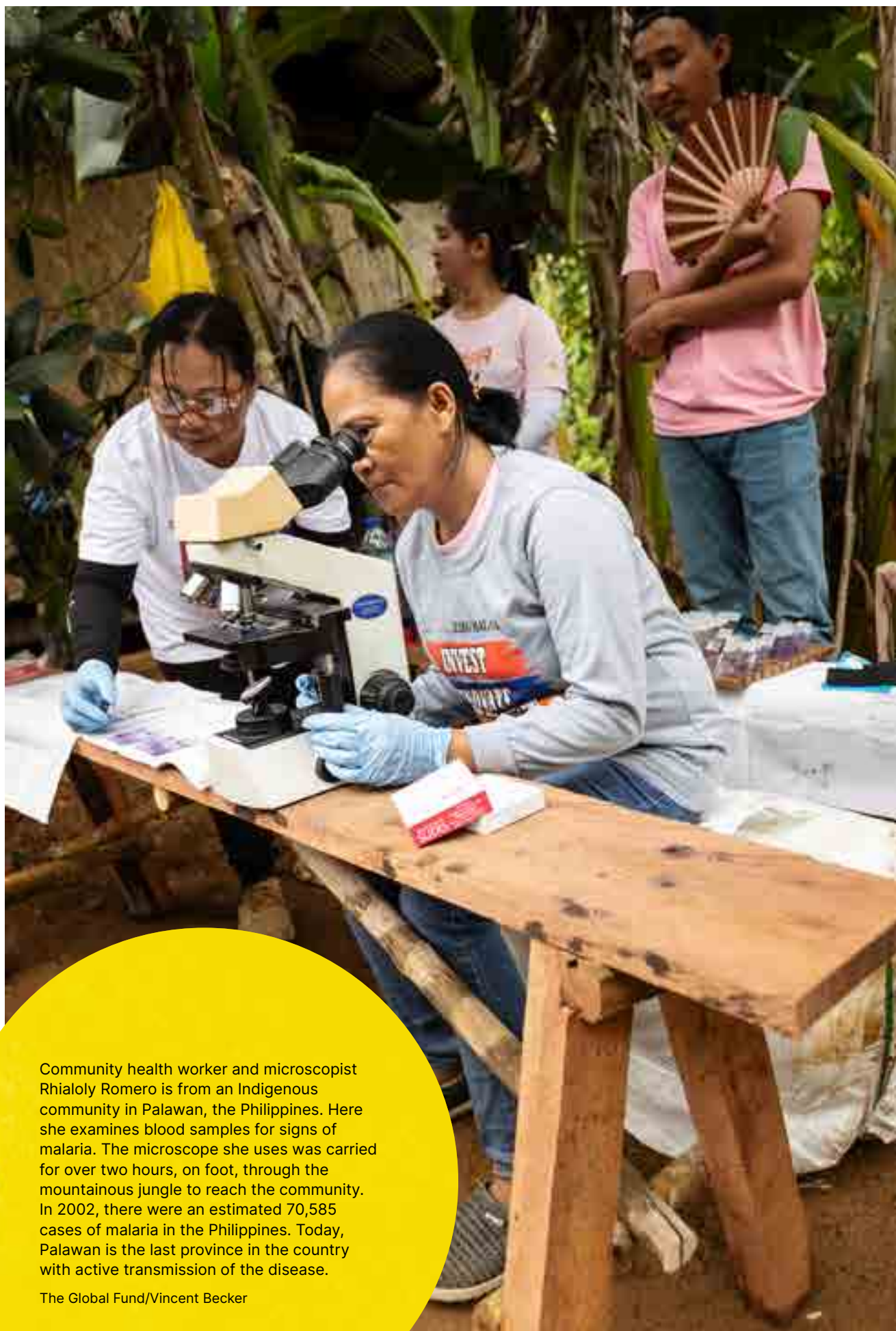
Oxana and Pavel’s son, David, was born while Pavel was still undergoing treatment. David gave Oxana the strength to keep fighting – for her husband and for all people living with TB in her country.

“We are still here and we are not giving up. We are committed to making sure the best TB prevention tools, diagnostics and treatments are available for everyone in our country all the time,” she says.



Oxana Rucsineau
Bălți, Moldova

The Global Fund/Vincent Becker



Community health worker and microscopist Rhialoly Romero is from an Indigenous community in Palawan, the Philippines. Here she examines blood samples for signs of malaria. The microscope she uses was carried for over two hours, on foot, through the mountainous jungle to reach the community. In 2002, there were an estimated 70,585 cases of malaria in the Philippines. Today, Palawan is the last province in the country with active transmission of the disease.

The Global Fund/Vincent Becker



Malaria

Nearly half the world's population is at risk for malaria. The disease kills 600,000 people every year globally: Children under 5 account for almost 75% of these deaths, with pregnant women comprising a significant proportion of the remainder. While substantial progress has been achieved over the last two decades, the world is significantly off track to meet the WHO target of reducing global malaria incidence and mortality rates by at least 90% by 2030 from the 2015 baseline. The Global Fund partnership provides 59%¹² of all international financing for malaria programs and has invested more than US\$19.5 billion in malaria programs as of 31 October 2024.

In countries where we invest, malaria deaths have been reduced by 29% between 2002 and 2023, even though the population in these countries has increased by 42%. Without malaria control measures, deaths would have increased by 94% over the same period. Between 2002 and 2023, the malaria incidence rate in countries supported by the Global Fund dropped by 26%. Without malaria control measures, cases would have increased by 81% over the same period.

The Global Fund partners with the U.S. President's Malaria Initiative (PMI), WHO, the RBM Partnership to End Malaria, Gavi, the Vaccine Alliance (Gavi) and others to accelerate the response to malaria. Investments with Unitaid in innovations like seasonal malaria chemoprevention and dual AI insecticide-

treated nets have yielded impressive results.

For example, the New Nets Project deployed 56 million dual AI nets from 2019-2022, preventing an estimated 13 million malaria cases and 24,600 deaths across 17 sub-Saharan African countries. With Gavi, we are now collaborating to support countries in rolling out RTS,S and R21 – the first two malaria vaccines recommended by WHO.

Over the past two decades, the Global Fund has expanded access to powerful tools to prevent and treat malaria, including long-lasting insecticide-treated mosquito nets, seasonal malaria chemoprevention for children at high risk of malaria, intermittent preventive treatment for malaria during pregnancy (IPTp), indoor residual spraying and antimalarial medicines. Our investments support quality, people-centered care that maximizes the use of resources for the greatest impact, including by tailoring the malaria response to local contexts.

The Global Fund focuses on protecting the most vulnerable and underserved, including pregnant women and children under 5, as well as refugees, migrants, internally displaced people and Indigenous populations in endemic areas who are at heightened risk and face barriers to accessing testing and treatment. Our most significant investments are in Africa, where 94% of malaria cases occur.

12. This data is provided by the World Health Organization.

Of the three diseases, malaria is the most off the trajectory to reach the SDG 3 target for 2030. Without rapid progress, we face a real risk of further setbacks. Recent years have seen progress against the disease stall or even reverse. Malaria cases have increased since 2015, mostly in Africa. New threats – including conflict, climate change, growing resistance to antimalarial drugs and insecticides, and the invasive spread of particularly dangerous malaria-carrying mosquito species (*Anopheles stephensi*) across countries in sub-Saharan Africa – are pushing us further off track to reaching global targets. With population growth, per capita spending on the disease is declining, resulting in gaps in coverage of key interventions.

Malaria is both a cause and a consequence of poverty. It disproportionately affects people living in poverty, but it also drags people into economic hardship. Malaria takes a staggering toll on people's health and productivity – sick workers can't contribute to the economy, families are trapped in cycles of illness and debt, and businesses shy away from investing in malaria-endemic regions. This vicious cycle weakens entire economies and traps millions in poverty. Investing in malaria control is not just a humanitarian imperative – it is also an economic one. A recent report¹³ makes it clear: Eliminating malaria could yield a huge return on investment. If case incidence is reduced by 90% by 2030, the gross domestic product of malaria-endemic countries could see incremental growth of US\$142.7 billion over the 2023-2030 period. These benefits would not be confined to those countries alone. Global trade would grow by US\$80.7 billion during the same period, with G7 countries seeing direct gains of US\$3.9 billion in additional exports. Ending malaria would lift millions out of poverty and provide a robust economic stimulus globally by boosting productivity, trade and growth.

Gender roles and dynamics impact malaria, as women's biological vulnerability to the disease in pregnancy, combined with gender inequality and discrimination, worsens their health outcomes. Limited economic and decision-making power can prevent women from accessing insecticide-treated nets, attending antenatal care appointments, receiving malaria prevention, or seeking treatment for febrile children. This is why we support pregnant women with IPTp as part of antenatal care, reaching 15.5 million women in 2023. We work with community health workers to deliver locally driven solutions, addressing equity, human rights and gender barriers to health care.

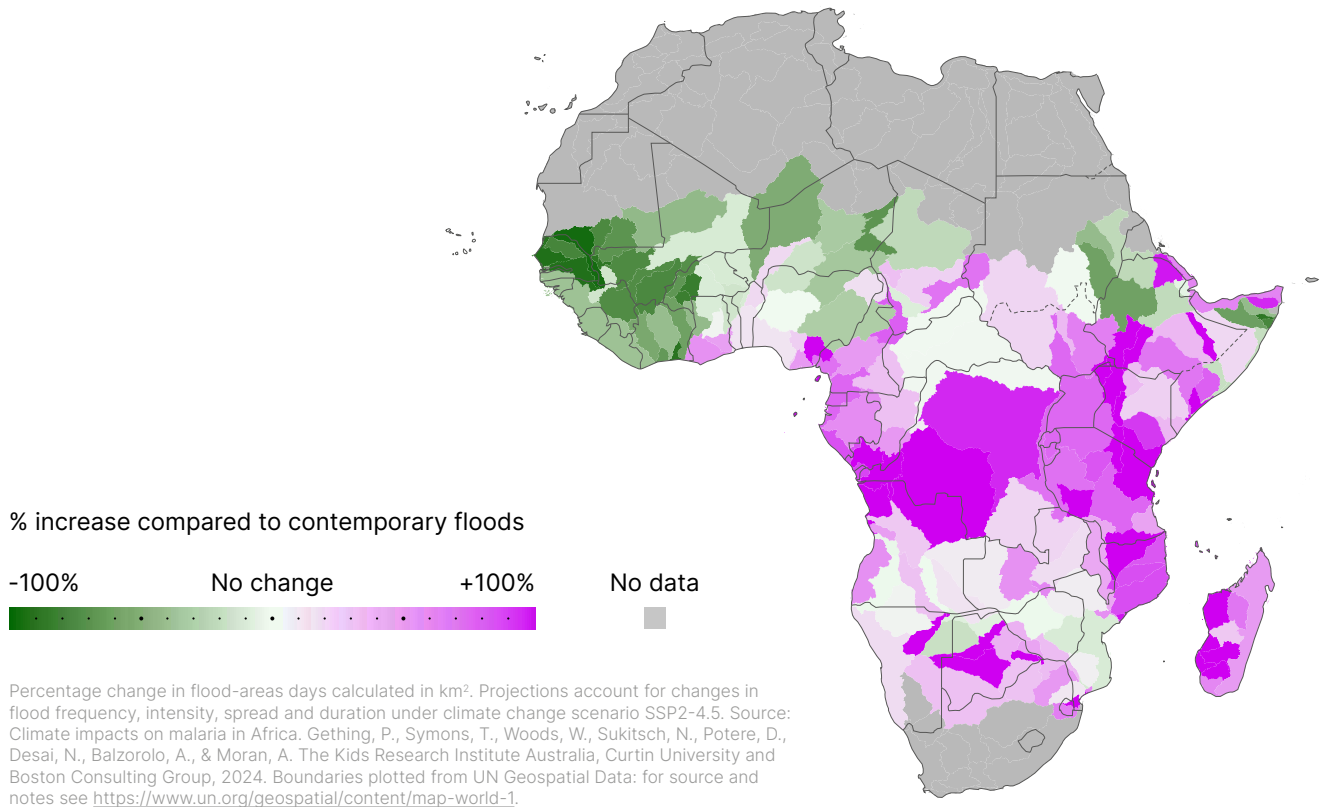
Malaria is a climate-sensitive disease, and climate change is affecting transmission dynamics and causing

Malaria is both a cause and a consequence of poverty. It disproportionately affects people living in poverty, but it also drags people into economic hardship.

13. The Malaria 'Dividend': Why Investing in Malaria Elimination Creates Returns For All. Malaria No More UK, 2024. <https://endmalaria.org/related-material/malaria-dividend-report>.

Figure 8

Flood-areas days through 2049 will increase 13-18% compared to contemporary flood frequency



extreme weather events that can trigger malaria outbreaks and epidemics. Rising temperatures, altered rainfall patterns and increased humidity are creating favorable conditions for mosquitoes that transmit malaria. Changes in climate are expanding the geographical limits of malaria, introducing the disease to highland regions that were previously unsuitable for mosquito survival. Climate change is expected to bring 550,000 more malaria deaths between 2030 and 2049, driven largely by extreme weather events.¹⁴

The Global Fund invests in enhancing epidemic preparedness and response by improving disease surveillance to monitor transmission patterns, utilizing climate data for targeted interventions in high-risk regions and enhancing the malaria response. This includes stockpiling malaria commodities in vulnerable regions, distributing insecticide-treated nets for populations displaced by climate-related disasters, and integrating sustainable practices like waste management. The Global Fund responds swiftly when conflict and climate-driven

weather events trigger surges in malaria cases. For instance, after Cyclone Freddy caused devastating flooding in Mozambique in 2023, our funding was used to bolster spray campaigns close to displacement centers and apply larvicides to kill mosquito larvae in areas where water remained after the floodwaters receded. Spray teams also deployed indoor residual spraying to better protect people directly affected by the floods.

Our investments in the fight against malaria are integrated into broader health and community systems to achieve a more efficient and sustainable response. For instance, we support community health workers to deliver essential malaria care while also training them to diagnose and treat other diseases including pneumonia and diarrhea, thus maximizing resources. In the areas most heavily affected by malaria, over 50% of overstretched health facility resources can be absorbed by malaria case management. Reducing the malaria burden is therefore one of the most powerful ways to free up health system capacity to meet other needs, particularly at a primary health care level.

14. Climate Impacts on Malaria in Africa. Gething, P., Symons, T., Woods, W., Sukitsch, N., Potere, D., Desai, N., Balzoro, A., & Moran, A. The Kids Research Institute Australia, Curtin University and Boston Consulting Group, 2024. <https://web-assets.bcg.com/46/5d/c3becbff4346b866a250893d05e0/climate-impacts-on-malaria-in-africa-november-2024.pdf>.



“

Gavi and the Global Fund are collaborating more closely than ever before to ensure that potentially game-changing innovations such as vaccines and next-generation bed nets deliver on their promise, push back malaria, and strengthen the resilience of health systems. Partnership is part of who we are – all the evidence shows how much more we achieve when we work together. And with the new tools at our disposal, we have a once-in-a-generation opportunity to transform malaria control efforts. It is an opportunity the world cannot afford to miss.

”

Dr. Sania Nishtar
CEO
Gavi, the Vaccine Alliance
Gavi/2024

We know how to beat malaria, and we have effective tools and approaches. So far, 44 countries have been certified malaria-free, including Cabo Verde and Egypt in 2024. While conflict, climate change and resistance pose daunting challenges, we also have an exciting pipeline of even more effective tools. The fundamental challenge is funding. In the most heavily affected countries, we are investing enough to reduce the death toll, but not enough to break the cycle of transmission and thus reduce infections. Since these countries are among the most vulnerable in the world, the prospects for a significant step-up in domestic resourcing in the near term are extremely limited. We need countries to invest more of their resources in health, but we must also be realistic about what is feasible. In the highest burden regions, sustained external funding will be critical to ensuring we continue to make progress and avoid reversals.

Getting back on a trajectory toward ending malaria will take more money, renewed political commitment and optimal deployment of new tools to ensure we maximize the impact of every dollar.

Sustainability

Our commitment to sustainability across the three diseases is paramount. To ensure lasting progress, we must reduce the burden of each disease to a level where partner countries can take full leadership and responsibility for ending the epidemics. For HIV, this goal is within reach in many countries, especially with the deployment of new prevention tools to significantly lower incidence rates. In the case of TB, partner countries already shoulder most of the costs, but we need to collaborate with them to bridge the overall funding gaps. For malaria, the urgent priority is to reduce transmission and the number of cases in high-burden regions. Without a clear downward trend in cases, sustainable progress will be elusive, particularly because many of the countries most affected by malaria are extremely poor and heavily impacted by conflict and climate change. Our approach to sustainability is detailed further in the Innovation, Efficiency and Sustainability Through Partnership chapter.



ADELAIDE TAMELE

“My dream is to eliminate malaria. I would like malaria to disappear completely.”



Adelaide Tamele
Team Leader, Indoor Residual Spray Team
Boane, Mozambique
The Global Fund/Tommy Trenchard

Adelaide vividly remembers when Cyclone Freddy hit, and the storm’s historic heavy rains.

She leads a team that goes house-to-house, spraying insecticides to deter disease-carrying mosquitoes and protect people most at risk of malaria. Once the storm ended, Adelaide and her team headed out to reach as many people as possible.

Flooding complicated her job. “We had to continue working to finish spraying the houses that we were unable to [reach],” she says. “Malaria cases increased – there were a lot of mosquitoes.”

In addition to spraying, Adelaide and her team educate families on malaria prevention and symptoms, and advise them where to go for testing and treatment.

Adelaide is passionate about ending the disease because she understands its deadly consequences: Her 16-year-old niece died of malaria two years ago.

“My dream is to eliminate malaria. I would like malaria to disappear completely,” she says.

The Global Fund supports activities to eliminate malaria across Mozambique, including bolstering prevention efforts in response to extreme weather events.

Delivering far-reaching impact

Addressing barriers to health care access related to human rights and gender inequality

Barriers to health services – as a result of pervasive infringements on human rights and structural gender inequalities – directly hinder progress toward ending AIDS, TB and malaria, and pose a serious threat to global health. Even the most innovative and powerful biomedical tools will be of little use if those who most need them cannot get them. Stigma and discrimination toward key and marginalized populations, as well as criminalization and other punitive laws, policies and practices prevent those most at risk from getting the health services they need.

The Global Fund is the leading funder of programs to reinforce human rights for health. Our investments have contributed to building sustainable systems that enable people to overcome the human rights-related barriers, gender inequalities and other structural inequities that prevent them from seeking care. We invest in human rights across all three diseases and recognize human rights as essential to the success of HIV, TB and malaria responses.

Our Breaking Down Barriers initiative, launched in 2017, deploys catalytic investments, long-term implementation support and evidence-based, country-led action to address human rights and gender-related barriers to HIV, TB and malaria services in 24 countries.¹⁵ Since the initiative's inception, investments in health-related human rights have increased more than tenfold, reaching over US\$200 million in the last two funding cycles. A 2023 assessment showed significant progress in Breaking Down Barriers countries, with human rights programming scores rising by 76% for HIV and 256% for TB. Breaking Down Barriers has achieved impact at scale, resulting in significant reductions in stigma and discrimination and improved access to justice. It has mobilized communities, driving progress in even the most challenging environments.

Deep-rooted gender inequalities have significant effects on health. Harmful gender norms and power imbalances prevent women and girls from making their own decisions about their health, subject them to sexual and gender-based violence, and prevent them from accessing health services. The Global Fund invests

in gender-responsive and community-led programs to tackle both the causes and consequences of such gender inequalities.

For instance, in Lesotho, the Global Fund is working closely with young people, community-based organizations, service providers and the Ministry of Health to implement a community-led monitoring program driven by the adolescent girls and young women most affected by HIV. Through such community-led monitoring, the key barriers preventing adolescent girls and young women from having their health needs adequately met by the institutions and health providers meant to serve them were identified. Based on these findings, communities advocated for specific improvements and put in place effective solutions. In Lesotho and elsewhere, the Global Fund invests in the leadership of adolescent girls and young women in the HIV response, ensuring they are meaningfully involved in decision-making processes and able to shape the HIV response to address their specific needs.

The Global Fund prioritizes the engagement and leadership of communities affected by the diseases to ensure that their technical expertise, unique perspectives and lived experiences inform the disease responses and essential public health functions that we support. This approach also plays a key role in ensuring the sustainability of disease responses, by investing in long-term, tailored capacity building of community-led and community-based organizations, networks and groups. This support strengthens links and improves service continuity between community-led activities and formal health care provision.

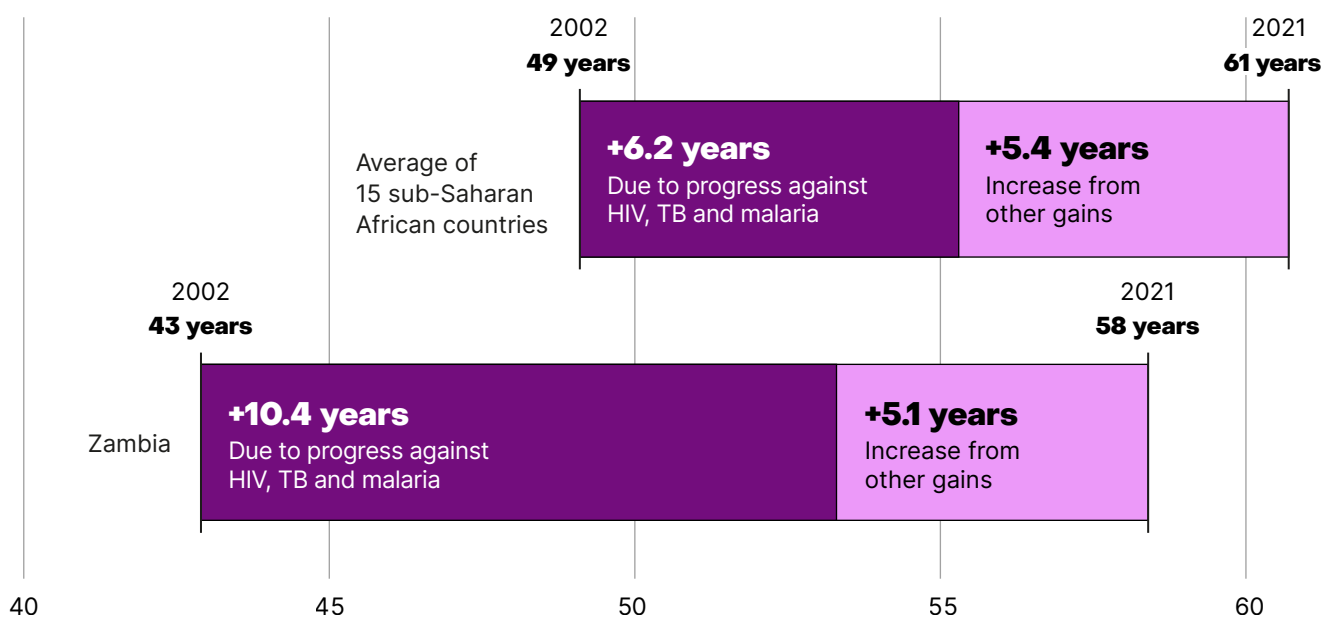
The Global Fund supports civil society and community organizations to maximize the impact and reach of our investments. For instance, in francophone West and Central Africa, the Global Fund supports the civil society-led fund Voix EssentiELLES to strengthen women and girls' engagement in Global Fund-related processes and national health policies. We also invest in the HER Voice Fund, which supports the leadership of adolescent girls and young women in 13 priority countries in East and Southern Africa. By providing grants to expand their participation in advocacy and policy processes, the HER Voice Fund gives adolescent girls and young women the opportunity to directly shape policies, laws and programs that affect their lives.

15. Bangladesh, Benin, Botswana, Burkina Faso, Cameroon, the Democratic Republic of the Congo, Cote d'Ivoire, Ghana, Honduras, Indonesia, Jamaica, Kenya, Kyrgyzstan, Nepal, Nigeria, Mozambique, Philippines, Senegal, Sierra Leone, South Africa, Thailand, Tunisia, Uganda and Ukraine. Bangladesh, Burkina Faso, Nigeria and Thailand joined the Breaking Down Barriers initiative in the funding cycle 2023-2025.

Figure 9

Life expectancy in 15 sub-Saharan African countries

Increase from 2002 to 2021



See Annex 5: Methodology for calculations on health inequality across countries for further details.

Improving life expectancy and socioeconomic development

Progress against HIV, TB and malaria in the world's poorest countries has led to people living longer, healthier lives and has narrowed the life expectancy gap between rich and poor countries. An updated analysis of a previously published study¹⁶ found that global inequality in life expectancy decreased by one-third from 2002 to 2021, primarily driven by the reduction in mortality from AIDS, TB and malaria. Across 15 sub-Saharan African countries, life expectancy rose from 49 years to 61 years, with over half of the increase due to progress in fighting the three diseases. In Zambia for example, life expectancy increased by 15 years, from 43 years in 2002 to 58 years in 2021. Such dramatic increases in life expectancy not only save millions of lives, but also have a transformational impact on society. People living longer means more children have grandparents. People living longer means a better return on investment in education and skill-building.

By increasing life expectancy, reducing morbidity and lessening the burden of disease on health systems and communities, investing in health advances economic productivity and broader socioeconomic development. Between 2002 and 2023, the Global Fund disbursed

US\$63.2 billion for health-related initiatives, which have generated two significant outcomes. First, the health improvements resulting from these investments are estimated to have a monetized intrinsic value of US\$1.2 trillion, meaning that better health outcomes – such as fewer people falling sick or dying – have created substantial economic value. Second, these investments have directly contributed to an additional US\$400 billion in increased productivity, reflecting the fact that healthier individuals are more likely to work and contribute to the economy. If the Global Fund had not existed, many more people would have become ill or died, leading to a negative impact on the economy due to fewer people being able to work. Spending on health not only saves lives, but also enables healthier people to contribute to the economy, boosting overall prosperity.

Over the past two decades the Global Fund partnership has achieved remarkable progress in the fight against HIV, TB and malaria, strengthening health and community systems and attaining health outcomes that are having direct societal and economic impacts across low- and middle-income countries. But interconnected crises threaten those gains. Without decisive action and additional investment, the remarkable progress made so far is at risk of becoming undone.

16. Contributions of declining mortality, overall and from HIV, TB and malaria, to reduced health inequality and inequity across countries. Haacker, M. et al., 2023. Health Policy and Planning, 38(8), 939–948. <https://academic.oup.com/heapol/article/38/8/939/7220370>.

THE PHILIPPINES

BREAKING DOWN BARRIERS TO HEALTH SERVICES FOR PEOPLE MOST AT RISK OF HIV

The Philippines has one of the fastest growing HIV epidemics in the world – but Global Fund partners are committed to fighting the disease, including the stigma and discrimination that can prevent people most at risk from accessing lifesaving care.

Since its launch in 2017, the Global Fund's Breaking Down Barriers initiative has supported efforts to reduce human rights-related barriers to HIV prevention and treatment services for men who have sex with men and for trans and gender-diverse people, two communities who are disproportionately impacted by new infections in the Philippines.

This work includes training outreach officers – called care partners – that provide support across every region of the country. Care partners work closely with clients, advocates and providers to reduce discrimination in health care settings and address other human rights-related challenges to accessing care.

Care partners also act as a combination of paralegal and social worker, providing safe avenues of redress for people whose rights have been violated, such as filing letters of complaint with health facilities and mediating conversations between providers and community members to foster trust and understanding.

In addition, Breaking Down Barriers-supported legal literacy programs help people better understand and act on their rights, and make them more comfortable with the health system – so they are more likely to seek care.

A counselor speaks to a client at a Global Fund-supported HIV clinic in Manila, the Philippines. The clinic provides integrated HIV prevention, testing and treatment services to more than 700 clients.

The Global Fund/Vincent Becker



Community health worker Modester Chyota with her children and grandchildren in Rufunsa District, Zambia. Modester provides essential health services, including malaria prevention education, testing and follow-up care, to 16 households in her community.

The Global Fund/Jason Mulikita



BUILDING STRONGER HEALTH AND COMMUNITY SYSTEMS



Over the last two decades, Global Fund investments in HIV, TB and malaria have significantly strengthened health and community systems, advancing progress toward UHC and bolstering global health security. Our partnership is the world's largest multilateral provider of grant funding for health and community systems in low- and middle-income countries and the only global health institution financing both governments and communities directly at scale.

Hajara Abdulmumin and her 5-week-old daughter Hauwa at the Ungwan Rimi Primary Healthcare Center in Kaduna State, Nigeria. Hajara is HIV-positive and has been taking medication to ensure her daughter stays HIV-free.

© UNICEF/UNI610467/Adesegun



About a third of our total annual grant funding is directly invested in key components of health systems to support disease responses and enhance pandemic preparedness. Over three-quarters of these investments are concentrated in sub-Saharan Africa.

The Global Fund invests through predictable, multi-cycle funding, and we work closely with multilateral and bilateral partners to achieve our goals. For example, to support the development of efficient, sustainable financing for better health outcomes we work in partnership with the World Bank to incentivize increased domestic resourcing and improved delivery of primary health care services. With WHO, we engage with governments on key health policies and capacity building, including implementation of the International Health Regulations, and on setting domestic resourcing priorities. With Gavi, we jointly finance country data systems and supply chain systems. The Global Fund also partners with regional institutions like the Africa Centres for Disease Control and Prevention to support regional efforts to strengthen health systems financing, support for community health workers and laboratory and surveillance systems.

Since 2020, our investments in strengthening systems for health have been significantly boosted through funding from our COVID-19 Response Mechanism (C19RM). We created C19RM as an emergency mechanism to support countries to respond to COVID-19 and mitigate the impact on HIV, TB and malaria programs. Thanks to our generous donors, led by the United States and Germany, C19RM accrued a total of US\$5.1 billion. During 2020–2022, C19RM investments focused primarily on the immediate response to the pandemic, including diagnostics, therapeutics, infection prevention and specific interventions to mitigate the impact on programs to fight the three diseases. With the end of the emergency phase of COVID-19 in 2023, and responding to the evolving needs of countries, we adapted and shifted

C19RM funding priorities toward accelerating investments in the critical components of health and community systems related to pandemic preparedness and response.

C19RM investments complement the Global Fund's existing investments in health and community systems through core grant funding, bringing our total investment in this area for 2024–2026 to US\$6 billion¹⁷ – a 35% increase in health system funding relative to the previous grant cycle and by far the largest in our history. Of the US\$6 billion, approximately US\$2.1 billion is funded via C19RM and US\$3.8 billion through core funding. Global Fund health system investments, whether through C19RM or core grants, are focused on six priority areas: human resources for health, including community health workers and community systems; laboratory systems; health products and waste management systems; early warning surveillance and response; data systems; and medical oxygen and respiratory care.

While the criteria and implementation time frames for C19RM and core grant funding are somewhat different, most countries are utilizing the two streams of funding in an integrated manner to optimize impact. For most countries, C19RM funding will conclude at the end of 2025 (with selective extension to the end of 2026 to optimize impact). Continued investment in health and community systems will build on these achievements, strengthen countries' resilience and ensure long-term sustainability in the face of future challenges. If the Global Fund succeeds in raising US\$18 billion for the Eighth Replenishment, we anticipate that about one-third – US\$6 billion – would be directed by countries to strengthen and integrate health and community systems. This would underpin the fight against the three diseases and enhance pandemic preparedness, climate resilience and the path to UHC.

17. This figure is based on the recently endorsed Global Fund Strategy Committee methodology that integrates direct investments in resilient and sustainable systems for health (RSSH) and contributions to RSSH through investments in the fight against HIV, TB and malaria (contributory RSSH). The amount is derived from approved and signed grant budgets and RSSH-related catalytic investments and includes C19RM. This methodology excludes Global Fund Secretariat operating expenses.

Strategic priorities in health and community systems

The Global Fund consistently invests in strengthening key functions of health and community systems. In the next cycle we will focus even more on investing to build maturity of systems, sustainability and integration across diseases and health programs. We invest in critical areas that maximize the impact of every dollar invested to fight HIV, TB and malaria and enhance countries' pandemic preparedness and resilience in the face of crises.

Human resources for health and community health workers

Health workers – including nurses, doctors, community health workers, laboratory and biomedical technicians – are the most important component of any health system. Yet WHO estimates a shortfall of 10 million health workers by 2030, highlighting the scale of the gaps and the urgency of the funding needs. Moreover, 67% of the world's health workers and an even higher proportion of community health workers are women, who often face gender discrimination in status and pay, gender-based violence and exclusion from decision-making.¹⁸

The Global Fund strengthens health workforce capacities in multiple ways. For example, we invest in primary care by funding trainings for health workers on how to integrate HIV, TB and malaria services into antenatal and postnatal care. As a result of such investments, HIV testing at first antenatal care visits in high-volume primary health care facilities across Nigeria, Kenya and Tanzania reached 100% in 2024, up from 60-90% at baseline in 2020. Malaria and TB testing rates also increased significantly.

The Global Fund is investing US\$900 million in strengthening community health worker programs between 2024-2026. While every community health worker program needs to reflect national and community contexts, we want to ensure that community health workers are effectively trained, appropriately remunerated, suitably equipped, well supervised, adequately protected, and, ultimately, fully integrated

in primary health care teams. Investing to enhance the effectiveness of community health workers is one of the most powerful ways of improving community health.

In the next grant cycle (2027-2029), we will continue investing to strengthen community health worker programs and broader primary health care systems in at least 20 priority countries. We estimate that this will result in significant reductions in malaria, TB and AIDS-related deaths, as well as in reductions in overall maternal and child mortality, with an estimated return on investment of US\$10-US\$11 for every dollar invested. In addition, in at least 10 countries, we will support the integration of HIV, TB and malaria-related expenditure for human resources for health (such as salaries and training) into broader national health workforce programs, in order to increase efficiency and sustainability. Building on successful partnerships in countries including Zimbabwe, Guinea and Uganda, we will continue to support country-led efforts to strengthen and scale human resources for health. In all these interventions, the Global Fund works in close collaboration with a range of partners including WHO, PEPFAR and the Africa Centres for Disease Control and Prevention.

Community systems strengthening

Strong community systems put people first, delivering integrated health services that are essential to fight infectious diseases. Global Fund investments in community systems strengthening contribute to reaching the most marginalized and vulnerable people with equitable, quality services. This includes community-led monitoring, which helps identify and address barriers that prevent access to health care – such as clinic hours, location, stockouts of essential health products, costs and stigma – issues that significantly affect the reach and uptake of services, especially for key and vulnerable populations.

Investing in community systems contributes to ensuring that even the most remote and marginalized populations

18. The State of Women and Leadership in Global Health. WGH Women in Global Health, 2023. <https://womeningh.org/wp-content/uploads/2023/03/The-State-of-Women-and-Leadership-in-Global-Health.pdf>.

have equitable access to health care. Investments in community systems strengthening help in tackling the gender inequalities, human rights-related barriers, and even geographic barriers that prevent so many from accessing quality health care.

Renewed investment over the next three years would enable the Global Fund to strengthen community systems, sustain funding to community-led organizations, and enhance health service delivery. This includes expanding community-led monitoring, boosting capacity and leadership of organizations and networks and building sustainable systems that complement formal health structures, ultimately reducing the need for future external aid.

Laboratories and diagnostics

Strong laboratory systems are essential to the fight against HIV, TB and malaria. They are also vital to health system resilience, including pandemic preparedness, and are crucial to delivering on the overall ambition of UHC. Our investments in national laboratory networks include substantial investments in molecular diagnostics, digital X-rays and other new diagnostic technologies, as well as in specialized experts and related data and logistic systems. While such investments play a critical role in the fight against HIV, TB and malaria, they also strengthen national capabilities for emergency and outbreak response, and provide benefits in tackling many other diseases, including co-infections such as hepatitis B, hepatitis C, and human papillomavirus. In our efforts to enhance equitable access to high-quality diagnostics, the Global Fund has become the largest external investor in laboratory systems for pathogen detection in low- and middle-income countries.

These investments are achieving great results. For example, with the support of the Global Fund, Zimbabwe established an integrated sample transport system that reduced test result turnaround time from 5 months to 3 days, significantly improving the quality of disease treatment. We have helped establish integrated systems like these in over 10 countries. With our support, over 700 laboratories have participated in external quality assessment schemes. Between 2024 and 2026, the Global Fund is supporting the upgrade of infrastructure, equipment and biosafety and security of laboratories across Africa, with the aim of enabling them to attain international standards and process high-risk samples such as mpox and Ebola.

“

The world is facing multifaceted crises, and a significant segment of the population is excluded from our health care systems.

Thanks to the Global Fund’s support, we’ve been able to set up a community health system that is truly one of the most robust in the world. This will enable us to reach more people, stabilize our health system and help meet the challenges we face.

What the Global Fund is fighting for is eliminating inequality to accessing health care.

”

Pierre Dimba
Minister of Health
Côte d’Ivoire

The Global Fund/Vincent Becker



Lab technician Nguyen Thi Giang collects DNA samples at the Department of Microbiology and National Tuberculosis Reference Laboratory in Hanoi, Viet Nam.
The Global Fund/Tim Gerard Barker



A Replenishment of US\$18 billion would enable the Global Fund to sustain the pace of progress in laboratory systems development and address critical diagnostic gaps in countries, while also supporting innovative, sustainable solutions by engaging regional partners to enhance peer-to-peer learning, regional accreditation and review of laboratory systems maturity across countries. In 2027-2029, we anticipate focusing even more on integrated laboratory systems strengthening, including quality improvement, diagnostic network optimization and integrated transportation of samples. We will invest to ensure that at least 22 targeted countries further improve or sustain the performance scores of their laboratory systems compared to baseline.¹⁹

Early warning surveillance and response

The Global Fund invests in strong and responsive disease surveillance systems, which are critical in enabling countries to quickly detect, report and respond to outbreaks of pandemic potential. As a result, countries are now using these enhanced surveillance systems to rapidly address the ongoing mpox outbreaks, as well as other localized outbreaks such as malaria, cholera, measles and Ebola. For example, Global Fund investments enabled districts in Malawi to detect and report the recent measles and cholera outbreaks within 24 hours and respond to them within 2 to 4 days, overachieving the global 7-1-7 target (which aims for outbreak detection within 7 days, reporting to authorities within 1 day, and completing seven early response actions within 7 days of reporting).

However, disease surveillance remains uneven across countries. Maintaining momentum and investing in early warning systems for low- and middle-income countries is essential for national and global health security. Core surveillance systems are needed for quick outbreak detection and real-time reporting, ensuring effective control measures. Countries require support to improve cross-sectoral governance in health emergency preparedness and response, including enhancing data management through robust digital systems, strengthening the health workforce by providing field epidemiology training, and reinforcing the leadership of national public health institutes.

Looking ahead, the Global Fund will prioritize collaborative surveillance by integrating HIV, TB and malaria surveillance systems with early warning systems to detect and respond to new and re-

emerging health threats. This integrated approach will improve efficiency, sustainability and outcomes for the three diseases, enhance resilience to epidemics and pandemics, and save lives. The Global Fund is uniquely positioned to support this approach as a leading funder of HIV, TB and malaria programs and pandemic preparedness and response.

A Replenishment of US\$18 billion would enable the Global Fund to increase the percentage of events meeting the 7-1-7 target by 50% or more from baseline in all targeted countries. Thus, countries would be measurably quicker in detecting, reporting and responding to an outbreak, enabling faster outbreak control. In addition, in a dozen countries, we would help enable HIV, TB and malaria systems to contribute to early warning surveillance, through shared data systems and shared management functions such as supervision, training and community and laboratory networks.

Medical oxygen and respiratory care

To build the resilience of health systems, the Global Fund invests in under-resourced areas like medical oxygen. This lifesaving essential medicine plays a vital role in treating advanced HIV, severe TB and malaria, pneumonia and chronic respiratory conditions. It is a key component of pandemic preparedness and response to respiratory pathogens like COVID-19, as well as health threats like mpox and Marburg virus disease. It is also crucial for maternal and newborn survival and is an indispensable resource in surgical and emergency care. But 60% of the world's population does not have access to affordable, quality medical oxygen services,²⁰ particularly in low- and middle-income countries.

The Global Fund is the largest funder of medical oxygen in these countries. By investing US\$564 million in oxygen across 88 countries between 2021-2025, we have achieved the biggest step change in the provision of medical oxygen in low- and middle-income countries that has ever occurred. This boost to oxygen systems represents a long-term shift for health systems in many countries around the world, saving lives today while making countries better prepared for future pandemics. The Global Fund works with partners like Unitaid to ensure that high-quality medical oxygen services are accessible and affordable in low-resource settings. With renewed investment, the Global Fund could sustain and expand access to medical oxygen and save thousands more lives.

19. Measured by IHR States Parties Self-Assessment Annual Report.

<https://www.who.int/emergencies/operations/international-health-regulations-monitoring-evaluation-framework/states-parties-self-assessment-annual-reporting>.

20. The Lancet Commission.

Supply chains

The procurement and safe delivery of health products relies on robust, agile and efficient supply chains. Investments in supply chains help ensure equitable access to quality-assured health products and play a crucial role in improving health outcomes.

Alongside partners like the Gates Foundation, Gavi, the Global Financing Facility, PEPFAR, PMI and the World Bank, the Global Fund is working to improve supply chains to optimize the delivery of health products. This includes initiatives like the Supply Chain Leaders Forum, which brings together leaders from 24 low- and middle-income countries to promote increased stewardship of sustainable, people-centric supply chains. Public-private partnerships have driven innovations in last-mile delivery, like in Ethiopia, where product availability increased from 41% to 92% and delivery times dropped from 32 days to 13 days between 2020 and 2022. Our investments improve logistics data in health facilities, boosting order timeliness and efficiency. Additionally, together with the World Bank and other partners, we are strengthening regional production and procurement, supporting sustainable manufacturing in Africa and other regions to ensure preparedness and resilient health systems.

A Replenishment of US\$18 billion would enable the Global Fund to continue the strengthening of people-centric supply chains to ensure critical, quality health products are consistently available across all three diseases. Specifically, we would focus on ensuring 90% on-shelf availability across a range of access channels to accelerate equitable access to health products. We would aim to improve supply chain systems by at least one maturity level²¹ in at least 25 targeted countries by 2029. Supply chain enhancements would contribute to a significant reduction in deaths by ensuring the timely availability of innovative health products for HIV, TB and malaria prevention, treatment and diagnosis.

Data systems

The Global Fund is one of the largest investors in digital health in low- and middle-income countries. We invest approximately US\$130 million a year to strengthen health information systems and improve data availability and quality for HIV, TB, malaria and other health programs.

We collaborate with WHO – in line with the Global Initiative on Digital Health – to support national digital health transformation. The digital health tools and initiatives that the Global Fund supports – including rolling out digital tools for community health workers, digitizing health data, or supporting healthtech entrepreneurs to adapt their solutions to meet health challenges – are vital to maximize outcomes in health care delivery and strengthen the health system as a whole. Efforts are focused on enhancing digital security and protecting personal data, while also minimizing human rights risks for criminalized and marginalized populations.

We invest in digital health to support community health workers to reach people in the most remote locations. For example, in Mozambique, the Global Fund is one of the core financing partners for upSCALE, a digital health platform for community health workers. The platform facilitates data collection, helps to prevent stockouts of medicines and medical supplies, and improves community health worker performance by identifying service gaps and areas requiring further training or supervision. The Global Fund is not only expanding coverage, but is also leveraging investments in health and community systems to support the gradual integration of upSCALE into national health information and supervision systems.

Digital health is also a core building block of health systems that is critical for climate resilience. The Global Fund supports countries to digitize their health systems and health records so that they are not lost when a climate-related disaster hits. This includes integrating climate data into digital health data systems to enable real-time monitoring and response to climate-sensitive diseases.

An Eighth Replenishment of US\$18 billion would enable the Global Fund to strengthen country data systems to produce more granular, timely and quality data to improve targeted responses to the three diseases, future health threats and climate change-related shocks. Specifically, we would advance system integration and interoperability, further enhance the digital health management information systems by one maturity level in at least 38 targeted countries and strengthen data analysis and use at the sub-national level by at least one maturity level in 90% of 35 targeted countries.

21. Measuring the progress in strengthening countries' health systems is challenging yet critical. The Global Fund together with multiple partners has developed "maturity models" for the key thematic areas we support, such as digital health management information systems, supply chain systems and community health worker systems. These tools allow countries and partners, including the Global Fund, to measure the improvements in the level of maturity in these critical health systems functions.



DR. PATRICIA AKELO

“Through mentorship and training we are strengthening laboratories across the country to ensure accurate diagnosis and a rapid response.”

Dr. Patricia Akelo runs the External Quality Assessment Laboratory of Uganda's National Health Laboratory and Diagnostic Services. She leads more than a dozen laboratory scientists and trainees who receive and monitor results from laboratories across the country and make sure they meet the highest standards for quality and accuracy.

At its core, Dr. Akelo's work is training and capacity-building – making sure that every laboratory scientist in Uganda has the skills and confidence to test and analyze samples accurately and consistently.

In July 2024, a new, deadly strain of mpox surfaced in Uganda. Dr. Akelo's lab was essential to coordinating a sharp, effective response – testing and comparing samples from laboratories nationwide to trace cases and contain the outbreak before it could spread.

Her team represents a new generation of laboratory scientists – developing a shared language and toolbox for identifying and containing outbreaks across countries and continents.



Dr. Patricia Akelo
Laboratory Scientist at the National Health
Laboratory and Diagnostic Services
Kampala, Uganda

The Global Fund/Brian Otieno

Triple the impact: How health system investments transform the fight against HIV, TB and malaria in Malawi

Malawi has developed an updated Health Sector Strategic Plan III, outlining an ambitious set of objectives, strategies and activities to accelerate the country's progress against HIV, TB and malaria and achieve national UHC targets by 2030. A study²² using the Thanzi La Onse (TLO) Model has estimated the additional impact on health resulting from improving supply chains and boosting the number of health care workers, two areas of focus in this national plan, from 2023 to 2029.

The results revealed that investing in health systems alongside scaling up HIV, TB and malaria programs leads to a significantly greater reduction in morbidity and mortality from a wide range of causes (including these three diseases), compared to simply maintaining the current health system capacity without additional investments. These investments boost the effectiveness of scaling up health services for HIV, TB and malaria by addressing system limitations and bottlenecks. In addition, investing in the health system enhances its ability to address other health issues, such as respiratory infections, neonatal disorders and childhood diarrhea – the leading causes of childhood mortality in Malawi.

The TLO Model projects the following health benefits of investing in health systems alongside the scale up of HIV, TB and malaria programs, when compared with maintaining the current health system capacity over the 2023 to 2029 period:

- **A three times** greater reduction in the burden of HIV, TB and malaria compared to the status quo of no additional investments in health systems or program scale-up (a 12% reduction versus a 4% reduction).
- **84,000 deaths** linked to HIV, TB and malaria averted.

- **An additional 43,000 deaths** from other conditions unrelated to HIV, TB and malaria averted.
- **A 72% reduction in DALYs²³** due to malaria, a 60% reduction in DALYs due to TB and a 35% reduction in DALYs due to HIV.
- In total, **over 10 million DALYs averted**.
- Joint investments in HIV, TB and malaria and in health systems yielded **a 12% greater reduction in DALYs** compared to a scale-up of HIV, TB and malaria programs without health system investments.
- **An increase in life expectancy** of 0.6 years in men and 2.3 years in women by 2029.
- **A return on investment of 1:5** (an economic benefit of US\$5 for every US\$1 spent).

While this modeling was applied only to the Malawi context, the health system constraints modeled are seen in many countries even where there is successful HIV, TB and malaria program scale-up. Other countries may also realize broader gains through investments in both health systems and HIV, TB and malaria program scale-up.

The message is clear: Investments in health and community systems not only accelerate the reduction of the HIV, TB and malaria disease burden, but also significantly improve other health outcomes, saving many lives.

22. The Global Fund commissioned Imperial College London working with the Ministry of Health of Malawi using the Thanzi La Onse (TLO) Model to perform this study.

23. A disability-adjusted life year (DALY) is a metric that accounts for years of life lost due to premature death, illness or disability. DALYs combine both the years of life lost due to early death and the years lived with disability, providing a comprehensive quality-of-life measure of the burden of disease.

Paving the way toward UHC

Investments in health and community systems act as a force multiplier for resilient, country- and community-led responses and lead to better outcomes – not only for HIV, TB and malaria, but also for health and socioeconomic development more broadly.

The progress we have made in the fight against HIV, TB and malaria has freed up essential resources and capacities in health care systems to address other diseases. As a result, health and community systems are now better equipped to respond to outbreaks and pandemics and to provide vital health interventions, such as those related to reproductive, maternal, newborn and child health. By the end of 2023, investments from the Global Fund partnership in HIV, TB and malaria programs are estimated to have freed up 2.9 billion hospitalization days and averted 5.5 billion outpatient visits, generating US\$103 billion in cost savings.²⁴ Annually, this translates to 131 million hospitalization days and 249 million outpatient visits, saving US\$4.7 billion. To put these findings into perspective, on average,

these efficiencies represent 22% of all available hospital beds in over 100 countries where the Global Fund invests.

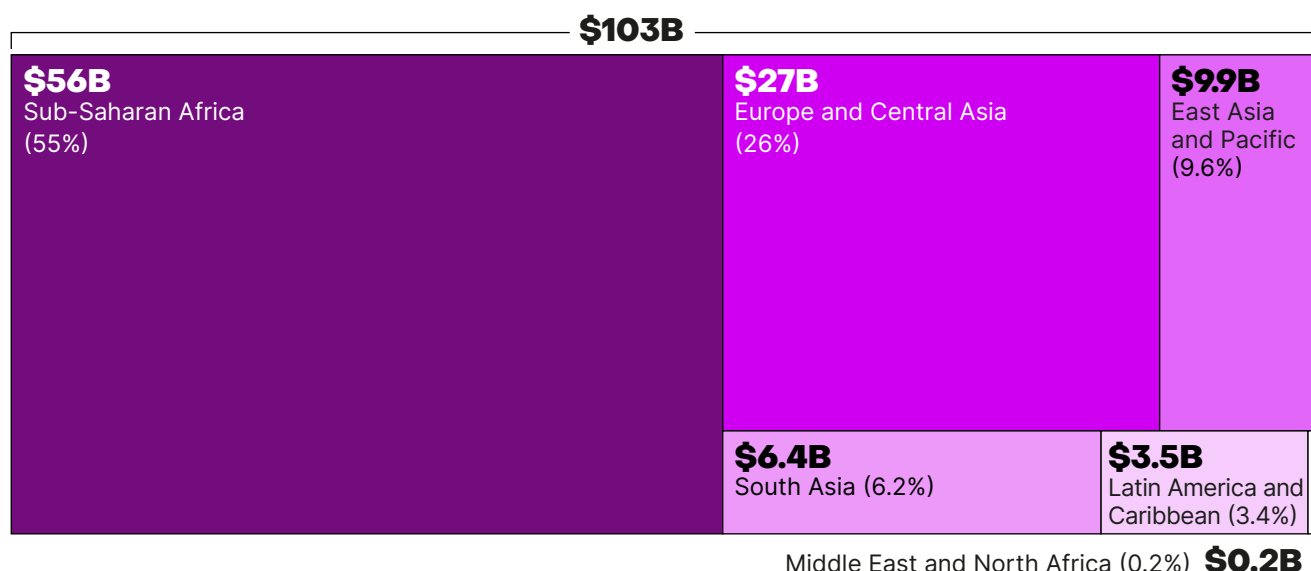
Our investments in the fight against HIV, TB and malaria have delivered greater impact beyond the lives saved from the three diseases. A recent analysis²⁵ shows that the UHC service coverage index score improved from 45% in 2000 to 68% in 2021. Most of that growth (70%) is due to progress made in the fight against the three diseases, mainly through the scale-up of antiretroviral therapy coverage and TB treatment, as well as increased coverage of insecticide-treated nets to combat malaria.

Investing in HIV, TB and malaria alongside strengthening health and community systems is the most effective way to maximize the impact of every dollar invested and build long-term sustainability and resilience in the face of crisis. This is how we put the “U” into “UHC,” by ensuring everyone, especially the most vulnerable, has access to health care.

Figure 10

Cost savings from reduced inpatient and outpatient utilization due to decreased burden of HIV, TB and malaria

In countries where the Global Fund invests, 2002-2023 (US dollars, billions)



Includes countries that received an allocation from the Global Fund since our inception up until 2023. The analysis does not account for deferred cost due to greater survival from reducing the burden of three diseases, leading to greater primary care utilization in the future. The costs are based on nominal US\$.

24. These gains are calculated by comparing the scale-up of key HIV, TB and malaria services over the past two decades in Global Fund-supported countries with a counterfactual scenario assuming there was no scale-up in HIV, TB and malaria services in the same countries and years. This includes countries that received an allocation from the Global Fund since our inception up until 2023.

25. Tracking universal health coverage: 2023 global monitoring report. World Health Organization and the International Bank for Reconstruction and Development/The World Bank, 2023. <https://www.who.int/publications/i/item/9789240080379>.

Dr. Yulia Tatianchenko in Kharkiv, Ukraine. In addition to working as a physician at City Hospital No. 3 of the Kharkiv City Council, Dr. Tatianchenko works in mobile clinics that travel to communities cut off from health care due to the ongoing war. The mobile clinics are operated by Alliance for Public Health, an organization that receives support from the Global Fund.

The Global Fund/Oleksandr Rupeta/VII



AGILITY AND RESILIENCE IN THE FACE OF CRISES



The Global Fund's mission to end the three diseases as public health threats and deliver health and well-being for all is challenged by complex and interconnected crises, which threaten to overturn the progress we have achieved in the last two decades. The escalating climate emergency and increasing conflicts across the world are affecting the spread of infectious diseases and causing mass displacement, creating fertile ground for new health threats. Human rights are being eroded, and inequities are deepening, creating barriers to accessing essential health services. The rise of AMR and disease outbreaks like mpox and Ebola are stark warnings of the looming threat of the next pandemic. As climate, conflict and economic crises intersect, the 3.5 billion people living in poverty globally are increasingly vulnerable to infectious disease.

Investments and political commitment have not kept pace with these realities. We risk losing

our grip on hard-won gains in the fight against HIV, TB and malaria, exacerbating the stark inequities in global health, and failing to close the gaps in global health security. The Global Fund is committed to protecting the progress we have made as a partnership and ending these diseases for good.

Responding to crises is in the Global Fund's DNA. From the historic mobilization to fight the seemingly unbeatable HIV, TB and malaria epidemics in the early 2000s, to our recent crisis response during the COVID-19 pandemic – our partnership model is built for agility and resilience.

Our scale and reach, a proven funding model, strategic and cross-sector partnerships and an efficient and sustainable country-led approach, combined with a strong track record of responding to public health emergencies and building resilient health and community systems, position us as the partner of choice in the context of today's health threats. A successful Replenishment would mean continued delivery of impact at scale. It would allow us to protect the achievements already made in the fight against HIV, TB and malaria, accelerate this progress, and ensure swift responses to crises.

Climate change and global health

Climate change is the greatest health challenge of our time. It poses a profound threat to the goal of ending AIDS, TB and malaria as epidemics. Most obviously, malaria is a highly climate-sensitive disease. With rising temperatures and changing rainfall patterns, the disease is spreading into new areas, exposing more people for extended periods. Extreme weather events can trigger surges in malaria infections and severely disrupt prevention and treatment services.

Progress against HIV and TB is also at risk. Climate-induced migration and displacement lead to overcrowding and poor living conditions, which drive disease transmission and disrupt critical HIV and TB health services. Climate-related food insecurity also affects treatment adherence and makes people living with HIV and TB more vulnerable. Climate disasters divert resources from routine care to emergency responses, cause millions of dollars in damage to health infrastructure, disrupt health product supply chains and essential health services and reverse progress in the fight against diseases. For instance, in 2023, Cyclone Freddy destroyed 300 health facilities and wiped out many paper health records in Mozambique, Malawi and Madagascar. The same cyclone caused widescale displacement in Malawi, resulting in up to 30% long-term treatment default rates in HIV patients, increasing the risk of disease progression and transmission.

Although the threat of the climate crisis is universal, the impact is greatest on the poorest countries that are least responsible for carbon emissions. These are often the countries with the highest infectious disease burdens, where the Global Fund is investing in HIV, TB and malaria programs and health and community systems. Despite the glaring urgency of the climate-health crisis, climate financing for health is critically low. Only 0.5% of multilateral climate funding and 5% of climate adaptation funding goes to health. If investments do not increase, we risk seeing progress reversed in the most climate-vulnerable regions.

Protecting the Global Fund mission from the climate crisis

The Global Fund invests US\$2 billion²⁶ a year to support low- and middle-income countries to build health and community systems that are resilient to climate change, pandemics and other threats.²⁷ Between 2024 and 2026, 71% of our investments and over 80% of our malaria funding will support the 50 most climate-vulnerable countries.

These investments include the adaptation of HIV, TB and malaria programs and climate risk management. We build longer-term climate resilience of health systems by investing in cross-sectoral climate and health planning, policy development and technical capacities. For example, in Madagascar and Sierra Leone we are investing in building a One Health data hub, connecting data and information systems and stakeholders across health, disaster, climate, environment and agriculture. Bangladesh is facing dramatic climate-driven migration, as rising sea levels and frequent cyclones are impacting coastal populations. In response, the Global Fund-supported national TB program is being adjusted to ensure that case finding, testing and treatment services are able to meet escalating demand.

Currently, 37% of the investments from our Emergency Fund have been used to support countries in the wake of climate-related disasters, ensuring continuity in HIV, TB and malaria services. For example, in 2022, the Global Fund provided US\$1.9 million in emergency funds to Somalia to provide essential TB services for internally displaced people after a devastating drought. The same year, we provided US\$30 million in emergency funds in response to a five-fold increase in malaria cases that followed the catastrophic flooding in Pakistan.

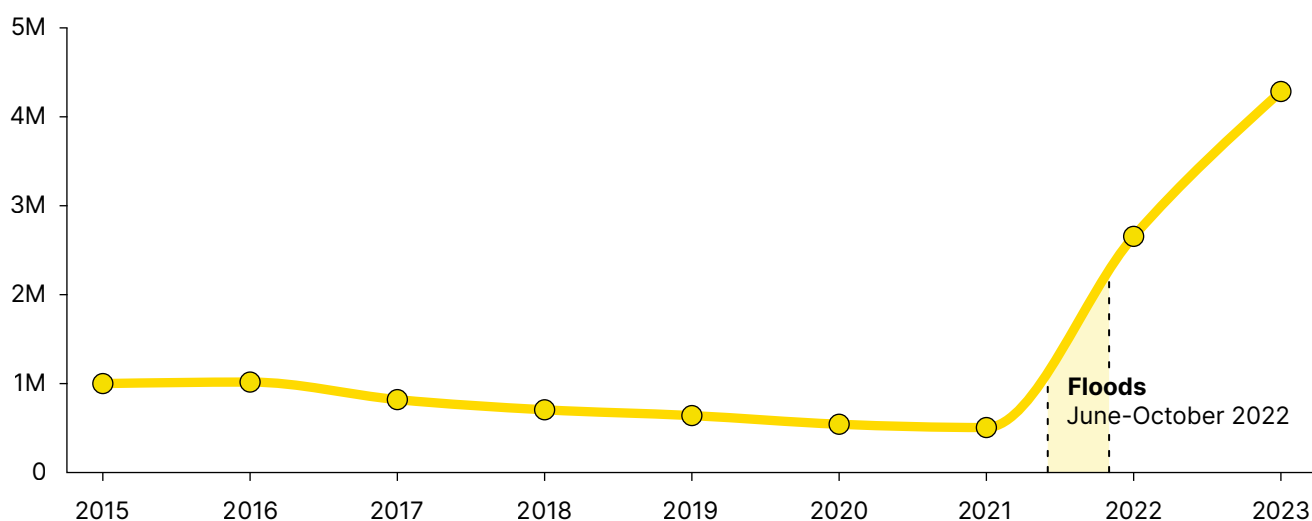
The Global Fund's investments in low-carbon, environmentally sustainable health systems efforts contribute to reducing greenhouse gas emissions and pollution. For example, since 2016, the Global Fund has

26. This figure is based on a Global Fund Strategy Committee methodology that integrates direct investments in resilient and sustainable systems for health (RSSH) and contributions to RSSH through investments in the fight against HIV, TB and malaria (contributory RSSH). The amount is derived from approved and signed grant budgets and RSSH-related catalytic investments and includes C19RM. This methodology excludes Global Fund Secretariat operating expenses.

27. As per the Notre Dame Global Adaptation Initiative (ND-GAIN) Country Index.

Figure 11

Number of malaria cases in Pakistan, 2015-2023



Source: World Malaria Report 2024 data.

provided financing for over 60% of health facilities in Zimbabwe to be equipped with reliable solar energy. In 2024 we approved US\$8.8 million in funding to support the solarization of 238 high-burden, high-volume health facilities in Zambia.

We are also supporting 75 countries to improve sustainable waste management technologies and practices. In Sierra Leone, we support waste management for end-of-lifecycle mosquito nets. Under the NextGen Market Shaping Framework, the Global Fund is incentivizing suppliers to reduce packaging and plastic pollution and increase their corporate sustainability goals.

In January 2025, the Global Fund – in partnership with the Gates Foundation and Sanofi, through its philanthropic organization Foundation S – launched a US\$50 million Climate and Health Catalytic Fund. This initiative aims to help countries and vulnerable communities tackle the health impacts of climate change while building low-carbon, climate-resilient health systems.

At the global level, together with partners we help shape the climate-health agenda through our engagement at events such as the World Health Assembly or the Group of Twenty (G20) Summit. In partnership with the COP28 presidency, the Rockefeller Foundation, WHO and the Green Climate Fund, the Global Fund worked to develop and publish the Guiding Principles for Financing Climate and Health Solutions in 2023, establishing – for the first time – a shared vision for financing climate and health solutions.

A robust Eighth Replenishment would enable the Global Fund to:

- Advance adaptation of HIV, TB and malaria programs; ensure uninterrupted access to HIV, TB and malaria prevention, diagnostics, and treatment for vulnerable populations affected by climate change; and implement climate-resilient recovery measures to sustain disease programs post-disaster.
- Build resilience of health systems to combat HIV, TB and malaria through cross-sectoral climate-health planning and governance; integrate climate data and information for health management information systems; enhance climate-informed early warning surveillance systems and digital tools; foster community-led climate-health solutions; train the health workforce on climate risk management; and improve climate-health product management.
- Promote low-carbon, environmentally sustainable HIV, TB and malaria services by increasing clean energy and energy efficiency in health care facilities, warehouses and laboratories and ensure sustainable health product waste management and low-carbon health product supply chain management.
- Increase catalytic investments to leverage much needed climate-health financing for the most climate-vulnerable countries.



BANGLADESH

SUSTAINING LIFESAVING HEALTH CARE AFTER DEVASTATING FLOODS

Champa Tikadar is a farmer, mother and health care worker who provides essential TB care to her community in Fulbari village, Bangladesh. Cyclone Remal tore through the village in 2024, flooding Champa's home and washing away most of her possessions. She managed to save her supply of TB medicine, and continued treating patients while sheltering from the storm.

The Global Fund/Vincent Becker

Cyclone Remal tore through Bangladesh in May 2024, impacting more than 4.5 million people across the country. A few months later, heavy rainfall combined with a low-pressure system over the Bay of Bengal led to the country's worst floods in three decades – displacing more than half a million people, leaving 1.2 million more without communication or access to aid, and compounding damage to Bangladesh's health systems caused by the cyclone.

In response, the Global Fund approved US\$1.06 million to fortify and sustain health services in the country's hardest-hit districts. These funds protect the country's progress against HIV, TB and malaria and strengthen climate-resilient health systems that can withstand future crises.

The Global Fund supports a range of interventions directed at people in remote and hard-to-reach areas, health facilities and temporary shelters – crowded conditions where TB, in particular, flourishes.

Interventions include locating and reaching out to HIV and TB patients displaced by floods to keep treatment on track; distributing insecticide-treated mosquito nets to prevent malaria in flooded areas; offering nutritional support for TB patients and others without access to food and clean water; and activating integrated mobile health teams and temporary health care centers in shelters and communities where health facilities are damaged or unreachable.

The crises people are experiencing in Bangladesh due to extreme weather events mirror the catastrophic floods, excessive rainfall and landslides that occurred in countries around the world throughout 2024. As temperatures rise, the impacts of climate change on health escalate – it is essential to invest in health systems that can respond.

Conflict and humanitarian crises



Siham Abboud receives medical oxygen at the Homs National Hospital in Homs, Syria. The Global Fund, in partnership with the International Organization for Migration and WHO, came together through the Global Fund's Middle East Response Initiative to procure new oxygen generators for three hospitals in Syria.

The Global Fund/
Tafaseel Advertising Agency

Widespread conflicts and security issues are having an increasing impact on progress against HIV, TB and malaria. Conflict makes people more vulnerable to infectious diseases and disrupts the delivery of health services. Like climate-related and other disasters, conflict can erase decades of progress in disease prevention and control and create the conditions for new or resistant pathogens to emerge.

The health impacts of conflict are severe: destroying infrastructure, disrupting logistics and supply chains, causing mass forced displacement and depriving people of vital medicines and health services. Migrants, refugees and internally displaced people are separated from health services and often live in overcrowded temporary accommodation, environments where infectious diseases spread rapidly. Untreated diseases can lead to more severe illnesses or death and the development of drug-resistant infections.

In addition, conflicts lead to human rights abuses, sexual and gender-based violence, trafficking and starvation, further intensifying risks for vulnerable populations. These conditions increase susceptibility to HIV and other infections, restrict access to food, protection and health care, and threaten lives and basic freedoms.

Rapidly responding and building resilience and partnerships in fragile contexts

The Global Fund operates in some of the world's most fragile contexts, where converging crises are threatening hard-won progress against HIV, TB and malaria. These fragile and humanitarian settings represent around one-third of the global HIV, TB and malaria burden and are receiving 37% of our allocation funding in the current grant cycle. We have disbursed US\$22.6 billion in countries facing humanitarian crises since 2002.

Our approach emphasizes flexibility, partnership, resilience-building and sustainability. In line with the Organisation for Economic Co-operation and Development Humanitarian-Development-Peace Nexus, we work with humanitarian, development and peace actors to expand

health system capacity. We support critical community-based and human rights and gender-focused health services to ensure both the immediate response and long-term sustainability. We partner closely with local civil society and community health workers as well as organizations working directly to provide HIV, TB and malaria services to migrants, refugees and internally displaced people to mitigate the increased risks they face.

For example, in Ukraine – which has the second-largest HIV epidemic in Eastern Europe and Central Asia and is also a high-burden TB country – we work with the Ministry of Health and local community-led organizations to maintain HIV and TB services, despite the ongoing war. In the Middle East, we are working in partnership with the International Organization for Migration (IOM) to provide essential HIV, TB and malaria services to key and vulnerable populations. In 2023 we worked with IOM and WHO to strengthen Syria's ability to provide lifesaving medical oxygen to hospitals across the country. In Sudan, we partner with UNICEF and the United Nations Development Programme, working closely with the Federal Ministry of Health to provide antiretroviral medicines for people living with HIV, anti-tuberculosis medicines, malaria medicines, rapid diagnostic tests and insecticide-treated mosquito nets.

An Eighth Replenishment of US\$18 billion would enable the Global Fund to:

- Ensure the continuity of HIV, TB and malaria services for emergency and conflict-affected populations in fragile and humanitarian contexts.
- Strengthen agile and tailored response capabilities using established mechanisms to rapidly deploy funds to mitigate the impact of conflict on health services.
- Implement and scale innovative health interventions that improve service and health product delivery and health outcomes in fragile and humanitarian settings.
- Strengthen partnerships and coordination with humanitarian organizations and donors for effective and comprehensive emergency responses.

Addressing human rights and gender-related barriers to health care

Global progress to end AIDS, TB and malaria is being impacted by an alarming erosion of human rights and gender equality. Barriers such as stigma and discrimination, structural gender inequalities and punitive laws and policies are preventing people from accessing the lifesaving prevention and treatment services that they need and represent a severe threat to global health.

Stigma and discrimination of key and marginalized populations, as well as criminalization and other punitive laws and policies, prevent those most at risk from getting the services they need. Almost every country in the world criminalizes drug use or possession for personal use, as well as some aspects of sex work. Over 60 countries criminalize consensual same-sex sexual acts, threatening LGBTQI+ communities with punishment ranging from imprisonment to the death penalty, and making it more challenging to reduce HIV transmission. This environment makes people more vulnerable to infections, limits their access to quality health services and drives poorer health outcomes. Civil society is under severe attack in 118 countries and territories. Lived experiences of stigma and discrimination remain high and deter people affected by HIV, TB and malaria from seeking health care.

Women and girls are particularly affected by deep-rooted gender inequality, and this makes them more vulnerable to diseases like HIV. They face higher risks of infection, frequently experience limited access to health services and have little control over the resources and decision-making that can impact their health. Harmful gender norms also negatively impact men, boys and gender-diverse people. Sexual and gender-based violence, especially during crises, drives new HIV infections, violates human rights and exacerbates gender inequality.

The erosion of human rights and gender equality is growing in many countries around the world, evidenced by punitive and regressive policies and actions. In recent years, efforts to erode human rights have become increasingly organized, more systemic and well-resourced. This expanding trend is a major and growing threat to the goal of ending AIDS, TB and malaria.

As the Global Fund works to actively tackle human rights barriers and gender-related barriers to health, we encounter resistance and concerted efforts to build back these barriers. For example, our impact relies heavily on the action and engagement of civil society and community partners, but the conditions in which they work are increasingly fraught, with civil society activity restricted in the great majority of countries eligible for Global Fund grants.

Engaging communities and advocating for health-related rights

A unique strength of the Global Fund – as a large global organization – is the funding we can provide to community-led organizations through Country Coordinating Mechanisms (CCMs) and targeted catalytic funding. This enhances efficiency by going straight to the core of the response, enabling these organizations to fight back against the erosion of rights.

In the face of punitive laws against LGBTQI+ communities, the Global Fund has leveraged existing long-term partnerships with civil society and community-based and -led organizations to develop creative solutions to reduce barriers to health care for communities who face the highest risk of HIV infection.

We support programs that address human rights-related barriers to health services, actively engaging affected communities and elevating their voices in decision-making processes. Our Breaking Down Barriers initiative addresses human rights and gender-related barriers to HIV, TB and malaria services in 24 countries. In the next cycle, this initiative will consolidate these investments in strengthening human rights infrastructure and the resilience of human rights programs as foundations for sustainable HIV, TB and malaria responses.

Our funding to grassroots and community-led and women-led organizations strengthens and encourages locally led responses. For instance, the Global Fund, alongside partners ViiV Healthcare and GSK, established a Gender Equality Fund in 2023. This innovative fund is delivering resources directly to communities and civil society on the frontlines of the fight for gender equality, supporting them to make progress toward equality and better health in their communities.

Evidence from Breaking Down Barriers has shown that comprehensive, sustained funding, and programmatic and political efforts over time, can shift the needle even in the most challenging of circumstances. As the pushback against rights and gender equality gathers force, the Global Fund partnership must invest vigorously in the protection and promotion of human rights. The sustainability of our progress to date and our future efforts depend on it.

A robust Eighth Replenishment would enable the Global Fund to:

- Scale up programs to remove human rights barriers and gender-related barriers to health, working hand-in-hand with the most marginalized communities.
- Mitigate risks associated with the erosion of human rights and gender equality.
- Increase funding to community-led organizations through CCMs and targeted catalytic funding.
- Support integrated sexual and reproductive health services that prevent the transmission of HIV and associated infections.
- Develop programs that amplify the voices and priorities of young people, particularly adolescent girls and young women.
- Collect, analyze and use age- and sex-disaggregated and qualitative data to identify drivers of inequality and inform responses and advocacy.



“

Through the Global Fund, we as young people living with HIV have a voice, autonomy, and a seat at the table to challenge the inequalities that make access to life-saving treatment and services out of reach for far too many people. As a mother to an HIV-negative 4-year-old boy — I know how access to these treatments can transform the future.

”

Maximina Jokonya
Executive Director
Global Network of Young People
Living with HIV

© Maximina Jokonya

UKRAINE

PROTECTING AND CARING FOR CHILDREN LIVING WITH HIV DURING DEADLY MISSILE STRIKES

The Okhmatdyt Hospital in Kiev is Ukraine's largest children's hospital.

The sprawling complex includes a state-of-the-art pediatric HIV clinic. It provides antiretroviral medicines, medical care and ongoing psychosocial support – both to outpatients and to children who stay in the ward and require around-the-clock care.

The clinic receives support from the Global Fund through partners 100% Life and Maybutne Plus – civil society organizations that provide HIV testing and treatment while protecting the rights of people living with the disease.

Like thousands of health facilities across Ukraine, the children's hospital has come under attack during the ongoing deadly war.

Missiles hit the hospital in July 2024, severely damaging the pediatric intensive care, surgical and oncology wards; 32 people were wounded in the attacks, and two were killed.

During the attack, children, families and health workers from the HIV clinic took cover in an underground bomb shelter refurbished by the Global Fund and partners.

The shelter is equipped with beds, warm blankets and medical supplies so health workers can maintain treatment, care for their young patients and stay safe. There is water, food, toys and other supplies to support all those sheltering for their lives. Even when Kiev's air raid sirens go quiet, some children choose to sleep in the bomb shelter because it feels safer.

Since the beginning of the war in Ukraine, the Global Fund has worked with partners to maintain lifesaving HIV and TB care across the country – including for children.

An underground bomb shelter at the Okhmatdyt Children's Hospital in Kiev, Ukraine. The shelter was refurbished by the Global Fund and partners.

The Global Fund/Vladislav Musiienko



Antimicrobial resistance

AMR is an urgent global public health threat. AMR occurs when disease-causing microbes evolve to withstand the effects of drugs intended to eliminate them. If antibiotics and other microbial medications stop working, this increases the risk of untreatable infections spreading, causing severe illness and death, and potentially overwhelming health systems. AMR is one of the leading causes of death globally and was linked to nearly 5 million deaths in 2019.²⁸ Bacterial AMR disproportionately impacts people in low- and middle-income countries, with western sub-Saharan Africa carrying the heaviest burden.

HIV and TB infections often put people at a heightened risk for bacterial infections. After AIDS-related illnesses, bacterial infections are the second leading cause of hospitalization²⁹ among people living with HIV. Secondary infections, often referred to as superadded bacterial infections, in TB patients carry the risk of delaying diagnostics or affecting treatment outcomes. Furthermore, drug resistance is already threatening available treatments to fight HIV, TB and malaria. This explosive combination of factors happens in a context where low- and middle-income countries' health systems are the least equipped to detect and control infectious diseases.

The implications of AMR reach beyond the human health sector, affecting agriculture, food security, economies and the environment. AMR will potentially cause over 10 million deaths per year³⁰ and result in US\$1 trillion in additional health care costs by 2050, and cause losses of US\$1 trillion to US\$3.4 trillion in gross domestic product by 2030.³¹

Fighting AMR with a whole health system approach

The Global Fund partnership has been combatting AMR with a focus on HIV-related, TB-related and malaria-related drug (and insecticide) resistance for years. We are using our unique position as the largest purchaser of antimalarials to diversify options for malaria treatment and help drive a partner effort for responsible

deployment of these critical tools. The Global Fund is the primary external source of funding to treat drug-resistant TB, an important cause of AMR-related mortality. The Global Fund supports countries to address prevention and control of AMR in health facilities and communities through cross-cutting investments in laboratory capacity, surveillance systems, access to adequate treatment, training for health workers and community engagement.

The recent UN High-Level Meeting on Antimicrobial Resistance highlighted the need for coordinated global and multilevel action. The Global Fund is working closely with partner countries, WHO, the Global Antibiotic Research and Development Partnership, the Africa Centres for Disease Control and Prevention, the One Health Trust and the U.S. Centers for Disease Control and Prevention to ensure that our investments support country action plans on AMR from the facility level to the national level.

A robust Eighth Replenishment would enable the Global Fund to:

- Protect populations at risk of developing drug-resistant infections, such as people living with advanced HIV disease facing severe bacterial infections; expand national infection prevention and control training programs and monitoring and evaluation tools.
- Improve AMR laboratory-based surveillance and antimicrobial surveillance, infection prevention and control, and human resources for health assigned to the prevention, detection and control of AMR.
- Improve equitable access to quality-assured antimicrobials.
- Conduct monitoring and evaluation at different levels, including implementing national action plans, monitoring local AMR trends and antimicrobial use and community-led monitoring of AMR interventions and service impact.

28. Global burden of bacterial antimicrobial resistance in 2019: a systematic analysis. Murray, Christopher J L et al. *The Lancet*, 2019. [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(21\)02724-0/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(21)02724-0/fulltext).

29. Causes of hospital admission among people living with HIV worldwide: a systematic review and meta-analysis. Ford, Nathan et al. *The Lancet HIV*, 2015. [https://www.thelancet.com/journals/lanhiv/article/PIIS2352-3018\(15\)00137-X/abstract](https://www.thelancet.com/journals/lanhiv/article/PIIS2352-3018(15)00137-X/abstract).

30. Combating Antimicrobial Resistance Through a Data-Driven Approach to Optimize Antibiotic Use and Improve Patient Outcomes: Protocol for a Mixed Methods Study. Mayito J, et al. *JMIR Res Protoc*, 2024. <https://pubmed.ncbi.nlm.nih.gov/39514268/>.

31. Drug-Resistant Infections: A Threat to Our Economic Future. World Bank, 2017. <https://documents.worldbank.org/en/publication/documents-reports/documentdetail/3223311493396993758/final-report>.

A lab assistant uses a GeneXpert machine to test for TB in a mobile clinic and laboratory in Tserovani, Georgia.

The Global Fund/Anush Babajanyan/VII



A woman wearing a blue uniform and a pink headscarf is looking at her smartphone. She is outdoors, and the background is slightly blurred, showing what appears to be a building. A large red circle is overlaid on the top right of the image, containing text.

Community health worker
coordinator Marie Chantal Uwera
uses a health-related application
on her smartphone at the Muyumbu
Health Centre in Kigali, Rwanda.

The Global Fund/Brian Otieno

Pandemic preparedness

The impacts of climate change, conflict and AMR on the emergence and reemergence of diseases like COVID-19, mpox, Marburg virus disease, cholera and Ebola underline the critical need for resilient and prepared health and community systems. COVID-19 exposed weaknesses in health surveillance, disease prevention and treatment systems and health governance – but five years on, there is a danger that these lessons are being forgotten.

Consistent with the relentless pattern of outbreaks and epidemics, the probability of another deadly pandemic in the short-term is alarmingly high – recent studies estimate that there is a 23% chance of a COVID-scale pandemic in the next decade.³²

Strengthening health and community systems and country-led responses to health crises

Over the last two decades, the Global Fund partnership has helped reinforce countries' pandemic preparedness and response capabilities through both our disease-specific investments and our investments in health and community systems. Our investments to reduce HIV,

TB and malaria in addition to our investments through C19RM have supported the scale-up and strengthening of health workforces, the expansion and development of community systems, increased access to screening, diagnosis and treatment, enhancements to disease surveillance, digital health and health information systems, structural improvements to in-country supply chains, and actions to address human rights barriers and gender-related barriers to accessing health care.

The Global Fund partnership has repeatedly demonstrated a unique ability to respond swiftly, efficiently and at scale to crises, supporting countries with a flexible and agile approach, tailored to the specific context. In response to the identification of SARS-CoV-2 in January 2020, we started making money available to countries to respond to that new virus the following month, using reprogramming flexibilities. In April 2020, to provide additional resources, we launched C19RM with an initial US\$500 million in funding. Since then, we have provided a total of around US\$5 billion in support to countries through C19RM to help respond directly to COVID-19, mitigate the impact of the pandemic on HIV, TB and malaria programs and strengthen relevant health system capacities.

32. Global health 2050: the path to halving premature death by mid-century. The Lancet, 2024. <https://globalhealth2050.org/files/2024/10/Lancet2050.pdf>.



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The Global Fund is a critical part of the global health landscape, helping to save millions of lives from the world’s deadliest infectious diseases. Investments in the Global Fund are not just investments in health; they’re investments in more stable and equitable societies, now and in the future.

”

Dr. Tedros Adhanom Ghebreyesus
Director-General
World Health Organization

© WHO/Christopher Black

C19RM has also enabled us to scale up our support to countries to strengthen pandemic preparedness. Following the end of the acute phase of the pandemic, we have reprogrammed approximately US\$2 billion in C19RM funding to build health systems and pandemic preparedness capacities across six priority areas: human resources for health, including community health workers and community systems; laboratory systems; health products and waste management systems; early warning surveillance and response; data systems; and medical oxygen and respiratory care. These investments through C19RM, together with our underlying investments in health system capacities through our core HIV, TB and malaria funding, mean that the Global Fund is currently the largest provider of grant funding to low- and middle-income countries for improvements in pandemic preparedness.

The value of Global Fund investments in pandemic preparedness, and the advantages of our flexible funding model, have been demonstrated in several disease outbreaks since COVID-19 – including the recent mpox outbreak, which was declared a Public Health Emergency of International Concern by WHO in August 2024. Global Fund investments in areas like laboratory systems, disease surveillance and community systems have been leveraged in national responses to mpox in many of the most affected countries. For example, the US\$36 million the Global Fund has invested since 2020 in Uganda to support the National Health Laboratory and Diagnostic Services has been instrumental in developing a national laboratory network capable of identifying and containing such outbreaks, even in remote areas. In September 2024, an additional US\$1.1 million reinvestment was approved specifically for mpox to enable the procurement of essential laboratory items and to expand wastewater surveillance for early detection. Other countries affected by mpox, including the Democratic Republic of the Congo and the Central African Republic, are also utilizing surveillance, diagnostic and community response platforms established through Global Fund investments, in addition to our reprogramming flexibilities, to enable an effective response to the outbreak.

Laboratory scientist Esther Nabende examines samples at the National Health Laboratory and Diagnostic Services in Uganda. Uganda's robust laboratory system, which has received support from the Global Fund since 2020, has been essential to the country's response to mpox, quickly identifying cases and working to prevent, detect and respond to the outbreak.

The Global Fund/Brian Otieno




Rabia Bibi (left) and a fellow lady health worker in Islamabad, Pakistan. Rabia has been a lady health worker since 2009 and has a caseload of 175 households. Across Pakistan, lady health workers deliver vital health services, including TB screening and referrals, even in the most remote and hard-to-reach areas.

The Global Fund/Vincent Becker



INNOVATION, EFFICIENCY AND SUSTAINABILITY THROUGH PARTNERSHIP



The year 2030 is right around the corner – and the Global Fund partnership is more ready than ever to deliver on the global promise of the SDG 3 target of ending AIDS, TB and malaria to ensure healthy lives and promote well-being for all. With people and communities at the center of our work, our partnership is building equity, sustainability and lasting impact.

But progress is stalling, and we need to act with urgency. Now is the moment to accelerate momentum by harnessing the strengths that will put us on the fast track to ending the three diseases as public health threats.

We have the power to step up where others cannot. Our efficiency, effectiveness and scale give us the unique opportunity to turbocharge innovation, chart a path forward on sustainability to accelerate progress and maximize impact against the three diseases.

Leveraging the power of our partnership, we will continue to tackle the structural barriers that are still causing millions of people to die from AIDS, TB and malaria each year. As we approach the Eighth Replenishment, we will continue to deepen collaboration across our partnership to help us achieve the important step change we are seeking.

**MY
STORY**

DR. KRET SETHA

“Doctors here not only provide treatment but also counseling. We work with an open heart. Here we create trust.”



Dr. Setha believes that doctors must serve their patients with an open heart – no matter who they are or where they come from.

He remembers living in poverty as a child – feeling helpless and unsure about the future. Today, he works around the clock so that his patients can take control of their health and thrive.

Dr. Setha works with men who have sex with men, sex workers, and trans and gender-diverse people – communities at high risk of acquiring HIV who often face stigma and discrimination, which prevents them from accessing health services. His clinic has made oral PrEP available to patients since 2020 – the once-daily medication has made a significant difference preventing HIV among the people he serves.

Dr. Setha also provides a listening ear for his patients. He says that his job – and that of all doctors serving key populations – is to establish trust, listen to their troubles and support them any way he can. He regularly responds to patients' messages until 10 p.m. or later.

Dr. Kret Setha

Toul Kork Health Center
Phnom Penh, Cambodia

The Global Fund/Maika Elan/VII

Ensuring the sustainability of national responses and health systems

Working with countries to sustain the hard-won gains and progress made against the three diseases is fundamental to the Global Fund's approach. Strengthening sustainability requires both continued investments in reducing the burden of disease, while at the same time supporting countries to assume greater financing and responsibility for ending the epidemics. The Global Fund takes a comprehensive approach to sustainability, supporting the scale-up of new technologies and service delivery, catalyzing better and more efficient use of domestic financing, and supporting strong national sustainability and transition planning to gradually support countries to assume full leadership of the national responses. Such plans must reflect the epidemiological and fiscal context of each country to ensure continued progress toward ending the three diseases and appropriate incentives.

For HIV, with many countries at or near to achieving the UNAIDS 95-95-95 targets, the time is right to develop multiyear sustainability plans that lay out a pathway for the progressive transition of funding responsibilities to partner governments and a consequent reduction in external support. In such countries, successful implementation of these plans will require careful phasing and close coordination with partners such as PEPFAR. A too-abrupt withdrawal of external support could lead to the reversal of hard-won gains, particularly in the poorest countries with the highest disease burden. Leveraging new prevention tools, such as long-acting PrEP, to deliver a sharp reduction in new infection numbers will make achieving a sustainable transition far more feasible. Because reducing new infections is so critically important to ensuring the long-term sustainability of progress against HIV, partner governments' commitment to working with affected communities to tackle barriers to access will be as important as their commitment to increasing domestic resourcing.

For TB, domestic resources already make up the majority of funding for the disease. Yet overall funding levels for TB remain far too low, with significant

funding gaps in many countries. As a result, there is a risk that the current pace of progress against the disease will not be sustained. As the provider of over 76% of external funding for TB, the Global Fund has a crucial role to play in ensuring these resources are deployed where they are most needed, and that partner governments commit to sustaining and stepping up the fight against TB. Global Fund resources will be used to catalyze increased domestic resourcing and to fill gaps where this is not feasible, such as in situations of conflict or crisis. As with HIV, the development of robust sustainability and transition plans for TB will need to reflect the specific epidemiological and fiscal context of each country and must incorporate policy actions to improve access as well as financial commitments. With TB, more than with HIV and malaria, there are significant opportunities to leverage alternative sources of finance, such as blended finance, and to engage the private sector.

For malaria, there are two very different categories of sustainability challenges. For countries nearing malaria elimination, the challenge is to ensure the task is finished. In these contexts, the Global Fund works closely with partner governments and other stakeholders to ensure continued progress against the disease, while gradually reducing reliance on external funding. For example, we are supporting Indonesia to eliminate malaria. As an upper middle-income country, Indonesia is able to invest more of its own resources in the fight against the disease. Indonesia is targeting elimination by 2030, and most of the country is already malaria-free.

The principal sustainability challenge around malaria concerns the most intensely affected countries, particularly in West and Central Africa. In many of these regions, progress against the disease has stalled or is in reverse, and because many of these countries are low-income, they have a limited ability to invest in their disease programs. They are also affected by insecurity, extreme weather events and other disasters.

In these areas, regaining a trajectory toward reducing malaria transmission is the prerequisite for achieving sustainable progress. Sustainability and transition plans in these contexts must be informed by a realistic assessment of the epidemiological challenges, domestic resourcing constraints and the human health impact of conflict and climate change.

The Sustainability, Transition & Co-financing policy

The Global Fund's Sustainability, Transition & Co-financing (STC) policy, developed in 2016 and adapted and refreshed by the Global Fund Board in November 2024, guides the Global Fund's work on sustainability, transition and domestic financing.

The November 2024 revisions to the STC policy have increased the rigor and specificity of the Global Fund's co-financing requirements, put in place mechanisms to more effectively support predictable transitions from Global Fund financing, and broadened the focus on sustainability planning across the portfolio. The revised STC policy will lead to setting clear transition timelines in a sub-set of the portfolio to ensure countries have a clear and realistic trajectory for assuming full ownership of the national response. Additionally, the revised co-financing requirements necessitate countries to progressively finance and take up specific program costs and programmatic interventions, such as antiretroviral medicines or services for key and vulnerable populations. This will further strengthen national ownership and the financial sustainability of the national responses, particularly for those interventions dependent on Global Fund financing.

Working hand in hand with countries, we actively plan for the transition away from Global Fund financing. We support countries during that transition process, so that disease programs can continue to scale up coverage, even after funding from the Global Fund and other major external donors comes to an end. We also focus on integration – ensuring that our work to combat HIV, TB and malaria is increasingly embedded within broader health systems. Led by country partners, we focus on building capacities that can enable countries to fully take care of their disease programs. In Zimbabwe, for example, we supported the development of

an in-depth workforce analysis and a strategy for national human resources for health. This led to the signing of a human resources for health investment compact, in which the Ministry of Finance agreed to provide domestic funding to support the priorities of this new strategy. With our support, the country is also working to transition an externally funded health workforce onto government payroll, while harmonizing the salary scale. Building on examples like this, we will be more intentional than ever on sustainability in the next cycle.

The Global Fund's co-financing approach encourages countries to commit additional domestic resources to health programs as a requirement to receive Global Fund grants. Co-financing fosters greater ownership and accountability for externally funded HIV, TB and malaria programs, helps support greater investments in health and community systems, and is a critical tool to support the scale-up of national disease responses. Our approach is tailored to each country's economic context and disease burden, ensuring fairness and effectiveness in fighting the three diseases. To incentivize the delivery of these co-financing commitments, at least 15% of a country's allocation (but in some cases more) becomes available if countries make sufficient commitments and fulfill these commitments. Alongside these co-financing efforts, the Global Fund supports domestic financing advocacy with partners through a growing number of national health financing dialogues, designed to ensure that the health sector continues to be prioritized, particularly in the Global Fund's largest investment countries.

Domestic funding is essential to ending the three diseases and achieving lasting progress. Our country-led model is reinforced by our efforts to incentivize increased and more efficient domestic investment in health systems and in the fight against HIV, TB and malaria.

Many countries have already undertaken transition planning to identify and address transition challenges, particularly in upper middle-income countries. Since 2016, the Global Fund has provided transition funding (following changes in eligibility) to 15 countries³³ to support a smooth, responsible transition from Global Fund financing and avoid a sudden drop-off in support.

33. Countries transition by components of investments in the fight against diseases. Those that have received transition funding may still hold an active grant for an eligible component. The list of 15 countries excludes those that received transition funding for a component that became newly eligible and subsequently received funding in a later allocation cycle.



ABDUL QADR

“By bringing TB services into people’s homes, I help ensure they have easy and consistent access to the treatment and care they need to recover.”



Abdul Qadr
Nurse/DOT Worker
Erbil, Northern Iraq

The Global Fund/Ashley Gilbertson

As in all conflicts, war in Iraq has been catastrophic on health care. Today, the country is home to one of the region’s highest TB burdens.

A decade ago, Abdul Qadr left a lucrative private sector job to fight the disease.

Today, he works as a Directly Observed Therapy (DOT) worker with the International Organization for Migration, bringing the newest treatments, support and care to the homes and communities of people living with TB.

This includes providing all-oral treatments for people with drug-resistant TB and helping them take these medications correctly. He delivers food, refers people with TB and their families to psychosocial support and accompanies people to medical appointments.

He also dispenses drinkable, cherry-flavored, kid-friendly TB medication to children.

Abdul works in the most vulnerable communities in Iraq – camps for displaced people, poor urban settlements, prisons and others – and has seen firsthand how innovative screening and diagnostic tools are transforming the country’s fight against TB.

Leveraging innovative sources of finance

As the fiscal context in which we work evolves, the Global Fund partnership is adapting – pursuing new opportunities to further finance and accelerate the fight to end the epidemics. We are committed to pursuing new ideas and partnerships that can help us increase funding for health programs as a complement to traditional Global Fund grants.

The Global Fund partnership's strength comes from being able to simplify and increase countries' access to health finance – supporting countries to make more progress in the fight against HIV, TB and malaria.

Debt swaps

Debt2Health (D2H) is designed to increase domestic financing in health by converting debt repayments into investments in public health. Under individually negotiated debt swaps, a creditor nation foregoes repayment of a loan if the debtor nation invests all or part of the freed-up resources into a Global Fund-supported program. Aligning with its national health strategy, the debtor nation channels the proceeds toward health programs to fight the three diseases and strengthen its health systems.

In addition to conventional contributions, donor governments can invest through debt swaps, such as Germany's pledge at the Global Fund's Seventh Replenishment Conference in 2022, which consisted of a €1.3 billion pledge, including a €100 million D2H pledge. Germany has been the leading supporter of D2H, both in piloting the concept in 2007 and in supporting the scheme as a creditor in multiple subsequent transactions. In 2024, through D2H, Germany signed agreements with Mongolia and Indonesia to convert €29 million and €75 million of these countries' respective

debts into public health investments, thereby increasing the D2H pledge from Germany by €4 million.

The Global Fund has a strong worldwide track record in debt conversions for health, with 14 transactions involving three donors (Australia, Germany and Spain), converting close to US\$500 million of bilateral debt into US\$330 million in health funding for 11 debtor countries.

Blended finance

Blended finance allows the Global Fund to combine grant funds with multilateral banks and other financial institutions to build stronger, more resilient health systems that are better equipped to fight HIV, TB and malaria, and support critical health interventions – such as expanding treatment, reforming social health insurance schemes and reaching vulnerable populations with lifesaving care.

Blended finance complements traditional Global Fund grant financing and is part of the Global Fund's overall approach to raising additional resources for health. Blended finance also makes it possible to strengthen harmonization with other development partners, leveraging borrowing to support the health sector and the three diseases.

In recent years, the Global Fund has strengthened collaboration – with the World Bank and the Asian Development Bank, for example – to support blended finance. In 2023 and 2024, the Global Fund approved blended financing transactions in Colombia, Côte d'Ivoire, the Lao People's Democratic Republic and South Sudan to support a wide variety of programmatic priorities, including community-based malaria control and prevention, access to antiretroviral therapy for vulnerable

populations, and improved primary care service delivery. In 2022, working with the World Bank and the Indonesian government, the Global Fund approved a loan buy-down in Indonesia, which supported US\$300 million in additional resources and is incentivizing critical health reforms to support Indonesia's TB response.

In the blended financing transaction in South Sudan, the Global Fund's US\$22.9 million contribution to a donor funding pool of approximately US\$375 million focuses on expanding access to a basic package of health and nutrition services, including malaria case management and intermittent preventive treatment for malaria in pregnancy (IPTp). This investment is enabling a more aligned, coordinated response with partners in a challenging operating environment to strengthen health systems and increase malaria programmatic coverage.

Catalytic funds

Catalytic investments are designed to address critical gaps and essential priorities in the fight against HIV, TB and malaria that are not sufficiently covered by country allocations alone. Catalytic funds have proven their worth in catalyzing accelerated scale-up of a broad array of innovations and priority interventions, including new approaches to TB case finding, deployment of HIV self-testing, rollout of best practices for community health workers, adoption of digital health tools and the introduction of new mosquito nets.

By collaborating with the Global Fund through catalytic investments, private sector partners can spur innovation and support focused, evidence-based programming approaches to increase impact in specific priority areas that align with their organizational goals. Every Global Fund private sector partnership drives impact – and saves many more lives.

The Global Fund partnership presents an unprecedented opportunity for the private sector to make a significant impact in the fight against HIV, TB and malaria, strengthen health systems and address gender- and human rights-related barriers to health services at a global scale. With new, innovative solutions and partners in catalytic investment, we can move faster to end the three diseases and build stronger health and community systems.

The Global Fund is making the case to increase pledges from the private sector to US\$2 billion out of the overall US\$18 billion target for the Eighth Replenishment. This would represent an almost 50% increase on the amount pledged at the Seventh Replenishment. We anticipate that much of this additional funding would be directed at supporting our catalytic fund priorities.



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With investments from the Skoll Foundation, the Johnson & Johnson Foundation, and the Global Fund, the Africa Frontline First Catalytic Fund has made huge strides in ensuring community health workers are adequately paid, trained, and equipped to do their lifesaving work. It's simple: When these frontline workers are supported, they save more lives. The Global Fund's country-led approach, fund-matching mechanisms, and bold partnership with proximate social innovators made them an ideal partner for this collective and catalytic investment in community health.

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Don Gips
CEO
Skoll Foundation
© Skoll Foundation



COLOMBIA

INNOVATIVE FINANCING TO REACH VENEZUELAN MIGRANTS WITH ESSENTIAL HEALTH CARE

Mirleni is a Venezuelan migrant living in Colombia. Upon arriving in Colombia six years ago, she got pregnant and then found out she was HIV-positive. With support from doctors at La María Hospital in Medellín, she began antiretroviral therapy and her son was born HIV-free.

(RED)/Federico Rios

For over a decade, crisis in Venezuela has forced millions of people from their homes and into neighboring Colombia. According to the World Bank, there were nearly 3 million Venezuelan migrants living in Colombia as of the end of 2023. Most lack health coverage and move frequently – cutting off access to consistent, quality health services.

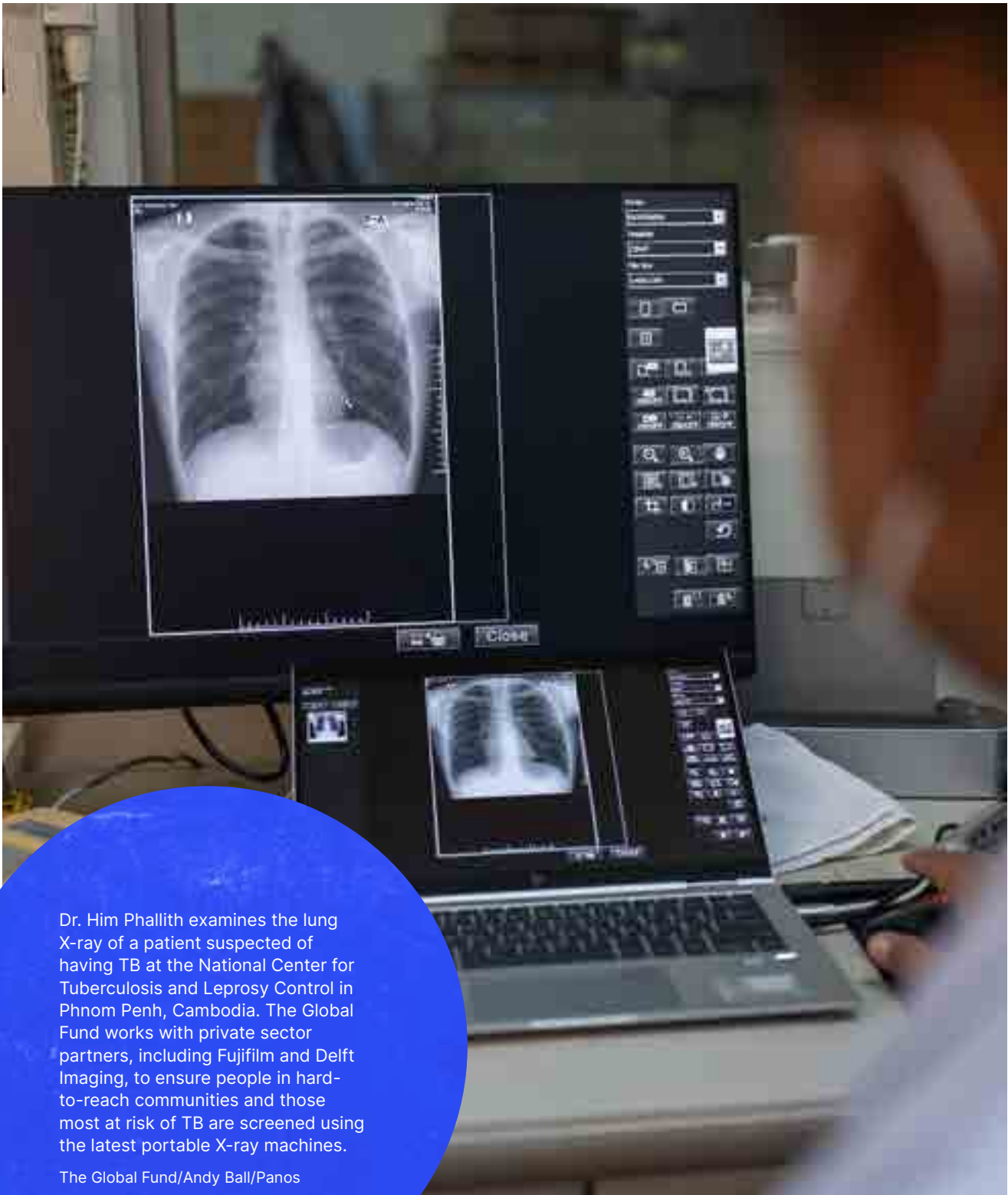
Through specialized outreach, the Global Fund's HIV grant in Colombia supports migrant populations to access critical medications until they are incorporated into Colombia's health system.

In addition, a US\$300 million blended financing project from the Global Fund, the World Bank and the government of Colombia aims to build a climate-resilient health system and ensure that vulnerable populations have reliable access to health care – and includes a specific focus on reaching migrant populations with lifesaving HIV services.

The Global Fund's contribution of US\$5 million helped secure an indicator linked to the funding package that measures migrants' ability to access comprehensive HIV services, including HIV testing and antiretroviral therapy. It also includes provisions to measure the number of migrants enrolled in the Colombian social security system who are on antiretroviral therapy.

The Global Fund's participation helps ensure partners in Colombia build continuity of health care for vulnerable and displaced people into national health financing and planning – which is essential to end HIV as a public health threat.

Accelerating access to lifesaving innovations



Dr. Him Phallith examines the lung X-ray of a patient suspected of having TB at the National Center for Tuberculosis and Leprosy Control in Phnom Penh, Cambodia. The Global Fund works with private sector partners, including Fujifilm and Delft Imaging, to ensure people in hard-to-reach communities and those most at risk of TB are screened using the latest portable X-ray machines.

The Global Fund/Andy Ball/Panos

To end AIDS, TB and malaria as public health threats we are committed to accelerating access to cutting-edge innovation. There is an exciting array of innovations across the three diseases, including long-acting injectable PrEP for HIV prevention, novel mosquito nets and antimalarials, and new TB diagnostic platforms and treatments. These and other tools in the pipeline have the potential to radically change the course of the diseases and reset progress against global targets.

Leveraging the strengths and scale of our partnership, the Global Fund seeks to accelerate access to such cutting-edge HIV, TB and malaria prevention, diagnostic and treatment tools, making them more affordable and available to the people who need them most, and maximize the efficiency and effectiveness of our investments to fight the three diseases.

Through our Revolving Facility, established in 2023 with support from the Gates Foundation, we use advanced market commitments to accelerate affordable access and introduction at scale of lifesaving product innovations. For example, we used the Revolving Facility to accelerate the sustainable scale-up of dual AI insecticide-treated mosquito nets to fight malaria, leveraging volume guarantees to negotiate favorable prices and terms with suppliers. By securing prices for dual AI nets only slightly higher than the prices of standard mosquito nets, we enabled countries to move swiftly to take advantage of these much more effective nets. With strong country leadership, and working closely with partners like Unitaid, WHO and PMI, we have seen a remarkably rapid shift to the new nets: The latest forecast projects that dual AI nets will comprise 59% of all insecticide-treated mosquito nets procured in the current grant cycle. These highly cost-effective new nets – which combine two different classes of insecticides to ensure that mosquitoes resistant to one type are still killed by the second – are key to getting back on track in the fight against malaria.

The Global Fund partnership's market-shaping efforts have also been crucial in the fight against TB: through the deployment of new digital X-ray devices, a new 4-month drug-sensitive TB regimen for children, the 6-month BPaLM regimen for drug-resistant TB, and shorter, better tolerated regimens for TB preventive treatment, including 3HP and 1HP. Rapid deployment of such powerful innovations, achieved through close collaboration with national TB programs, as well as with partners like the Stop TB Partnership and Unitaid, has been crucial to the remarkable momentum now being seen in the fight against TB.

Given the exciting pipeline of future innovations to fight TB, plus the glaring inequities in access that fuel the disease, such market-shaping efforts will continue to play an essential role in maximizing the impact of investments to combat TB.

Our market-shaping efforts have led to price reductions in core commodities and medicines, which are estimated to lead to projected cost efficiencies of US\$9.8 billion over 2027-2029.³⁴

These market-shaping efforts draw on the expertise and engagement of the entire Global Fund partnership. Private sector and research partners generate innovations. WHO provides regulatory pathways, approvals and guidance. Partners like Unitaid contribute to product development and demand generation. Agencies like UNAIDS and the Stop TB Partnership work with partner countries and communities to facilitate rapid adoption. National disease programs develop and implement deployment programs tailored to country-specific epidemiological contexts. Civil society and community organizations ensure innovative tools reach those who can benefit most.

Market shaping is not limited to the launch of new innovations. To maximize efficiency and the return on investment against the three diseases, the Global Fund partnership is relentlessly focused on achieving ongoing reductions in the prices of key lifesaving commodities.

For example, in 2023, working together with partners, we were able to:

- Achieve a further 25% reduction in the price of the preferred first-line HIV treatment, tenofovir-disoproxil/lamivudine/dolutegravir (TLD), bringing down the annual cost of antiretroviral therapy to as low as US\$37. This has been crucial in enabling countries to continue to expand the number of people receiving antiretroviral therapy.
- Achieve a 20% reduction in the cost of Cepheid's rapid molecular diagnostic test cartridges for TB, as well as improved service and maintenance arrangements, and a commitment from Cepheid to provide these TB cartridges at cost. Expanding access to rapid molecular tests is essential to continued progress in the fight against TB.

34. These efficiencies arise when comparing currently available prices for long-lasting insecticide-treated mosquito nets and antiretroviral medicines with those assumed in the latest available global plans. A robust Eighth Replenishment is essential for the Global Fund to be able to sustain these cost efficiencies.

- Secure a 30% reduction in the cost of the short-course TB preventive treatment known as 3HP, which is transformative for patients seeking to adhere to their treatment and protect themselves from TB.
- Obtain a 55% reduction in the price of bedaquiline, the main treatment component for drug-resistant TB. Expanding access to quality-assured treatments for drug-resistant TB is essential for reducing TB mortality and to countering antimicrobial resistance.

Looking ahead, our market-shaping efforts will play a huge role in getting the latest HIV, TB and malaria innovations to the people who need them most.

The Global Fund is excited about the promise of long-acting injectable PrEP for HIV prevention. A twice-yearly injection of lenacapavir, for example, has been shown to be highly effective in protecting individuals at high risk of acquiring HIV. This new drug has huge potential to revolutionize the approach to HIV prevention.

In addition to its efficacy rate, lenacapavir can also significantly reduce some of the challenges linked to other forms of PrEP (including difficulties with adherence to pills, stigma and discrimination), which would give a huge boost to overall HIV prevention efforts.

The rollout of affordable long-acting injectable PrEP at scale, in conjunction with other HIV prevention strategies, has the potential to significantly enhance the sustainability of national HIV responses. By preventing new HIV infections, countries could significantly reduce future HIV treatment costs. Long-acting injectable PrEP has the power to expedite progress toward the SDG 3 target of ending AIDS as an epidemic by 2030. As the largest funder of PrEP products and with the largest reach in HIV prevention funding, the Global Fund has a critical role to play in accelerating equitable access to lenacapavir and other long-acting injectable PrEP options.

Recently, the Global Fund and PEPFAR joined forces with the Children's Investment Fund Foundation and the Gates Foundation with the goal of providing rapid and equitable access to lenacapavir, contingent upon regulatory approval from the U.S. Food and Drug Administration, relevant national pharmaceutical regulators, and a recommendation from WHO.

This effort aims to enable access to lenacapavir for at least 2 million people over three years in countries supported by PEPFAR and the Global Fund.

There is a robust pipeline of innovations in TB care, spanning screening and diagnostics, treatment and prevention. They include multi-disease diagnostics, near-point-of-care tests and tongue swaps, universal treatment for drug-sensitive and drug-resistant TB – the PanTB regimen – new TB vaccines, and long-acting TB preventive treatment.

But these innovative tools mean little if they remain out of reach for those who would benefit the most from them. This is why the Global Fund, together with our partners, is working to expedite equitable and affordable access to these innovations, just as we have done with many other tools.

To end the three diseases, we need to take advantage of the latest tools available to prevent and treat them.

A robust Eighth Replenishment would enable the Global Fund to:

- Support countries to expand their HIV prevention toolkits and reduce HIV incidence through the scale-up and rollout of effective prevention tools like long-acting injectable PrEP. Support country ambitions to reach increasing numbers of individuals at higher HIV risk and in need of PrEP and/or post-exposure prophylaxis (PEP).
- Ramp up market-shaping efforts to diversify the supply of HIV rapid diagnostic tests, support their introduction in countries and lower prices for HIV programs in progress.
- Expand our work to find and treat “missing” people with TB and drug-resistant TB by continuing to negotiate favorable prices and expand the rollout of the latest screening and molecular diagnostic tools and well-tolerated treatment (BPaLM) and prevention (3HP) regimens.
- Continue to scale up impactful tools including novel antimalarials and expand access to dual AI nets. Ensure affordability of alternative artemisinin-based combination therapies through market shaping, and leverage partner-wide investments in affordability and availability of these drugs.



UMMA ABDULHAMID

“I am part of this campaign to help my people – to tell families about the value of mosquito nets.”



Umma Abdulhamid
Community Health Worker
Dakata, Kano State, Nigeria

The Global Fund/Andrew Esiebo/Panos

Umma is on the front line of the fight against malaria.

Nigeria is home to the world’s largest burden of the disease. As a community health worker, Umma educates families – especially those with young children and pregnant women – on preventing malaria and identifying symptoms. If she suspects someone may have malaria, she administers a test – and if positive, she ensures they are put on treatment and referred for further care.

During the last mass mosquito net distribution campaign in Kano State, Umma went door-to-door on foot, delivering nets to approximately 200 homes every day. Umma says she was motivated to do this work because she sees firsthand how widespread malaria is, and its impact on her community.

Across the country, new tools are being rolled out to better protect people. This includes next-generation mosquito nets, treated with two types of insecticides, which are more effective against mosquitoes that have built up resistance to standard nets. And last year, Nigeria began administering malaria vaccines to children in two states.

Umma and her fellow community health workers are vital in making sure these tools reach the people who need them most – and providing multiple layers of protection against this deadly disease.

Strengthening country ownership



Laboratory scientific officers Chipo Mambo (left) and Nchimunya Siabeenzu in the PCR analysis room of the Molecular Biology Department of Zambia's National Public Health Institute. The officers use sequencing machines to analyze bacterial genomes for resistance, which helps better understand disease dynamics and treatment strategies for malaria.

The Global Fund/Jason Mulikita

The Global Fund is built around country ownership. Since our inception in 2002, a core principle of the Global Fund model is that countries take the lead in determining investment priorities, including where and how to best fight the three diseases. This means the Global Fund model is well aligned with initiatives such as the Lusaka Agenda, which emphasizes the importance of country leadership. We will continue to invest in structures that strengthen country leadership and ownership.

Country Coordinating Mechanisms

To ensure that our investments support locally tailored, effective and impactful programs that reach the people who most need them, the Global Fund works with Country Coordinating Mechanisms (CCMs) – national committees that submit funding applications to the Global Fund and oversee grants on behalf of their countries. CCMs include representatives from academic institutions, civil society, faith-based organizations, government, multilateral and bilateral agencies, nongovernmental organizations, people affected by the diseases, the private sector and technical agencies. Bringing these diverse stakeholders together ensures that local experts and people affected by HIV, TB and malaria determine the priorities. Country leadership delivers more effective and sustainable responses.

The Global Fund primarily invests through local Principal Recipients and sub-recipients. In the 2020-2022 grant cycle, two-thirds of our disbursements were channeled through government agencies and other national organizations.

In addition, we work with CCMs to support countries to maximize value for money, focusing on driving down prices for health products and other inputs, investing in interventions that are demonstrated to maximize impact, delivering those interventions as efficiently as possible, and balancing these considerations against the need to reach the most marginalized and vulnerable people. We support countries to prioritize activities that balance impact and cost to ensure the sustainability of national disease programs. We are making increasing efforts to coordinate our investments with partners, such as Gavi, the World Bank and the Global Financing Facility, to provide direct support to national health systems entities, such as laboratories and human resources for health directorates of ministries of health. For instance, in Zambia, we helped strengthen the National Public Health Institute, enabling the country to coordinate our funding along with contributions from the Pandemic Fund and the World Bank.



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One of the distinct qualities of the Global Fund is that it prioritizes strengthening civil society and community leadership. This approach has been vital in making sure efforts fighting HIV and tuberculosis address the gender- and human-rights related barriers that fuel the disease and reach the people who are too often left behind by others.

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Meirinda Sebayang
HIV and TB Advocate
Indonesia

The Global Fund/Mzimasi Ndzombane

Maximizing the return on donor dollars

The Global Fund partnership is designed to maximize the health impact from every donor dollar, and while we continuously strive for improvement, our results demonstrate that the Global Fund is extraordinarily efficient and effective at delivering impact at scale, both in absolute terms and compared to other institutions. With Secretariat operating costs averaging only 6.2% of donor pledges, despite the breadth and complexity of the partnership's activities, we ensure that almost all Global Fund financial resources flow through to in-country implementers. With close monitoring and real-time course correction of in-country expenditure, the Global Fund achieves extremely high levels of in-country absorption – over 85% – and programmatic delivery.

The Global Fund also leads the way in finding new ways to improve efficiency and effectiveness, whether through automation and the use of AI, the establishment of an offshore information technology (IT) service center, continuous process re-engineering, or the sharing of enabling functions with agencies such as Unitaid and Gavi.

The Global Fund acts with agility to support countries to respond to crises. For example, when COVID-19 struck, the Global Fund reacted immediately to enable countries to reprogram savings from existing grants to procure tests, treatments and medical supplies, protect frontline health workers with personal protective equipment, adapt lifesaving HIV, TB and malaria programs, and reinforce critical components of health systems, such as supply chains and laboratory networks. Within weeks, we also launched C19RM to provide additional funding. Supported by the generosity of donors, we have deployed approximately US\$5 billion via C19RM, enabling countries to respond to the pandemic with speed and at scale, and to build greater resilience against future threats. The agility of our partnership has also been demonstrated in the swiftness of our response to other challenges, including conflicts and humanitarian crises, disasters including climate-driven extreme weather events, and other health threats such as mpox, Ebola, and Marburg virus disease.

Independent technical review, independent evaluation and independent assurance functions ensure robust program design, continuous learning and an extremely robust zero tolerance approach to fraud and the misuse of funds.

The rigor and transparency of the Global Fund's decision-making processes, audits and investigations are exemplars for the sector. The Office of the Inspector General (OIG), established in 2005 as an independent entity reporting directly to the Global Fund Board, safeguards the assets, investments, reputation and sustainability of the Global Fund. Through audits, investigations and advisory work, the OIG promotes good practice, enhances risk management and reports fully and transparently on abuse. Where irregularities or misuse have materialized, swift and appropriate action is taken to address the underlying weaknesses and seek recoveries as appropriate. Since the recoveries process began, 99% of the total outstanding OIG recoverable balance, after accounting for written commitments to repay, has been resolved.

The Global Fund operates with a high degree of transparency and accountability in all our work. In 2024, we were ranked at the top of the “Good” category of a leading international aid transparency index – Publish What You Fund's 2024 Aid Transparency Index. This is an increase of more than 10 points since the last review in 2022. As part of our ongoing efforts to sustain and improve transparency, our Data Explorer platform provides up-to-date, free and open access to the Global Fund's data.

Given the partnership's commitment to country ownership, and the central role played by CCMs, the Global Fund partnership leverages country systems and capabilities wherever possible, and also invests to strengthen in-country capacity. For example, we have significantly increased our support to countries to strengthen public financial management for health, to enhance control, transparency and value-for-money for both external funding and domestic resources,



The Global Fund works with faith-based organization Hope World Wide, Papua New Guinea, to connect vulnerable groups to health services. Peer support worker Sally Joseph, a former sex worker, reaches out to current sex workers to help connect them to health services.

The Global Fund/Roan Paul

including co-financing requirements. Transparent reporting and continuous monitoring, including via community-led monitoring, help ensure money is used optimally. Consistent with our unique public-private partnership model, the Global Fund applies private sector return on investment disciplines to invest resources to maximum effect.

The Multilateral Organisation Performance Assessment Network (MOPAN), which assesses the effectiveness of major multilateral organizations, has recognized the Global Fund for its ongoing commitment to improving performance and advancing as an organization while staying firmly focused on its core mission: the fight against HIV, TB and malaria.

MOPAN's most recent assessment in 2022 highlighted several key strengths of the Global Fund, including our operational effectiveness, inclusivity and unique

partnership model. These aspects not only distinguish us in the multilateral landscape, but also serve as a potential example for other organizations striving to achieve greater impact. The review further acknowledged the Global Fund's agility in responding to challenges, particularly during the unprecedented COVID-19 pandemic. This adaptability, combined with our strong alignment with country strategic plans and priorities, has enabled us to continue driving forward our mission even in times of crisis. Moreover, the assessment recognized the effectiveness of our financial frameworks and processes, which have ensured that resources are utilized efficiently and effectively to maximize the impact of our investments.

With this strong commitment to transparency, accountability and efficiency, the Global Fund remains the most reliable and efficient platform to deliver equity through the fight against the three diseases.

I-BreakFree youth ambassador Paulina (middle) provides HIV prevention education sessions to her peers at schools, health facilities and community centers in Oshana Region, Namibia. The i-BreakFree program is run by One Economy with support from the Global Fund.

The Global Fund/Karin Schermbrucker/Slingshot



THE GLOBAL FUND NEEDS US\$18 BILLION



The Global Fund's target for the Eighth Replenishment is US\$18 billion – to fight HIV, TB and malaria and save 23 million lives. This level of investment is necessary to meet the Global Fund Strategy targets and to get within reach of the SDG 3 target related to the three diseases. We anticipate that if US\$18 billion is raised, about one-third of the total – US\$6 billion – will be dedicated to supporting the health and community systems that are essential to the response against the three diseases, and to enhancing pandemic preparedness.

To protect our hard-won gains and sustain our progress we need to step up our efforts now, to save millions of lives, reduce incidence and continue to build a healthier, safer, more equitable world.

This investment is required for the next three-year grant cycle (GC8) to safeguard the hard-won gains achieved so far, support communities affected by humanitarian crises, and significantly shift the curves of incidence and mortality rates for AIDS, TB and malaria, so as to keep the SDG 3 target for the three diseases within reach.

Globally in 2023, 1.3 million people were newly infected with HIV, 10.8 million fell ill with TB and there were 263 million cases of malaria. The same year, 630,000 people died from AIDS-related causes globally, 1.25 million people died from TB, and malaria killed 597,000 people – most of them children under 5.

The stakes are high, and it is time for bold action. The global HIV targets are within reach, but the current trajectories for TB and malaria are significantly off track. To get back on track in the fight against these diseases, we need a step change in the global response to bend the incidence and mortality curves steeply downwards. We need to invest now, or the diseases will cost much more – both in lives and in money. In a world afflicted by multiple crises, there is a real risk that the diseases will resurge, and therefore that countries will need even more resources to fight them.

To protect our hard-won gains and sustain our progress we need to step up our efforts now, to save millions of lives, reduce incidence and continue to build a healthier, safer, more equitable world. Ensuring the sustainability of our progress against the three diseases requires us to reduce the burden of each disease to a level where it is feasible for partner countries to take leadership and full responsibility for completing the task of ending the epidemics. For HIV, that goal is in sight in many countries, particularly if we can use the new prevention tools to achieve a further sharp reduction in incidence. For TB, partner countries already bear most of the costs, but we need to work with them to close the overall gaps in funding. For malaria, the most pressing challenge is to cut transmission and thus the number of cases in high-burden countries. Without a clear trajectory of reduced cases, sustainable progress against the disease will be unattainable, especially because so many of the countries most affected by malaria are extremely poor and significantly affected by conflict and climate change.

Flooding in the aftermath of Super Typhoon Yagi, the strongest storm to hit Viet Nam in 70 years, which made landfall in September 2024. Climate change is a health crisis. Rising temperatures and extreme weather events displace millions and disrupt lifesaving health services. Entire communities become more vulnerable to disease, further fueling infections and straining health systems.

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Projected resource needs

Our target of US\$18 billion is the result of a modeling analysis conducted in collaboration with our technical partners, including WHO, UNAIDS, the Stop TB partnership and the RBM Partnership to End Malaria, and the modeling groups responsible for the global plans for each of the three diseases. Based on the latest available global plans from partners, US\$140.6 billion is estimated in total projected resource needs for HIV, TB and malaria in countries where the Global Fund invests for the 2027-2029 period.³⁵ As figure 12 shows, a US\$18 billion contribution, together with the estimated levels of non-Global Fund external financing of US\$23.6 billion and the projected levels of domestic resources, would allow us to cover 79% of that resource need.

The projected contribution of domestic resources is US\$69.7 billion. Recognizing the challenging fiscal climate faced by most countries, this amount was forecast by taking the historical HIV, TB and malaria spend recorded by technical partners (WHO and UNAIDS) over the past five years, and projecting growth in line with International Monetary Fund forecast growth in government expenditure after debt servicing for Global Fund partner countries.³⁶ Using the same approach, we were also able to forecast domestic resources for HIV, TB and malaria during GC7, or 2024-2026. We estimate that domestic funding for HIV, TB and malaria will grow between GC7 and GC8 by US\$13 billion, or 23%. This projected growth, in addition to the fact that domestic resources represent 50% of the total projected resource needs in GC8, is a powerful indicator of the importance of domestic finance for sustainability. Considering the challenging realities of countries' fiscal capacities, the Global Fund's Sustainability, Transition & Co-Financing (STC) policy is a critical tool in incentivizing and supporting increased and improved domestic resources, as well as in ensuring countries improve the management of fund

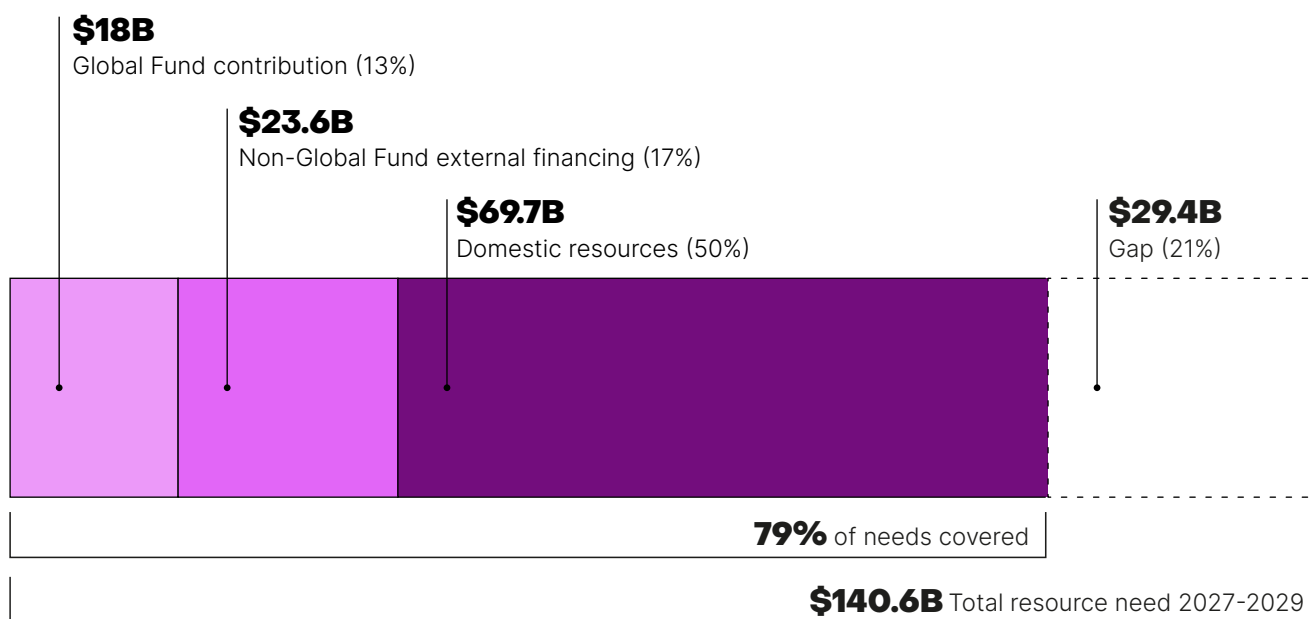
35. This includes an assumed share of domestic resources and non-Global Fund external financing for malaria and TB vaccines, total costs of US\$830 million and US\$2 billion respectively.

36. This is true with the exception of India, where projections are based on more optimistic assumptions from previous Investment Case forecasts for TB.

Figure 12

Overall resource needs and projected available resources for HIV, TB and malaria

In countries where the Global Fund invests



See Annex 1: Methodology for estimating the resource needs for HIV, TB and malaria and Annex 2: Methodology for the projection of available resources for HIV, TB and malaria.

flows and value-for-money to maximize outcomes in the fight against HIV, TB and malaria.

Investing in health in low- and middle-income countries remains one of the most impactful ways to improve the lives of people living in poverty. Catastrophic health spending is a growing crisis globally. Defined as spending more than 10% of a household's budget on health care, this burden is pushing millions of people deeper into poverty. A 2023 report³⁷ by WHO found that approximately 1.3 billion individuals were pushed or further pushed into poverty by such payments. The consequences of failing to invest more in health are devastating to the poorest people around the world. Fighting infectious diseases – like HIV, TB and malaria – that represent such a significant burden on countries is key to strengthening communities, keeping people healthy and able to work, and building resilience against future shocks. The Global Fund's Eighth Replenishment occurs in a time of significant challenges, but the scale of our impact and the results we deliver makes this Replenishment a unique opportunity to make a strategic investment in our collective future.

Future scenarios for HIV, TB and malaria

Progress to end AIDS, TB and malaria as public health threats by 2030 is contingent on the political will and funding commitments dedicated to fighting the three diseases over the next years. Modeling shows the different paths that we can take in reducing the combined disease incidence rate and mortality rate. The black lines in figures 13 and 14 indicate the progress achieved to date. The orange lines represent the trajectory laid out in the global plans for HIV, TB and malaria, and show the path that we should be on. The three dots represent the Global Fund 2028 key performance indicator (KPI) impact targets (low, intermediate and high) for the 2023-2028 Strategy.³⁸ The figures show a significant gap between our current trajectory and the path to the global targets. The dotted pink lines show the increase in burden if there is no scale-up of the global response. A robust Eighth Replenishment would put us on the trajectory of the turquoise line, protecting the gains achieved so far and accelerating progress toward the SDG 3 target.

37. Tracking Universal Health Coverage: 2023 Global monitoring report: <https://www.who.int/publications/i/item/9789240080379>.

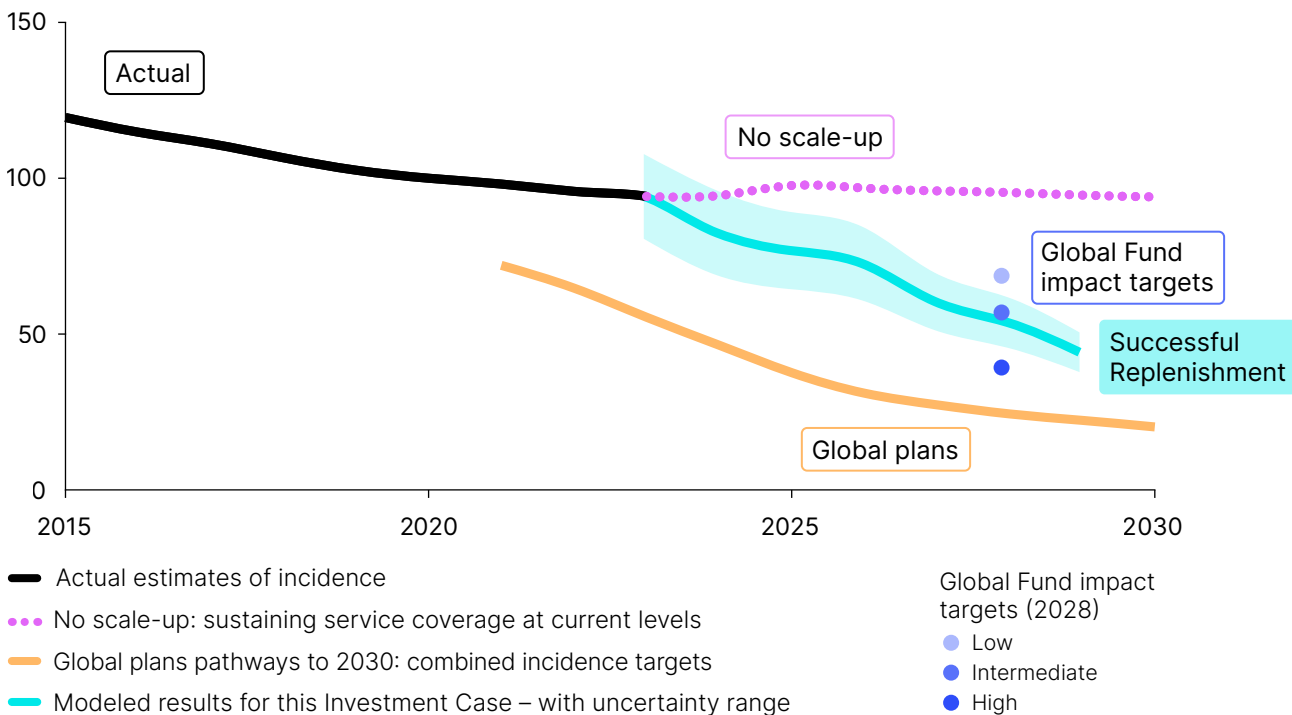
38. For further details on the KPI framework see the KPI Handbook: https://www.theglobalfund.org/media/12681/strategy_globalfund2023-2028-kpi_handbook_en.pdf.

Investment Case results for HIV, TB and malaria

Figure 13

Combined incidence rate

Data are first normalized to 100 in 2020 for each disease, and then combined with equal weighting across the three diseases.

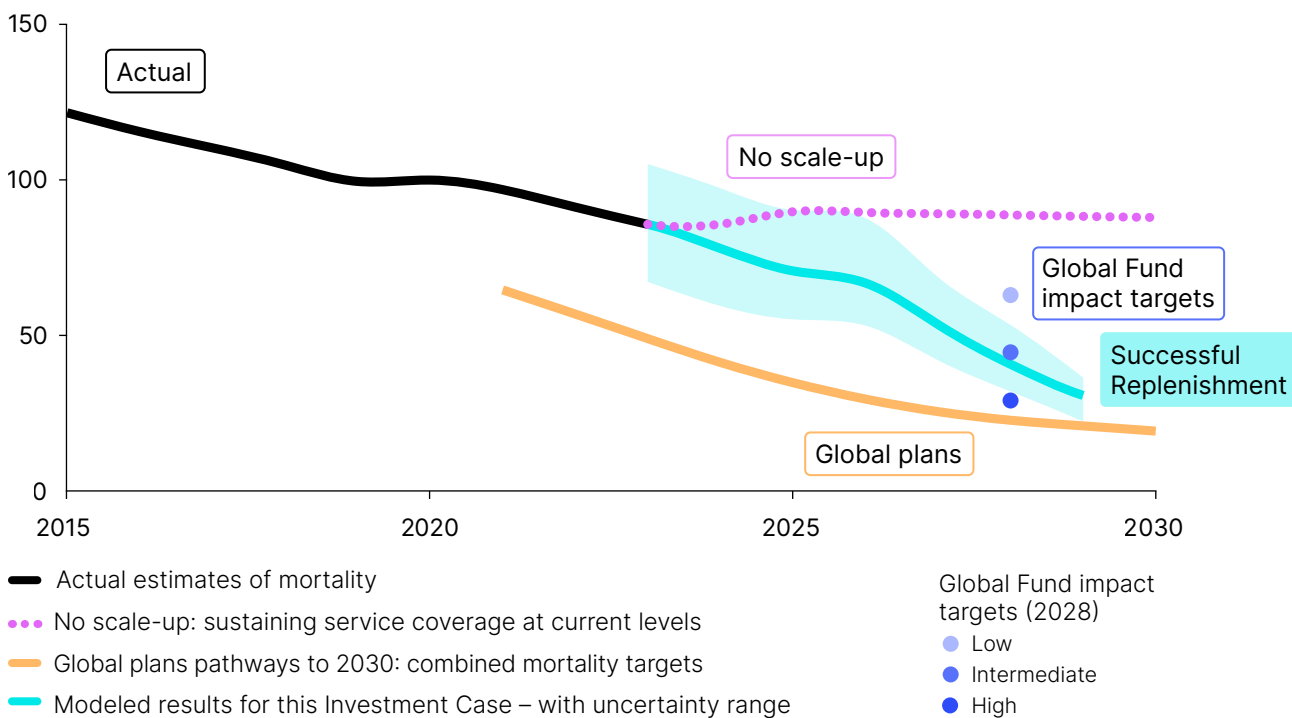


Data for malaria are for sub-Saharan African countries, aligned to the KPI I1 and I2 definitions.

Figure 14

Combined mortality rate

Data are first normalized to 100 in 2020 for each disease, and then combined with equal weighting across the three diseases.



Data for malaria are for sub-Saharan African countries, aligned to the KPI I1 and I2 definitions. Data for TB mortality rate excludes HIV+ TB patients.

Potential impact of Global Fund investments

Securing US\$18 billion for the Global Fund would:³⁹

- **Save 23 million lives** between 2027 and 2029, reducing the mortality rate by 64% across the three diseases by 2029, relative to 2023 levels. Reduce the death toll from 2.3 million in 2023 to 920,000 in 2029.
- **Avert 400 million infections or cases** between 2027 and 2029, reducing the incidence rate by 54% across the three diseases by 2029, relative to 2023 levels. Reduce infections or cases from 271 million in 2023 to 119 million in 2029.
- **Deliver a return on investment of 1:19.** Every dollar invested in fighting HIV, TB and malaria would result in US\$19 in health gains and economic returns. A US\$18 billion Replenishment would result in US\$323 billion in returns over 2027-2029.
- **Strengthen health and community systems and pandemic preparedness** by investing approximately US\$6 billion in human resources for health, including community health workers; laboratories and diagnostics; disease surveillance; supply chains; oxygen and respiratory care; digital health and health information systems; and resilient community systems.
- **Close the equity gaps and accelerate service coverage** and health outcomes for populations being left behind across the HIV, TB and malaria responses by tackling human rights-related and gender-related barriers and by working closely with civil society and communities.
- **Reduce global inequality in life expectancy** (where people in low-income countries live much shorter lives than people in high-income countries) by 7% between 2023 and 2029.
- **Catalyze improved and more targeted domestic investments** for HIV, TB, malaria and health and community systems to advance universal health coverage and equitable access to quality health care.
- **Improve resilience to climate change** to safeguard progress against HIV, TB and malaria and protect these gains from the effects of climate-related disasters by building climate-resilient health systems.
- **Save US\$42 billion in primary health care costs** through our investments in HIV, TB and malaria between 2024-2029, bringing the total savings since 2002 to US\$145 billion. This would imply freeing up 1.6 billion hospital days that would have otherwise been needed for activities related to the three diseases, and averting 3.1 billion outpatient visits, in addition to the results achieved so far.

39. With an Eighth Replenishment of US\$18 billion, the Global Fund would contribute to achieving these results alongside sustained levels of other external funding, scaled-up domestic financing, and more innovation, collaboration and rigorous execution.

Projected impact and key results



Tremendous progress has been made in the global HIV response, but big challenges remain. Accelerating the fight against HIV today would save lives and future resources and is even more urgent in a context where access to HIV services is under threat in many places across the world. Figures 15 and 16 illustrate how a robust Eighth Replenishment would enable us to achieve the UNAIDS target of ending AIDS as a public health threat by 2030.

The analysis projects that with a Replenishment of US\$18 billion, the Global Fund, in collaboration with partners in countries where we invest, could:

- Reduce (from 2023 to 2029):
 - New HIV infections by 66%, from 946,000 to 325,000.
 - AIDS-related deaths by 59%, from 519,000 to 214,000.
 - Incidence and mortality rates by 68% and 62% respectively.
 - HIV incidence among adolescent girls and young women in most affected countries by 51%.
- Provide antiretroviral therapy to 28.9 million people in 2029 to reach 90% treatment coverage in 2029.

Investment Case results for HIV

Figure 15
New HIV infections

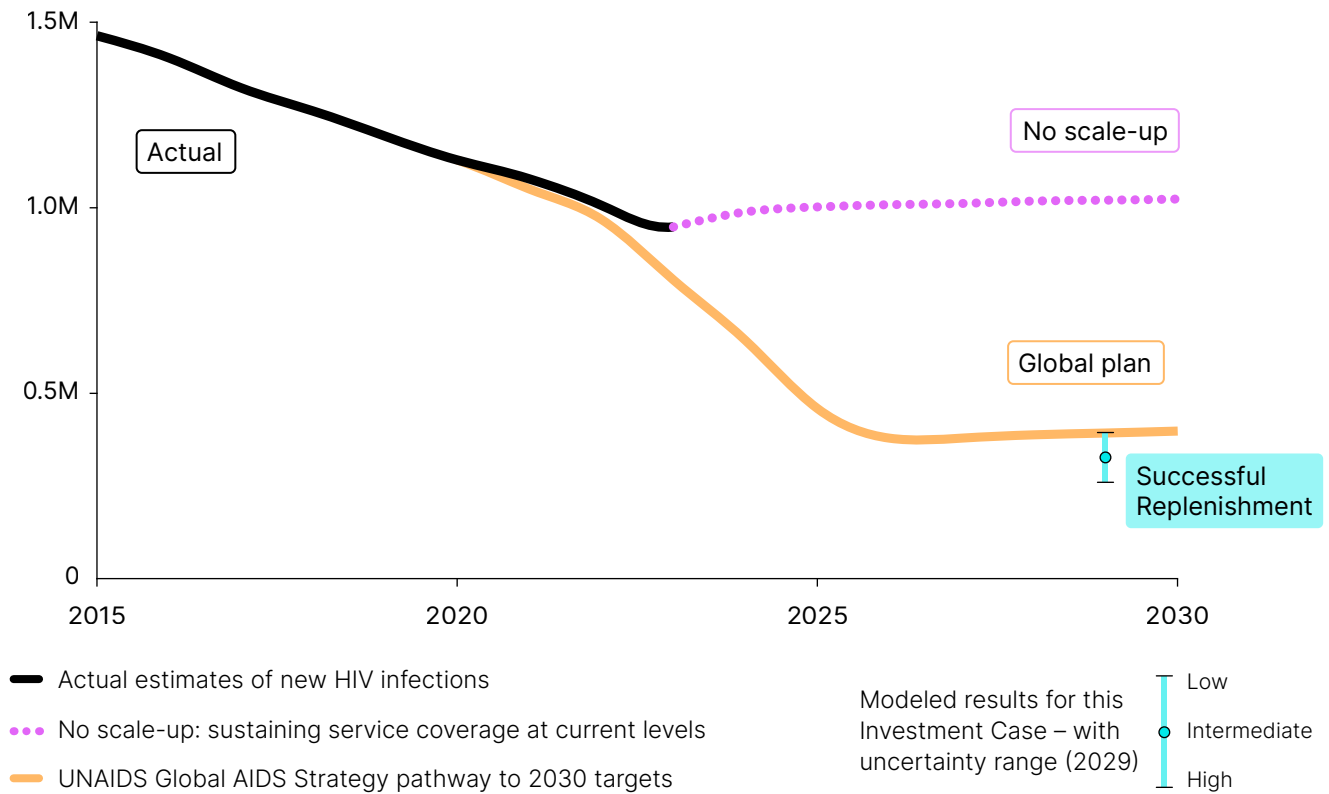
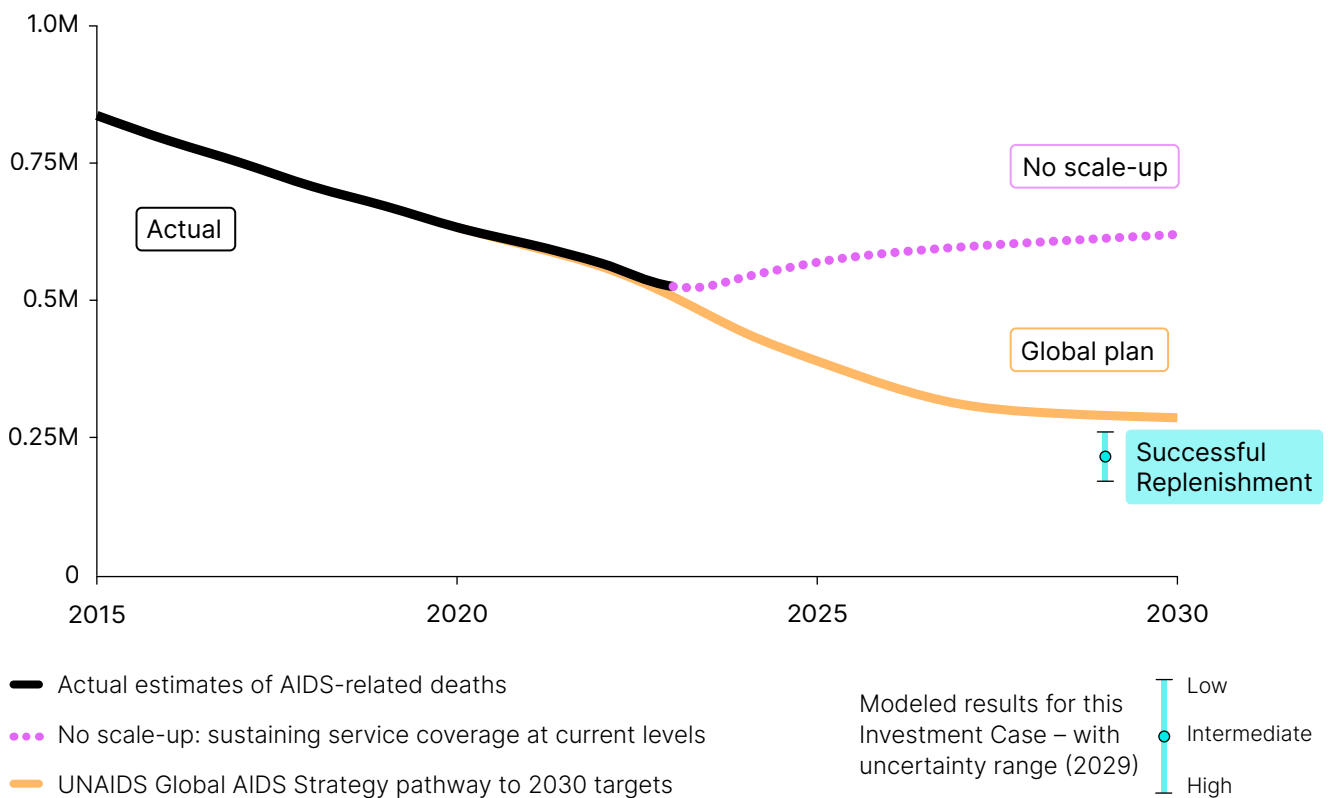


Figure 16
AIDS-related deaths



Projected impact and key results



Tuberculosis

There has been accelerated momentum in the fight against the disease in the last two years, demonstrating the commitment of countries, communities and partners to leave no one behind and to find and treat all people with TB. Figures 17 and 18 illustrate how a robust Eighth Replenishment would accelerate progress toward meeting the End TB Strategy targets for 2030 and 2035.

The analysis projects that with a Replenishment of US\$18 billion, the Global Fund, together with partners in countries where we invest, could:

- Reduce (from 2023 to 2029):
 - New TB cases by 26%, from 9.7 million to 7.2 million.
 - TB deaths (including HIV+) by 57%, from 1.2 million to 498,000.
 - Incidence and mortality rates by 32% and 60% respectively.
- Treat 46.8 million people with first-line drugs and 1.1 million with second-line drugs between 2024 and 2029.
- Increase treatment coverage of TB patients (all forms of TB) from 75% in 2023 to more than 95% by 2029.

In 2024, the Global Fund Board approved a new disease split for the 2026-2028 allocation period. The disease split policy implies a significant shift of the share of available funding toward TB and malaria, starting at US\$12 billion of available funding, and moving progressively toward a defined target split, which will be reached at the level of US\$17 billion of available funding for allocation. Under this target split, 25% of all funding will be dedicated to TB, which is a significant increase in relative and absolute terms from the current allocation. A robust Eighth Replenishment is therefore critical to unlock the full potential of the revised disease split policy. It is also essential to address the needs in the fight against TB and sustain the hugely encouraging momentum behind the record numbers of people being diagnosed and treated for TB.

Investment Case results for TB

Figure 17
New TB cases

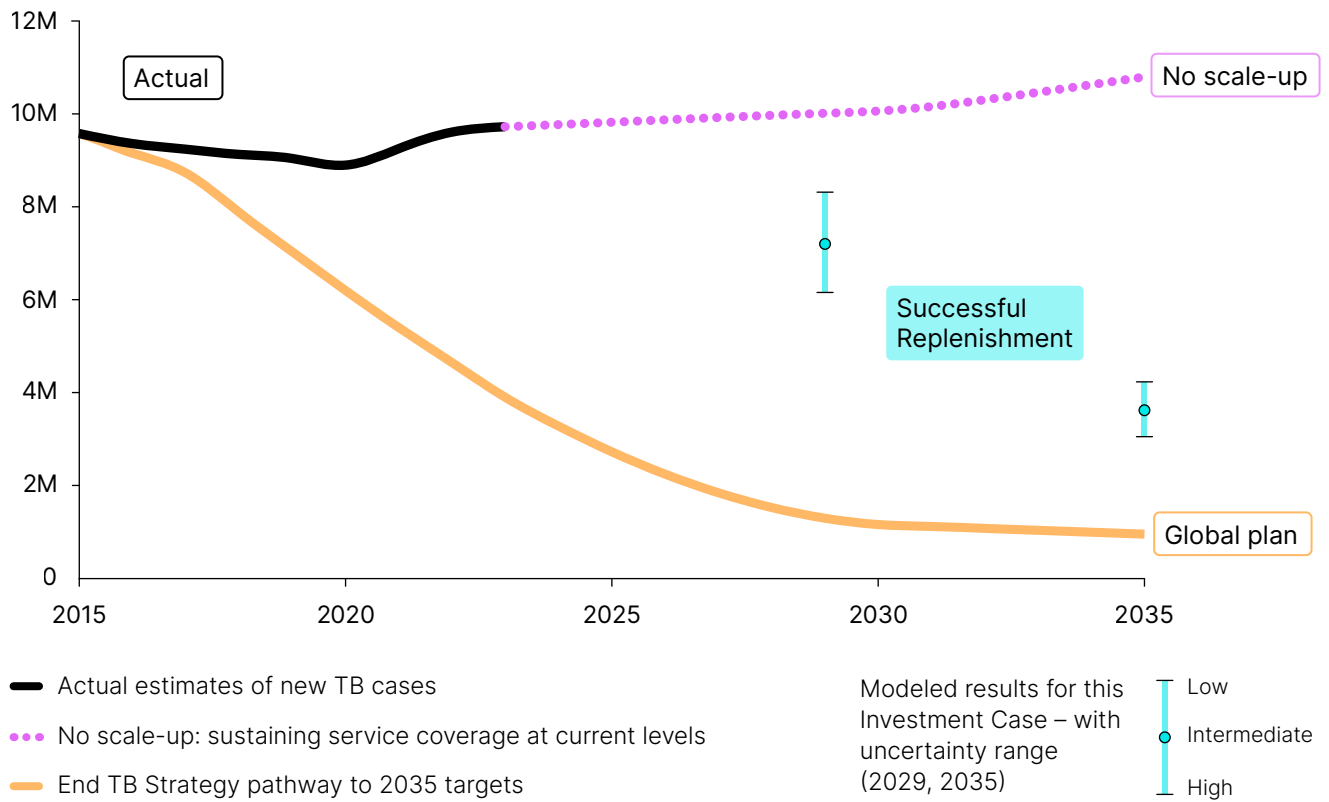
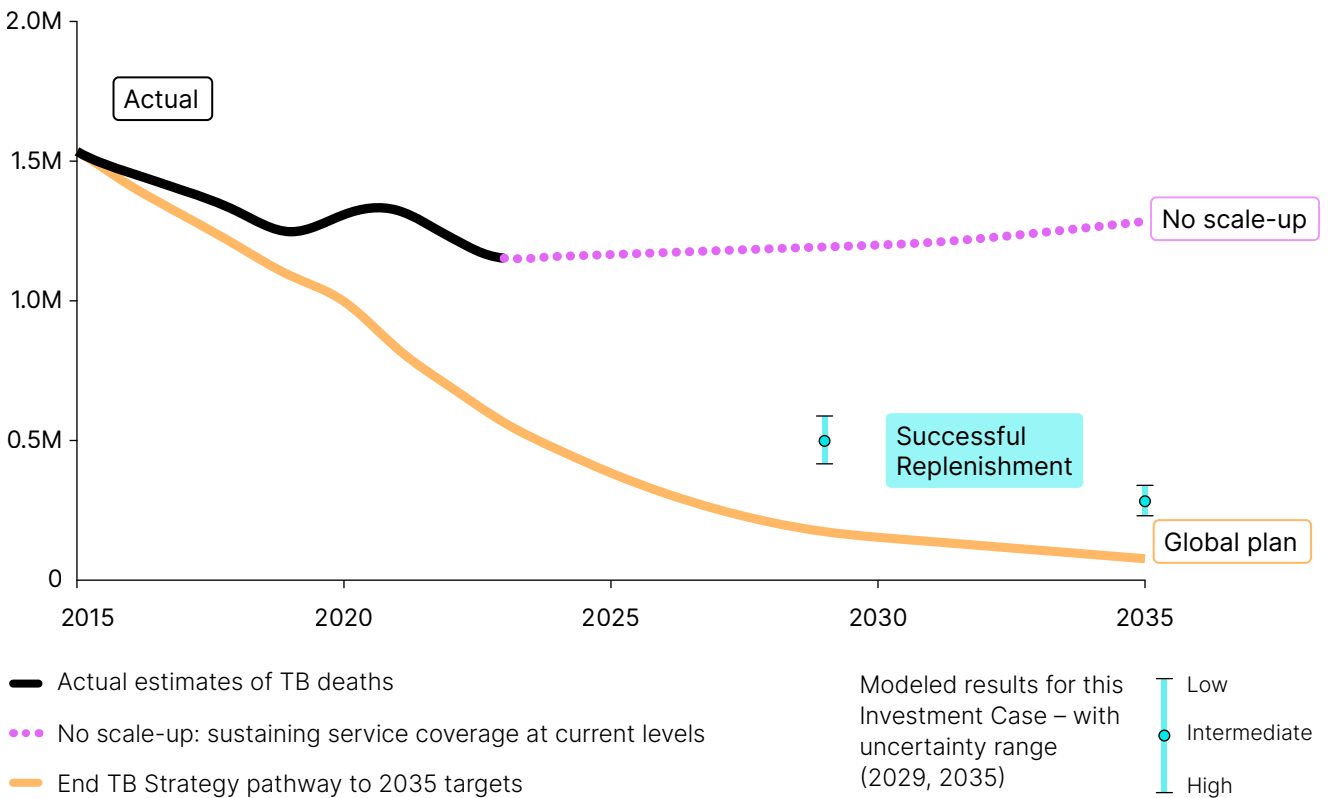


Figure 18
TB deaths (including HIV-positive)



Projected impact and key results



Malaria

Global progress against malaria has stalled over the past decade. Figures 19 and 20 illustrate how a robust Eighth Replenishment would be essential to regain momentum in reducing malaria cases and deaths and make progress toward achieving the targets set out in the WHO Global Technical Strategy for malaria 2016-2030.

The analysis projects that with a Replenishment of US\$18 billion, the Global Fund, together with partners in countries where we invest, could:

- Reduce (from 2023 to 2029):
 - Malaria cases by 57%, from 260.3 million to 111.5 million.
 - Malaria deaths by 65%, from 593,000 to 208,000.
 - Malaria incidence and mortality rates by 61% and 68% respectively.
- Increase use of long-lasting insecticide-treated mosquito nets in sub-Saharan Africa from 49% in 2023 to 59% by 2029.
- Treat 263 million malaria cases through public sector systems between 2027 and 2029.

In 2024, the Global Fund Board approved a new disease split for the 2026-2028 allocation period. The disease split policy implies a significant shift of the share of available funding toward TB and malaria, starting at US\$12 billion of available funding, and moving progressively toward a defined target split, which will be reached at the level of US\$17 billion of available funding for allocation. Under this target split, 35% of all funding will be dedicated to malaria, which is a significant increase in relative and absolute terms from the current allocation. A robust Eighth Replenishment is therefore critical to unlock the full potential of the revised disease split policy and address the significant challenges that have stalled progress in the fight against malaria.

Investment Case results for malaria

Figure 19
Malaria cases

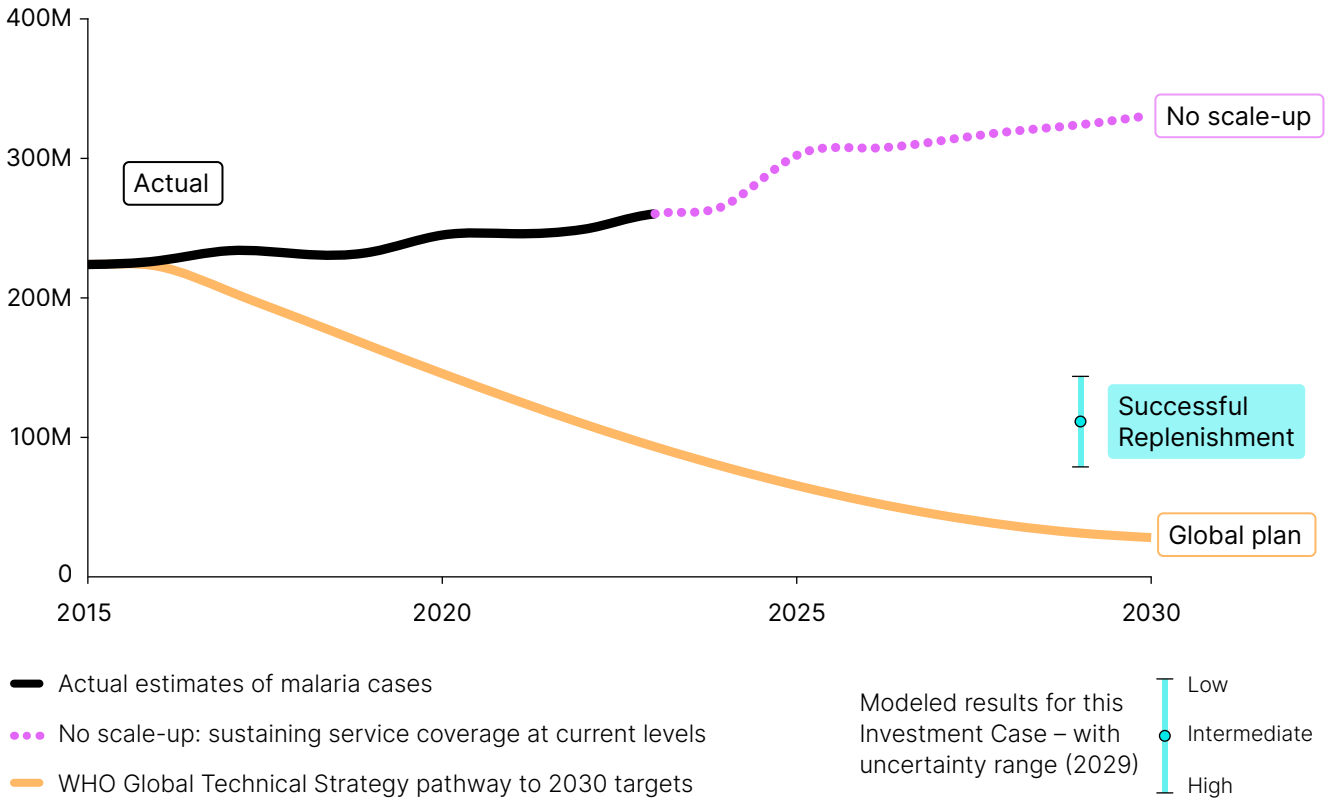
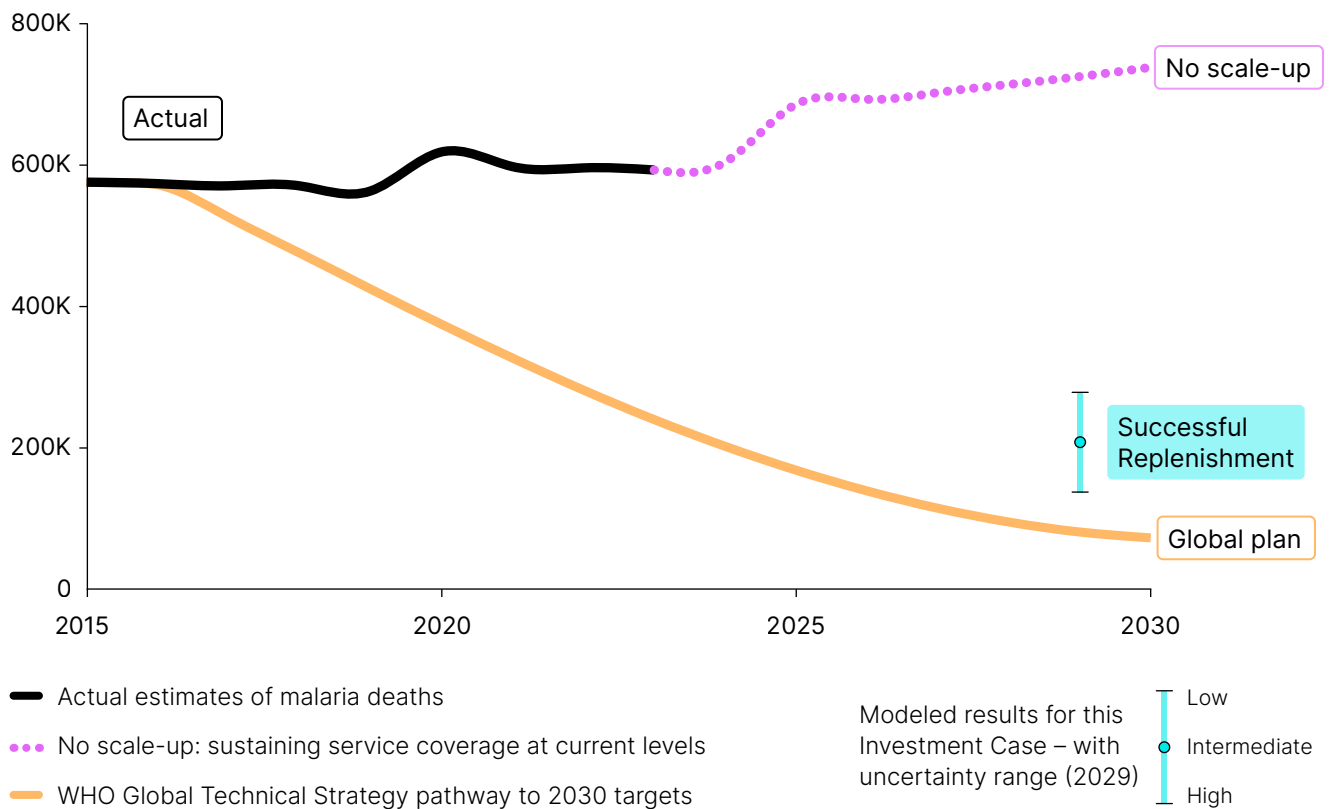


Figure 20
Malaria deaths



Delivering impact beyond the three diseases

Olga completed TB treatment with support from Global Fund partner Union for Equity and Health. Here, Olga is with 3 of her 5 children in Bălți, Moldova.

The Global Fund/Vincent Becker



The remarkable impact of the Global Fund partnership extends far beyond the lives saved and the progress made in the fight against HIV, TB and malaria.

Strengthen health and community systems and pandemic preparedness and response

With the emergence of outbreaks like mpox and Ebola as well as new biological threats, and with the costly lessons learned from the COVID-19 pandemic, reinforcing health and community systems will remain essential to support countries to withstand future pandemics. The total global funding needs for health and community systems are estimated to fall between US\$85 billion and US\$110 billion. A robust Eighth Replenishment would contribute to closing this huge funding gap, support countries in their efforts to build pandemic preparedness and response, deliver better health outcomes across all diseases and work toward achieving UHC.

With a Replenishment of US\$18 billion, the Global Fund would have the resources to further increase support to this critical area, with the potential to deploy around US\$6 billion over 2027-2029 to strengthen health and community systems. These resources would contribute to the following priorities: human resources for health, including community health workers; laboratories and diagnostics; disease surveillance; supply chains; medical oxygen and respiratory care; digital health and health information systems; and resilient community systems.

Improve health system resilience to climate change and extreme weather events

Climate resilience is increasingly integrated into grants for health and community systems strengthening, as well as Global Fund-supported national malaria programs. A robust Eighth Replenishment would enable most climate-vulnerable countries to access urgently

needed funds to support climate-health interventions, adapt HIV, TB and malaria programs, build climate-resilient health and community systems and enhance mitigation efforts. It would also bridge the climate-health finance gap, protect gains in health outcomes and directly support vulnerable communities most impacted by climate disruptions.

Address health inequities, including human rights and gender-related barriers to access

A robust Eighth Replenishment would enable the Global Fund to collaborate with partners, with civil society and communities at the center, to continue building inclusive health systems that actively engage communities to support the most vulnerable.

This means tackling the human rights-related and gender-related barriers that prevent key populations, women and girls, and marginalized groups from accessing health services, due to stigma, discrimination, harmful gender norms, violence and criminalization. A successful Replenishment of the Global Fund partnership would enable us to sustain our efforts to address the health access barriers faced by key and vulnerable populations. As the leading funder of human rights for health programming, the Global Fund has a strategic role to play in connecting advocates and civil society organizations, and in boosting vital community-based and community-led work to find creative and impactful solutions to respond to shrinking space for civil society.

We would also strengthen more integrated, people-centered approaches outlined in our Strategy, adapting and innovating to ensure that no one is left behind. A Replenishment of US\$18 billion would also reduce global disparities in life expectancy by 7% by 2029, contributing to bridging the gap between life expectancy in low-income countries and in high-income countries.



Investments in the Global Fund have maximum returns – healthy individuals, families, communities and nations. Everyone in society benefits when the world comes together to save lives, protect human rights and fight infectious disease.



Yolanda Paul
Acting Director
Diversity and Inclusion
University of the West Indies and
Developing Country NGO Delegation
Global Fund Board of Directors

The UWI EDI Photography Team

Free up countries' capacities to address other health challenges

Global Fund investments in the fight against HIV, TB and malaria not only strengthen countries' disease responses; they also free up resources and capacities through the reduced utilization of primary health care, thus enabling health and community systems to better respond to other diseases. An analysis shows that our investments in the three diseases between 2024-2029 would free up 1.6 billion hospital days that would have otherwise been needed for activities related to HIV, TB and malaria, avert 3.1 billion outpatient visits, and generate US\$42 billion in cost savings.

Accelerate progress toward universal health coverage

Globally, more than 4.5 billion people are not fully covered by essential health services, and over 2 billion people face catastrophic costs for necessary medical treatment. In a world increasingly fractured by inequality and inequity, it is critical to accelerate efforts toward achieving the SDG 3 target of UHC.

A recent analysis⁴⁰ shows that the UHC service coverage index score improved from 45% in 2000 to 68% in 2021. A large part of that growth (70%) was due to progress made in the fight against the three diseases. This tremendous success can be attributed to our broad country-led partnership and our focus on the shared goals of improving the health of the most vulnerable communities, while creating strong health and community systems and global public goods that can protect the whole world from future health threats.

A robust Eighth Replenishment would enable the Global Fund to further leverage our role as a key driver in accelerating progress toward UHC and in ensuring a healthier, safer, more equitable future for all.

Tackle health inequities

Diseases thrive on inequalities and exacerbate inequities. To end pandemics, we must understand the inequalities that drive epidemiological patterns, and tackle the inequities that cause dramatically worse outcomes for certain communities. The Global Fund's funding allocation prioritizes investments in countries

40. Tracking universal health coverage: 2023 global monitoring report. World Health Organization and the International Bank for Reconstruction and Development/The World Bank, 2023. <https://www.who.int/publications/item/9789240080379>.

with high disease burdens and low economic capacity, while also focusing on populations disproportionately affected by HIV, TB and malaria. Over the past two decades, the progress we have made in the fight against the three diseases has resulted in a substantial reduction in global inequalities in life expectancy. A recent study⁴¹ showed that between 2002 and 2021, global inequality in life expectancy across countries declined by one-third. Reduced mortality from HIV, TB and malaria accounted for one half of this decline.

Reducing the burden of HIV, TB and malaria on individuals and countries also results in fewer years of life lost due to premature death, illness or disability. This is quantified by a metric known as disability-adjusted life years (DALYs).⁴² Analysis of recently published data⁴³ shows that in countries supported by the Global Fund, the rate of DALYs for HIV, TB and malaria decreased by 56% between 2000 and 2021. This means that people are living longer, healthier lives. This remarkable reduction in DALYs for the three diseases is greater than from any other communicable or noncommunicable disease or injury of all kinds. However, we still have a long way to go. In 2021, the burden of disease from HIV and AIDS and malaria in Global Fund-supported countries was still equivalent to 135 million DALYs. To eliminate these health inequities once and for all, we must finish the fight against AIDS, TB and malaria.

Incentivize targeted domestic funding that improves sustainability

The Global Fund takes a comprehensive approach to support countries to improve domestic financing, maximize the impact of existing resources, and address sustainability and transition challenges. Our newly refreshed Sustainability, Transition & Co-financing (STC) policy provides a framework for countries on how Global Fund investments can be used, the co-financing commitments required to access full Global Fund allocations, approaches to support sustainability, and processes to support countries to transition from Global Fund support. While recognizing that slow growth and high debt servicing significantly limit the capacity of many countries to currently invest more vigorously in health, the revised STC policy increases its focus on more specific, targeted co-financing commitments and efficient use of domestic financing. It places a greater

focus on co-financing requirements to finance specific HIV, TB and malaria programmatic interventions and requires countries to take up the specific costs that will have the biggest impact on disease outcomes. The Global Fund will be a critical force in catalyzing and incentivizing improved domestic financing to support the goals of the Investment Case.

Deliver significant economic gains and a return on investment of 1:19

The impacts of HIV, TB and malaria go beyond negatively affecting the health of individuals. The three diseases take an enormous toll on communities. Illness can plunge people into poverty. Being ill or caring for a sick family member prevents many from working. Steep out-of-pocket expenses to access health care can place a significant financial burden on households. Children affected by HIV, TB and malaria are less likely to attend or complete schooling, which in turn affects their education outcomes and chances for a better future.

The Global Fund has worked with independent experts to quantify the potential economic return on investment to end HIV, TB and malaria. The resulting estimates include both the direct effects on economic productivity, and the intrinsic value of health gains based on the monetary value that the affected populations themselves would attribute to projected gains in survival and health-related quality of life.

Using the scenario of constant program coverage modeled for the Investment Case as a comparator, a Replenishment of US\$18 billion would generate a return on investment of 1:19. This means that every dollar invested would result in US\$19 in health gains and economic returns, as well as US\$3.5 in economic productivity gains.

Global Fund investments from a robust Eighth Replenishment are therefore estimated to generate health gains with a monetized intrinsic value of US\$323 billion and direct productivity gains of US\$60 billion during the Replenishment period. Two-thirds of these economic gains are estimated to occur in the sub-Saharan African region and 75% are estimated to occur in low- and lower middle-income countries.

41. Contributions of declining mortality, overall and from HIV, TB and malaria, to reduced health inequality and inequity across countries. Haacker, M. et al., 2023. *Health Policy and Planning*, 38(8), 939–948. <https://doi.org/10.1093/heapol/czad046>.

42. DALYs combine both the years of life lost (YLL) due to early death and the years lived with disability (YLD), providing a comprehensive measure of the burden of disease. The “rate of DALYs” refers to the number of DALYs per capita, allowing for a standardized comparison across different populations and regions. This rate effectively represents the average loss of healthy years of life per person within a given population due to a specific disease or a group of diseases.

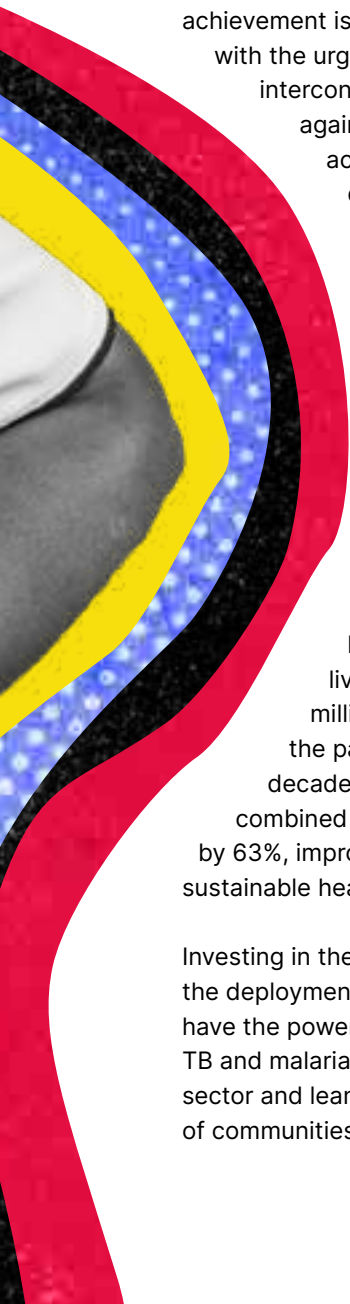
43. Global Burden of Disease Study Results. Institute for Health Metrics and Evaluation (IHME), 2024.

Nurse Nancy Anyango from Tinderet, Kenya. Nancy contributes to her community's mosquito net mass distribution campaign. To better manage stocks she uses DigiMal KE on her smartphone, a new locally developed digital platform that tracks the number of nets distributed in real-time.

The Global Fund/Brian Otieno



CONCLUSION



The time to act is now. Ending AIDS, TB and malaria as public health threats is within our grasp. But that achievement is only possible if we act decisively, with the urgency that this moment demands. As interconnected crises threaten our progress against HIV, TB and malaria, we must accelerate our response to these diseases to finish the fight. We have the experience, we have the opportunity, and we are determined: If we give this moment everything that it needs, we can end these diseases for good.

In times of uncertainty, investing in the Global Fund is one of the most strategic and impactful decisions the world can make to improve global health security and economic stability. The Global Fund has a proven track record of saving lives – 65 million to date – and improving millions more livelihoods. The scale of the partnership's results over the past two decades has been extraordinary, reducing the combined death rate from AIDS, TB and malaria by 63%, improving life expectancy and securing sustainable health outcomes in many countries.

Investing in the Global Fund means accelerating the deployment of breakthrough innovations that have the power to transform the fight against HIV, TB and malaria. By partnering with the private sector and leaning on the leadership and expertise of communities and civil society, the Global Fund

ensures game-changing tools quickly reach the people who need them the most.

Working with countries, donors, partners and multilateral development banks, the Global Fund implements innovative financial approaches and mechanisms to improve the sustainability of the global response to HIV, TB and malaria, and supports countries to gradually increase domestic funding and eventually transition away from reliance on our grants.

The Global Fund's Eighth Replenishment is an opportunity to take bold action, investing US\$18 billion in an accelerated effort to save lives and end the world's deadliest infectious diseases, while building health and community systems that can withstand future health threats. But this is not just about health. It is an investment in a more stable world with greater economic opportunity, social equity and global health security.

Our partnership's unique model is made for times like these. Amid deepening inequality, conflict and crises, the Global Fund partnership is a powerful and dependable global movement – delivering immense impact with speed and at scale.

We have the opportunity to end AIDS, TB and malaria for good and make the world safer and better for future generations. We have the knowledge and the tools to get there. What is needed is determination, commitment and resources. Let us work in partnership and build a healthier, safer and stronger future. Together, let's give it everything.

METHODOLOGY

The modeling analyses underlying this Investment Case are guided and supported by the Global Fund Modeling Guidance Group (MGG). The MGG is chaired⁴⁴ and co-chaired⁴⁵ by academics from Imperial College London and Harvard University, and brings together modeling and health economics experts from a wide range of academic and technical partners.⁴⁶ The MGG provides inputs and makes recommendations on the appropriate methodology and data sources for producing robust epidemiological and financial forecasts, using widely accepted state-of-the-art disease transmission and health economics models, and ensures that approaches and methods adhere to good practice. It also provides epidemiological and financial data, and participates in reviews and interpretation of results through the process of developing the Investment Case.

The global plans⁴⁷ provide the technical basis for estimating the funding needed to reach the SDG 3 target for 2030 and beyond.

As in the Global Fund Results Reports,⁴⁸ the overall approach to reporting results is contributory. This means that the projections represent the full national results and impact of health services focused on TB, HIV and malaria in the countries where the Global Fund invests, including the results of the collective investments made by the Global Fund, national governments and other partners. This reflects a core principle of the Global Fund partnership's approach: We support national health programs and strategies to achieve national goals. By reporting full national results, we avoid attempting to extricate the Global Fund's impact when it is so closely tied to the impact of other partners. For more details, see the Global Fund Results Reporting Methodology.⁴⁹

44. Timothy Hallett, Professor of Global Health, School of Public Health - Faculty of Medicine, Imperial College London. <https://profiles.imperial.ac.uk/timothy.hallett>.

45. Nicolas Alan Menzies, Associate Professor of Global Health, Global Health and Population, Harvard T.H. Chan School of Public Health. <https://hsph.harvard.edu/profile/nicolas-alan-menzies>.

46. Avenir Health, U.S. Centers for Disease Control and Prevention, Center for Global Development, Gavi, the Vaccine Alliance, Harvard T.H. Chan School of Public Health, Imperial College London Department of Infectious Disease, Department of International Health, Johns Hopkins Bloomberg School of Public Health, London School of Hygiene & Tropical Medicine, RBM Partnership to End Malaria, Stop TB Partnership, Joint United Nations Programme on HIV/AIDS (UNAIDS), Unitaid, KPM Center for Public Management, University of Bern, University College London, East-West Center University of Hawaii, WHO External Relations and Governance Department, WHO Global Malaria Programme, WHO Health Financing and Economics Department, WHO HIV Department, WHO Global Tuberculosis Programme.

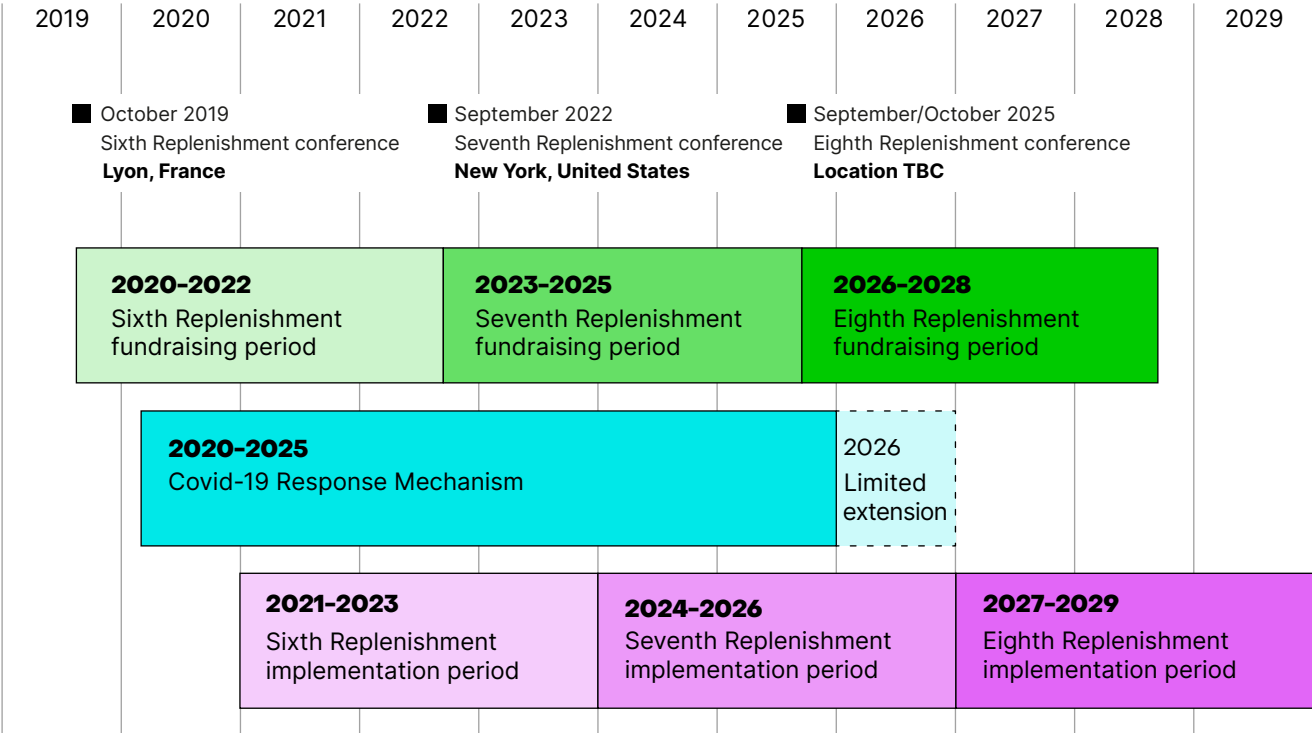
47. UNAIDS Global AIDS Strategy 2021-2026, UNAIDS, 2021; WHO Global Technical Strategy for Malaria, 2016-2030, 2021 update; WHO End TB Strategy, 2015; and the Stop TB Partnership Global Plan to End TB 2023 to 2030, 2022.

48. Global Fund Results Report 2024. <https://www.theglobalfund.org/en/results/>.

49. Global Fund Results Methodology. <https://www.theglobalfund.org/en/results/methodology/>.

Figure 21

Global Fund Replenishment and implementation cycles



Replenishment conferences
Partners pledge new funds and resources at the launch of each three-year fundraising cycle, known as a Replenishment period.

Covid-19 Response Mechanism
C19RM supports countries to mitigate the impact of COVID-19 on programs to fight HIV, TB and malaria, and to initiate improvements in health and community systems.

Replenishment period
The Global Fund continues to raise funds and support over the three-year Replenishment period.

Implementation period
Funds raised during the replenishment period are typically programmed and implemented over three years. Grant implementation typically starts one year after resource allocations to countries have been communicated.

Investment Case technical annexes

1 Methodology for estimating the resource needs for HIV, TB and malaria

Describes the methodology and data sources used to estimate the funding need for reaching the target coverage level of key interventions and corresponding epidemiological impact according to the technical partners' disease-specific global plans.

2 Methodology for the projection of available resources for HIV, TB and malaria

Describes the methodology and data sources used to estimate the projected available funding in Global Fund-eligible countries over the Global Fund Replenishment implementation period.

3 Methodology for impact modeling

Describes the analytical approach and the disease transmission models used to estimate projected service coverage of key interventions, the burden of the three diseases and the epidemiological impact of the Global Fund Investment Case.

4 Methodology for return on investment (ROI) calculations

Describes the methodology and data sources used to estimate “intrinsic” and “instrumental” values for the ROI figures cited in the Investment Case.

5 Methodology for calculations on health inequality across countries

Describes the method and data sources used to estimate the impact of investments to fight HIV, TB and malaria on reducing inequalities in life expectancy.

6 **Methodology to estimate impact of HIV, TB and malaria investments on utilization of primary health care**

Describes the methodology and data sources used to quantify the indirect benefit of reducing the burden of HIV, TB and malaria by freeing up primary health care resources.

7 **Methodology to estimate the benefits of investing in health systems to reduce the burden of HIV, TB and malaria as well as other conditions**

Describes the methodology and the model used in the Malawi case study to estimate the projected impact and ROI of improving supply chains and boosting the number of health care workers on the fight against the three diseases and other health conditions.

8 **Global plan milestones and targets**

Table with Global Fund partner milestones and targets.

9 **Upcoming market-shaping efforts for the introduction of new health products**

Table of health products in the pipeline.

More details on the methodology for this Investment Case can be found on our website: <https://www.theglobalfund.org/en/investment-case/annexes/>.

GLOSSARY

3HP

A cost-effective, short-course TB preventive treatment.

AMR

Antimicrobial resistance: AMR occurs when bacteria, viruses, fungi and parasites no longer respond to antimicrobial medicines. Drug-resistant TB is an important cause of AMR-related mortality globally.

ART

Antiretroviral therapy: A combination of antiretroviral medicines to suppress the HIV virus and stop the progression of HIV disease within people living with HIV.

BPaLM

The WHO-recommended 6-month all-oral, injection-free treatment regimen for drug-resistant TB, composed of four medicines – bedaquiline, pretomanid, linezolid and moxifloxacin.

C19RM

COVID-19 Response Mechanism: Through C19RM, the Global Fund supports countries to mitigate the impact of COVID-19 on programs to fight HIV, TB and malaria, and to initiate improvements in health and community systems.

CCM

Country Coordinating Mechanisms are national committees that submit funding applications to the Global Fund and oversee grants on behalf of their countries.

D2H

Debt2Health: An innovative financing mechanism designed to increase domestic financing in health by converting debt repayments into investments in public health.

DALYs

One disability-adjusted life year (DALY) represents the loss of the equivalent of one year of full health.

DOT

Directly observed therapy (DOT) is the practice of observing patients as they take their TB medications.

dual AI nets

Dual active ingredient insecticide-treated mosquito nets: Dual AI nets are coated with two insecticides – pyrethroid and chlorfenapyr – making them more effective against insecticide-resistant mosquitoes than conventional nets.

Gavi

Gavi, the Vaccine Alliance.

GC7, GC8

Grant Cycle 7 (2024-2026), Grant Cycle 8 (2027-2029).

IPTp

Intermittent preventive treatment of malaria in pregnancy: A preventive regimen in which an antimalarial drug is given at specific intervals to at-risk pregnant women with the goal of reducing illness and death.

key populations

People who experience a greater epidemiological vulnerability to HIV, TB and malaria, and may have reduced access to services due to a combination of biological and socioeconomic factors.

lenacapavir

A new class of antiretroviral medicine that has shown high levels of efficacy in preventing new HIV infections.

MOPAN

Multilateral Organisation Performance Assessment Network.

mpox

A disease caused by a virus that is related to smallpox. Since 2022 mpox has spread globally, with cases reported from countries without previously documented mpox transmission.

OECD

Organisation for Economic Co-operation and Development.

OIG

Office of the Inspector General.

PEP

Post-exposure prophylaxis: The use of antiretroviral medicines after a possible exposure to HIV to prevent HIV infection.

PEPFAR

U.S. President's Emergency Plan for AIDS Relief.

PMI

U.S. President's Malaria Initiative.

PrEP

Pre-exposure prophylaxis: The use of antiretroviral medicines to prevent HIV among people who are HIV-negative.

R21 & RTS,S

The R21 vaccine is the second malaria vaccine recommended by WHO, following the RTS,S malaria vaccine, which received a WHO recommendation in 2021. Both vaccines are shown to be safe and effective in preventing malaria in children.

Revolving Facility

A Global Fund financial mechanism that uses advanced market commitments, including volume guarantees, to drive more affordable access to quality-assured health products and accelerate health product introductions and innovations at greater scale.

SDG 3

Sustainable Development Goal 3: SDG 3 aims to ensure healthy lives and promote well-being for all at all ages. Target 3.3 of SDG 3 aims, by 2030, to end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases, and combat hepatitis, waterborne diseases and other communicable diseases.

STC policy

The Global Fund's Sustainability, Transition & Co-Financing policy guides the Global Fund's work on sustainability, transition and domestic financing.

TLD

Tenofovir disoproxil fumarate/lamivudine/dolutegravir: A fixed-dose antiretroviral drug combination used for the treatment of HIV.

UHC

Universal health coverage means that all people have access to the full range of quality health services they need, when and where they need them, without financial hardship.

UNAIDS

United Nations Joint Programme on HIV/AIDS.

USAID

U.S. Agency for International Development.

WHO

The World Health Organization.



**The Global Fund to Fight
AIDS, Tuberculosis and Malaria**

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**The Global Fund
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TB and malaria and
ensure a healthier,
safer, more equitable
future for all.**